

PHARMACIST ASSESSMENT – INSECT BITE

Patient		
Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
Medical History:		
Drug History:		
Patient History		
Does the patient have a condition or take a medication which suppresses the immune system? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Does the patient have a family or personal history of severe reaction to insect bites? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Has the patient recently started on a new medication? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD if suspect adverse reaction to prescribed medication		
Review of Symptoms		
Is there redness around the bite that has expanded over the course of a few days and / or resembles a bulls-eye? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Are there any signs of an anaphylactic reaction? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to emergency room		
Are there extensive skin symptoms such as hives on areas other than the bite site? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Consider allergic reaction and/or refer to MD		
Have the lesions been worsening / present for longer than 7 days? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Do the lesions appear infected ? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Does the patient have swollen lymph nodes or exhibit flu-like symptoms? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer to MD		
Are the patient's lesions typical of insect bites? <input type="checkbox"/> Lesions occur singly or in clusters <input type="checkbox"/> Lesions are inflamed, swollen or itchy <input type="checkbox"/> Area of bites expected after exposure to insects		
<input type="checkbox"/> Yes → Proceed to treatment <input type="checkbox"/> No, cannot confirm diagnosis → Refer to MD		

Treatment

- Non-pharmacologic treatment
- OTC medications:
- If inflammation, swelling and/or itchiness prominent, prescribe topical hydrocortisone 1 % (Rx if under 2 years old)

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx: (Drug, strength)

Quantity (max of 7 days, no refills):

Directions:

pseudoDIN: 00951089**Counselling**

- Try not to scratch area. Keep nails short or put mittens on young children.
- If no improvement within 24 hours or if symptoms worsen, see MD
- If bedbugs suspected, recommend professional exterminator
- Information on insect bite prevention

Follow-up scheduled within 7 days:

- In pharmacy Telephone
- Symptoms resolved
- If symptoms are not resolved, refer to MD

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Patient's Doctor: Dr.**Doctor Fax Number:**

Pharmacist Minor Ailment Prescribing Record

To Dr.

This document is to inform you I met with your patient below who presented with **an insect bite**.

After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics

Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information**I will follow-up with the patient on _____ and discuss these items:**

- Symptoms resolved
- If symptoms are not resolved, refer to MD

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

Physician Notified

Name: Dr.	Fax:
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