

PHARMACIST ASSESSMENT – MILD ACNE

Patient information:		
Name:	HSN:	
Address:	DOB: (refer <12 or >30)	<input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
Medical History: <input type="checkbox"/> Family history of scarring acne → refer <input type="checkbox"/> Previous diagnosis of acne → helps confirm patient self-diagnosis		
Drug History: <input type="checkbox"/> On medication that could cause or worsen acne (see guideline for list) → refer		
Review of Symptoms		
Any red flag symptoms present? <input type="checkbox"/> Alarm signs or symptoms (fever or arthralgia, hyperandrogenism (eg. scalp hair loss, facial hair) <input type="checkbox"/> Approximate more than 20 comedones present <input type="checkbox"/> Approximate more than 15 inflammatory papules present <input type="checkbox"/> Total lesion count greater than 30 <input type="checkbox"/> Erythema, papules, pustules in the absence of comedones (other conditions must be ruled out) <input type="checkbox"/> Widespread inflammatory lesions (i.e. involving areas beyond the face) <input type="checkbox"/> High levels of anxiety, low self-esteem <input type="checkbox"/> Unable to confirm patient self-diagnosis <input type="checkbox"/> Yes to any → refer		
Has the patient been practicing optimal skin care? <input type="checkbox"/> Yes → Continue <input type="checkbox"/> No → Include skin care education in treatment plan and continue		
Patient has what type of acne? <input type="checkbox"/> Primarily comedonal acne (white-blackheads and no inflamed lesions) → Proceed to Treatment #1 <input type="checkbox"/> Mild inflammatory acne (papules, pustules +/- comedones) → Proceed to Treatment #2 or #3		
If patient has previously tried a therapy below and had unsatisfactory improvement after 8 – 12 weeks of: <input type="checkbox"/> Topical retinoid → Consider Treatment #2, #3 or #4 or refer <input type="checkbox"/> Benzoyl peroxide → Consider Treatment #1, #3 or #4 or refer <input type="checkbox"/> Benzoyl peroxide + retinoid → Consider Treatment #4 or refer		
Maintenance therapy with a topical retinoid is indicated? <input type="checkbox"/> Yes → refer		

Treatment:

- ☐ 1: Prescribe retinoid*. Reassess in 8 weeks.
- ☐ 2: Recommend topical benzoyl peroxide*. Reassess in 8 weeks
- ☐ 3: Prescribe retinoid + benzoyl peroxide combination. Reassess in 8 weeks
- ☐ 4: Prescribe topical antibiotic in addition to current therapy or combination product (antibiotic + retinoid or benzoyl peroxide. Reassess in 8 weeks.

*Azelaic acid is a second-line alternative if benzoyl peroxide or a retinoid is not tolerated

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx: (Name, strength)

Quantity (max of 8 weeks, or 4 weeks plus one refill):

Dosage directions:

pseudoDIN: 00951087

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

- ☐ Patient may see initial worsening for the first 2 to 4 weeks
- ☐ May take 8 – 12 weeks for maximum benefit
- ☐ Provide method for gradual titration of application time to reduce skin irritation

Follow-up scheduled in 8 weeks: _____

- ☐ In pharmacy ☐ Telephone (number):
- ☐ Patient's acne has responded well. Contact prescriber for authorization of refills or switch to maintenance therapy.
- ☐ No or unsatisfactory response but acne is not worse. Go to Treatment #3 or #4 OR refer.
*MAXIMUM OF TWO TRIALS OF TOPICAL PRESCRIPTION PRODUCTS BEFORE REFERRAL
- ☐ Patient's acne has worsened. Refer
- ☐ Discontinued therapy due to adverse effects – Reassess, consider alternate treatments and / or refer

Prescribing Pharmacist:

Name:

Signature:

Pharmacy:

Telephone:

Fax

Email:

Date:

Primary care provider:

Fax:

Pharmacist Minor Ailment Prescribing Record

To <p style="text-align: center;">This document is to inform you I met with your patient below who presented with mild acne. After an assessment, a prescription was issued for</p> <p style="text-align: center;">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.</p>		
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 _____ <p style="text-align: center;">MEDICATION:</p> <p style="text-align: center;">DIRECTIONS:</p> <p style="text-align: center;">QUANTITY:</p>		
Rationale for prescription / relevant patient information:		
I will follow-up with the patient on _____ and discuss these items:		
<input type="checkbox"/> Patient's acne has responded well. Contact prescriber for authorization of refills or switch to maintenance therapy. <input type="checkbox"/> No or unsatisfactory response but acne is not worse. Go to Treatment #3 or #4 OR refer. *MAXIMUM OF TWO TRIALS OF TOPICAL PRESCRIPTION PRODUCTS BEFORE REFERRAL <input type="checkbox"/> Patient's acne has worsened. Refer <input type="checkbox"/> Discontinued therapy due to adverse effects – Reassess, consider alternate treatments and / or refer		
Prescribing Pharmacist		
Name:	Signature:	
Pharmacy:	Telephone:	
Email:	Fax:	
Primary care provider notified:		
Name:	Fax:	