

<b>Patient Information</b>		
Name:	HSN:	
Address:	DOB: (Age <2 → Refer)	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
<b>Medical History:</b> <input type="checkbox"/> Renal dysfunction (CrCl = ____ ) → If Yes, adjust dose of oral antivirals as recommended in guideline <input type="checkbox"/> Immunosuppression due to disease (HIV, malignancies, uncontrolled diabetes, etc.)		
<b>Drug History:</b> <input type="checkbox"/> Immunosuppression due to medication (e.g., High dose corticosteroid, chemotherapy, certain biologics)		
<b>Review of Symptoms</b>		
<b>Any of the following red flags present?</b>  <div style="margin-left: 40px;"> <input type="checkbox"/> Signs / symptoms of systemic illness (fever, swollen glands, etc.)  <input type="checkbox"/> Lesions present for more than 14 days  <input type="checkbox"/> Lesions on or around the nose, or ocular involvement           </div> <input type="checkbox"/> Yes → Refer		
<b>Have lesions appeared?</b> <input type="checkbox"/> No, prodromal symptoms only (itch, tingling, redness at site) and history of cold sores → proceed to treatment #3 <input type="checkbox"/> No, patient is anticipating exposure to known trigger, e.g. prolonged sun exposure → proceed to treatment #4 <input type="checkbox"/> Yes → 1) proceed to treatment (#1 and #2; antivirals not effective after lesion appears) 2) consider prescription for antiviral to treat a future cold sore (if history of frequent episodes)		
<b>Has the patient previously had a cold sore?</b> <input type="checkbox"/> Yes → Helps confirm patient diagnosis		
<b>Has the patient tried any pharmacologic or non-pharmacologic treatment for symptoms in the past?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → What was tried? What was the effect?		
<b>Treatment</b>		
1. Non-pharmacological treatment  2. OTC topical products  3. Antiviral drugs (Acute treatment) <input type="checkbox"/> acyclovir 400mg five times daily for 5 days <input type="checkbox"/> valacyclovir 2000 mg BID (every 12 hours) for 2 doses <input type="checkbox"/> famciclovir 750mg BID (every 12 hours) for 2 doses or 1500 mg one dose <input type="checkbox"/> acyclovir 5% / hydrocortisone 1% cream applied five times daily for 5 days  4. Antiviral drugs (Prophylactic treatment) <input type="checkbox"/> acyclovir 400 mg BID beginning 12h prior to trigger exposure and for duration of exposure (eg. sun)		

<b>Prescription Issued for Minor Ailment</b>	
Rationale for prescribing:	
Rx:	
Quantity (amount to treat <b>one</b> episode only; no refills):	
Dosage directions:	
pseudoDIN 00951088	
<b>Counseling</b> <input type="checkbox"/> May have prescription filled at pharmacy of choice <input type="checkbox"/> PAR will be communicated to primary care provider as part of collaborative practice	
<input type="checkbox"/> Consult pharmacist or primary care provider if symptoms worsen (e.g. lesions spread, fever, unable to eat) or no significant improvement after 7 days	
<input type="checkbox"/> Oral antiviral must be started before lesions appear (ideally within 1 - 2 hours of onset of prodromal symptoms) in order to be effective	
<input type="checkbox"/> Advice on preventing spread of infection	
<b>Follow-up scheduled in 7 days:</b>	
<input type="checkbox"/> In pharmacy <input type="checkbox"/> Telephone	
<input type="checkbox"/> If symptoms are not resolving, refer	
<input type="checkbox"/> If symptoms are resolved, advise about prevention strategies	
<input type="checkbox"/> Prescribe ONE COURSE of antiviral to have on hand if patient has frequent episodes. <b>Ensure patient understands the importance of seeing an MD if symptoms do not resolve completely between episodes</b>	
<b>Prescribing Pharmacist</b>	
Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email:	Date:
Primary Care Practitioner:	Fax Number:

## 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:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding	

### 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 about prevention strategies
- ☐ Prescribe ONE COURSE of antiviral to have on hand if patient has frequent episodes. **Ensure patient understands the importance of seeing an MD if symptoms do not resolve completely between episodes**

### Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

### Primary Care Practitioner notified

Name:	Fax:
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