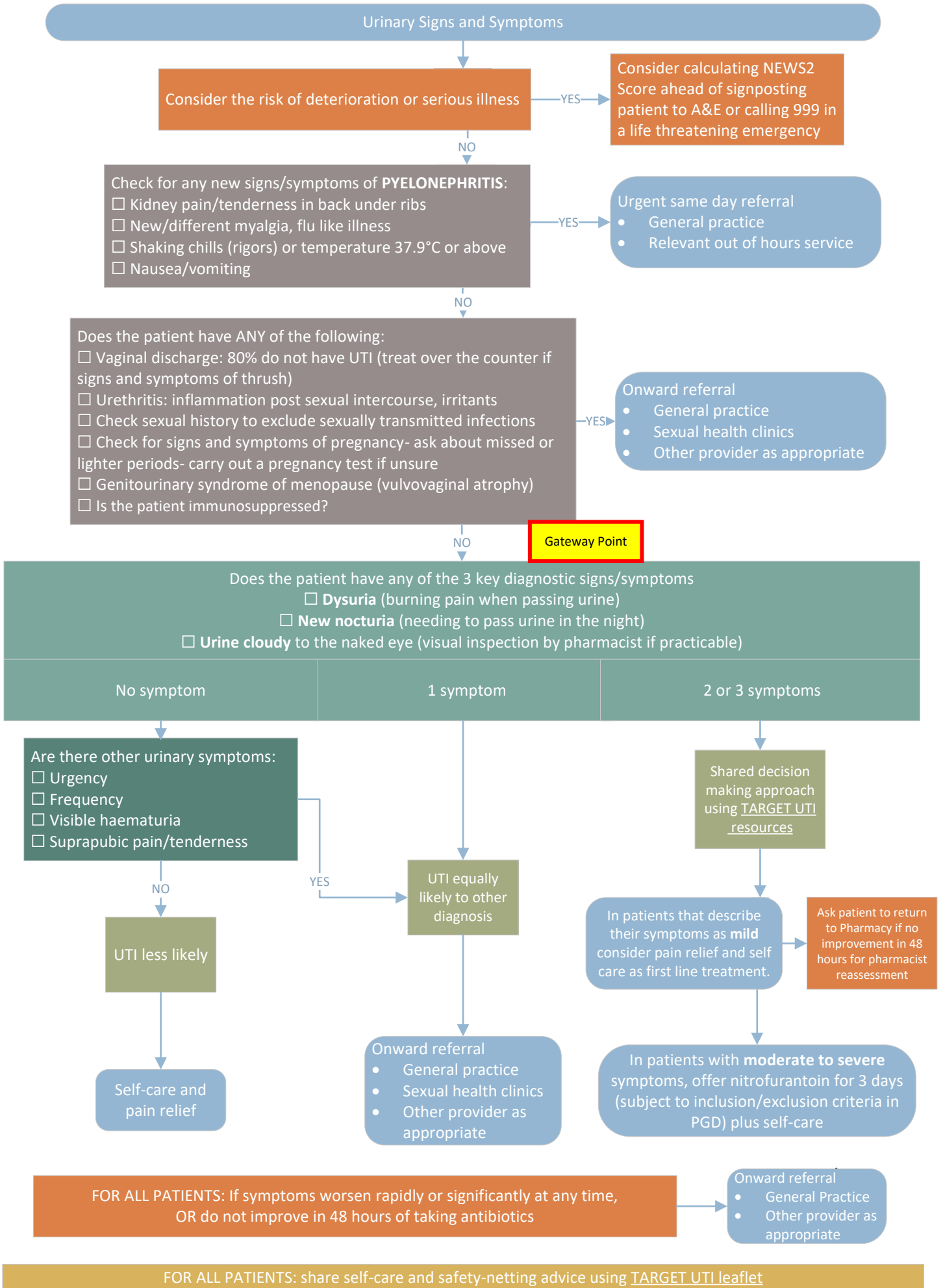


Uncomplicated Urinary Tract Infection
(For women aged 16 to 64 years with suspected lower UTIs)

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



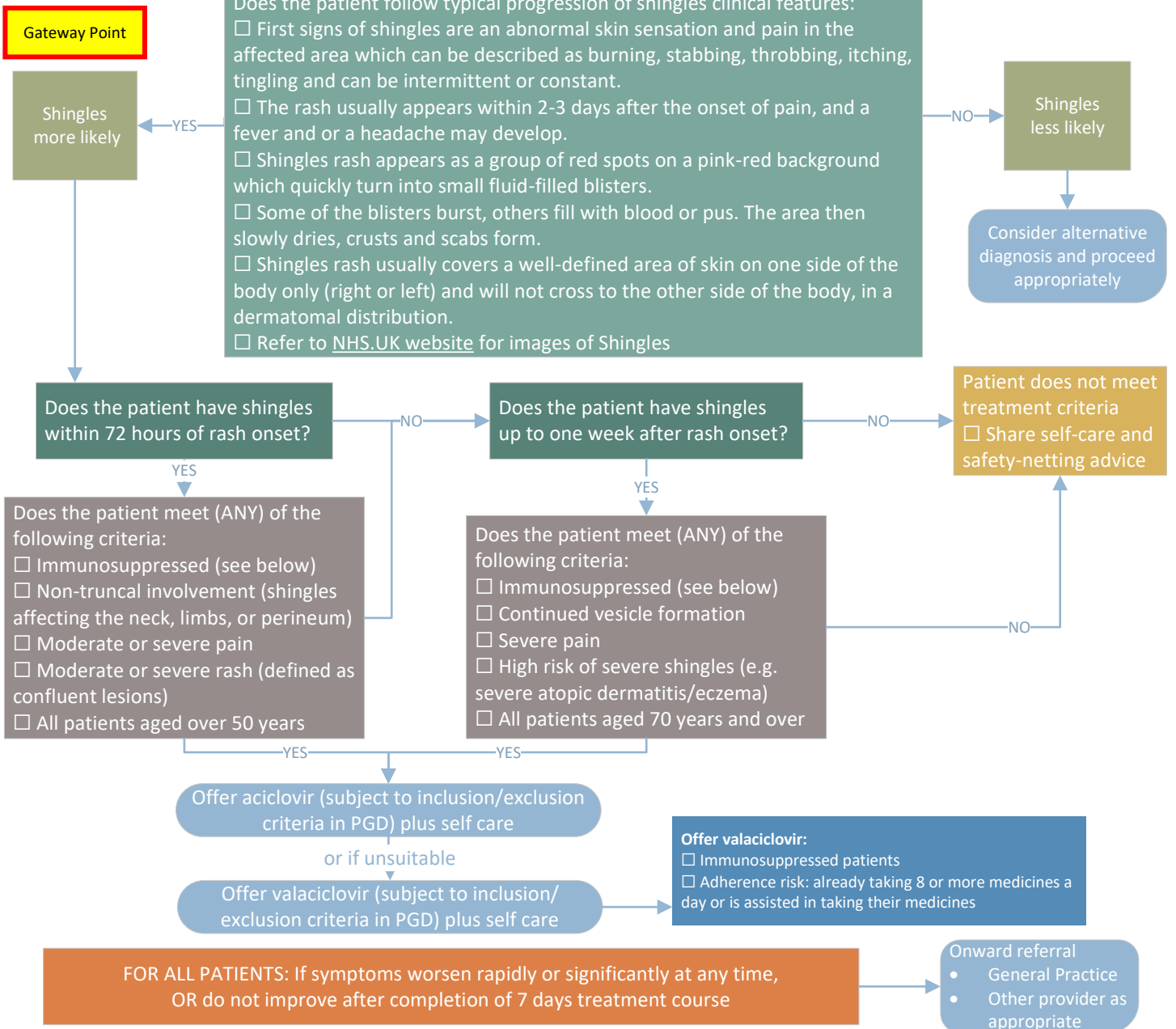
Shingles (for adults aged 18 years and over)

Exclude: pregnant individuals

Diagnose shingles on the basis of typical clinical features

Consider the risk of deterioration or serious illness	Serious complications suspected <input type="checkbox"/> Meningitis (neck stiffness, photophobia, mottled skin) <input type="checkbox"/> Encephalitis (disorientation, changes in behaviour) <input type="checkbox"/> Myelitis (muscle weakness, loss of bladder or bowel control) <input type="checkbox"/> Facial nerve paralysis (typically unilateral) (Ramsay Hunt)	Shingles in the ophthalmic distribution <input type="checkbox"/> Hutchinson's sign — a rash on the tip, side, or root of the nose <input type="checkbox"/> Visual symptoms <input type="checkbox"/> Unexplained red eye	<input type="checkbox"/> Shingles in severely immunosuppressed patient <input type="checkbox"/> Shingles in immunosuppressed patient where the rash is severe, widespread or patient is systemically unwell	Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency
	YES →			

NO



FOR IMMUNOSUPPRESSED PATIENTS:

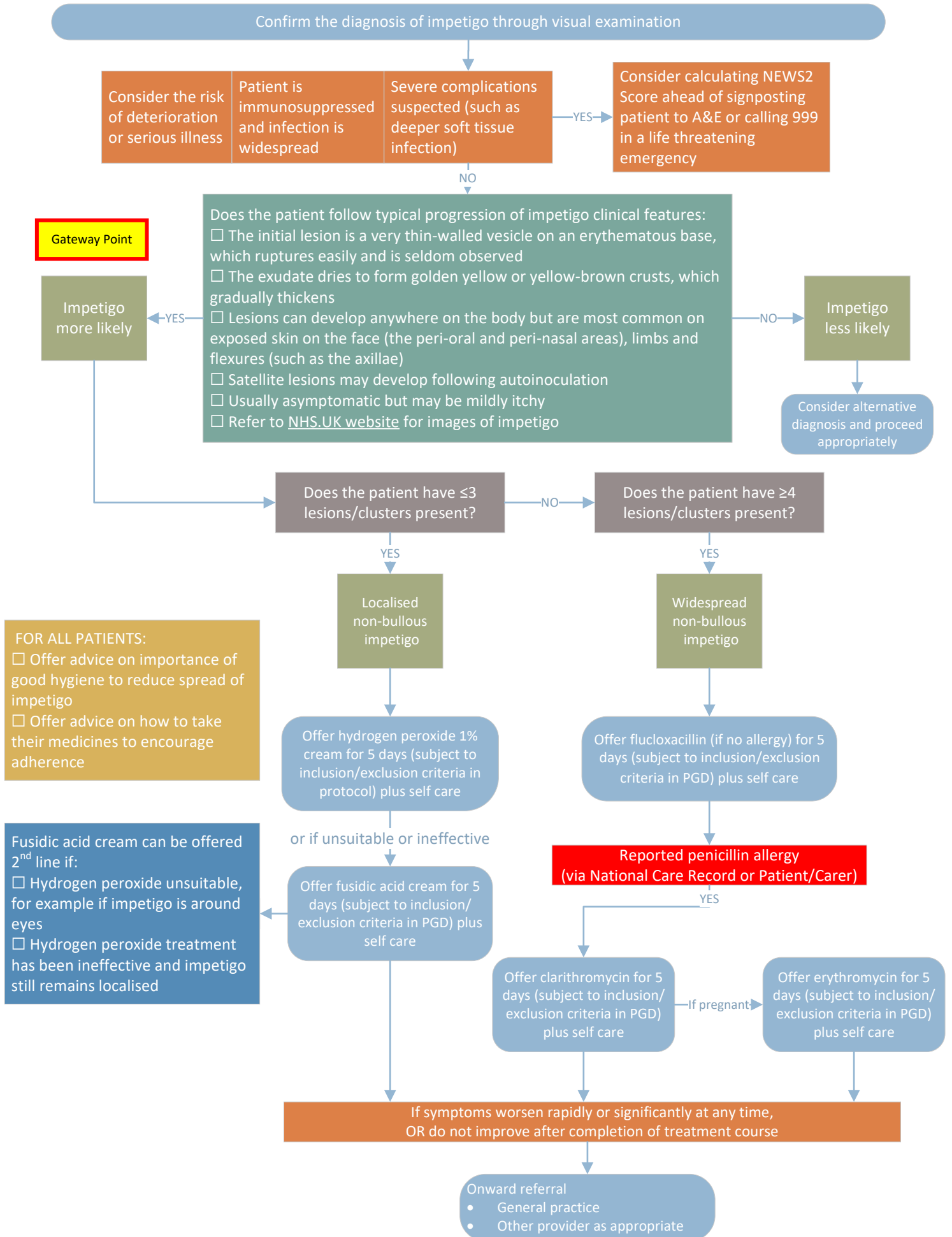
- Offer treatment if appropriate and call patient's GP or send urgent for action email if out of hours to notify supply of antiviral and **request review by GP**
- Advise patient, if your symptoms worsen rapidly or if you become systemically unwell or the rash becomes severe or widespread - attend A&E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

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



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

Fusidic acid cream can be offered 2nd line if:

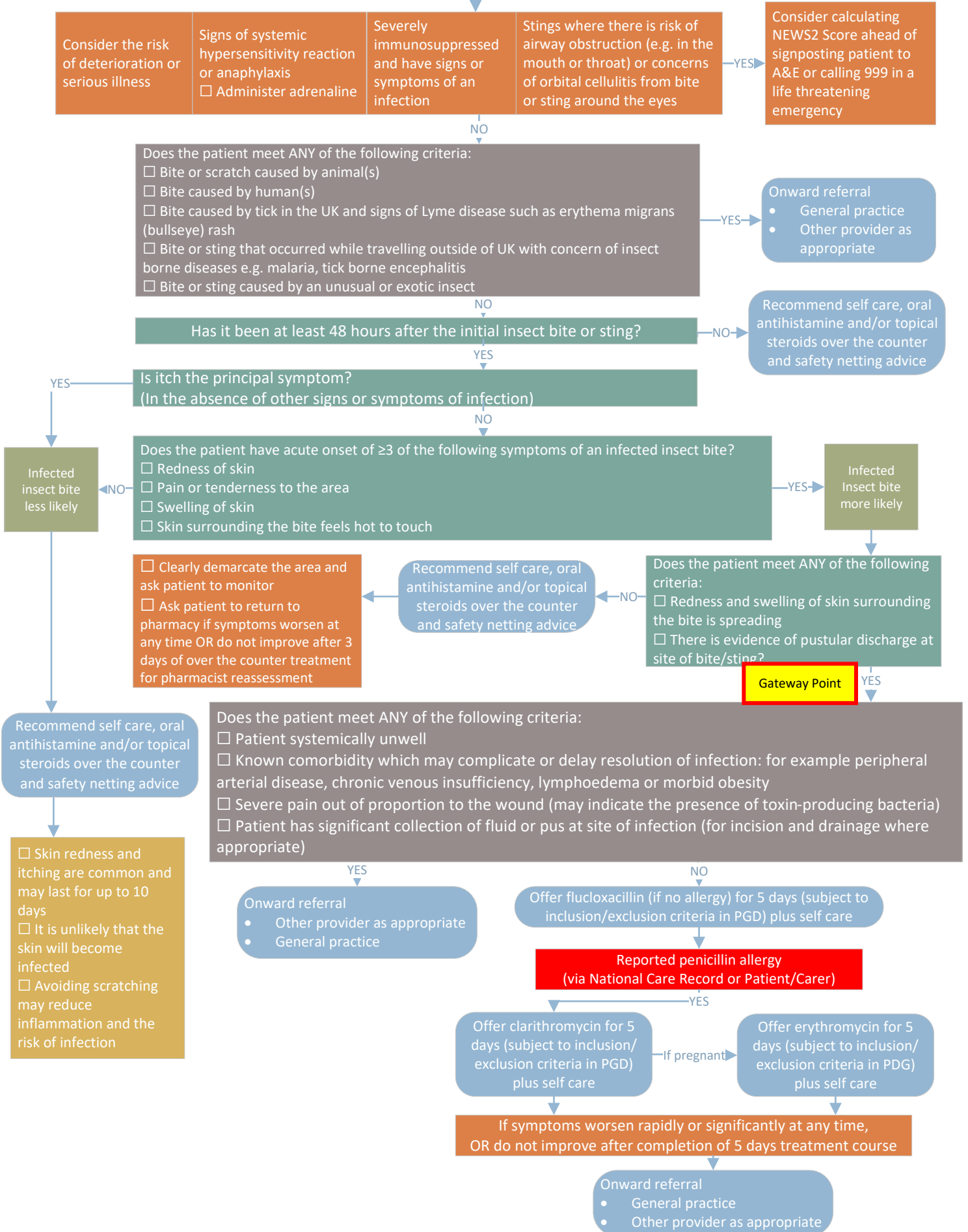
- Hydrogen peroxide unsuitable, for example if impetigo is around eyes
- Hydrogen peroxide treatment has been ineffective and impetigo still remains localised

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.

Patient presenting with signs and symptoms of infected insect bite



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

<p>Consider the risk of deterioration or serious illness</p>	<p>Suspected Epiglottitis</p> <ul style="list-style-type: none"> <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 	<p>Severe complications suspected (such as clinical dehydration, signs of pharyngeal abscess)</p>	<p>Stridor (noisy or high pitched sound with breathing)</p>	<p>Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency</p>
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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?

YES → 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

FeverPAIN score 2 or 3

FeverPAIN score 4 or 5 Gateway Point

Self-care and pain relief

Self-care and pain relief

Shared decision making approach using [TARGET RTI resources](#) and clinician global impression

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

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

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

Severe symptoms: consider offering an immediate antibiotic

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

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

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)

Gateway Point

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

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

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

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](#)

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

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

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)

Acute sinusitis is a potential differential diagnosis

Acute sinusitis less likely

Has the patient had symptoms for ≤10 days?

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

Consider alternative diagnosis and proceed appropriately

Self-care and pain relief

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

Self care and pain relief

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

Gateway Point

Shared decision making approach based on severity of symptoms

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)

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

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)

- 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

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

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

Onward referral

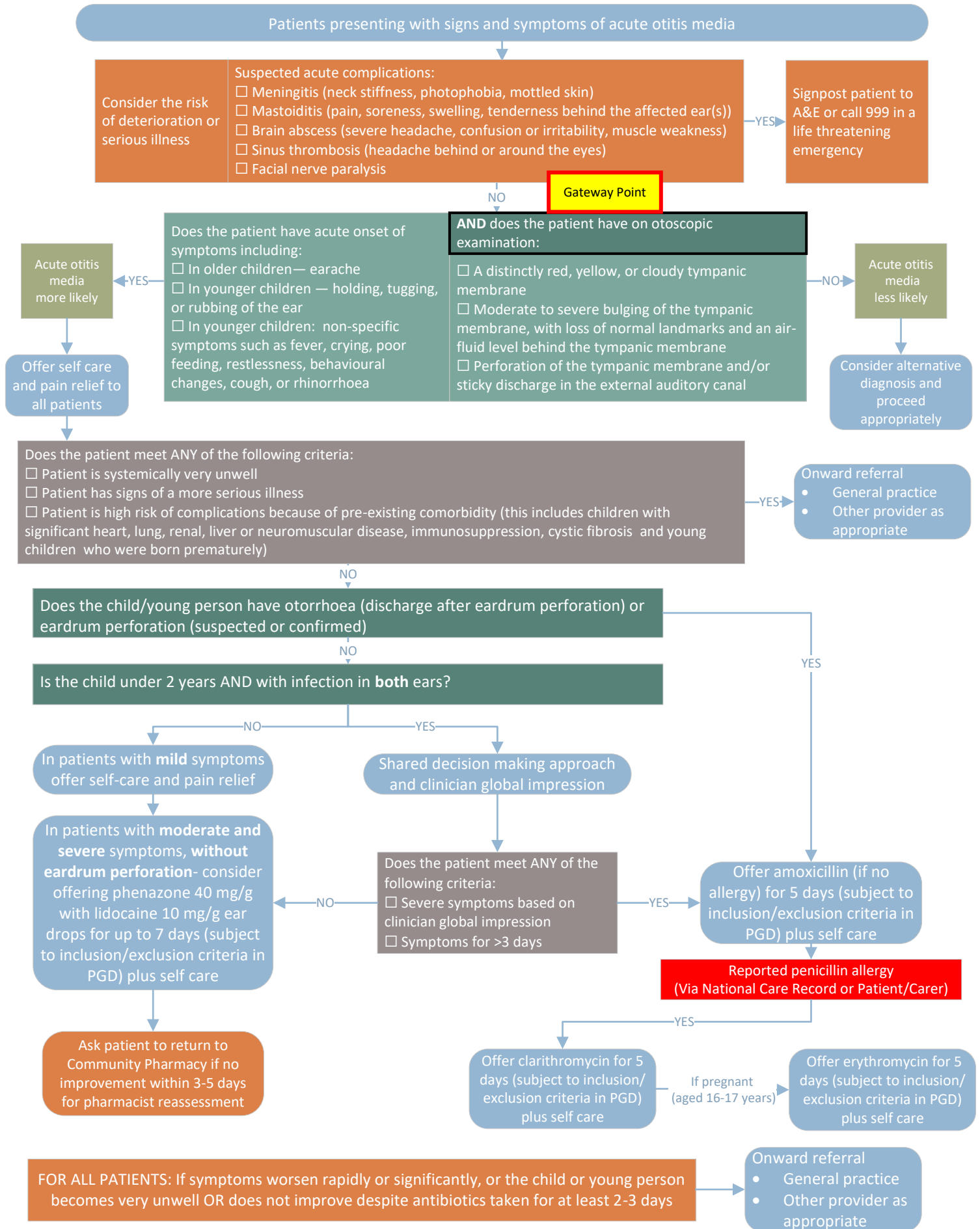
- General practice
- Other provider as appropriate

FOR ALL PATIENTS: share self-care and safety-netting advice using [TARGET Respiratory Tract Infection leaflets](#)

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



FOR ALL PATIENTS: share self-care and safety-netting, and evidence on antibiotics using [NICE guidelines](#)