**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  |
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| **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  |  |