

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)

Developed by: Primary Care/Microbiology/AMT
 Approved by: AMG/GP subcommittee
 Last updated: Jun 2023
 Review: Jun 2025

	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	<div style="border: 2px solid red; padding: 5px; width: fit-content;"> <p>DON'T BE A DIPSTICK!</p> </div> 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
	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 NearMe or emailed pictures can aid diagnosis 	Review in person would be suitable	Skin & Soft Tissue Infection Guidance		
	Infected eczema			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			

But NEVER use dipsticks if >65 years or catheterised