# Patient Group Direction for adults and children over 2 years of age presenting with symptoms of impetigo: Patient assessment form

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | Click or tap here to enter text. | **CHI:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Age:** | Click or tap here to enter text. |
| **Sex:** | M / F | **Patient consents to GP being informed:** | YES/NO (exclude if no consent) |

## Patient symptoms and related appropriate actions

| **Symptom assessment** | **Yes** | **No** | **Actions** |
| --- | --- | --- | --- |
| Rash typical of impetigo (vesicles that weep and dry to form a yellow-brown crust limited to one are of the body |  |  | If yes, may be suitable to receive fusidic acid cream under PGD |

## Patient clinical picture and related appropriate actions

| **Clinical features** | **Yes** | **No** | **Actions** |
| --- | --- | --- | --- |
| Multiple site skin infection |  |  | If yes, refer to GP. |
| History of MRSA colonisation or infection |  |  |
| Children under the age of 2 years |  |  |
| Had impetigo within the last 3 months. |  |  |
| Patient systemically unwell |  |  |
| Allergy to any component of the cream. |  |  |
| Presenting with any underlying skin condition on the same area of the body as impetigo. |  |  |
| Concerns regarding patient compliance with topical medication |  |  |

### **Preparation options and supply method**

| **Medicine and strength** | **Regime** | **Supply method** |
| --- | --- | --- |
| Fusidic acid 2% cream 1x15g | Apply to lesions four times daily for 5 days | PGD via UCF |

**Patient advice checklist**

| **Advice** | **Provided (tick as appropriate)** |
| --- | --- |
| Contacting GP or NHS 24 if symptoms do not improve after 5 days or spread |  |
| Wash hands before and after applying cream. |  |
| Where possible remove scabs by bathing in warm water before applying the cream |  |
| Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use |  |
| Do not scratch or pick spots |  |

## Communication

| **Contact made with** | **Details (include time and method of communication)** |
| --- | --- |
| Patients regular General Practice (details) | Click or tap here to enter text. |

## Details of medicine supplied and pharmacist supplying under the PGD

|  |  |
| --- | --- |
| Medicine supplied |  |
| Batch number and expiry |  |
| Print name of pharmacist |  |
| Signature of pharmacist |  |
| GPhC registration details |  |