Notification of a consultation regarding the treatment of COPD exacerbation by community pharmacy

NHS Forth Valley

Date of supply: DD/ MM/ YYYY

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 exacerbation of COPD.

Patient name:

Patient address:

Postcode:

CHI number:

Date of Birth DD/ MM/ YYYY

Presenting symptoms were (at least 2 of the following):

- ☐ Increase in shortness of breath
- ☐ Increase in sputum volume
- ☐ Development or increase in sputum purulence (essential for antibiotic supply)

☐ **PGD exclusion criteria checked**

Following assessment your patient has been given:

- ☐ 15 Amoxicillin 500mg capsules, one three times a day
- ☐ 6 Doxycycline 100mg capsules, 200mg on day 1 then 100mg daily
- ☐ 56 Prednisolone 5mg (either plain or enteric coated) tablets, eight in the morning after food (alone or in combination with antibiotics)
- ☐ No medication. Supply would have been out with the PGD requirements.

☐ **A record of supplies made was entered on their hand held COPD record.**

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records.

Advice given included:

- ☐ Contacting GP or NHS 24 if symptoms do not improve or worsen.
- ☐ Potential side effects and what to do if these are experienced.
- ☐ For patients on warfarin, to contact practice to have INR checked as soon as is practical.

For Doxycycline:

- ☐ Avoid taking other medication which contains aluminium, calcium, magnesium, zinc, iron or bismuth (e.g.antacids) at the same time as doxycycline.

For Prednisolone:

- ☐ If worsening fluid retention or breathlessness contact GP or NHS 24
- ☐ Risk of osteoporosis if have repeated courses.
- ☐ Hypertensives to have blood pressure checked on repeated courses.
- ☐ Diabetics to monitor blood sugar levels closely and contact GP if remain raised.
- ☐ Supply steroid warning card,as per previous guidance. If normally on a maintenance dose of prednisolone or had 2 to 3 courses in the past year, advise to see GP prior to stopping the current course.

Patient consent:

I agree to the pharmacy passing on this information to my GP. Date: DD/ MM/ YYYY

Patient signature:

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