

Notification of a consultation regarding treatment of impetigo through community pharmacy

Date of supply: Name of pharmacist who carried out consultation:

GP name:

GP practice address:

The following patient has attended this pharmacy for assessment and treatment of an impetigo infection.

Patient name:

Patient address:

Postcode:

Date of Birth: CHI number:

Presenting symptoms were:

- rash typical of impetigo (vesicles that weep and dry to form a yellow-brown crust limited to one are of the body)
- PGD exclusion criteria checked**

Advice given included:

- Contacting GP or NHS 24 if symptoms do not improve after 5 days or spread.
- Wash hands before and after applying cream.
- Where possible remove scabs by bathing in warm water before applying the cream.
- Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use).
- Do not scratch or pick spots.

Following assessment:

- Your patient has been given a 7 day course of fusidic acid 2% cream. Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.
- Self-care advice only given
- Patient unsuitable for treatment via PGD for the following reason and has been referred:

You may wish to include this information in your patient records.

Patient consent:

I agree to the pharmacy passing on this information to my GP.

Patient signature:

Date:

This form should now be sent to the patient's GP and a copy retained in the pharmacy.

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