Guidance for Pharmacy Staff – Impetigo

What is impetigo?

Impetigo is a common, highly contagious skin infection. It usually affects skin that is already damaged (for example cuts, insect bites or eczema). It is more common in young children. Typical presentation includes red sores that burst and form honey-coloured crusts, often around the nose and mouth or exposed areas.

Self-care key points:

- Keep affected areas clean
- Encourage regular hand washing to reduce spread
- Avoid touching or scratching lesions
- Stay away from school or work until lesions have crusted over, or 48 hours after starting treatment

3-step guide for pharmacy teams

Step 1 – Safety first

Check for red flag symptoms before giving checklist:

- Widespread infection
- Systemically unwell patient
- Confusion
- Raised heart rate
- Breathlessness or raised respiratory rate

Signpost to Pharmacist / A&E or call 999 in an emergency.

Step 2 – Ask patient to complete checklist

Gateway must be checked before treatment decisions.

Look for:

- Localised red sores or lesions
- Lesions that rupture and form honey-coloured crusts
- Usually mild and localised

Step 3 - Patient checklist guidance – route correctly

Once the completed checklist is returned to you, use the following guidance on appropriate next steps.

If...	Do...
Any ticks in Section 1	Not eligible → advise GP / urgent care
Any ticks in Section 2	Refer to pharmacist (may require onward referral)
Any ticks in Section 3 -Symptoms consistent with impetigo	**Refer to the pharmacist -** The patient may be eligible for management within the Pharmacy First service. **This may result in advice, referral, OTC sale or PGD supply**

Patient Checklist — Impetigo

Tick what applies and hand back to the pharmacy team.

You are being asked to complete this checklist as you have presented in the pharmacy wishing to access management for symptoms of impetigo for either yourself or a child in your care.

Please answer these questions carefully as this will help our colleagues to ensure you receive the most appropriate care. Please be assured our staff will treat this information confidentially.

Name: _____ DOB: ____/____/____ Date: ____/____/____

Please tick if you or the child being treated:

Section 1 — Eligibility / Exclusions

☐	Is under the age of 1 year
☐	Is under the age of 16 years old and pregnant (or may be pregnant).
☐	Has previously had impetigo less than a year ago
☐	Has fluid-filled blisters approx. 1-2cm across on the affected area (bullous impetigo)

Section 2 — Refer to Pharmacist

☐	Is Immunosuppressed
☐	Is otherwise unwell (e.g. fever)

Section 3 — Symptoms of Impetigo

☐	Has red patches of skin and lesions which rupture easily and dry to form yellow-brown crusts

For staff use: Referred to pharmacist ☐ Yes ☐ No Booked as Pharmacy First ☐ Yes ☐ No