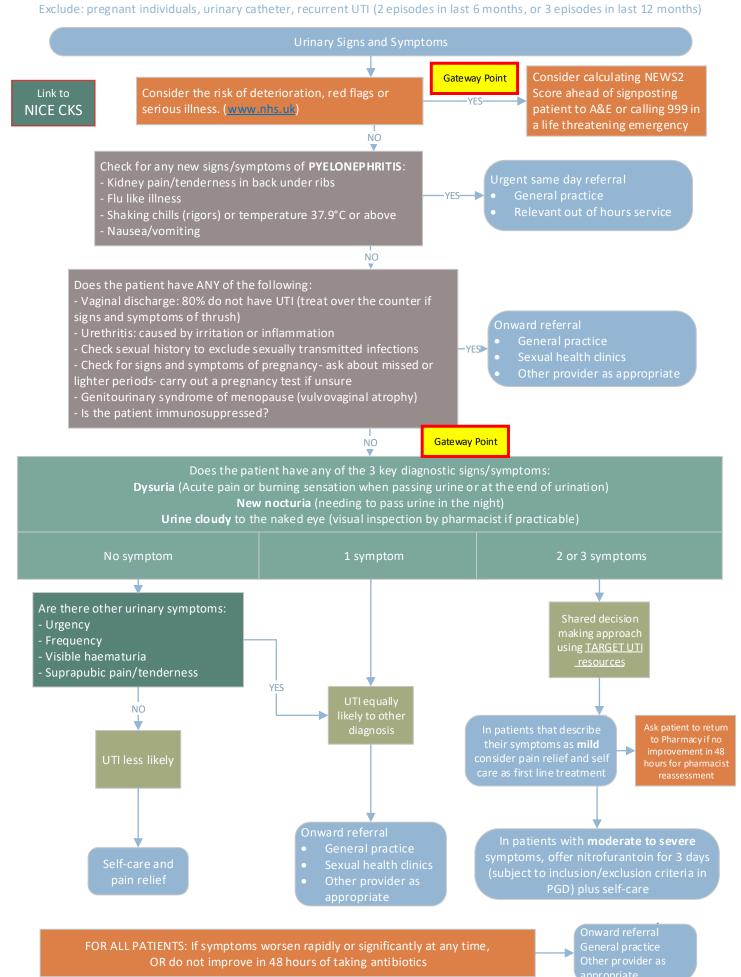
### **Uncomplicated Urinary Tract Infection**



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



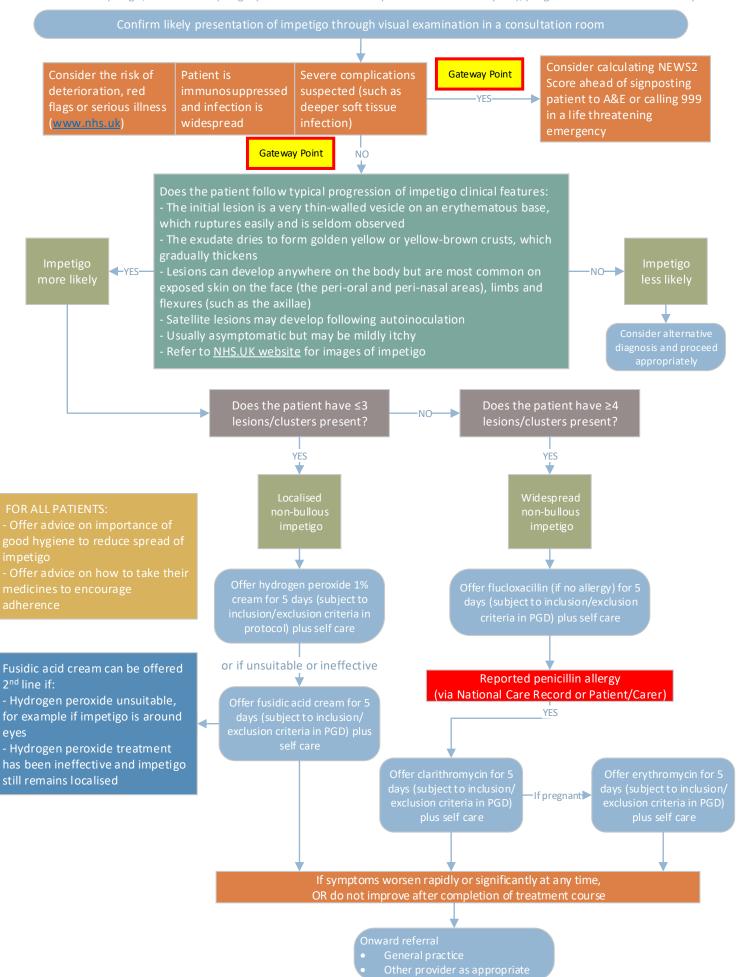


## **Impetigo**

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



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





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

Exclude: pregnant individuals under 16 years



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.

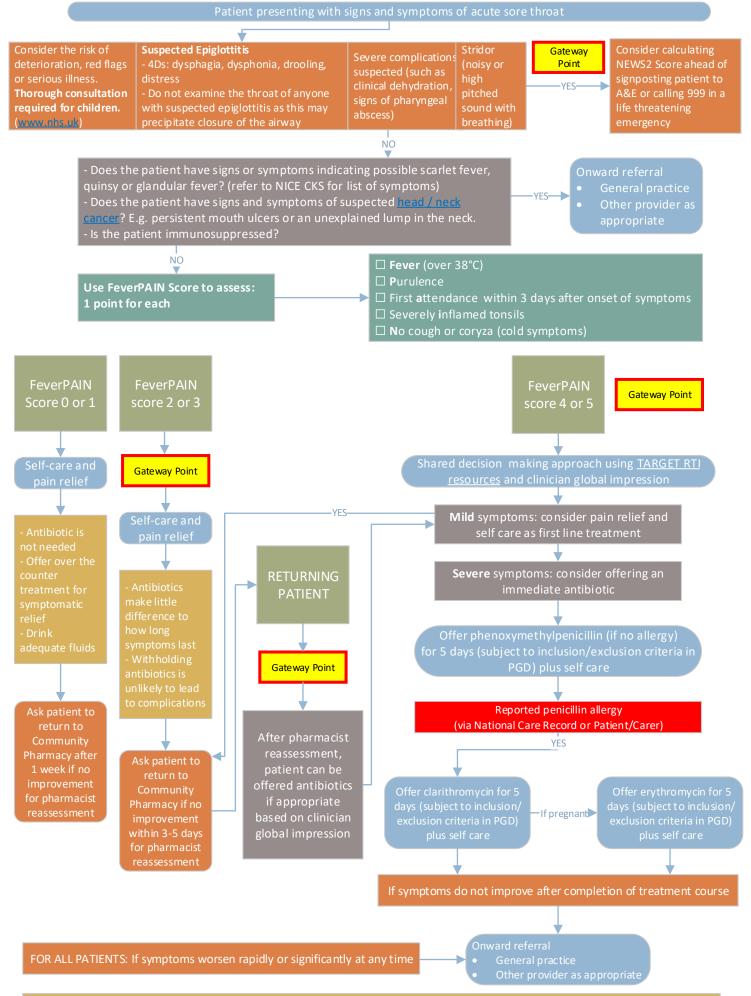
# Consider the risk of Consider calculating Signs of systemic Stings where there is risk of **Gateway Point** NEWS2 Score ahead of deterioration, red flags immun os uppressed airway obstruction (e.g. in the signposting patient to -YES-A&E or calling 999 in a or sting around the eyes NO Does the patient 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 VFS-Bite or sting that occurred while travelling outside of UK with concern of insect borne diseases e.g. Is itch the principal symptom? YES (In the absence of other signs or symptoms of infection) Does the patient have acute onset of ≥3 of the following symptoms of an infected insect bite? **Gateway** Point Redness of skinPain or tenderness to the area Infected Insect bite more likely **■**NO YES insect bite less likely Skin surrounding the bite feels hot to touch Does the patient meet ANY of the following Clearly demarcate the area and antihistamine and/or topical - Redness and swelling of skin surrounding · Ask patient to return to pharmacy the bite is spreading if symptoms worsen at any time OR the counter treatment for site of bite/sting 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 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) -YFS If pregnant If symptoms worsen rapidly or significantly at any time,

### **Acute Sore Throat**

# (For adults and children aged 5 years and over)







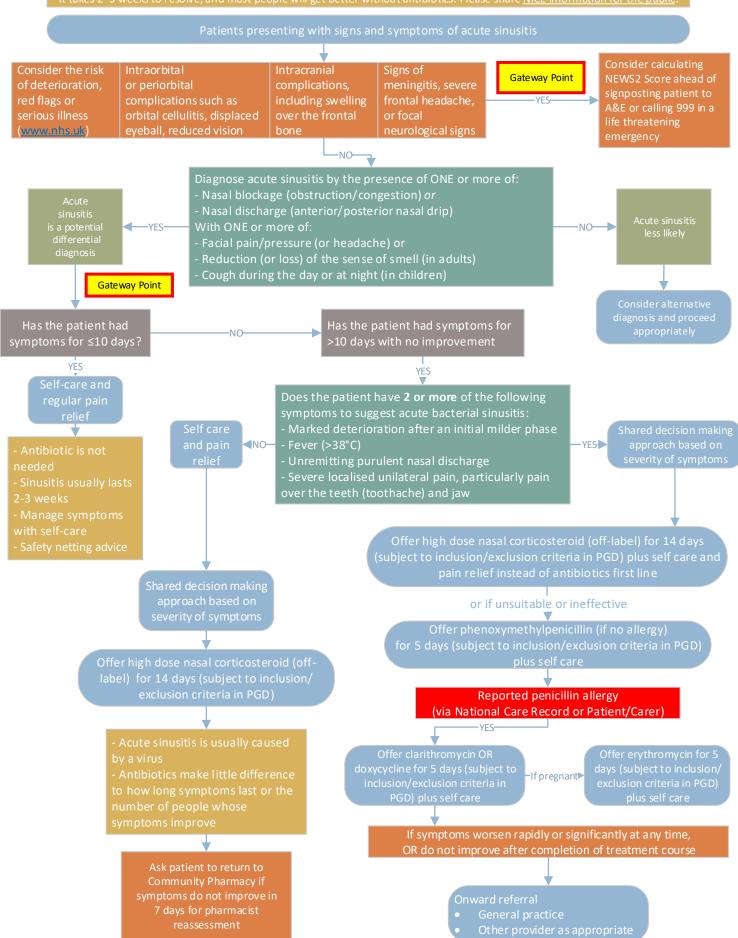


# **Acute Sinusitis** (For adults and children <u>aged 12 years and over</u>)



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 <u>NICE information for the public</u>.

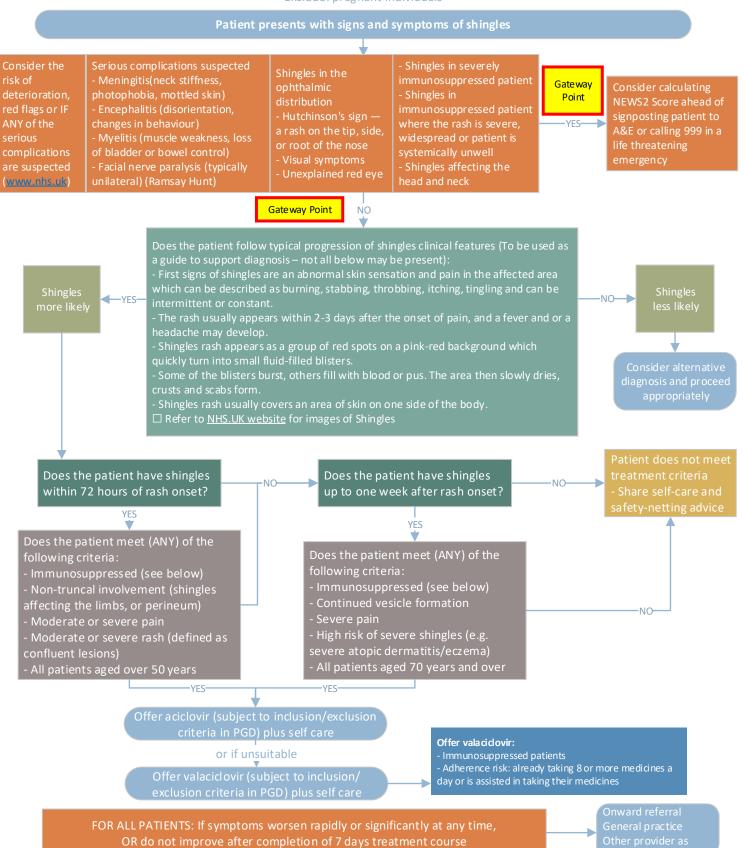




# Shingles (for adults aged 18 years and over)

NHS England

Exclude: pregnant individuals



### 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 <u>British Association of Dermatologists Shingles leaflet</u>
- 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



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



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

