

PHARMACIST ASSESSMENT – COLD SORE

Patient Information	<input type="checkbox"/> Informed consent obtained	<input type="checkbox"/> PharmaNet Check	<input type="checkbox"/> Patient Eligible
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Name:	PHN:	DOB: (Age <12→Refer)
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Address:	<input type="checkbox"/> Allergies:
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Telephone:	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Breastfeeding/Chestfeeding
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Medical History:

Renal impairment (CrCl =) → If Yes, adjust dose of oral antiviral as recommended in guideline.

Immunocompromised due to disease state (HIV, malignancies, etc.) → Refer

Has the patient previously had a cold sore?

Yes → Continue

No → Refer (primary infection) *See rationale on prescribing for suspected primary infection*

> 6 episodes/year → Consider referral for prophylaxis; may still prescribe

Drug History:

Immunocompromised due to medication (e.g. high dose corticosteroid, chemotherapy, certain biologics) → Refer

Review of Symptoms

Are any red flag symptoms present?

Signs / symptoms of systemic illness (fever, swollen glands, etc.)

Lesion present for more than 14 days

Lesion on or around the nose, or ocular involvement

Lesion excessively red, swollen or contain pus

Yes → Refer No → Continue

Are symptoms of current or past episodes typical of a cold sore?

Unilateral vesicular lesion surrounded by erythema

Lesion appears on border of the lip

Vesicles break open leaking a clear, sticky fluid and heal with no scarring within 7-10 days

Yes → Continue No → Refer

Have lesions appeared?

Yes → a) proceed to treatment #1 and #2; (antivirals not effective after lesion appears)
b) consider prescription for antiviral to treat a future cold sore (if history of frequent episodes)

No; prodromal symptoms (itching, tingling or burning, redness at site) and history of cold sores → proceed to treatment #3 or #4

No; patient is requesting a prescription to have on hand for a future episode → proceed to treatment #3 or #4

Symptom Review Summary

Appropriate to proceed with minor ailment treatment

Advised to see another health care provider as out of scope

Treatment

Has the patient tried any pharmacologic or non-pharmacologic treatment for symptoms in the past?

No Yes → What was tried?
What was the effect?

1. Non-pharmacological treatment
2. OTC topical products
3. Oral Antiviral
 - Valacyclovir 2 grams TWICE daily (every 12 hours) for 2 doses
 - *See "Treatment" section in guideline for renal dosing
4. Topical Antiviral
 - Acyclovir 5% / hydrocortisone 1% cream apply five times daily for 5 days.
5. Other:

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx:

Quantity (amount to treat **one** episode only; no refills):

Dosage directions:


Other Recommendations (E.g., OTC, self-care, referral to other healthcare provider):

Counselling May have prescription filled at pharmacy of choice PAR will be communicated to primary care provider as part of collaborative practice

- Consult pharmacist or primary care provider if symptoms worsen (e.g. lesions spread, fever, unable to eat) or no significant improvement after 7 days.
- Oral antiviral must be started before lesions appear (ideally within 1 - 2 hours of onset of prodromal symptoms) in order to be effective.
- Advice on preventing spread of infection.

Follow-up scheduled in 7 days (only required if treating current episode):

- In pharmacy Telephone
- If symptoms are not resolving → Refer
- If symptoms are resolved → Advise on prevention strategies
- Prescribe ONE COURSE of antiviral to have on hand if patient has frequent episodes. **Ensure the patient understands the importance of seeing their primary care provider if symptoms do not resolve completely between episodes.**

Prescribing Pharmacist	
Name:	Pharmacist License Number:
Pharmacy:	Pharmacy Address:
Signature: 	Date:
Telephone:	Fax:

Primary care provider notified (Date):	Method of Notification:
Primary Care Provider:	Fax:

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a **cold sore**.
 After an assessment, a prescription was issued for
 The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics

Name:	PHN:
Address:	DOB:
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding/Chestfeeding

Prescription Issued on

MEDICATION:
 DIRECTIONS:
 QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on _____ and discuss these items:

- If symptoms are not resolving → Refer
- If symptoms are resolved → Advise on prevention strategies
- Prescribe ONE COURSE of antiviral to have on hand if patient has frequent episodes. **Ensure the patient understands the importance of seeing their primary care provider if symptoms do not resolve completely between episodes.**

Prescribing Pharmacist

Name:	Pharmacist License Number:
Pharmacy:	Pharmacy Address:
Signature:	Date:
Telephone:	Fax:

Primary Care Provider notified (date): _____ Method of Notification: _____

Name:	Fax:
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