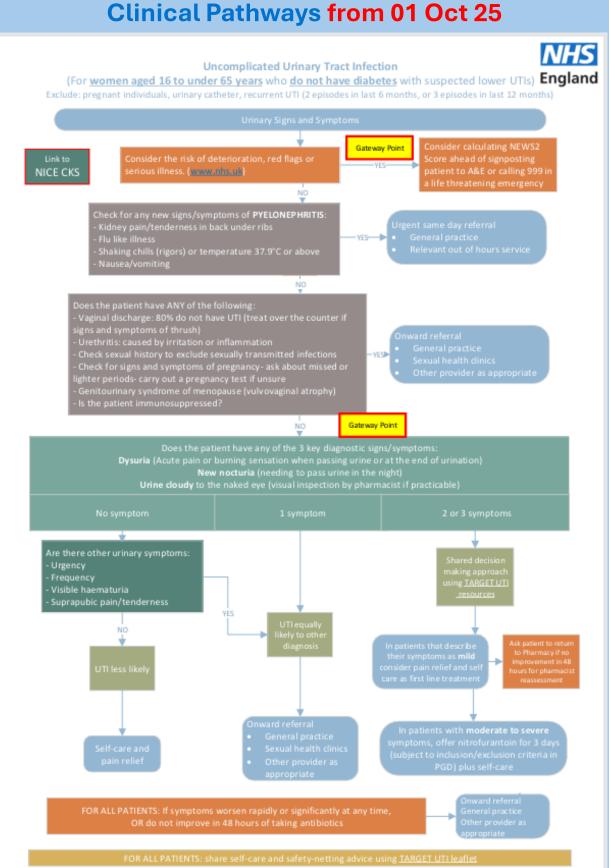


Clinical Pathways valid until 11:59pm 30 Sept 25

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) Check for any new signs/symptoms of **PYELONEPHRITIS**: □ Kidney pain/tenderness in back under ribs □ New/different myalgia, flu like illness NO oes the patient have ANY of the following: I Vaginal discharge: 80% do not have UTI (treat over the counter i gns and symptoms of thrush) ligns and symptoms of childsh; ☐ Urethritis: inflammation post sexual intercourse, irritants ☐ Check sexual history to exclude sexually transmitted infection ☐ Check for signs and symptoms of pregnancy- ask about missed or lighter periods- carry out a pregnancy test if unsure Genitourinary syndrome of menopause (vulvovaginal atrophy) Is the patient immunosuppressed? □ Dysuria (burning pain when passing urine) □ New nocturia (needing to pass urine in the night) □ Urine cloudy to the naked eye (visual inspection by pharmacist if practicable) Are there other urinary symptoms ☐ Urgency ☐ Frequency ☐ Suprapubic pain/tenderness

V2.5 nical Pathways from **01 Oct 2**!

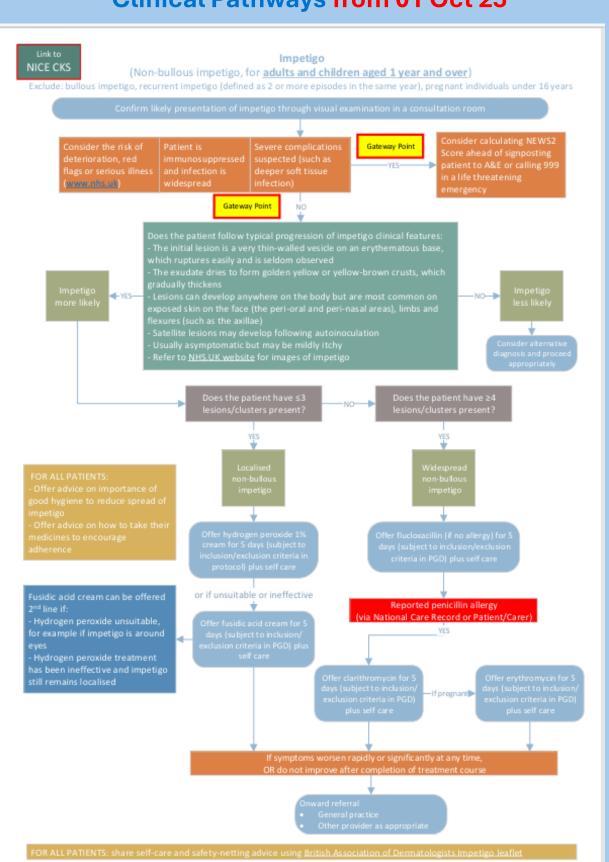




Clinical Pathways valid until 11:59pm 30 Sept 25

Impetigo **England** (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 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 ateway Point ☐ Lesions can develop anywhere on the body but are most commo exposed skin on the face (the peri-oral and peri-nasal areas), limbs flexures (such as the axillae) ☐ Satellite lesions may develop following autoinoculation ☐ Usually asymptomatic but may be mildly itchy ☐ Refer to NHS.UK website for images of impetigo Fusidic acid cream can be offered or if unsuitable or ineffective Reported penicillin allergy ia National Care Record or Patient/Carer) YES eyes □ Hydrogen peroxide treatment

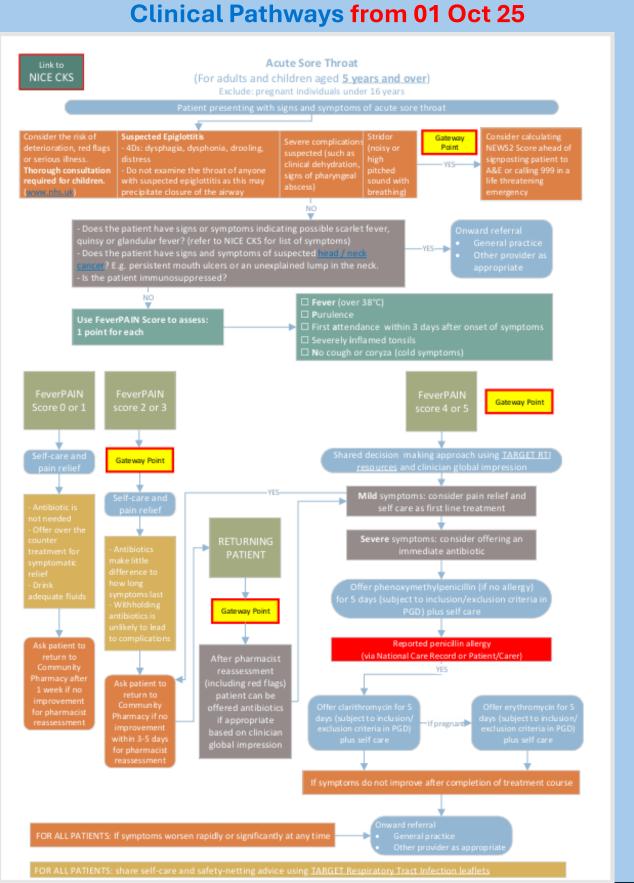
Clinical Pathways from 01 Oct 25





Clinical Pathways valid until 11:59pm 30 Sept 25

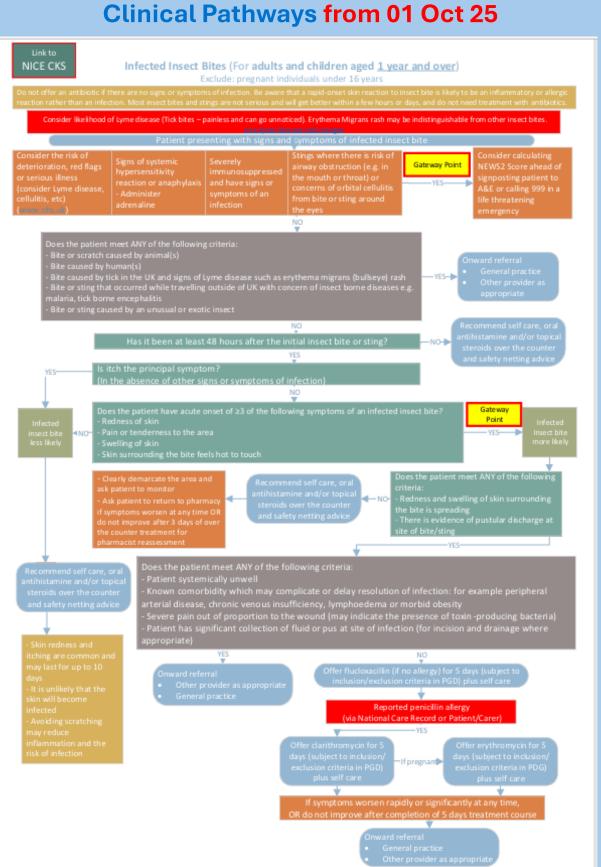
Acute Sore Throat **England** (For adults and children aged 5 years and over) Exclude: pregnant individuals under 16 years ☐ Does the patient have signs or symptoms indicating possible scarlet fever, quinsy or glandular fever? (refer to NICE CKS for list of symptoms) ☐ Does the patient have signs and symptoms of suspected cancer? ☐ Is the patient immunosuppressed? ☐ First Attendance within 3 days after onset of sympton ☐ Severely Inflamed tonsils ☐ No cough or coryza (cold symptoms) Gateway Point Gateway Point Offer phenoxymethylpenicillin (if no allergy) r 5 days (subject to inclusion/exclusion criteria PGD) plus self care Reported penicillin allergy (via National Care Record or Patient/Carer) After pharmacist issessment, patient can offered antibiotics if YES appropriate based on





Clinical Pathways valid until 11:59pm 30 Sept 25

Infected Insect Bites **England** (For adults and children aged 1 year and over) Exclude: pregnant individuals under 16 years Patient presenting with signs and symptoms of infected insect bite loes the patient meet ANY of the following criteria: Bite or scratch caused by animal(s) Bite caused by human(s) Bite caused by the UK and signs of Lyme disease such as erythema migran bullseve) rash pulseryer rash I Bite or sting that occurred while travelling outside of UK with concern of insect Does the patient have acute onse! ☐ Redness of skin ☐ Pain or tenderness to the area ☐ Swelling of skin Gateway Point 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) YES Reported penicillin allergy via National Care Record or Patient/Care

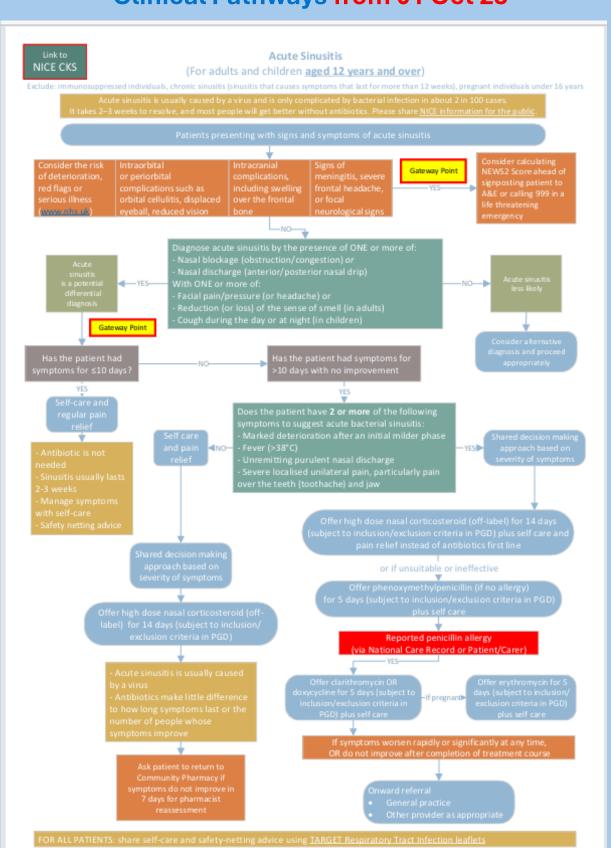




Clinical Pathways valid until 11:59pm 30 Sept 25

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 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) Gateway Point symptoms to suggest acute bacterial sinusitis: ☐ Marked deterioration after an initial milder pha: ☐ Fever (>38°C) high dose nasal corticosteroid (off-label) for 14 da oject to inclusion/exclusion criteria in PGD) plus se are and pain relief instead of antibiotics first line or if unsuitable or ineffective er high dose nasal corticosteroid (off-iel) for 14 days (subject to inclusion/ exclusion criteria in PGD) Reported penicillin allergy ia National Care Record or Patient/Care

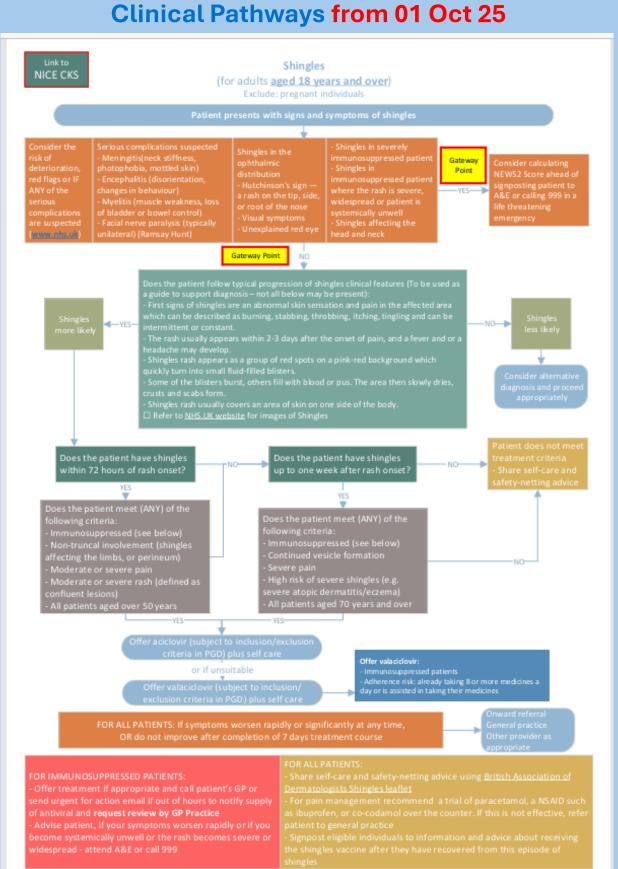
V2.5 Clinical Pathways from 01 Oct 25





Clinical Pathways valid until 11:59pm 30 Sept 25

Shingles **England** (for adults aged 18 years and over) Exclude: pregnant individuals ☐ Meningitis (neck stiffness, photophobia, mottled skin) ☐ Encephalitis (disorientatio 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, itchir tipeling and can be intermittent or constant. Gateway Point tingling and can be intermittent or constant. ☐ The rash usually appears within 2-3 days after the onset of pain, and a fever and or a headache may develop. ☐ Shingles rash appears as a group of red spots on a pink-red background which quickly turn into small fluid-filled blisters. slowly dries, crusts and scabs form. ☐ Shingles rash usually covers a well-defined area of skin on one side of the body only (right or left) and will not cross to the other side of the body, in a dermatomal distribution. ☐ Refer to NHS.UK website for images of Shingles Does the patient have shingles Does the patient have shingles vithin 72 hours of rash onset? up to one week after rash onset? oes the patient meet (ANY) of the ☐ Immunosuppressed (see below) ☐ Continued vesicle formation ☐ Severe pain affecting the neck, limbs, or perineum Moderate or so ☐ Moderate or severe pain ☐ Moderate or severe rash (defined a ☐ Severe pain ☐ High risk of severe shingles (e.g. severe atopic dermatitis/eczema) or if unsuitable] immunosuppressed patients] Adherence risk: already taking 8 or more medicines :





Clinical Pathways valid until 11:59pm 30 Sept 25

Acute Otitis Media England (For children aged 1 to 17 years) Acute otitis media mainly affects children, can last for around 1 week and over 80% of children recover spontaneously without NO obes the patient have acute onset of ymptoms including: Il n older children— earache Il n younger children— holding, tug AND does the patient have on otoscopic membrane Moderate to severe bulging of the tympanic membrane, with loss of normal landmarks and an aifluid level behind the tympanic membrane Perforation of the tympanic membrane and/or sticky discharge in the external auditory canal ☐ In younger children: non-specific symptoms such as fever, crying, poo-feeding, restlessness, behavioural changes, couch, or rhinorrhoea Patient is systemically very unwell Patient has signs of a more serious illness Patient is high risk of complications because of pre-existing comorbidity (this includes children with nificant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis and you Idren who were born prematurely) Does the child/young person have otorrhoea (discharge after eardrum perforation) or eardrum perforation (suspected or confirmed) Is the child under 2 years AND with infection in both ears? severe symptoms, without

V2.5 Pathways from 01 Oct 2

