|  |  |  |
| --- | --- | --- |
| D/ MM/ YYYY  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 exacerbation of COPD.  Patient name: | |
| Patient  address: | |
|  |  |  |
| Postcode:  DD/ MM/ YYYY | CHI number: |  |
| Date of Birth | |  |

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

**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

30 Prednisolone 5mg (either plain or enteric coated) tablets, six 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:**

DD/ MM/ YYYY

|  |
| --- |
| I agree to the pharmacy passing on this information to my GP. Date:  Patient signature: |
|  |

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

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