

## Patient Group Direction for the treatment of adults and children presenting with symptoms of impetigo

### Patient assessment form

<b>Patient Name:</b>	Click or tap here to enter text.	<b>Date of Birth /CHI:</b>	Click or tap here to enter text.
<b>Date of assessment:</b>	Click or tap to enter a date.	<b>Patient consents to GP being informed:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Patient clinical picture and related appropriate actions

Symptom assessment	Yes	No	Actions
Rash typical of impetigo? (Initially presents as vesicles with erythematous base which easily rupture with exudate drying to form a yellow/gold or yellow/brown crust which gradually thickens).	<input type="checkbox"/>	<input type="checkbox"/>	If NO, consider alternative diagnosis and proceed appropriately.  If YES, may be suitable to receive Fusidic acid cream under PGD.
Clinical features	Yes	No	Actions
Has already tried Hydrogen Peroxide (Crystacide) 1% cream to treat lesions?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, consider recommending this as first step of treatment.  If YES, may be suitable to receive Fusidic acid under PGD.
Widespread skin infection?	<input type="checkbox"/>	<input type="checkbox"/>	If NO (minor/localised, uncomplicated area of infection only) may be suitable to receive Fusidic acid under PGD.  If YES (widespread, extensive lesions), REFER to GP.
History of MRSA colonisation or infection?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Had impetigo treated with any form of antibiotics within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Patient systemically unwell?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP or OOH if appropriate.
Known allergy to any component of the cream?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.
Presenting with any underlying skin condition on the same area of the body as impetigo?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, REFER to GP.

## Preparation options and supply method

Medicine and strength	Regimen - Health Board specific	Supply method
Fusidic acid 2% cream (1 x 15 g)	Apply gently to affected area THREE or FOUR times daily for 5 days	PGD via UCF

## Patient advice checklist

Advice	Provided (tick as appropriate)
Wash hands before and after applying cream	<input type="checkbox"/>
Where possible, remove scabs by bathing with warm water before applying the cream	<input type="checkbox"/>
Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use)	<input type="checkbox"/>
Do not scratch or pick spots	<input type="checkbox"/>
Suggest applying creams THREE times daily on school days (before school, after school and evening) and FOUR times daily at other times	<input type="checkbox"/>
Inform school of condition – advise that child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment	<input type="checkbox"/>
If infection spreads or there is no improvement after 5 days, seek medical advice from GP	<input type="checkbox"/>
If patient becomes systemically unwell or infection is rapidly spreading to large areas of body during OOH period, seek medical advice from NHS 24.	<input type="checkbox"/>
Do not share cream with anyone else	<input type="checkbox"/>
Do not apply to breast if patient is breastfeeding	<input type="checkbox"/>
Inform patient of possible side effects of medication and their management	<input type="checkbox"/>
Provide patient information leaflet	<input type="checkbox"/>

## Communication

Contact made with	Details (include time and method of communication)
Patient's regular 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.
Print name of pharmacist	Click or tap here to enter text.
Signature of pharmacist	Click or tap here to enter text.
GPhC registration number	Click or tap here to enter text.

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### Notification of assessment and 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	<a href="#">Click or tap here to enter text.</a>	Pharmacy Stamp
GP practice address	<a href="#">Click or tap here to enter text.</a>	
The following patient has attended this pharmacy for assessment and potential treatment of impetigo:		
Patient name	<a href="#">Click or tap here to enter text.</a>	Pharmacist name
Date of birth/CHI	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
Patient address	<a href="#">Click or tap here to enter text.</a>	GPhC number <a href="#">Click or tap here to enter text.</a>
	<a href="#">Click or tap here to enter text.</a>	Date <a href="#">Click or tap to enter a date.</a>
Postcode	<a href="#">Click or tap here to enter text.</a>	

#### Following assessment (Tick as appropriate)

<b>Presenting symptoms</b>	
Rash typical of impetigo (Initially presents as vesicles with erythematous base which easily rupture with exudate drying to form a yellow/gold or yellow/brown crust which gradually thickens – minor/localised lesions)	<input type="checkbox"/>
<b>Treatment</b>	
Your patient has been supplied with 1 x 15 g Fusidic acid cream (Apply gently to affected area THREE or FOUR times daily for 5 days)	<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: <a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.

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

**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.

Patient signature	Date
<a href="#">Click or tap to enter a date.</a>	<a href="#">Click or tap to enter a date.</a>

This form should now be sent to the patient's GP and a copy retained in the pharmacy.