Uncomplicated Urinary Tract Infection

(For **women aged 16 to under 65 years** who **do not have diabetes** with suspected lower UTIs)

Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months)

NHS England

Urinary Signs and Symptoms

Link to NICE CKS

Consider the risk of deterioration, red flags or serious illness. (www.nhs.uk)

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

Check for any new signs/symptoms of **PYELONEPHRITIS**:
- Kidney pain/tenderness in back under ribs
- Flu like illness
- Shaking chills (rigors) or temperature 37.9°C or above
- Nausea/vomiting

YES → Urgent same day referral
- General practice
- Relevant out of hours service

NO

Does the patient have ANY of the following:
- Vaginal discharge: 80% do not have UTI (treat over the counter if signs and symptoms of thrush)
- Urethritis: caused by irritation or inflammation
- Check sexual history to exclude sexually transmitted infections
- Check for signs and symptoms of pregnancy- ask about missed or lighter periods- carry out a pregnancy test if unsure
- Genitourinary syndrome of menopause (vulvovaginal atrophy)
- Is the patient immunosuppressed?

YES → Onward referral
- General practice
- Sexual health clinics
- Other provider as appropriate

NO

Gateway Point

Does the patient have any of the 3 key diagnostic signs/symptoms:
Dysuria (Acute pain or burning sensation when passing urine or at the end of urination)
New nocturia (needing to pass urine in the night)
Urine cloudy to the naked eye (visual inspection by pharmacist if practicable)

No symptom	1 symptom	2 or 3 symptoms

No symptom:

Are there other urinary symptoms:
- Urgency
- Frequency
- Visible haematuria
- Suprapubic pain/tenderness

YES → UTI equally likely to other diagnosis

NO → UTI less likely → Self-care and pain relief

1 symptom:

UTI equally likely to other diagnosis → Onward referral
- General practice
- Sexual health clinics
- Other provider as appropriate

2 or 3 symptoms:

Shared decision making approach using TARGET UTI resources

In patients that describe their symptoms as **mild** consider pain relief and self care as first line treatment → Ask patient to return to Pharmacy if no improvement in 48 hours for pharmacist reassessment

In patients with **moderate to severe** symptoms, offer nitrofurantoin for 3 days (subject to inclusion/exclusion criteria in PGD) plus self-care

FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time, OR do not improve in 48 hours of taking antibiotics → Onward referral General practice Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET UTI leaflet

Link to NICE CKS

Impetigo

(Non-bullous impetigo, for adults and children aged 1 year and over)

NHS England

Exclude: bullous impetigo, recurrent impetigo (defined as 2 or more episodes in the same year), pregnant individuals under 16 years

Confirm likely presentation of impetigo through visual examination in a consultation room

Consider the risk of deterioration, red flags or serious illness (www.nhs.uk)

Patient is immunosuppressed and infection is widespread

Severe complications suspected (such as deeper soft tissue infection)

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

Gateway Point

NO

Does the patient follow typical progression of impetigo clinical features:
- The initial lesion is a very thin-walled vesicle on an erythematous base, which ruptures easily and is seldom observed
- The exudate dries to form golden yellow or yellow-brown crusts, which gradually thickens
- Lesions can develop anywhere on the body but are most common on exposed skin on the face (the peri-oral and peri-nasal areas), limbs and flexures (such as the axillae)
- Satellite lesions may develop following autoinoculation
- Usually asymptomatic but may be mildly itchy
- Refer to NHS.UK website for images of impetigo

YES → Impetigo more likely

NO → Impetigo less likely → Consider alternative diagnosis and proceed appropriately

Does the patient have ≤3 lesions/clusters present?

NO → Does the patient have ≥4 lesions/clusters present?

YES → Localised non-bullous impetigo

YES → Widespread non-bullous impetigo

FOR ALL PATIENTS:
- Offer advice on importance of good hygiene to reduce spread of impetigo
- Offer advice on how to take their medicines to encourage adherence

Offer hydrogen peroxide 1% cream for 5 days (subject to inclusion/exclusion criteria in protocol) plus self care

or if unsuitable or ineffective

Offer fusidic acid cream for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Fusidic acid cream can be offered 2nd line if:
- Hydrogen peroxide unsuitable, for example if impetigo is around eyes
- Hydrogen peroxide treatment has been ineffective and impetigo still remains localised

Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (via National Care Record or Patient/Carer)

YES

Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant → Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of treatment course

Onward referral
- General practice
- Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting advice using British Association of Dermatologists Impetigo leaflet

Link to NICE CKS

Infected Insect Bites (For adults and children aged 1 year and over)

Exclude: pregnant individuals under 16 years

NHS England

Do not offer an antibiotic if there are no signs or symptoms of infection. Be aware that a rapid-onset skin reaction to insect bite is likely to be an inflammatory or allergic reaction rather than an infection. Most insect bites and stings are not serious and will get better within a few hours or days, and do not need treatment with antibiotics.

Consider likelihood of Lyme disease (Tick bites – painless and can go unnoticed). Erythema Migrans rash may be indistinguishable from other insect bites.
nice lyme disease rash images

Patient presenting with signs and symptoms of infected insect bite

Consider the risk of deterioration, red flags or serious illness (consider Lyme disease, cellulitis, etc (www.nhs.uk)

Signs of systemic hypersensitivity reaction or anaphylaxis
- Administer adrenaline

Severely immunosuppressed and have signs or symptoms of an infection

Stings where there is risk of airway obstruction (e.g. in the mouth or throat) or concerns of orbital cellulitis from bite or sting around the eyes

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

Does the patient meet ANY of the following criteria:
- Bite or scratch caused by animal(s)
- Bite caused by human(s)
- Bite caused by tick in the UK and signs of Lyme disease such as erythema migrans (bullseye) rash
- Bite or sting that occurred while travelling outside of UK with concern of insect borne diseases e.g. malaria, tick borne encephalitis
- Bite or sting caused by an unusual or exotic insect

YES → Onward referral
- General practice
- Other provider as appropriate

NO

Has it been at least 48 hours after the initial insect bite or sting?

NO → Recommend self care, oral antihistamine and/or topical steroids over the counter and safety netting advice

YES

Is itch the principal symptom?
(In the absence of other signs or symptoms of infection)

YES → Infected insect bite less likely

NO

Does the patient have acute onset of ≥3 of the following symptoms of an infected insect bite?
- Redness of skin
- Pain or tenderness to the area
- Swelling of skin
- Skin surrounding the bite feels hot to touch

NO → Infected insect bite less likely

Gateway Point

YES → Infected Insect bite more likely

Does the patient meet ANY of the following criteria:
- Redness and swelling of skin surrounding the bite is spreading
- There is evidence of pustular discharge at site of bite/sting

NO → Recommend self care, oral antihistamine and/or topical steroids over the counter and safety netting advice

- Clearly demarcate the area and ask patient to monitor
- Ask patient to return to pharmacy if symptoms worsen at any time OR do not improve after 3 days of over the counter treatment for pharmacist reassessment

YES

Does the patient meet ANY of the following criteria:
- Patient systemically unwell
- Known comorbidity which may complicate or delay resolution of infection: for example peripheral arterial disease, chronic venous insufficiency, lymphoedema or morbid obesity
- Severe pain out of proportion to the wound (may indicate the presence of toxin-producing bacteria)
- Patient has significant collection of fluid or pus at site of infection (for incision and drainage where appropriate)

YES → Onward referral
- Other provider as appropriate
- General practice

NO → Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy
(via National Care Record or Patient/Carer)

YES → Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant → Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PDG) plus self care

Recommend self care, oral antihistamine and/or topical steroids over the counter and safety netting advice

- Skin redness and itching are common and may last for up to 10 days
- It is unlikely that the skin will become infected
- Avoiding scratching may reduce inflammation and the risk of infection

If symptoms worsen rapidly or significantly at any time,
OR do not improve after completion of 5 days treatment course

Onward referral
- General practice
- Other provider as appropriate

Link to NICE CKS

Acute Sore Throat

(For adults and children aged 5 years and over)

Exclude: pregnant individuals under 16 years

NHS England

Patient presenting with signs and symptoms of acute sore throat

Consider the risk of deterioration, red flags or serious illness. **Thorough consultation required for children.** (www.nhs.uk)

Suspected Epiglottitis
- 4Ds: dysphagia, dysphonia, drooling, distress
- Do not examine the throat of anyone with suspected epiglottitis as this may precipitate closure of the airway

Severe complications suspected (such as clinical dehydration, signs of pharyngeal abscess)

Stridor (noisy or high pitched sound with breathing)

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

- Does the patient have signs or symptoms indicating possible scarlet fever, quinsy or glandular fever? (refer to NICE CKS for list of symptoms)
- Does the patient have signs and symptoms of suspected head / neck cancer? E.g. persistent mouth ulcers or an unexplained lump in the neck.
- Is the patient immunosuppressed?

YES → Onward referral
- General practice
- Other provider as appropriate

NO

Use FeverPAIN Score to assess: 1 point for each

- ☐ **Fever** (over 38°C)
- ☐ **P**urulence
- ☐ First **a**ttendance within 3 days after onset of symptoms
- ☐ Severely **i**nflamed tonsils
- ☐ **N**o cough or coryza (cold symptoms)

FeverPAIN Score 0 or 1

Self-care and pain relief

- Antibiotic is not needed
- Offer over the counter treatment for symptomatic relief
- Drink adequate fluids

Ask patient to return to Community Pharmacy after 1 week if no improvement for pharmacist reassessment

FeverPAIN score 2 or 3

Gateway Point

Self-care and pain relief

- Antibiotics make little difference to how long symptoms last
- Withholding antibiotics is unlikely to lead to complications

Ask patient to return to Community Pharmacy if no improvement within 3-5 days for pharmacist reassessment

RETURNING PATIENT

Gateway Point

After pharmacist reassessment, patient can be offered antibiotics if appropriate based on clinician global impression

YES

FeverPAIN score 4 or 5

Gateway Point

Shared decision making approach using TARGET RTI resources and clinician global impression

Mild symptoms: consider pain relief and self care as first line treatment

Severe symptoms: consider offering an immediate antibiotic

Offer phenoxymethylpenicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (via National Care Record or Patient/Carer)

YES

Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant → Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If symptoms do not improve after completion of treatment course

FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time → Onward referral
- General practice
- Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET Respiratory Tract Infection leaflets

Link to NICE CKS

Acute Sinusitis

(For adults and children aged 12 years and over)

NHS England

Exclude: immunosuppressed individuals, chronic sinusitis (sinusitis that causes symptoms that last for more than 12 weeks), pregnant individuals under 16 years

Acute sinusitis is usually caused by a virus and is only complicated by bacterial infection in about 2 in 100 cases.
It takes 2–3 weeks to resolve, and most people will get better without antibiotics. Please share NICE information for the public.

Patients presenting with signs and symptoms of acute sinusitis

Consider the risk of deterioration, red flags or serious illness (www.nhs.uk)

Intraorbital or periorbital complications such as orbital cellulitis, displaced eyeball, reduced vision

Intracranial complications, including swelling over the frontal bone

Signs of meningitis, severe frontal headache, or focal neurological signs

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

Diagnose acute sinusitis by the presence of ONE or more of:
- Nasal blockage (obstruction/congestion) *or*
- Nasal discharge (anterior/posterior nasal drip)

With ONE or more of:
- Facial pain/pressure (or headache) or
- Reduction (or loss) of the sense of smell (in adults)
- Cough during the day or at night (in children)

YES → Acute sinusitis is a potential differential diagnosis

Gateway Point

NO → Acute sinusitis less likely → Consider alternative diagnosis and proceed appropriately

Has the patient had symptoms for ≤10 days?

NO → Has the patient had symptoms for >10 days with no improvement

YES → Self-care and regular pain relief

- Antibiotic is not needed
- Sinusitis usually lasts 2-3 weeks
- Manage symptoms with self-care
- Safety netting advice

YES → Does the patient have **2 or more** of the following symptoms to suggest acute bacterial sinusitis:
- Marked deterioration after an initial milder phase
- Fever (>38°C)
- Unremitting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

NO → Self care and pain relief → Shared decision making approach based on severity of symptoms

- Acute sinusitis is usually caused by a virus
- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve

Ask patient to return to Community Pharmacy if symptoms do not improve in 7 days for pharmacist reassessment

YES → Shared decision making approach based on severity of symptoms

Offer high dose nasal corticosteroid (off-label) for 14 days (subject to inclusion/exclusion criteria in PGD) plus self care and pain relief instead of antibiotics first line

or if unsuitable or ineffective

Offer phenoxymethylpenicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (via National Care Record or Patient/Carer)

YES → Offer clarithromycin OR doxycycline for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant → Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Offer high dose nasal corticosteroid (off-label) for 14 days (subject to inclusion/exclusion criteria in PGD)

If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of treatment course

Onward referral
- General practice
- Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET Respiratory Tract Infection leaflets

Link to NICE CKS

Shingles
(for adults aged 18 years and over)
Exclude: pregnant individuals

NHS England

Patient presents with signs and symptoms of shingles

Consider the risk of deterioration, red flags or IF ANY of the serious complications are suspected (www.nhs.uk)

Serious complications suspected
- Meningitis(neck stiffness, photophobia, mottled skin)
- Encephalitis (disorientation, changes in behaviour)
- Myelitis (muscle weakness, loss of bladder or bowel control)
- Facial nerve paralysis (typically unilateral) (Ramsay Hunt)

Shingles in the ophthalmic distribution
- Hutchinson's sign — a rash on the tip, side, or root of the nose
- Visual symptoms
- Unexplained red eye

- Shingles in severely immunosuppressed patient
- Shingles in immunosuppressed patient where the rash is severe, widespread or patient is systemically unwell
- Shingles affecting the head and neck

Gateway Point

YES → Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

Gateway Point

NO

Does the patient follow typical progression of shingles clinical features (To be used as a guide to support diagnosis – not all below may be present):
- First signs of shingles are an abnormal skin sensation and pain in the affected area which can be described as burning, stabbing, throbbing, itching, tingling and can be intermittent or constant.
- The rash usually appears within 2-3 days after the onset of pain, and a fever and or a headache may develop.
- Shingles rash appears as a group of red spots on a pink-red background which quickly turn into small fluid-filled blisters.
- Some of the blisters burst, others fill with blood or pus. The area then slowly dries, crusts and scabs form.
- Shingles rash usually covers an area of skin on one side of the body.

☐ Refer to NHS.UK website for images of Shingles

YES → Shingles more likely

NO → Shingles less likely → Consider alternative diagnosis and proceed appropriately

Shingles more likely → Does the patient have shingles within 72 hours of rash onset?

NO → Does the patient have shingles up to one week after rash onset?

NO → Patient does not meet treatment criteria
- Share self-care and safety-netting advice

YES → Does the patient meet (ANY) of the following criteria:
- Immunosuppressed (see below)
- Non-truncal involvement (shingles affecting the limbs, or perineum)
- Moderate or severe pain
- Moderate or severe rash (defined as confluent lesions)
- All patients aged over 50 years

YES → Does the patient meet (ANY) of the following criteria:
- Immunosuppressed (see below)
- Continued vesicle formation
- Severe pain
- High risk of severe shingles (e.g. severe atopic dermatitis/eczema)
- All patients aged 70 years and over

NO → Patient does not meet treatment criteria
- Share self-care and safety-netting advice

YES (from 72 hours) and YES (from one week) → Offer aciclovir (subject to inclusion/exclusion criteria in PGD) plus self care

or if unsuitable

Offer valaciclovir (subject to inclusion/ exclusion criteria in PGD) plus self care

Offer valaciclovir:
- Immunosuppressed patients
- Adherence risk: already taking 8 or more medicines a day or is assisted in taking their medicines

FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of 7 days treatment course

→ Onward referral
General practice
Other provider as appropriate

FOR IMMUNOSUPPRESSED PATIENTS:
- Offer treatment if appropriate and call patient's GP or send urgent for action email if out of hours to notify supply of antiviral and **request review by GP Practice**
- Advise patient, if your symptoms worsen rapidly or if you become systemically unwell or the rash becomes severe or widespread - attend A&E or call 999

FOR ALL PATIENTS:
- Share self-care and safety-netting advice using British Association of Dermatologists Shingles leaflet
- For pain management recommend a trial of paracetamol, a NSAID such as ibuprofen, or co-codamol over the counter. If this is not effective, refer patient to general practice
- Signpost eligible individuals to information and advice about receiving the shingles vaccine after they have recovered from this episode of shingles

Link to NICE CKS

Acute Otitis Media
(For children aged 1 to 17 years)

NHS England

Exclude: recurrent acute otitis media (3 or more episodes in 6 months or four or more episodes in 12 months), pregnant individuals under 16 years

Acute otitis media mainly affects children, can last for around 1 week and over 80% of children recover spontaneously without antibiotics 2-3 days from presentation

Patients presenting with signs and symptoms of acute otitis media

Consider the risk of deterioration, red flags or serious illness (www.nhs.uk)

Suspected acute complications:
- Meningitis (neck stiffness, photophobia, mottled skin)
- Mastoiditis (pain, soreness, swelling, tenderness behind the affected ear(s))
- Brain abscess (severe headache, confusion or irritability, muscle weakness)
- Sinus thrombosis (headache behind or around the eyes)
- Facial nerve paralysis

Gateway Point

YES → Signpost patient to A&E or call 999 in a life threatening emergency

NO

Does the patient need an otoscopic examination?

YES

Gateway Point

Does the patient have acute onset of symptoms including:
- In older children— earache
- In younger children — holding, tugging, or rubbing of the ear
- In younger children: non-specific symptoms such as fever, crying, poor feeding, restlessness, behavioural changes, cough, or rhinorrhoea

YES → Acute otitis media more likely → Offer self care and regular pain relief to all patients

- A distinctly red, yellow, or cloudy tympanic membrane
- Moderate to severe bulging of the tympanic membrane, with loss of normal landmarks and an air-fluid level behind the tympanic membrane
- Perforation of the tympanic membrane and/or sticky discharge in the external auditory canal

NO → Acute otitis media less likely → Consider alternative diagnosis and proceed appropriately

Does the patient meet ANY of the following criteria:
- Patient is systemically very unwell
- Patient has signs of a more serious illness
- Patient is high risk of complications because of pre-existing comorbidity (this includes children with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis and young children who were born prematurely)

YES → Onward referral
- General practice
- Other provider as appropriate

NO

Does the child/young person have otorrhoea (discharge after eardrum perforation) or eardrum perforation (suspected or confirmed)

YES

NO

Is the child under 2 years AND with infection in **both** ears?

NO

In patients with **mild** symptoms offer self-care and pain relief

In patients with **moderate and severe** symptoms, **without eardrum perforation**- consider offering phenazone 40 mg/g with lidocaine 10 mg/g ear drops for up to 7 days (subject to inclusion/exclusion criteria in PGD) plus self care

Ask patient to return to Community Pharmacy if no improvement within 3-5 days for pharmacist reassessment

YES

Shared decision making approach and clinician global impression

Does the patient meet ANY of the following criteria:
- Severe symptoms based on clinician global impression
- Symptoms for >3 days

NO → In patients with **moderate and severe** symptoms, **without eardrum perforation**- consider offering phenazone 40 mg/g with lidocaine 10 mg/g ear drops for up to 7 days (subject to inclusion/exclusion criteria in PGD) plus self care

YES → Offer amoxicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (Via National Care Record or Patient/Carer)

YES → Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant (aged 16-17 years) → Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

FOR ALL PATIENTS: If symptoms worsen rapidly or significantly, or the child or young person becomes very unwell OR does not improve despite antibiotics taken for at least 2-3 days → Onward referral
- General practice
- Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting, and evidence on antibiotics using NICE guidelines