

# Notification of consultation regarding treatment of skin infection through community pharmacy

Date of consultation:

Name of pharmacist who carried out consultation:

GP name:

GP practice address:

The following patient has attended this pharmacy for assessment and treatment of a skin infection.

Patient name:

Patient address:

Postcode:

Date of Birth:

CHI number:

**Presenting condition:**

- Infected insect bite  Paronychia (nail infection)
- Cellulitis (patient afebrile and healthy other than cellulitis)

**PGD Exclusion criteria checked**

**Advice given included:**

- Patient aware if symptoms worsen, the patient becomes systemically unwell, or develops a temperature then they should seek medical advice that day
- Contacting GP or NHS 24 if symptoms do not improve after 7 day course.
- Potential side effects and what to do and who to contact if these are experienced.
- The importance of taking flucloxacillin regularly and completing the course
- If rash or other signs of hypersensitivity occur, stop taking the medicine and contact your doctor for advice
- Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food

**Following assessment:**

- Your patient has been given a 7 day course of flucloxacillin 500mg four times daily
- Self care advice only given
- Patient is unsuitable for treatment via PGD for the following reason and has been referred because:

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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