

		Urinary tract infection – Water Infection	Shingles – Painful Rash	Impetigo – Skin Infection	Infected Insect Bite	Acute Sore Throat	Acute Sinusitis	Acute Otis Media – Middle Earache
Refer to Pharmacist	Main Symptoms	<ul style="list-style-type: none"> <li>Burning when passing urine,</li> <li>Needing to pass urine in the night,</li> <li>Urine cloudy to the naked eye.</li> </ul>	<ul style="list-style-type: none"> <li>Tingling or painful feeling in an area of skin</li> <li>Red dots on a pink/red background developing into blisters.</li> <li>Rash on one side of the body only.</li> <li>Headache or fever</li> </ul>	<ul style="list-style-type: none"> <li>Starts with sores or blisters which quickly burst and leave crusty golden brown, itchy patches.</li> </ul>	<ul style="list-style-type: none"> <li>Redness pain, swelling of insect bite getting worse with skin hot to touch.</li> <li>Maybe discharge at site of the bite.</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat with/without fever or pus/swollen tonsils.</li> <li>Can be in the absence of a runny nose</li> </ul>	<ul style="list-style-type: none"> <li>Nasal blockage or nasal discharge with one or more of the following:</li> <li>Facial pain/pressure or headache,</li> <li>Reduction or loss of smell in adults or cough during the day or night in children</li> </ul>	<ul style="list-style-type: none"> <li>Earache, younger children may tug the ear or hold the ear</li> </ul>
	Inclusion	<ul style="list-style-type: none"> <li>Female</li> <li>Aged between 16 – 64</li> <li>Requires 2 of the symptoms</li> </ul>	<ul style="list-style-type: none"> <li>18 years and over</li> <li>Rash appeared within the last 72 hours - 7 days</li> </ul>	<ul style="list-style-type: none"> <li>1 year and over</li> <li>Localised (4 or fewer lesions /clusters present)</li> </ul>	<ul style="list-style-type: none"> <li>1 year and over</li> <li>Infection that is present or worsening at least 48 hours after the initial bite or sting</li> </ul>	<ul style="list-style-type: none"> <li>5 years and over</li> </ul>	<ul style="list-style-type: none"> <li>12 years and over</li> <li>Symptom duration of 10 days or more</li> </ul>	<ul style="list-style-type: none"> <li>Aged between 1 - 17</li> </ul>
Do NOT Refer	Red Flags	<ul style="list-style-type: none"> <li>Chills or shaking</li> <li>Tenderness under ribs or back</li> <li>Fever vomiting or kidney pain</li> </ul>	<ul style="list-style-type: none"> <li>If near eye</li> <li>Pregnancy</li> <li>Immunocompromised patient</li> </ul>	<ul style="list-style-type: none"> <li>Immunocompromised patient</li> <li>Boils</li> </ul>	<ul style="list-style-type: none"> <li>Near Mouth</li> <li>Bite received outside UK</li> </ul>	<ul style="list-style-type: none"> <li>Breathing difficulty</li> <li>Immunosuppressed patient</li> <li>Swollen Tongue</li> <li>High pitch/ noisy breathing</li> </ul>	<ul style="list-style-type: none"> <li>Reduced vision</li> <li>Eye bulging</li> </ul>	<ul style="list-style-type: none"> <li>Neck Stiffness, light sensitivity, skin rash</li> <li>Pain behind ear</li> <li>Severe Headache</li> <li>Pain in or around eyes</li> <li>Facial paralysis</li> </ul>
	Exclusion criteria	<ul style="list-style-type: none"> <li>Male</li> <li>Under 16 or over 64 years</li> <li>Pregnant or breastfeeding</li> <li>Recurrent UTI's (2 in the last 6 months or 3 in the last 12 months</li> <li>Catheter</li> </ul>	<ul style="list-style-type: none"> <li>Under the age of 18</li> <li>Pregnant or suspected pregnancy</li> <li>Breastfeeding with shingle sores on the breasts</li> <li>Shingles rash onset over 7 days ago</li> </ul>	<ul style="list-style-type: none"> <li>Under 1 years of age</li> <li>Pregnant or suspected pregnancy in an individual under the age of 16</li> <li>Breastfeeding with impetigo lesions presents on the breast.</li> <li>Recurrent impetigo (2 or more episodes in the same year)</li> <li>Widespread lesions or clusters present</li> <li>Symptomatically unwell</li> </ul>	<ul style="list-style-type: none"> <li>Under 1 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Symptomatically unwell</li> <li>Bite or sting occurred whilst travelling outside of the UK</li> </ul>	<ul style="list-style-type: none"> <li>Individual under five years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Recurrent sore throat or tonsillitis (7 or more significant episodes in the preceding 12 months or five + in each of the preceding 2 years or 3+ in the preceding 3 years</li> <li>Previous tonsillectomy</li> </ul>	<ul style="list-style-type: none"> <li>Individuals under 12 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Symptom duration of less than 10 days</li> <li>Recurrent sinusitis (4 or more annual episodes of sinusitis)</li> </ul>	<ul style="list-style-type: none"> <li>Individuals under 1 or over 18 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16</li> <li>Recurrent infections (3+ episodes in the preceding 6 months or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months)</li> </ul>

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Conditions	What conditions are <u>SUITABLE</u> for referral to Pharmacist?			Do <u>NOT</u> refer in these circumstances	
<b>Bites/Stings</b>	<ul style="list-style-type: none"> <li>Bee sting</li> <li>Wasp sting</li> </ul>	<ul style="list-style-type: none"> <li>Stings with minor redness</li> </ul>	<ul style="list-style-type: none"> <li>Stings with minor swelling</li> </ul>	<ul style="list-style-type: none"> <li>Drowsy/fever</li> <li>Fast heartrate</li> </ul>	<ul style="list-style-type: none"> <li>Severe swellings or cramps</li> </ul>
<b>Colds</b>	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Coughs</li> </ul>	<ul style="list-style-type: none"> <li>Flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +3 weeks.</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Unable to swallow</li> </ul>
<b>Congestion</b>	<ul style="list-style-type: none"> <li>Blocked or runny nose</li> </ul>	<ul style="list-style-type: none"> <li>Constant need to clear their throat</li> </ul>	<ul style="list-style-type: none"> <li>Excess mucus</li> <li>Hay fever</li> </ul>	<ul style="list-style-type: none"> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>Facial swelling</li> </ul>
<b>Ear</b>	<ul style="list-style-type: none"> <li>Earache</li> </ul>	<ul style="list-style-type: none"> <li>Earwax</li> <li>Blocked ear</li> </ul>	<ul style="list-style-type: none"> <li>Hearing problems</li> </ul>	<ul style="list-style-type: none"> <li>Something may be in the ear canal.</li> <li>Discharge</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain.</li> <li>Deafness</li> <li>Vertigo</li> </ul>
<b>Eye</b>	<ul style="list-style-type: none"> <li>Conjunctivitis</li> <li>Dry/sore tired eyes</li> <li>Eye, red or Irritable</li> </ul>	<ul style="list-style-type: none"> <li>Eye, sticky</li> <li>Eyelid problems</li> </ul>	<ul style="list-style-type: none"> <li>Watery/runny eyes</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain</li> <li>Pain1sideonly</li> </ul>	<ul style="list-style-type: none"> <li>Light sensitivity</li> <li>Reduced vision</li> </ul>
<b>Gastric / Bowel</b>	<ul style="list-style-type: none"> <li>Constipation</li> <li>Diarrhoea</li> <li>Infant colic</li> </ul>	<ul style="list-style-type: none"> <li>Heartburn</li> <li>Indigestion</li> </ul>	<ul style="list-style-type: none"> <li>Haemorrhoids</li> <li>Rectal pain,</li> <li>Vomiting or nausea</li> </ul>	<ul style="list-style-type: none"> <li>Severe/on-going</li> <li>Lasted+6weeks</li> </ul>	<ul style="list-style-type: none"> <li>Patient+55years</li> <li>Blood/Weight loss</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>Hay fever</li> </ul>	<ul style="list-style-type: none"> <li>Sleep difficulties</li> </ul>	<ul style="list-style-type: none"> <li>Tiredness</li> </ul>	<ul style="list-style-type: none"> <li>Severe/on-going</li> </ul>	
<b>Gynae / Thrush</b>	<ul style="list-style-type: none"> <li>Cystitis</li> <li>Vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal itch or soreness</li> </ul>		<ul style="list-style-type: none"> <li>Diabetic /Pregnant</li> <li>Under16/over60</li> <li>Unexplained bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy treatment not worked.</li> <li>Had thrush 2x in last 6 months</li> </ul>
<b>Pain</b>	<ul style="list-style-type: none"> <li>Acute pain</li> <li>Ankle or foot pain</li> <li>Headache</li> <li>Hip pain swelling.</li> </ul>	<ul style="list-style-type: none"> <li>Knee or leg pain</li> <li>Lower back pain</li> <li>Lower limb pain</li> <li>Migraine</li> </ul>	<ul style="list-style-type: none"> <li>Shoulder pain</li> <li>Sprains and strains</li> <li>Thigh or buttock pain</li> <li>Wrist, hand or finger pain</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent.</li> <li>Conditions have been ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain/pain radiating into the shoulder.</li> <li>Pharmacy treatment not worked.</li> <li>Sudden onset</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Acne, spots &amp; pimples</li> <li>Athlete's foot</li> <li>Blisters on foot</li> <li>Dermatitis/ dry skin</li> <li>Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>Hay fever</li> <li>Nappy rash</li> <li>Oral thrush</li> <li>Rash-allergy</li> <li>Ringworm/threadworm</li> </ul>	<ul style="list-style-type: none"> <li>Scabies</li> <li>Skin dressings</li> <li>Skin rash</li> <li>Warts/verrucae</li> <li>Wound problems</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent.</li> <li>Conditions have been ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy treatment not worked.</li> <li>Skin lesions/blisters with discharge</li> <li>Diabetes related?</li> </ul>
<b>Mouth / Throat</b>	<ul style="list-style-type: none"> <li>Cold sore blisters</li> <li>Flu-like symptoms</li> <li>Hoarseness</li> </ul>	<ul style="list-style-type: none"> <li>Mouth ulcers</li> <li>Sore mouth</li> <li>Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Oral thrush</li> <li>Teething</li> <li>Toothache</li> </ul>	<ul style="list-style-type: none"> <li>Lasted+10days.</li> <li>Swollen painful gums.</li> <li>Sores inside mouth</li> </ul>	<ul style="list-style-type: none"> <li>Unable to swallow.</li> <li>Poor immune system.</li> <li>Voice change</li> </ul>
<b>Swelling</b>	<ul style="list-style-type: none"> <li>Ankle or foot swelling</li> <li>Lower limb swelling</li> </ul>	<ul style="list-style-type: none"> <li>Thigh buttock swelling</li> <li>Toe pain or swelling</li> </ul>	<ul style="list-style-type: none"> <li>Wrist, hand, or finger swelling</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent.</li> <li>Condition ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Discolouration to skin</li> <li>Pharmacy treatment not worked.</li> <li>Recent travel abroad</li> </ul>

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