

PHARMACIST ASSESSMENT – SUPERFICIAL BACTERIAL INFECTION

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 and allergies:		
Patient History		
Is the patient immunocompromised from drug therapy or disease? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Does the patient have valvular heart disease? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Has the patient had recurring episodes of skin infections (within few months of last infection)? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Have previous episodes with similar symptoms been diagnosed as impetigo or folliculitis by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the patient tried any non-pharmacologic or pharmacologic treatment for this infection? <input type="checkbox"/> No <input type="checkbox"/> Yes → What? _____ Effect?		
Review of Symptoms		
Does the patient appear to have bullous impetigo (blisters on diaper area, legs, or axillae)? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Are the lesions multiple, widespread and painful? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Does the patient have fever and fatigue? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Has the area of inflammation around the lesion expanded rapidly over past few hours? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Has the patient been in contact with someone with impetigo? <input type="checkbox"/> Yes → Increased likelihood patient diagnosis is correct		
Are the symptoms consistent with diagnosis of non-bullous impetigo? <input type="checkbox"/> Began as single, red sore which formed a blister <input type="checkbox"/> Yellowish exudate dried to form a crust <input type="checkbox"/> Face and/or hands affected <input type="checkbox"/> Sores not painful but may be itchy <input type="checkbox"/> Lymph nodes may be tender <input type="checkbox"/> Yes → Proceed to treatment <input type="checkbox"/> No, consider other conditions / Refer		
Are the symptoms consistent with diagnosis of folliculitis? <input type="checkbox"/> Small, red papules or pustules at base of hair follicles, especially on neck, groin or armpits <input type="checkbox"/> Tender and sore to the touch <input type="checkbox"/> Itchiness <input type="checkbox"/> Yes → Proceed to treatment <input type="checkbox"/> No, Refer		

Treatment recommended

- Nonpharmacologic treatment (compresses, crust removal, hygiene, etc.) AND
- Prescribe topical antibiotic
- Mupirocin 2% Cream or Ointment:**
Apply sparingly to affected areas 2-3 times a day for 5 days (impetigo) or 7 days (folliculitis)
Rub in gently.
Mitte: 15 or 30g
- OR
- Fusidic Acid 2% Cream or** **Sodium Fusidate 2% Ointment**
Apply sparingly to affected areas 3 to 4 times a day for 7 to 10 days (both conditions)
Rub in gently.
Mitte: 15 or 30g

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx (name, strength):

Quantity (5 day supply (Impetigo) or 7-10 day supply (folliculitis):

Directions:

pseudoDIN: 009511100

Counselling

- Non-pharmacological treatment and skin care
- No longer contagious after 48h of treatment
- Onset of effect 1 – 2 days. See your doctor if there is no improvement after 48 hours or if symptoms worsen.

Follow-up scheduled in 48 hours:

- In pharmacy Telephone
- Symptoms resolved or improving: continue treatment until symptoms resolved, then discontinue medication
- Symptoms not responding or worsened: refer
- If infection becomes recurrent: refer

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Provider:**Doctor Fax Number:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a **superficial bacterial infection (impetigo or folliculitis)**.

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 or improving: continue treatment until symptoms resolved, then discontinue medication
- Symptoms not responding or worsened: refer
- If infection becomes recurrent: refer

Prescribing Pharmacist

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

Primary Care Provider Notified

Name:	Fax:
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