

Primary Care Guidance on Remote Assessment and Treatment of Infections

Key:

Conditions in **black** – assessment by General Practice

Conditions in **green** – assessment by General Practice or Community Pharmacy via [Pharmacy First service](#)

Conditions in **yellow** – assessment and treatment by General Practice or Community Pharmacy Independent Prescriber (CPIP)

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	Condition	Treatment suitable in remote assessment	If re-presents?	Evidence/Links
EYE	Conjunctivitis	<ul style="list-style-type: none"> Mild/moderate: self care If required: Chloramphenicol 	Swab and hold off alternative treatment	Ophthalmology Infection Guidance
ENT	Otitis externa	<ul style="list-style-type: none"> Mild: Acetic Acid 2% (EarCalm®) Moderate: Otomize®/Sofradex® 	Swab and hold off alternative treatment	ENT Infection Guidance
LUNG	Acute exacerbation asthma/COPD	<ul style="list-style-type: none"> If increase wheeze/productive cough and no concern for patient/symptoms Antibiotics only if increase in sputum purulence 	Review in person would be suitable. Consider CXR	Primary Care Infection Guidance GOLD/BTS/SIGN
GU	UTI – non pregnant uncomplicated female lower UTI only >16 years	<ul style="list-style-type: none"> single symptom: <ul style="list-style-type: none"> self care +/- NSAID ≥2 symptoms: <ul style="list-style-type: none"> dipstick first (if feasible) if nitrite positive advise self-care if well or if not then antibiotic (nitrofurantoin or trimethoprim) nitrite negative advise self-care; consider C&S if nitrite negative, or if positive and history of resistance/used antibiotics in previous 6 months 	Send urine culture. Try holding off alternative treatment until culture returned	Primary Care Infection Guidance Pharmacy First SIGN 160 – for nitrite detection on dipsticks, urine should have been retained in bladder for at least 4 hours
	For PHARMACY FIRST older women should be fit, ambulatory and self-caring with no relevant co-morbidities			
	Vulvovaginal candidiasis	<ul style="list-style-type: none"> No need to swab Fluconazole 150mg or clotrimazole 500mg pessary +/- clotrimazole 1% cream 	Swab and hold off alternative treatment	
	Bacterial vaginosis	<ul style="list-style-type: none"> No need to swab Oral metronidazole (consider stat dose) or clindamycin vaginal cream 	Swab and hold off alternative treatment	Sexual Health Guidance
	Chlamydia	<ul style="list-style-type: none"> Empirical treatment with antibiotic may be appropriate if symptomatic + high risk STI Always send off CT/GC PCR 	Check PCR result Consider alternatives	
SKIN	Impetigo	<ul style="list-style-type: none"> No need to swab Localised: topical agents Widespread: oral antibiotics 	Consider swab (including viral/fungal) and hold off alternative treatment	
	Cellulitis	<ul style="list-style-type: none"> If systemically well and no concerning features e.g. rapid spread, abscess 	Review in person would be suitable	Skin & Soft Tissue Infection Guidance
	Infected eczema	<ul style="list-style-type: none"> NearMe or emailed pictures can aid diagnosis 		Pharmacy First
	Shingles	<ul style="list-style-type: none"> If <72 hours since rash onset No eye involvement Systemically well NearMe or emailed pictures can aid diagnosis 	Consider viral swab	

**DON'T
BE A
DIPSTICK!**

**But NEVER use
dipsticks if >65 years
or catheterised**