

Patient Group Directions for treatment of Seasonal Allergic Rhinitis (Hay fever)

Patient assessment form

Patient name and address (including postcode):	Click or tap here to enter text.	Date of Birth /CHI:	Click or tap here to enter text.	
		Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of assessment:	Click or tap to enter a date.	Patient is aware that GP practice will be informed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Patient clinical picture and related appropriate actions

Clinical features/symptom assessment	Yes	No	Actions
Is patient presenting with typical clinical features of SEASONAL allergic rhinitis and alternative causes have been explored and are less likely: (e.g., Sneezing, nasal discharge, nasal itching, nasal congestion – bilateral symptoms typically developing within minutes following allergen exposure. Additional symptoms such as postnasal drip, itching of palate and cough; and features suggestive of chronic nasal congestion such as snoring, mouth breathing and halitosis. Associated eye symptoms such as bilateral itching, redness and tearing)	<input type="checkbox"/>	<input type="checkbox"/>	If NO , consider alternative diagnosis and appropriate treatment or refer if required
Is the patient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	If YES to any, do not treat with PGDs, consider alternative treatment or refer if required
Is the patient breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Does patient have hypersensitivity to any of active ingredients or excipients of medications available under these PGDs?	<input type="checkbox"/>	<input type="checkbox"/>	
Other criteria specific to individual medications			
Beclometasone 50microgram nasal spray	Yes	No	Actions
Is the patient 6 years of age or over?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , do not treat with this PGD, consider mometasone nasal spray PGD
Does the patient have single sided prolonged discharge, or nasal blockage in the absence of rhinorrhoea, nasal itching and sneezing?	<input type="checkbox"/>	<input type="checkbox"/>	If YES to any, do not treat with this PGD, consider alternative treatment or refer if required
Has the patient experienced recent trauma or surgery to nose where healing is not complete, or has untreated localised nasal infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have symptoms associated with acute bacterial sinusitis e.g., fever, severe pain, purulent nasal discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
Fexofenadine 120mg tablets	Yes	No	Actions
Is the patient 12 years of age or over?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , do not treat with this PGD, consider alternative treatment or refer if required
Has the patient had treatment failure or remained symptomatic despite using at least two other allergy products available over the counter in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , do not treat with this PGD, consider alternative treatment
Mometasone 50microgram nasal spray	Yes	No	Actions
Is the patient 3 years of age or over?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , do not treat with this PGD, consider alternative treatment or refer if required

Has the patient had treatment failure or remained symptomatic despite using at least two other allergy products available over the counter in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , do not treat with this PGD, consider alternative treatment
Does the patient have single sided prolonged discharge, or nasal blockage in the absence of rhinorrhoea, nasal itching and sneezing?	<input type="checkbox"/>	<input type="checkbox"/>	If YES to any, do not treat with this PGD, consider alternative treatment or refer if required
Has the patient experienced recent trauma or surgery to nose where healing is not complete, or has untreated localised nasal infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have symptoms associated with acute bacterial sinusitis e.g., fever, severe pain, purulent nasal discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
Olopatadine 1mg/ml eye drops	Yes	No	Actions
Has the patient has been diagnosed with allergic conjunctivitis?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , refer to optometrist for diagnosis
Is the patient 3 years of age or over?	<input type="checkbox"/>	<input type="checkbox"/>	If NO to any, do not treat with this PGD, consider alternative treatment or refer to optometrist if required
If patient is not pregnant, are they using effective contraception? (Where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Has the patient had treatment failure or remained symptomatic despite using at least one other allergy treatment for ocular symptoms available over the counter?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the patient been using olopatadine for 4 months or longer?	<input type="checkbox"/>	<input type="checkbox"/>	If YES , do not treat with this PGD, consider alternative treatment or refer to optometrist if required
Patient (or legal representative) has given informed consent to treatment with appropriate product?	<input type="checkbox"/>	<input type="checkbox"/>	If NO , patient is unable to receive treatment

Preparation options and supply method

Medicine and strength	Regime	Supply method
Beclometasone 50microgram nasal spray	<i>Adults and children over 6 years:</i> TWO puffs in each nostril TWICE daily until symptoms controlled (can then be reduced to ONE puff in each nostril TWICE daily, return to higher dose if symptoms recur). The minimum dose should be used at which effective control of symptoms is maintained. Total daily administration should not normally exceed EIGHT sprays.	PGD via UCF
Fexofenadine 120mg tablets	<i>Adults and children over 12 years:</i> ONE tablet daily	
Mometasone furoate 50microgram nasal spray	<i>Adults and children over 12 years:</i> TWO sprays in each nostril ONCE daily until symptoms controlled (can then be reduced to ONE spray in each nostril ONCE daily for maintenance. If symptoms remain inadequately controlled, dose may be increased to FOUR sprays per nostril ONCE daily – dose reduction recommended following control of symptoms) <i>Children between 3 and 11 years:</i> ONE spray in each nostril ONCE daily	
Olopatadine 1mg/ml eye drops	<i>Adults and children over 3 years:</i> Instil ONE drop in each eye TWICE daily.	

Patient advice checklist

Advice	Provided (Tick as appropriate)
General	
Explain mode of action, benefits of the medicine, possible side effects and their management	<input type="checkbox"/>
Give general advice for managing high pollen count	<input type="checkbox"/>
If symptoms do not improve or worsening symptoms, advise to seek advice initially from the pharmacy	<input type="checkbox"/>
Advise to seek immediate medical advice in event of severe adverse reaction	<input type="checkbox"/>
Patient information leaflet relating to medication(s) is/are given to patient	<input type="checkbox"/>
Beclometasone or mometasone nasal sprays	<input type="checkbox"/>
Explain initial priming, how to spray into nostril	<input type="checkbox"/>
Advise that it may take 1 -2 weeks of treatment to obtain maximum effect	<input type="checkbox"/>
Explain how to increase/reduce dose according to symptom control	<input type="checkbox"/>
Olopatadine eye drops	
Demonstrate instillation technique	<input type="checkbox"/>
Advise on use with contact lenses/other eye drops	<input type="checkbox"/>
Advise that care required if blurred vision occurs	<input type="checkbox"/>
Advise that maximum treatment period of 28 days per bottle, and FOUR months in total	<input type="checkbox"/>
Advise that if patient of child-bearing potential, effective contraception is required whilst using olopatadine	<input type="checkbox"/>
Advise that benzalkonium chloride may cause irritation to eyes	<input type="checkbox"/>
Fexofenadine tablets	<input type="checkbox"/>
Advise to take tablet before a meal	<input type="checkbox"/>
If taking aluminium or magnesium containing antacids – advise to leave at least 2 hours between administration of fexofenadine and these medicines.	<input type="checkbox"/>

Communication

Contact made with	Details (include time and method of communication)
Patient's General Practice (details)	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.	Batch number and expiry	Click or tap here to enter text.
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Additional medication supplied (if applicable)

Medication supplied	Click or tap here to enter text.	Batch number and expiry	Click or tap here to enter text.
Medication supplied	Click or tap here to enter text.	Batch number and expiry	Click or tap here to enter text.
Print name of pharmacist	Click or tap here to enter text.	GPhC Registration number	Click or tap here to enter text.
Signature of pharmacist			

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Notification of supply from community pharmacy

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	Click or tap here to enter text.	Pharmacy Stamp/Address details
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment of Seasonal Allergic Rhinitis (Hay fever):		
Patient name	Click or tap here to enter text.	Pharmacist name Click or tap here to enter text.
Date of birth/CHI	Click or tap here to enter text.	
Patient address	Click or tap here to enter text.	GPhC number Click or tap here to enter text.
	Click or tap here to enter text.	
Postcode	Click or tap here to enter text.	Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting condition: Seasonal Allergic Rhinitis (Hay fever)			
Sneezing <input type="checkbox"/>	Nasal discharge <input type="checkbox"/>	Nasal itching <input type="checkbox"/>	Nasal congestion <input type="checkbox"/>
Itchy eyes <input type="checkbox"/>	Redness of eyes <input type="checkbox"/>	Watery eyes <input type="checkbox"/>	
The patient has been given:			
Beclometasone 50mcg nasal spray (200 doses) <input type="checkbox"/>		Mometasone 50mcg nasal spray (140 doses) <input type="checkbox"/>	
Fexofenadine 120mg tablets (30 tablets) <input type="checkbox"/> (60 tablets) <input type="checkbox"/>		Olopatadine 1mg/ml eye drops (5ml) <input type="checkbox"/>	
The patient has been given self-care advice only			<input type="checkbox"/>
The patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.			<input type="checkbox"/>

You may wish to include this information in your patient records.

<p>Patient consent: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.</p>	<p>Consent received</p> <p><input type="checkbox"/></p>
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This form should now be sent to the patient's GP and a copy retained in the pharmacy.