The Pharm-Assistant' guide to

THE 7 CONDITIONS

TABLE OF CONTENTS

WELCOME
MESSAGE

What is the Pharm-Assistant Platform

The Pharm-Assistant Platform has been set up to help health professionals widen their scopes of practice, while also developing confidence, comfort, and competence in their roles. Over the last 3 years I have helped many pharmacists achieve new goals and succeed in more challenging roles withing the profession. For more information please visit my website at **www.pharm-assistant.co.uk.**

Message from The Pharm-Assistant

"...I would like to welcome you to the Pharm-Assistant platform and to this simple developmental aid designed to help those not yet confident with assessing patients in the 7 condition to do so safely and confidently. This guide will give you a framework, so that you can concentrate on patient care..."

Dipal Patel
The Pharm-Assistant

DISCLAIMER
TO THE READER

This guide is written from a clinical perspective to help health professionals structure their consultations, such that they are able to accurately help to manage their patients with regards to the 7 NHS funded pharmacy first conditions.

This guide does not seek to circumvent the guidelines, and clinical training already given to community pharmacists by the NHS in the form of the patient group directives (PGD). Where this guide differs from the information given to you in the PGD, clinicians should follow the national guidance given.

This guide does not aim to replace a pharmacists clinical judgment, and responsibility for decisions made ultimately lies with the pharmacist making that clinical decision.

We aim only to provide information and structure to the reader, such that the reader is able to use the information provided confidently to the benefit of their patients.

Thank You.

PHARM-ASSISTANT

HELPING YOU TO HELP YOURSELF

5 KEY POINTS WHEN CONSULTING A PATIENT

1. **Remember** to check the patients date of birth and confirm they are the patient before beginning the consultation.
2. **Always** introduce yourself and explain every step of the consultation before you do it.
3. **Follow** the process of history, examination, summary and diagnosis.
4. **Never** prescribe or hand out a medication without checking what other OTC / prescribed medication the patient is on and what allergies the patient has.
5. **ALWAYS** ADVISE THE PATIENT TO RETURN OR SEEK MEDICAL HELP IF THINGS DO NOT IMPROVE OR GET WORSE WITHIN THE NEXT 3-5 DAYS (depending on the condition).

EXCLUSIONS FOR THE PHARMACY FIRST SERVICE

1. If a patient has refused consent;
2. Pregnant and or breastfeeding patients; and / or
3. Known Renal or Liver disease.

The Pharm-
Assistant

THE 7
CONDITIONS

UNCOMPLICATED
UTI

Urinary Tract Infections are common mostly in women but can happen in any patient, they are characterised by increase frequency of urination, pain on urination (dysuria), urination at night (nocturia), and sometimes can cause abdominal pain.

RED FLAGS!!!

REFER IMMEDIATELY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Fever (>38), sweating and shivering (rigors), +/ Vomiting;
- Lower back or loin pain and tenderness;
- Flu like symptoms;
- Confusion (especially in the elderly);
- Any new warts or lesions on the genetals;
- Urinary retention; and/or
- Blood in the urine (Haematuria).

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Pain (vaginal) on intercourse - *possible vaginal atrophy.*
- Vaginal discharge (cottage cheese) itching and fishy smell (malodour)- *possible thrush.*
- Pain (vaginal/testicular) on intercourse and discharge and/ or any new sore or bumps - *possible STI.*

OTHER THINGS TO CONSIDER IN THE HISTORY

- Signs and symptoms of pregnancy - missed lighter periods - does the patient need a pregnancy test?
- Patient age - are they post menopausal (higher risk of vaginal atrophy)?
- Have they had a recent course of antibiotics (increases risk of vaginal thrush?
- Sexual history - exclude a sexually transmitted disease .
- Any recent relevant surgery or injury.
- Recurrent infection - *consider diabetes.*

UNCOMPLICATED
UTI

Urinary Tract Infections treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice to reduce the risk of recurrent infection.

TREATMENT

First line treatment is:

- Nitrofurantoin 50mg QDS for 3 days (5 days in men).

If Nitrofurantoin contra indicated/ patient renally impaired (egfr <45ml/min):

- Trimethoprim 200mg twice a day for 7 days.

Always check the BNF first before dosing the patient.

ADVICE TO THE PATIENT

- Drink adequate fluids;
- Avoid caffeine and alcohol;
- Urinate before and after sexual intercourse or contact;
- Remember to wipe from “FRONT TO BACK”;
- Avoid fragrances soaps or bubble baths;
- Watch out for signs of dizziness, dry mouth, dry eyes, and/ or excess thirst (could be a sign of dehydration);
- **Come back or visit your GP if symptoms change or get worse in the next 48 hours**; and
- Take paracetamol or ibuprofen for pain, if required.

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Known renal disease;
- EGFR<45,l/min;
- Diabetic; and/or
- Immunocompromised.

The Pharm-
Assistant

SORE THROAT

Sore throats 80% of the time are viral in nature and usually take up to 5 days to disappear on their own. They are characterised by pain on swallowing, they can cause headaches and earaches. Generally they are caused by local inflammation and should present with more systemic symptoms.

RED FLAGS!!!

REFER IMMEDIATELY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Difficulty swallowing, especially if cannot swallow their own saliva;
- Drooling in small children;
- Inspiratory stridor (Asthma and COPD cause a wheeze on expiration);
- Red blanching rash (sand paper texture) and or strawberry tongue in children;
- Fever >40 degrees C OR >38 degrees C if elderly or immunosuppressed;
- Breathing difficulty (can they speak in full sentences?);
- Signs of dehydration (dizziness on standing, dry mouth, dry eyes, no urination in >24 hours);
- Acute hoarseness of voice and or blood in sputum (Haemoptysis); and/or
- Neck pain or lump on the neck and joint pain (Malaise).

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- White coated tongue, taste disturbances, sore tongue and gums? P*ossible oral thrush.*
- Is the sore throat worse in the morning and do they have a blocked nose? *Possible post nasal drip.*
- Do they get worse symptoms at night and is there reflux ? P*ossible GORD.*

OTHER THINGS OT CONSIDER IN THE HISTORY

- Patient history of Diabetes, Heart Failure, Transplant, recent course of ABx or immuno-suppression - *increased probability of thrush.*
- Using DOAC's or DMARD - *Increased chance that the pt is immunocompromised.*
- Cough and cold like symptoms - *increased likeliness of URTI.*

SORE THROAT

Sore throat treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice to reduce the risk of recurrent infection.

TREATMENT

First line treatment is:

- Phenoxymethylpenicillin (PenV)
  - 500mg QDS for 5 days.

If PenV contraindicated/ patient can't tolerate:

- Clarithromycin 250-500mg bd for 5 days

OR IF PREGNANT

- Erythromycin 250- 500mg QDS for 5 days.

Always check the BNF first before dosing the patient.

REMEMBER fever-pain

- *Fever?*
- *White streaks on tonsils?*
- *Attends within 3 days of onset?*
- *Sever inflamed tonsils?*
- *No cough or coryzal symptoms*

If fever-pain

<2 - Home management (no ABx)
2-4 - Come back in 3 days if no improvement
>4- treat with ABx

ADVICE TO THE PATIENT

- Gargle with warm salty water to reduce throat discomfort.
- Increase fluids - can ty tea with lemon and honey.
- Advise re stop smoking.
- Throat numbing sprays can help - e.g. DIFFLAM.
- Usually the condition is self limiting and will resolve on its own within a week- faster resolution with ABx.
- **Come back to speak with the Pharmacist or GP if there is no improvement within 3 days.**

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy; and/or
- Immunocompromised.

The Pharm-
Assistant

ACUTE
SINUSITIS

Sinusitis occurs when the sinuses become inflamed, usually by infection. If left untreated, this should clear up within 4 days on its own. Symptoms include: pain an tenderness on the cheeks eyes and forehead, a blocked and runny nose, a reduced sense of smell, a headache which is worse when leaning foreword. It can also sometimes cause toothache and pressure in the ears.

RED FLAGS!!!

REFER IMMEDIATELLY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Pain around the eyes;
- Visual disturbances;
- Redness and swelling on the eyelid and forehead;
- Neck stiffness and loss of sensation or power;
- Headache with vomiting and photophobia; and/or
- Seizures.

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Usually can occur during a viral upper respiratory tract infection. Assess for symptoms of this (cough, blocked nose, temperature, lethargy, malaise).
- Is the headache one sided and pulsing ? C*ould be a migraine.*

OTHER THINGS OT CONSIDER IN THE HISTORY

- Has the patient had a recent dental infection or dental procedure? C*ould be caused by another dental infection.*
- Any recent trauma to the nose or face?

ACUTE SINUSITIS

Acute Sinusitis treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice to reduce the risk of recurrent infection.

TREATMENT

First line treatment is:

- Phenoxymethylpenicillin (PenV)
  - 500mg QDS for 5 days.

If PenV contraindicated/ patient cant tolerate:

- Clarithromycin 250-500mg bd for 5 days

OR IF PREGNANT

- Erythromycin 250- 500mg QDS for 5 days.

Always check the BNF first before dosing the patient.

If symptoms <10 days
Use home treatment plan/ steroid nasal spray.

If symptoms >10 days
Use over the counter nasal spray for 2 weeks.

If no benefit, try ABx.

ADVICE TO THE PATIENT

- Use a vaporise or steam inhalation to keep the Nasal passages clear;
- Saline nasal drops or Vapo-rubs can help ease congestion;
- Use pain relief for the headache;
- Avoid dairy products;
- Increase fluids; and
- **Come back to speak with the Pharmacist or GP if there is no improvement within 3 days.**

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Immunocompromised; and/or
- Patients <12 years old.

The Pharm-
Assistant

ACUTE
OTITIS MEDIA

Acute Otitis media is the medial term for when a patient has inflammation of the ear. This is usually self limiting and will resolve within 3 days. This usually occurs in one ear but can spread to both. Key symptoms are hearing loss, discharge, pain and itching in the ear, a high temperature, feeling nauseous, having a lack of energy (lethargy). It is common in households with smokers and in children who use a dummy. When looking at the ear drum through an otoscope it may appear inflames or perforated.

RED FLAGS!!!

REFER IMMEDIATELY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Earache, stiff neck, fever and / or photophobia;
- Pain or swelling behind the ear lobe;
- Hearing loss with no other symptoms of otitis media /ear wax / other infection;
- Trauma to the ear;
- Blood from the ear canal;
- Severe headache with confusion or muscle weakness or irritability;
- Headache behind the eyes;
- Facial drop, slurred speech; and/or
- Hearing loss >2 weeks after all other symptoms have resolved.

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Symptoms of otitis media are present for >2 weeks - *possibly chronic suppurative otitis media.*
- Fluid in the middle ear without the other symptoms of otitis media - *possible glue ear.*
- Inflammation of the ear drum with blisters and a foul smelling discharge but no other symptoms of otitis media - *possible myringitis.*

OTHER THINGS TO CONSIDER IN THE HISTORY

- Pain on the earlobe tender to touch and no hearing loss - *possible otitis externa.*
- In children, muffled hearing but nil signs of inflammation and a normal ear drum - *possible estuation tube defect.*

ACUTE
OTITIS MEDIA

Acute Otitis media treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice to reduce the risk of recurrent infection.

TREATMENT

First line treatment is:

- Amoxicillin
  - 500mg TDS for 5 days.

If Amoxicillin contraindicated/ patient cant tolerate:

- Clarithromycin 250-500mg bd for 5 days

OR IF PREGNANT

- Erythromycin 250- 500mg QDS for 5 days.

Always check the BNF first before dosing the patient.

If symptoms not severe and <3 days,
Use home treatment.

If symptoms either >3 days OR sever (eg ear drum perforation and discharge)

Try ABx.

ADVICE TO THE PATIENT

- Do not put ear drops, olive oil or water in the ear until symptoms resolve;
- Avoid swimming for up to 3 weeks after symptom resolution;
- Chew gum and or boiled sweets to reduce ear congestion;
- Avoid air travel until 2-3 weeks after symptoms resolve; and
- **Come back to speak with the Pharmacist or GP if there is no improvement within 3-5 days.**

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Immunocompromised; and/or
- Patients <1 or >18 years old.

The Pharm-
Assistant

SHINGLES

Shingles rash is caused by the reactivation of the chicken pox virus, varicella zoster. It results in a headache and malaise along with tingling and numbness in a particular area, along a nerve ending. This is followed by a rash that spreads along that nerve ending in a particular direction on one side of the body and does not cross the midline.

RED FLAGS!!!

REFER IMMEDIATELY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Pain redness or rash in or around the eye;
- New onset confusion or delirium;
- Pain which is occurring >90 days after a rash has come on in a patient with a history of shingles;
- Headache with stiff neck, photophobia, vomiting;
- Muscle weakness, loss of bowel or bladder control; and/or
- Slurred speech, facial drop.

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Recurrent rash of similar nature but around the mouth and generals and on both sides - *likely herpes simplex virus.*
- Itchy sore scaly areas of the skin with white/ yellow curd like covering - *likely candida skin infection.*
- Rash associated but not preceded by itching or pain in a local area after contact with a foreign substance,- *likely contact dermatitis or urticaria.*
- Inflammatory areas surrounding hair follicles- *likely folliculitis.*
- Silvery itchy lines with a red dot at the end - *possible scabies.*

OTHER THINGS TO CONSIDER IN THE HISTORY

- If a patient has a herpes simplex rash which crosses the midline - this can be an indicator for HIV - asses sexual history.
- If a patient you have treated for shingles comes back with pain >90 days after treatment- this could be post herpetic neuralgia.
- If the patient is >65 years old- have they had the shingles vaccine.
- If shingles is present- has the patient had contact with a pregnant lady or family member who has never had chicken pox?

SHINGLES

Shingles treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice.

TREATMENT

First line treatment is:

- Aciclovir
  - 800mg 5 x per day for 7 days.

If Aciclovir contraindicated/ patient cant tolerate:

- Valaciclovir 1g TDS for 7 days.

Always check the BNF first before dosing the patient.

If symptoms not <3 days

Treat with ABx if:

- *Immunocompromised*
- *Moderate to severe pain*
- *Moderate to severe rash*
- *>50 years old*

If symptoms >3 days

Treat with ABx if:

- *Immunocompromised*
- *Still has the rash*
- *Severe pain*
- *>70 years old*
- *Hx of dermatitis and eczema*

ADVICE TO THE PATIENT

- Use cool compresses to bring down the burning;
- Use paracetamol or NSAID for pain relief;
- While the rash if oozing avoid contact with people who are immunocompromised, pregnant or who haven't had Shingles before
  - If contact has already occurred the affected person should contact their GP surgery ASAP as treatment will need to be started within 72 hours;
- Make sure patient is constantly washing their hands and avoiding direct contact with others until all rash has blistered over and is no longer oozing; and
- **Come back to speak with the Pharmacist or GP if there is no improvement within 3-5 days.**

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Immunocompromised; and/or
- Patients <18 years old.

The Pharm-
Assistant

IMPETIGO

Impetigo is a bacterial skin infection which mainly affects children but can occur in adults as well. It is characterised by sores or blisters which then burst to leave crusty golden brown patches which are itchy and can spread and become painful.

RED FLAGS!!!

REFER IMMEDIATELY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Red or cola coloured urine (Haematuria);
- Bright red face which is tender to the touch;
- Flank pain;
- Spreading very rapidly to other parts of the body; and/or
- Abdominal swelling.

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Blistering rash which does not have a golden crust but may be intensely burning or painful - *likely herpes simplex virus or varicella zoster infection.*
- Itchy sore scaly areas of the skin with white/ yellow curd like covering - *likely candida skin infection.*
- Non blistering rash associated with itching or pain in a local area after contact with a foreign substance - *likely contact dermatitis or urticaria.*
- Inflammatory areas surrounding hair follicles - *likely folliculitis.*
- *S*ilvery itchy lines with a red dot at the end -*possible scabies.*
- Red swelling with scales but no blistering- *possible cellulitis.*

OTHER THINGS TO CONSIDER IN THE HISTORY

- Impetigo is incredibly infective - has the patient been in contact with others since symptoms started?
- Has the patient got recurrent impetigo - needs referral to a GP.

IMPETIGO

Impetigo treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice.

TREATMENT

In patients with <3 lesions

- Hydrogen peroxide 1% cream for 5 days

if no benefit or not tolerable and assuming patients has still got <3 lesions

- Fucidic acid cream TDS for 5-7 days.

If patient has >4 lesions AT ANY TIME, *start or switch to*

- Flucloxacilling 500mg QDS FOR 5 DAYS.

If Flucloxacillin contraindicated/ patient cant tolerate:

- Clarithromycin 250-500mg bd for 5 days

OR IF PREGNANT

- Erythromycin 250- 500mg QDS for 5 days.

A*lways check the BNF first before dosing the patient.*

ADVICE TO THE PATIENT

- Avoid touching, scratching or picking sores to prevent spreading;
- Wash hands regularly especially after touching sores;
- Keep fingernails short;
- Do not share towels or prepare food for to others; and
- Stay off work or keep your child out of school until they have been on treatment for >48 hours.

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Immunocompromised; and/or
- Patients <1 years old.

The Pharm-
Assistant

INSECT BITES

Insect Bites can happen to anyone. They are not usually serious and symptoms should abate within 5 days, characteristically they can result in a raised red area around the bite puncture.

RED FLAGS!!!

REFER IMMEDIATELLY IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Chest tightness, difficulty breathing, difficulty swallowing;
- Swollen blue lips and or swollen tongue;
- Animal or human bite;
- Bite from an insect abroad;
- “Bulls eye rash” characteristic of tick bite and possible risk of Lymes disease.;
- Stung int he mouth or eyes; and/or
- Temperature >40 degrees Celsius, rigors, nausea, vomiting, diarrhoea.

DIFFERENTIAL DIAGNOSIS

CONSIDER OTHER POSSIBLE DIAGNOSES IF THE PATIENT PRESENTS WITH:

- Non blistering rash associated with itching or pain in a local area after contact with a foreign substance - *likely contact dermatitis or urticaria.*
- Inflammatory areas surrounding hair follicles - *likely folliculitis.*
- Red swelling with scales but no blistering - *possible cellulitis.*

OTHER THINGS TO CONSIDER IN THE HISTORY

- Has the patient had a history of Anaphylaxis?
- Who else in the family has been abroad with the patient?
- Is there an abnormally large swelling around the bite with pus? May need referral.
- Is the patient having abnormally high levels of pain considering the size of the bite? May need referral.

INSECT BITES

Insect bite treatment is based on a combination of short term antibiotics to cover the current infection and longer term healthcare advice.

TREATMENT

In patients main symptoms are itching and or the bite was less and 48 hours old:

- treat with antihistamines and other home care advice.

If the bite is >48 hours old and is not itchy, and the patient has any 3 of the following:

- Redness of the skin;
- Pain and tenderness;
- Swelling of the skin;
- Skin around the bite is hot to touch;

AND ONE OF THE FOLLOWING:

- Discharge;
- Spearing from the bite site.

Flucloxacillin 500mg QDS FOR 5 DAYS.

If Flucloxacillin contraindicated/ patient cant tolerate:

- Clarithromycin 250-500mg bd for 5 days

OR IF PREGNANT

- Erythromycin 250- 500mg QDS for 5 days.

Always check the BNF first before dosing the patient.

ADVICE TO THE PATIENT

- Use an icepack to reduce swelling;
- Use painkillers like paracetamol and ibuprofen for pain;
- Use Antihistamine to relieve itching; and
- Do not scratch as this could make the bite infected.

PGD EXCLUSIONS

- Refused consent;
- Breast feeding or pregnancy;
- Immunocompromised; and/or
- Patients <1 years old.

The Pharm-
Assistant

THANK YOU
FOR READING

"...I sincerely hope that you have found this guide both instructive and reassuring, and wish you all the best in this new and exiting opportunity for community pharmacists.

I wanted to leave you with centrepiece of my mentoring process in the hope that I have helped you at least take one step towards delivering quality for your patients...

...I WISH YOU THE VERY BEST..."

COMPETENCE

The basic understanding of the theory required to carry out a task or role, will be the underpinning knowledge which, you will use to benefit your patients.

CONFIDENCE

The skills required to translate the knowledge you have learned such that you can inspire and empower your patients to take relevant and beneficial action towards improving their overall health.

COMFORT

The experience you will be able to call on and use to make you feel more at ease dealing with situations that are outside the boundaries set by your service, allowing you to act effectively and reassuringly for the patient such that, they receive the correct level of care from the appropriate professional without diminishing your own competence.

If I can finish with a question... Which of these three have you gained the most from this booklet..?

The Pharm-
Assistant

YOUR JOURNEY
HAS BEGUN...

...Let's Grow Together!

The Pharm-
Assistant