**Patient assessment form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | Click or tap here to enter text. | **Date of Birth /CHI:** | Click or tap here to enter text. |
| **Date of assessment:** | Click or tap to enter a date. | **Patient consents to GP being informed:** | Yes ☐ No ☐ |

# Patient clinical picture and related appropriate actions

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom assessment** | **Yes** | **No** | **Actions** |
| Rash typical of impetigo? (Initially presents as vesicles witherythematous base which easily rupture with exudate drying to form a yellow/gold or yellow/brown crust which gradually thickens). | ☐ | ☐ | 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? | ☐ | ☐ | If NO, consider recommending this as first step of treatment.If YES, may be suitable to receive Fusidic acid under PGD. |
| Widespread skin infection? | ☐ | ☐ | 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? | ☐ | ☐ | If YES, REFER to GP. |
| Had impetigo treated with any form of antibiotics within the last 3 months? | ☐ | ☐ | If YES, REFER to GP. |
| Patient systemically unwell? | ☐ | ☐ | If YES, REFER to GP or OOH if appropriate. |
| Known allergy to any component of the cream? | ☐ | ☐ | If YES, REFER to GP. |
| Presenting with any underlying skin condition on the same area of the body as impetigo? | ☐ | ☐ | 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 | ☐ |
| Where possible, remove scabs by bathing with warm water before applying the cream | ☐ |
| Impetigo is a very infectious condition. Important to prevent infectionspreading by using own flannels and towels (hot wash after use) | ☐ |
| Do not scratch or pick spots | ☐ |
| Suggest applying creams THREE times daily on school days (before school,after school and evening) and FOUR times daily at other times | ☐ |
| Inform school of condition – advise that child should be excluded from school until the lesions are crusted and healed or 48 hours after commencingantibiotic treatment | ☐ |
| If infection spreads or there is no improvement after 5 days, seek medicaladvice from GP | ☐ |
| If patient becomes systemically unwell or infection is rapidly spreading to largeareas of body during OOH period, seek medical advice from NHS 24. | ☐ |
| Do not share cream with anyone else | ☐ |
| Do not apply to breast if patient is breastfeeding | ☐ |
| Inform patient of possible side effects of medication and their management | ☐ |
| Provide patient information leaflet | ☐ |

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. |