**Pharmacy Quality Scheme (PQS) – TARGET Treating Your Infection Leaflets Data Collection Form 2023/24**

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| **Data Collection Form for completing a consultation using the TARGET Treating Your Infection Leaflets for Urinary Tract Infection (UTI) with the patient and/or their representative (this is for women under the age of 65)** | | | | |
| ***Question*** | | ***Answer*** | | |
| **1** | When did you complete the consultation with the patient or their representative? | /                 / | | |
| **2** | Who completed the consultation? | ​​☐​ Pharmacist  ​​☐​ Pharmacy Technician/ dispenser, including trainee technician/ dispenser | ​​☐​ Trainee Pharmacist  ​​☐​ Counter staff | |
| **3** | Patient Age  *(N.B. women 65 or older are not eligible to participate in this data collection)* | ​​☐​ Under 65 | ​​☐​ 65 or older | |
| ​​☐​ Not known |  | |
| **4** | Is this patient pregnant? | ​​☐​ Yes | ​​☐​ No |  |
| ​​☐​ Patient/ representative Uncertain | | (If the patient is pregnant, also complete 9c) |
| **5a** | Patient presenting symptoms | ​​☐​ Dysuria | ​​☐​ New nocturia | |
| ​​☐​ Cloudy urine | ​​☐​ Frequency | |
| ​​☐​ Urgency | ​​☐​ Haematuria | |
| ​​☐​ Suprapubic pain | ​​☐​ Abnormal vaginal discharge | |
| ​​☐​ Other (go to question 5b) | | |
| **5b** | What are the other symptoms? |  | | |
| **6** | Patient referred to Pharmacist?  *(N.B this question will not appear on the MYS tool if the answer to Qu2 is ‘Pharmacist’)* | ​​☐​ Yes | | |
| ​​☐​ No – referral was not needed | | |
| ​​ | | |
| **7a** | Was a treatment recommended? | ​​☐​ Yes – supplied (go to question 7b) | | |
| ​​☐​ Yes – declined (go to question 7b) | | |
| ​​☐​ No | | |
| **7b** | Which treatment was recommended? | ​​☐​ Pain relief | | |
| ​​☐​ Cystitis relief sachets | | |
| ​​☐​ Cranberry products | | |
| ​​☐​ D-mannose  ☐ Prescription only medicine (POM) by PGD | | |
| ​​☐​ Other (go to question 7c) | | |
| **7c** | Which treatment was recommended? |  | | |
| **8** | Self-care advice given? | ​​☐​ Yes – verbal advice only provided | | |
| ​​☐​ Yes – verbal advice and patient leaflets provided | | |
| ​​☐​ No | | |

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| **9a** | Did the patient have any of the following symptoms? | ​​☐​ Shivering, chills and muscle pain | (If ANY of these answers are ticked, go to question 9b) |
| ☐ Confusion, or are very drowsy |
| ​​☐​ They have not passed urine all day |
| ​​☐​ They are vomiting |
| ​​☐​ They have blood in their urine |
| ​​☐​ Their temperature is above 38°C or less than 36°C |
| ​​☐​ They have kidney pain in their back just below the ribs |
| ​​☐​ Their symptoms are getting worse |
| ​​☐​ Their symptoms are not starting to improve within 48 hours of taking antibiotics |
| **9b** | How urgently was the patient referred? | ​​☐​ Immediately (go to question 9c) | |
| ​​☐​ If symptoms do not improve within 48 hours | |
| ​​☐​ If symptoms got worse | |
| ​​☐​ N/A (not referred to other services) | |
| **9c** | Pharmacist advised patient to see GP/other service? | ​​☐​ Yes – GP | (If ANY of these answers are ticked, go to question 9e) |
| ​​☐​ Yes – Out of Hours/ NHS 111 Service |
| ​​☐​ Yes – Accident and Emergency |
| ​​☐​ Yes – Other (answer 9d below) |
| **9d** | Where was the patient referred to? |  | |
| **9e** | Reason(s) for referral to GP/other service | ​​☐​ Shivering, chills and muscle pain | |
| ☐ Confusion, or are very drowsy | |
| ​​☐​ They have not passed urine all day | |
| ​​☐​ They are vomiting | |
| ​​☐​ They have blood in their urine | |
| ​​☐​ Their temperature is above 38C or less than 36C | |
| ​​☐​ They have kidney pain in their back just below the ribs | |
| ​​☐​ Their symptoms are getting worse | |
| ​​☐​ Their symptoms are not starting to improve within 48 hours of taking antibiotics | |
| ​​☐​ Other (go to question 9f) | |
| **9f** | Other reason(s) for referral to GP/other service |  | |

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| **Data Collection Form for completing a consultation using the TARGET Treating Your Infection Leaflets for Respiratory Tract Infection (RTI) with the patient and/or their representative** | | | | |
| ***Question*** | | ***Answer*** | | |
| **1** | When did you complete the consultation with the patient or their representative? | /                 / | | |
| **2** | Who completed the consultation? | ​​☐​ Pharmacist  ​​☐​ Pharmacy Technician/ dispenser, including trainee technician/ dispenser | ​​☐​ Trainee Pharmacist  ​​☐​ Counter staff | |
| **3** | Patient Age | ​​☐​ Child under 5 | ​​☐​ Child 5 or over | |
| ​​☐​ Adult | ​​☐​ Not known | |
| **4a** | Type of respiratory tract infection | ​​☐​ Middle-ear infection | ​​☐​ Sore throat | |
| ​​☐​ Sinusitis | ​​☐​ Common cold | |
| ​​☐​ Cough or bronchitis | ​​☐​ COVID-19 | |
| ​​☐​ Other infection (go to question 4b) | | |
| **4b** | What other type of respiratory tract infection? |  | | |
| **5** | Patient referred to Pharmacist?  *(N.B this question will not appear on the MYS tool if the answer to Qu2 is ‘Pharmacist’)* | ​​☐​ Yes | | |
| ​​☐​ No – referral was not needed | | |
|  | | |
| **6a** | Was a treatment recommended? | ​​☐​ Yes – supplied (go to question 6b) | | |
| ​​☐​ Yes – declined (go to question 6b) | | |
| ​​☐​ No | | |
| ​​☐​ N/A | | |
| **6b** | Which treatment was recommended? | ​​☐​ Pain relief | | |
| ​​☐​ Nasal spray | | |
| ​​☐​ Oral decongestant | | |
| ​​☐​ Throat lozenges | | |
| ​​☐​ Anaesthetic throat spray | | |
| ​​☐​ Cough medicine - expectorant | | |
| ​​☐​ Cough medicine - suppressant  ☐ Prescription only medicine (POM) by PGD | | |
| ​​☐​ Other (go to question 6c) | | |
| **6c** | Which treatment was recommended? |  | | |
| **7** | Self-care advice given? | ​​☐​ Yes – verbal advice only provided | | |
| ​​☐​ Yes – verbal advice and patient leaflet provided | | |
| ​​☐​ No | | |
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| **8a** | Did the patient have any of the following symptoms? | ​​☐​ Skin is very cold, has a strange colour or they have developed an unusual rash | | (If ANY of these answers are ticked, go to question 8b) |
| ​​☐​ Confusion, very drowsy, or have slurred speech | |
| ​​☐​ Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath | |
| ​​☐​ Severe headache and vomiting | |
| ​​☐​ Chest pains | |
| ​​☐​ Difficulty swallowing or are drooling | |
| ​​☐​ Coughing up blood | |
| ​​☐​ Passed little to no urine | |
| ​​☐​ Symptoms are getting worse | |
| **8b** | How urgently was the patient referred? | ​​☐​ Immediately (go to question 8c) | | |
| ​​☐​ If symptoms did not improve within 48 hours | | |
| ​​☐​ If symptoms got worse | | |
| ​​☐​ N/A (not referred to other services) | | |
| **8c** | Pharmacist advised patient to see GP/other service? | ​​☐​ Yes – GP | | (If ANY of these answers are ticked, go to question 8e) |
| ​​☐​ Yes – Out of Hours/NHS 111 Service | |
| ​​☐​ Yes – Accident and Emergency | |
| ​​☐​ Yes – Other (answer 8d below) | |
| **8d** | Where was the patient referred to? |  | | |
| **8e** | Reason(s) for referral to GP/other service | ​​☐​ Skin is very cold, has a strange colour or they have developed an unusual rash | | |
| ​​☐​ Confusion, very drowsy, or have slurred speech | | |
| ​​☐​ Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath | | |
| ​​☐​ Severe headache and vomiting | | |
| ​​☐​ Chest pains | | |
| ​​☐​ Difficulty swallowing or are drooling | | |
| ​​☐​ Coughing up blood | | |
| ​​☐​ Passed little to no urine | | |
| ​​☐​ Symptoms are getting worse | | |
| ​​☐​ Other (go to question 8f) | | |
| **8f** | Other reason(s) for referral to GP/other service |  | | |