Guidance for Pharmacy Staff - Acute Sore Throat

What is an acute sore throat?

It is often caused by a virus, and in these cases shouldn't be treated with antibiotics. It usually resolves by itself after around 1 week, regardless of whether it has been caused by a virus or bacteria.

Self-care key points:

Drinking plenty of water and eating cool or soft foods • Over-the-counter products such as painkillers or lozenges

3-step guide for pharmacy teams

Step 1 – Safety first

Before you provide the patient with the Patient Checklist to complete, check for any red flag symptoms*:

- Confusion
- Raised respiratory rate / breathlessness
- Raised heart rate
- Drop in blood pressure
- Stridor (noisy or high pitched sound with breathing)

Signpost patient to A&E or phone 999 in an emergency.

Step 2 – Ask patient to complete checklist

To support the over-the-counter conversation please see below.

A. What's new (gateway)

FeverPAIN 2-3 → refer to pharmacist (Pharmacy First)

Returning after self-care → refer to pharmacist

B. FeverPAIN at a glance (Pharmacist Use) to support checklist section 3

Score	Action
0-1	Self-care advice / suitable OTC. Safety-net: return if not improving after 1 week.
2-3	NEW gateway: Refer to pharmacist for Pharmacy First (may still end in self-care advice).
4-5	Refer to pharmacist for Pharmacy First assessment (higher likelihood).

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...
There are any ticks in Section 1	Not eligible → advise GP/urgent care as appropriate.
There are 2 or more ticks in Section 2 or 3	Refer to pharmacist today for Pharmacy First Pathway.
'Return after self-care' ticked	Refer to pharmacist (Pharmacy First follow-up).

Patient Checklist — Acute Sore Throat

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 a sore throat 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.

Please tick if you or the child being treated:

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

Section 1 — Eligibility / exclusions

☐	Under 5 years old.
☐	Under 16 years old and pregnant (or may be pregnant).

Section 2 — Symptoms needing pharmacist assessment

☐	Change in voice (hoarse/raspy/strained).
☐	Difficulty swallowing or drooling.
☐	Immunosuppressed.
☐	Visible neck swelling or significant neck pain.
☐	New rash or feels generally very unwell.

Section 3 — FeverPAIN score (1 point per tick)

☐	Symptoms started within the last 3 days.
☐	No cough or cold symptoms.
☐	Fever/high temperature in the last 24 hours.
☐	Severely inflamed tonsils.
☐	Pus on the tonsils.

NEW gateway: Returning after self-care

☐	I have tried self-care for a few days and it is not improving / is getting worse.

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