

Patient Group Direction for the treatment of adults and children presenting with symptoms of skin inflammation who are not eligible to access treatment via OTC sale or standard PFS Approved List

Patient assessment form

Patient Name & address:	Click or tap here to enter text.	Date of Birth /CHI:	Click or tap here to enter text.
(Include parent/guardian/carers details where appropriate) Click or tap here to enter text.			
Date of assessment:	Click or tap to enter a date.	Patient/parent/guardian/carers consents to GP being informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient clinical picture and related appropriate actions

	Yes	No	Actions
Is the patient eligible to access treatment for skin inflammation via OTC sale or standard PFS Approved List?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not use PGD and continue with standard PFS consultation.
Clinical features /symptom assessment			
Is patient over ONE month of age?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, REFER to GP/OOH if appropriate
Symptoms of skin inflammation present?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, consider alternative diagnosis and proceed appropriately.
Eczema/dermatitis - Generalised dryness, itch and rash	<input type="checkbox"/>	<input type="checkbox"/>	Consider supply of hydrocortisone cream/ointment plus advice on use of emollients for longer term management of eczema/dermatitis
Insect bite reaction – localised pain, swelling and erythema, often itchy	<input type="checkbox"/>	<input type="checkbox"/>	Consider supply of hydrocortisone cream/ointment plus advice on action to take if secondary infection develops. (Do not supply if there is a possibility that the insect bite may be infected.)

<p>Does the individual meet any PGD exclusion criteria?</p> <ul style="list-style-type: none"> • Hypersensitivity to hydrocortisone or any of the excipients • Skin lesions caused by bacterial, fungal or viral skin infection e.g. cold sores, impetigo, chicken pox, acne, athlete's foot or ringworm • Individual has suffered any trauma to the area e.g. scratch, graze or bite (human or animal) • Infected eczema (signs include increased redness, swelling, warmth, oozing or pus, crusting, pain and sometimes fever or blisters) • Rosacea • Acne • Perioral dermatitis • Psoriasis • Suspected systemic infection relating to the presenting skin conditions • Unable to apply the product effectively themselves or do not have a parent/guardian/carer to apply the product for them. • No valid consent obtained. 	<input type="checkbox"/>	<input type="checkbox"/>	<p>If YES, REFER for appropriate care e.g. GP, OOH</p>
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Preparation options and supply method

Medicine and strength	Regimen	Supply method
Hydrocortisone 1% cream x 15g or 30g	Apply sparingly to affected area ONCE or TWICE daily for maximum of 7 days	PGD via UCF
Hydrocortisone 1% ointment x 15g or 30g	Apply sparingly to affected area ONCE or TWICE daily for maximum of 7 days	PGD via UCF

Patient advice checklist

Advice	Provided (tick as appropriate)
Advise on mode of action, benefits of the medicine, possible side effects and their management.	<input type="checkbox"/>
Advise on how to apply appropriate quantity of cream or ointment to affected area	<input type="checkbox"/>
Wash hands before and after using the cream or ointment	<input type="checkbox"/>
Do not cover the area with a dressing or plaster	<input type="checkbox"/>
Avoid getting cream or ointment in the eyes	<input type="checkbox"/>
If condition worsens during first 7 days of treatment or symptoms persist for longer than 14 days, stop using and seek further medical advice	<input type="checkbox"/>
Advise on appropriate use of emollients if necessary – long term use can decrease need for future topical corticosteroids. When co-administering emollient, apply the corticosteroid first, ideally leaving 20 – 30 minutes before applying emollient.	<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	Click or tap here to enter text.	Pharmacy Stamp
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 skin inflammation:		
Patient name	Click or tap here to enter text.	Pharmacist name
Date of birth/CHI	Click or tap here to enter text.	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 symptoms/condition							
Allergic contact dermatitis	<input type="checkbox"/>	Mild eczema	<input type="checkbox"/>	Insect bite reaction	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>
						Click or tap here to enter text.	
Treatment							
Self-care advice only given							<input type="checkbox"/>
Your patient has been supplied with 1 x 15g /1 x 30g hydrocortisone 1% cream/ointment (delete as appropriate) (Apply sparingly to affected area ONCE or TWICE a day for a maximum of 7 days)							<input type="checkbox"/>
Your 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"/>

Your patient/their parent/guardian/carer 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 confirm the information provided is accurate. I give consent — or, where applicable, consent is given by the patient's parent/guardian/carer — for a pharmacist under NHS Pharmacy First Scotland to provide appropriate advice or treatment, and for relevant details of this consultation to be shared with the patient's GP. I understand that anonymised information may be used to assess service uptake.	Consent received <input type="checkbox"/>
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This form should now be sent to the patient's GP and a copy retained in the pharmacy.