medSask
YOUR MEDICATION INFORMATION SERVICE

PHARMACIST ASSESSMENT – INSECT BITE

Patient		
Name:	HSN:	
Address:	DOB:	☐ male ☐ female
Telephone:	☐ Pregnant ☐ Lactating	

Medical History:

☐ Immunosuppressed due to condition or medication → refer

☐ History of severe reaction to insect bites → refer

Drug History:

☐ Recently started on a new medication → refer if suspected adverse reaction to new medication

Review of Symptoms

Any of the following red flags present?

- ☐ Redness around the bite that has expanded over the course of a few days and / or resembles a bulls-eye
- ☐ Signs of an anaphylactic reaction
- ☐ Extensive skin symptoms such as hives on areas other than the bite site
- ☐ Lesions worsening or present for longer than 7 days
- ☐ Lesions appear infected ?
- ☐ Swollen lymph nodes or flu-like symptoms

☐ Yes → refer (if possible anaphylaxis, refer to emergency room)

Are the patient's lesions typical of insect bites?

- ☐ Lesions occur singly or in clusters
- ☐ Lesions are inflamed, swollen or itchy
- ☐ Area of bites expected after exposure to insects

☐ Yes → Proceed to treatment ☐ No, cannot confirm diagnosis → refer

Has the patient tried anything for past or current insect bites?

☐ No → continue ☐ Yes → What? Effect?

Treatment

☐ Non-pharmacologic treatment

☐ OTC medications:

☐ If inflammation, swelling and/or itchiness prominent, prescribe topical hydrocortisone 1 % (Rx if under 2 years old)

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx: (Drug, strength)

Quantity (max of 7 days, no refills):

Directions:

pseudoDIN: 00951089

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

☐ Try not to scratch area. Keep nails short or put mittens on young children.
☐ If no improvement within 24 hours or if symptoms worsen, see primary care provider
☐ If bedbugs suspected, recommend professional exterminator
☐ Information on insect bite prevention

Follow-up scheduled within 7 days:

☐ In pharmacy □ Telephone
☐ Symptoms resolved
☐ If symptoms are not resolved, refer

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email:	Date:
Primary Care Provider:	**Fax:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with **an insect bite.**

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: ☐ male ☐ female
Telephone:	☐ Pregnant ☐ Lactating	

Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information

I will follow-up with the patient on and discuss these items:

☐ Symptoms resolved
☐ If symptoms are not resolved, refer

Prescribing Pharmacist	
Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:
Primary care provider notified	
Name:	Fax: