

# NHS Pharmacy First Service – Aide Memoire

Service suitability: **Patients aged 1 year or over, patients presenting with new episodes of care**

This aide memoire lists the common conditions that may be referred into Pharmacy First Service with the main exclusions. This is not a clinical tool but a guide to support patient referral. General Practice teams should digitally refer patients to Pharmacy First to ensure that the patient receives a consultation with the pharmacist who will assess the suitability of the patient and take over responsibility for appropriate management of the patient. Patients who are signposted to community pharmacy may not be able to access Pharmacy First and therefore managed with over-the-counter advice.

Conditions	YES – make a digital referral to the patient’s chosen community pharmacy			NO – not suitable for referral	
<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>Insect bites</li> <li>Spider bites</li> </ul>	Suspected infected insect bite or sting – unless → or pregnant under 16	<ul style="list-style-type: none"> <li>Drowsy/fever</li> <li>Fast heart rate</li> <li>Severe swelling or cramps</li> </ul>	<ul style="list-style-type: none"> <li>Tick bite with target rash</li> <li>Animal/human bite</li> <li>Exotic insect/bitten abroad</li> </ul>
<b>COLDS</b>	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Cough</li> </ul>	<ul style="list-style-type: none"> <li>Flu-like symptoms</li> <li>Cold-like symptoms</li> </ul>	Also see CONGESTION, EAR and MOUTH / THROAT sections	<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> <li>Sinusitis (12+ years)</li> </ul>	<ul style="list-style-type: none"> <li>Constant need to clear the 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>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>1 side obstruction</li> <li>Facial swelling</li> </ul>
<b>EAR</b>	<ul style="list-style-type: none"> <li>Earache</li> <li>Ear Discharge (1–17-year-olds)</li> </ul>	<ul style="list-style-type: none"> <li>Ear wax</li> <li>Hearing problems</li> </ul>	<ul style="list-style-type: none"> <li>Blocked ear</li> </ul>	<ul style="list-style-type: none"> <li>Something in ear canal</li> <li>Pain or swelling behind the ear</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>Sticky eye</li> </ul>	<ul style="list-style-type: none"> <li>Watery/runny eye</li> <li>Eyelid problems</li> </ul>	<ul style="list-style-type: none"> <li>Dry/sore/tired eye</li> <li>Red or irritable eye</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain</li> <li>Pain 1 side only</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> <li>Vomiting or nausea</li> </ul>	<ul style="list-style-type: none"> <li>Haemorrhoids</li> <li>Rectal pain</li> <li>Threadworm</li> </ul>	<ul style="list-style-type: none"> <li>Severe/ongoing</li> <li>Lasted +6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Patient 55+ years</li> <li>Blood/Weight loss</li> </ul>
<b>GENITO-URINARY</b>	<ul style="list-style-type: none"> <li>Vaginal discharge including thrush (aged under 60)</li> <li>Vaginal itch or soreness</li> </ul>	<ul style="list-style-type: none"> <li>Cystitis</li> <li>Suspected UTI – women aged 16-64, unless →</li> </ul>		<ul style="list-style-type: none"> <li>Male</li> <li>Under 16</li> <li>60+ years (thrush)</li> <li>Urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant</li> <li>Diabetic</li> <li>Recurrent infection – 2x in 6 months, 3x in 12 months</li> </ul>
<b>MOUTH/THROAT</b>	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Hoarseness</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat</li> <li>Sore mouth/ulcers</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 +10 days</li> <li>Swollen, painful gums</li> </ul>	<ul style="list-style-type: none"> <li>Unable to swallow</li> <li>Poor immune system</li> <li>Voice change</li> </ul>
<b>PAIN</b>	<ul style="list-style-type: none"> <li>Acute pain: ankle, foot, hip, knee, leg, lower back, shoulder, thigh, buttock, wrist, hand or finger</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Migraine</li> </ul>	<ul style="list-style-type: none"> <li>Sprains or strains</li> <li>Rectal pain</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent.</li> <li>Ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain/pain radiating to shoulder</li> <li>Sudden onset</li> </ul>
<b>SKIN</b>	<ul style="list-style-type: none"> <li>Acne, spots and pimples</li> <li>Impetigo (unless 2+ times in a year)</li> <li>Shingles on the body (18+years &amp; not pregnant)</li> <li>Scabies</li> </ul>	<ul style="list-style-type: none"> <li>Dermatitis/dry skin/eczema</li> <li>Rash</li> <li>Itchy skin</li> <li>Nappy rash</li> <li>Head Lice</li> </ul>	<ul style="list-style-type: none"> <li>Athlete’s foot</li> <li>Blisters</li> <li>Warts/verruca</li> <li>Wound problems (not infected)</li> <li>Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing for +3 weeks</li> <li>Condition described as severe or urgent</li> <li>Pharmacy treatment not worked</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes related</li> <li>Shingles on head and / or neck</li> <li>Shingles in pregnant woman</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 or buttock swelling</li> </ul>	<ul style="list-style-type: none"> <li>Wrist, hand, finger or toe swelling</li> </ul>	<ul style="list-style-type: none"> <li>Conditions described as severe or urgent</li> </ul>	<ul style="list-style-type: none"> <li>Recent travel abroad</li> <li>Discoloured skin</li> </ul>
<b>OTHER</b>	<ul style="list-style-type: none"> <li>Sleep difficulties or tiredness</li> </ul>			<ul style="list-style-type: none"> <li>Long term insomnia or insomnia affecting daily life</li> </ul>	