Patient Group Direction for adults and children over 2 years of age presenting with symptoms of impetigo: Patient assessment form

Patient Name:	Click or tap here to enter text.	CHI:	Click or tap here to
			enter text.
Date:	Click or tap to enter a date.	Age:	Click or tap here to
			enter text.
Sex:	M/F	Patient consents to	YES/NO (exclude if
		GP being informed:	no consent)

Patient symptoms and related appropriate actions

Symptom assessment	Yes	No	Actions
Rash typical of impetigo (vesicles that			If yes, may be suitable to
weep and dry to form a yellow-brown			receive fusidic acid cream
crust limited to one are of the body			under PGD

Patient clinical picture and related appropriate actions

Clinical features	Yes	No	Actions
Multiple site skin infection			
History of MRSA colonisation or infection			
Children under the age of 2 years			
Had impetigo within the last 3 months.			
Patient systemically unwell			If yes, refer to GP.
Allergy to any component of the cream.			
Presenting with any underlying skin			
condition on the same area of the body as			
impetigo.			
Concerns regarding patient compliance			
with topical medication			

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	Review Date: 2022

Preparation options and supply method

Medicine and strength	Regime	Supply method
Fusidic acid 2% cream 1x15g	Apply to lesions four times daily for 5 days	PGD via UCF

Patient advice checklist

Advice	Provided (tick as appropriate)
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	

Communication

Contact made with	Details (include time and method of
	communication)
Patients regular General Practice (details)	Click or tap here to enter text.

Details of medicine supplied and pharmacist supplying under the PGD

Medicine supplied	
Batch number and expiry	
Print name of pharmacist	
Signature of pharmacist	
GPhC registration details	

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