

## Notification of consultation regarding treatment of uncomplicated urinary tract infection, through community pharmacy

Date of supply:

Name of pharmacist who carried out consultation:

GP name:

GP practice address:

Pharmacy stamp

The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection.

Patient name:

Patient address:

Postcode:

Date of Birth:

CHI number:

**Presenting symptoms were (severe or at least 3 of the following):**

- |           |                          |          |                          |                       |                          |        |                          |
|-----------|--------------------------|----------|--------------------------|-----------------------|--------------------------|--------|--------------------------|
| Dysuria   | <input type="checkbox"/> | Urgency  | <input type="checkbox"/> | Blood in urine        | <input type="checkbox"/> | Severe | <input type="checkbox"/> |
| Frequency | <input type="checkbox"/> | Polyuria | <input type="checkbox"/> | Suprapubic tenderness | <input type="checkbox"/> |        |                          |

AND absence of vaginal discharge / irritation – vaginal discharge reduces the likelihood of bacterial urinary infection

**PGD Exclusion criteria checked**

**Advice given included:**

- Contacting GP or NHS 24 if symptoms do not improve after 3 day course.
- Potential side effects and what to do if these are experienced.
- Paracetamol or ibuprofen has been recommended to manage pain and discomfort.
- The importance of taking the tablets regularly and completing the course

**Following assessment:**

- Your patient has been given a 3 day course of Trimethoprim 200mg twice daily
- Self care advice only given
- Patient is 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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