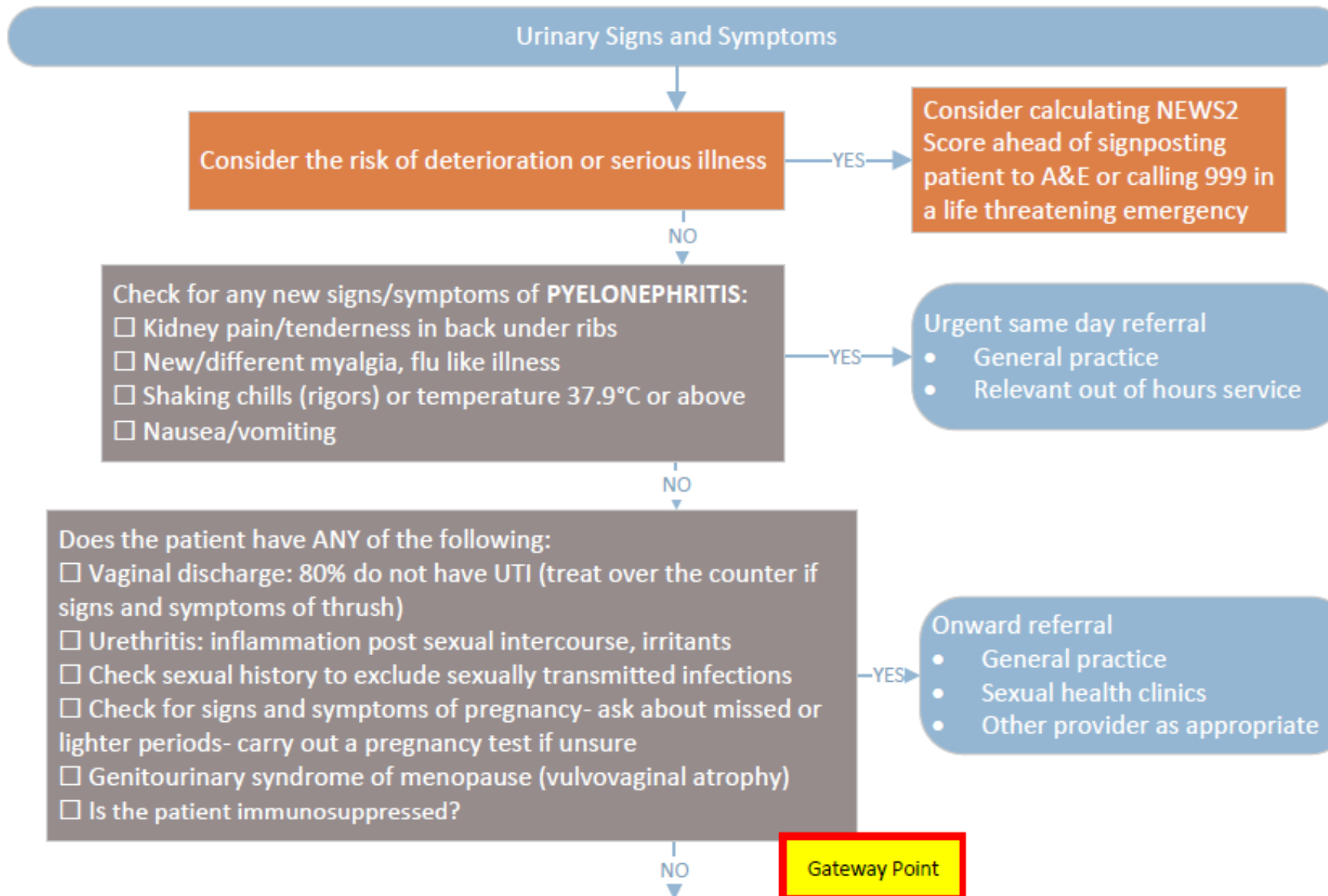


Clinical Pathway Gateway Points



Uncomplicated Urinary Tract Infection (For women aged 16 to 64 years with suspected lower UTIs)

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



Urinary Tract Infection in Women

Main Symptoms

Sometimes also called Cystitis, a Urinary Tract Infection (or UTI) is characterised by 3 main symptoms:

- Increase in frequency of urination, including at night
- A need to urinate more suddenly or urgently than usual
- A burning or stinging pain when passing urine



Suitability for the Pharmacy First Service

- **Women** aged 16 to 64 years with suspected UTI
- Excludes pregnant individuals, people with a urinary catheter or recurrent episodes (2 episodes in last 6 months or 3 episodes in last 12 months)

When to Refer to Pharmacist

If the patient presents with any of the above key symptoms or who are generally unwell.



For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

Possible urinary signs & symptoms	The outcome	Recommended care	Types of urinary tract infection
<p>Key signs/symptoms: Dysuria: Burning pain when passing urine (wee) New nocturia: Needing to pass urine in the night Cloudy urine: Visible cloudy colour when passing urine</p> <p>Other signs/symptoms to consider: Frequency: Passing urine more often than usual Urgency: Feeling the need to pass urine immediately Haematuria: Blood in your urine Suprapubic pain: Pain in your lower tummy</p> <p>Other things to consider: Recent sexual history <ul style="list-style-type: none"> Inflammation due to sexual activity can feel similar to the symptoms of a UTI Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI Changes during menopause <ul style="list-style-type: none"> Some changes during the menopause can have symptoms similar to those of a UTI </p>	<p>Non-pregnant women:</p> <p><input type="checkbox"/> If none or only one of: dysuria, new nocturia, cloudy urine; AND/OR vaginal discharge →</p> <ul style="list-style-type: none"> UTI much less likely You may need a urine test to check for a UTI Antibiotics less likely to help Usually lasts 5 to 7 days <p><input type="checkbox"/> If 2 or more of: dysuria, new nocturia, cloudy urine; OR bacteria detected in urine; AND NO vaginal discharge →</p> <ul style="list-style-type: none"> UTI more likely; antibiotics should help You should start to improve within 48 hours Symptoms usually last 3 days <p>Pregnant women: Always request urine culture</p> <p><input type="checkbox"/> If suspected UTI →</p>	<p><input type="checkbox"/> Self-care and pain relief. <ul style="list-style-type: none"> Symptoms may get better on their own <input type="checkbox"/> Delayed or backup prescription with self-care and pain relief Start antibiotics if symptoms: <ul style="list-style-type: none"> Get worse Do not get a little better with self-care within 48 hours <input type="checkbox"/> Immediate antibiotic prescription plus self-care</p> <p><input type="checkbox"/> If mild symptoms, delayed or back-up antibiotic prescription plus self-care</p> <p><input type="checkbox"/> Immediate antibiotic prescription plus self-care</p>	<p>UTIs are caused by bacteria getting into your urethra or bladder, usually from your gut. Infections may occur in different parts of the urinary tract.</p> <p>Kidneys (make urine) Infection in the upper urinary tract <ul style="list-style-type: none"> Pyelonephritis (pie-lo-nef-right-is). Not covered in this leaflet and always needs antibiotics </p> <p>Bladder (stores urine) Infection in the lower urinary tract <ul style="list-style-type: none"> Cystitis (sis-tight-is). </p> <p>Urethra (takes urine out of the body) Infection or inflammation in the urethra <ul style="list-style-type: none"> Urethritis (your-ith-right-is) </p>

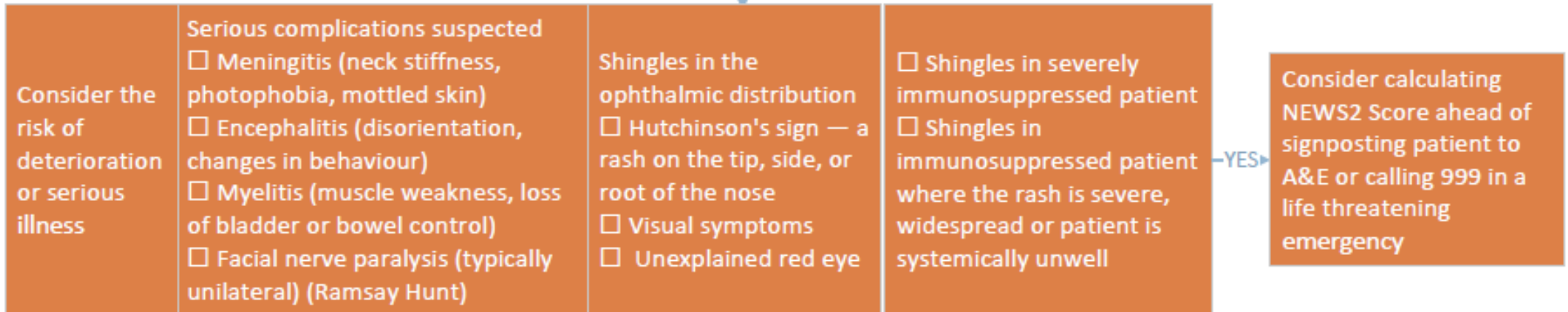
If you think you may have COVID-19 then please visit <http://www.gov.uk/coronavirus> or <http://www.nhs.uk> for the latest guidance and information

Self-care to help yourself get better more quickly	Options to help prevent a UTI	Antibiotic resistance	When should you get help? Contact your GP practice or contact NHS
<ul style="list-style-type: none"> Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses Avoid too much alcohol, fizzy drinks or caffeine that can irritate your bladder Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>It may help you to consider these risk factors:</p> <ul style="list-style-type: none"> Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet. Avoid waiting to pass urine. Pass urine as soon as you need to. Go for a wee after having sex to flush out any bacteria that may be near the opening to the urethra. Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra. Drink enough fluids to make sure you wee regularly throughout the day, especially during hot weather. <p>If you have a recurrent UTI, the following may help</p> <ul style="list-style-type: none"> Cranberry products and D-mannose: There is some evidence to say that these work to help prevent recurrent UTI After the menopause: Topical hormonal treatment may help; for example, vaginal pessaries. Antibiotics at night or after sex may be considered 	<p>Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.</p> <p>↓</p> <p>Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.</p> <p>↓</p> <p>This may make future UTI more difficult to treat</p> <p>↓</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>↓</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>	<p>The following symptoms are possible signs of serious infection and should be assessed urgently.</p> <p>Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> You have shivering, chills and muscle pain You feel confused, or are very drowsy You have not passed urine all day You are vomiting You see blood in your urine Your temperature is above 38°C or less than 36°C. You have kidney pain in your back just under the ribs Your symptoms get worse Your symptoms are not starting to improve within 48 hours of taking antibiotics

Shingles (for adults aged 18 years and over)

Exclude: pregnant individuals

Diagnose shingles on the basis of typical clinical features



NO

Does the patient follow typical progression of shingles clinical features:
 First signs of shingles are an abnormal skin sensation and pain in the affected area which can be described as burning, stabbing, throbbing, itching,

Gateway Point

Shingles

Main Symptoms

- Shingles is a viral infection that is more common in older adults and those with weakened immune systems
- Blotchy rash that is tingly or painful, usually on the chest, tummy, back or face, and usually on only one side of the body
- Rash that is on both sides of the body is unlikely to be shingles
- Rash then blisters and scabs over as the condition progresses
- Caused by the same virus that causes chicken pox – you cannot catch shingles from someone suffering from shingles, nor catch shingles from someone with chicken pox

Suitability for the Pharmacy First Service

- Adults aged 18 years
- Excludes pregnant individuals

When to Refer to Pharmacist

Refer all suspected cases of shingles to the pharmacist.



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

Confirm the diagnosis of impetigo through visual examination

Consider the risk of deterioration or serious illness

Patient is immunosuppressed and infection is widespread

Severe complications suspected (such as deeper soft tissue infection)

YES

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

NO

Gateway Point

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

Impetigo

Main Symptoms

- A common skin condition that is often seen on the face, around the nose or mouth, although it can occur anywhere on the body
- Starts as small red blisters which scab over to give crusty yellow or yellowy-brown patches that look a bit like cornflakes. Sometimes blisters can be itchy or painful
- It is most common in children
- Very contagious and can spread quickly on the person and to other family members, or children within a school, nursery, or peer group

Suitability for the Pharmacy First Service

Patients over the age of 1 year old

When to Refer to Pharmacist

All patients

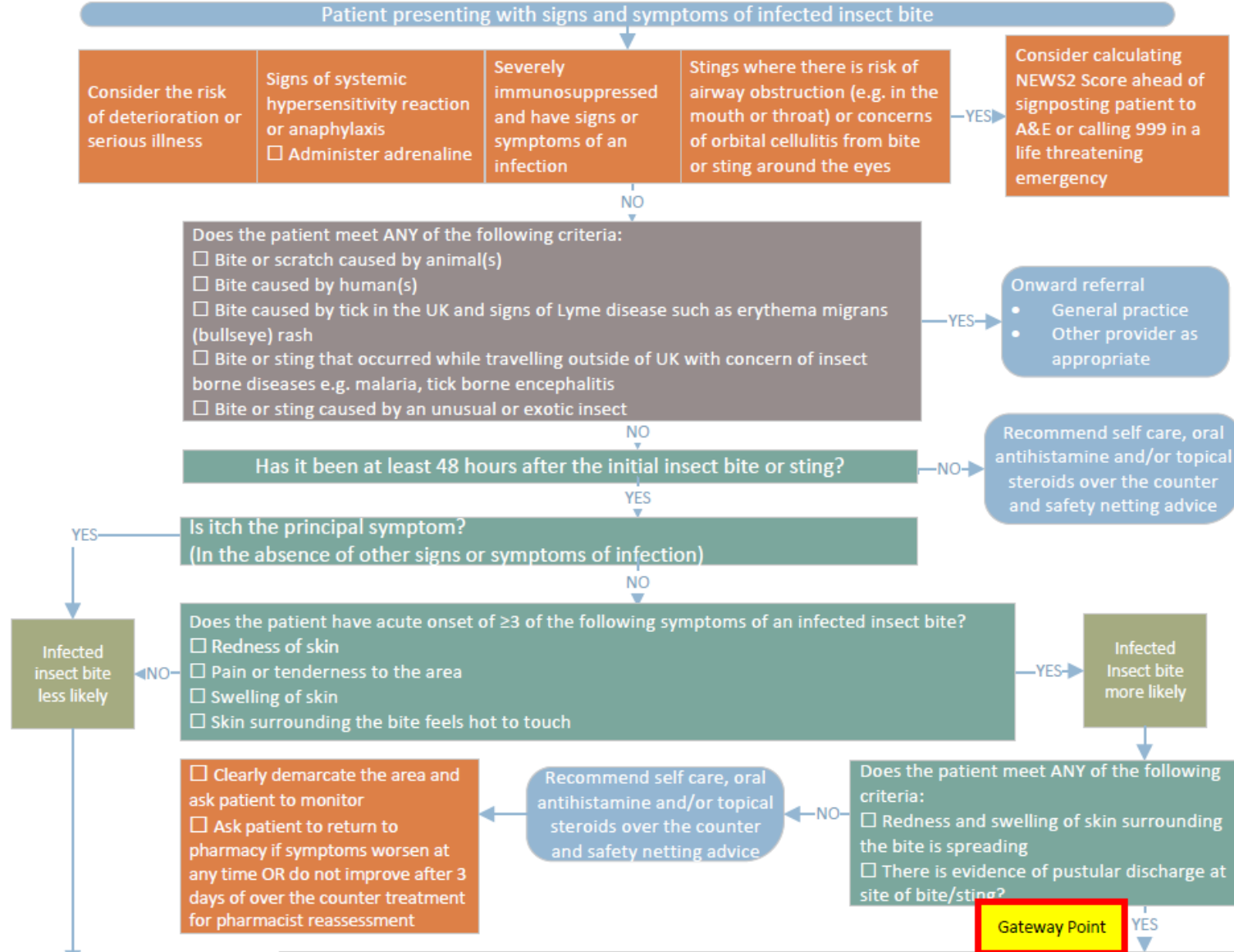


Refer any suspected impetigo to the pharmacist for Pharmacy First service.

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.



Infected Insect Bites

Main Symptoms

- Insect bites usually present as itchy red lumps on the skin
- Usually more cases during the summer months

Suitability for the Pharmacy First Service

Patients over the age of 1 year old, where at least 48 hours have elapsed since the insect bite.

When to Refer to Pharmacist

- Bites that are very painful and swollen, or bites that are becoming more painful and swollen after several days
- A bite area that is hot to the touch
- Redness spreading from the bite area
- Patients who have already tried an antihistamine or hydrocortisone without any reduction in symptoms, or whose symptoms are getting worse with treatment



Acute Sore Throat (For adults and children aged 5 years and over)

Exclude: pregnant individuals under 16 years

Patient presenting with signs and symptoms of acute sore throat

Consider the risk of deterioration or serious illness	Suspected Epiglottitis <input type="checkbox"/> 4Ds: dysphagia, dysphonia, drooling, distress <input type="checkbox"/> 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)	Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency
	YES YES			

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 cancer?

Is the patient immunosuppressed?

Onward referral

- General practice
- Other provider as appropriate

NO

Use FeverPAIN Score to assess:
1 point for each

- Fever (over 38°C)
- Purulence
- First Attendance within 3 days after onset of symptoms
- Severely Inflamed tonsils
- No 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

FeverPAIN score 2 or 3

Self-care and pain relief

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

Gateway Point

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

YES

Offer antibiotic treatment (if appropriate)

Sore Throat

Main Symptoms

- Common illness in both adults and children, occurring more often in winter months
- Frequently linked to coughs, colds, or allergies
- Most sore throats are not serious and will get better by themselves within about a week
- Pain in the throat, especially when swallowing
- An elevated temperature or fever (over 38°C)
- Inflammation or swelling in the throat
- White spots in the throat or mouth
- Symptoms may be combined with other cold symptoms such as runny nose, cough, and headache



Suitability for the Pharmacy First Service

- Adults and children aged 5 years and over
- Excludes pregnant individuals under 16 years

When to Refer to Pharmacist

Any patient with more than 2 symptoms related to their sore throat, or patients with very severe symptoms.

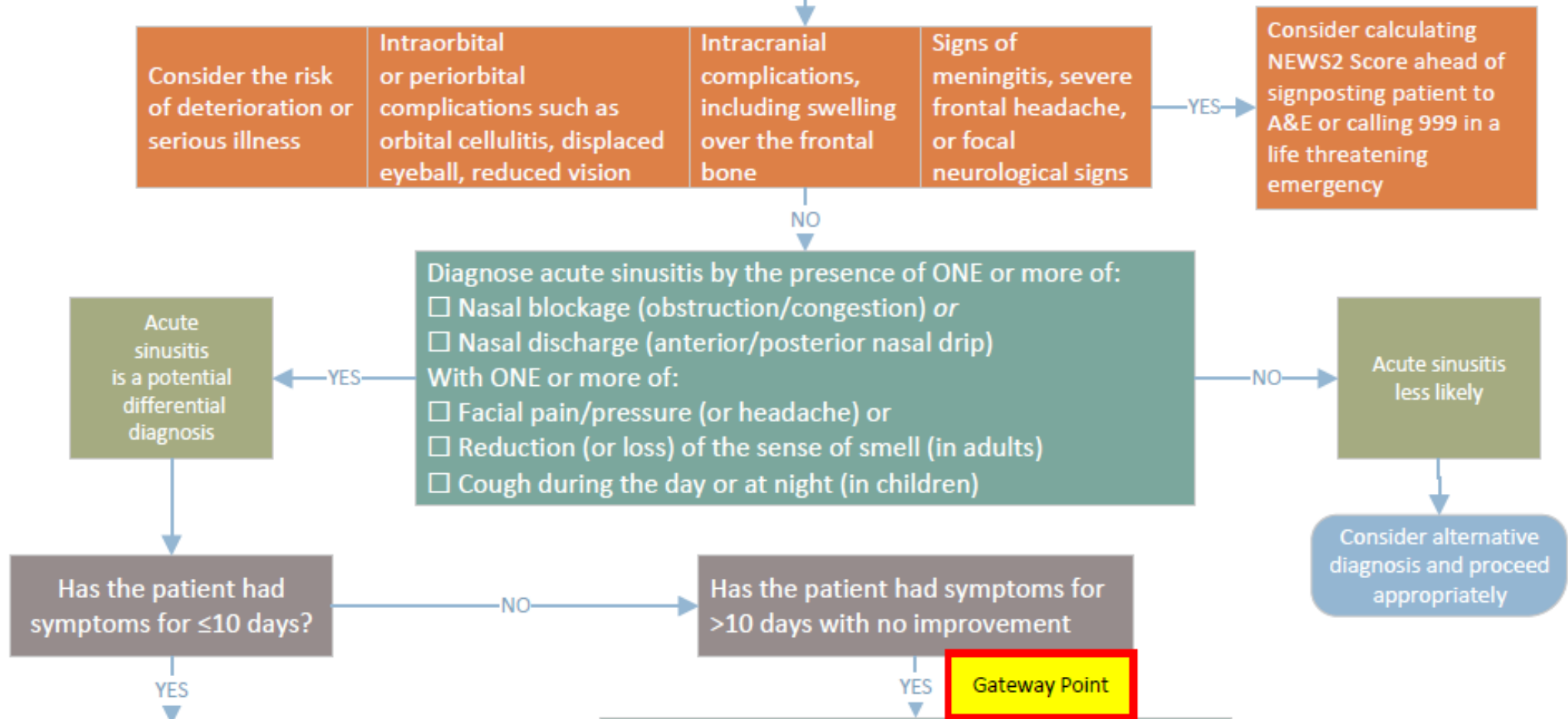
People who are more generally unwell.

Acute Sinusitis (For adults and children aged 12 years and over)

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



Sinusitis

Main Symptoms

Sinusitis is swelling of the sinuses and commonly clears up on its own within 2 to 3 weeks. Acute sinusitis usually follows a cold and patients may report symptoms such as:

- Blocked nasal passages
- Runny nose with face pain or headache
- Loss of the sense of smell
- Tenderness or swelling over the cheeks or around the eyes
- Cough due to post-nasal drip



Suitability for Pharmacy First:

Patients over the age of 12 years old, with nasal symptoms accompanied by at least one of:

- Facial pain/pressure
- Reduction in smell (adults)
- Cough (children)

Pregnant patients under 16 years old are excluded

When to Refer to Pharmacist:

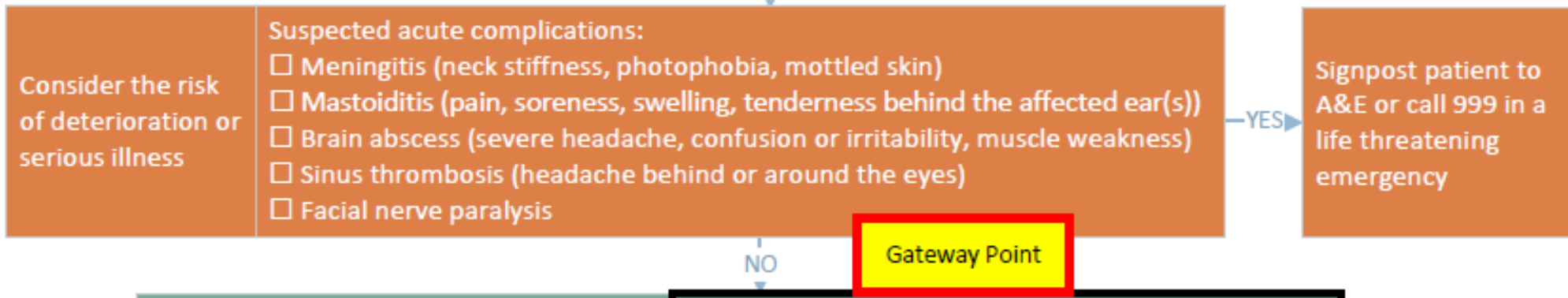
- Nasal symptoms that have lasted longer than 10 days **with no improvement**
- Nasal symptoms that may be improving but have lasted longer than 3 weeks
- Symptoms that are significantly worse on one side (particularly over the tooth or jaw area)
- Severe facial pain or pressure
- Discoloured discharge
- Elevated temperature (over 38°C)

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

Patients presenting with signs and symptoms of acute otitis media



Infected Ears

Main Symptoms

Otitis media, or ear infection, is more common in children, and parents may bring children into the pharmacy with the following symptoms that are indicative of Otitis media:

- Unusual irritability
- Difficulty sleeping or staying asleep
- Tugging or pulling at one or both ears
- Fever, especially in infants and younger children
- Fluid draining from ear(s)
- Loss of balance
- Hearing difficulties
- Ear pain



Sometimes patients may think they have an infection when they have ear wax. Ear wax build up usually presents with different symptoms than ear infection:

- Gradual loss of hearing
- Feeling of fullness or blockage in the ear
- Ringing or buzzing in the ears
- No pain

Suitability for the Pharmacy First Service

- Patients aged 1 to 17 years old

When to Refer to Pharmacist

Refer all suspected cases of Otitis Media to the pharmacist for further assessment. **It is important that the patient themselves is present in the pharmacy so that the pharmacist can look in the ears with an otoscope.**