

111 and Local Pharmacy Pilot with children aged 0 to 5 years

Information for trained pharmacies

To be part of the pilot:

1. The lead or a pharmacist at the pharmacy must have completed the NELLPC Child Illness Training.
2. The Pharmacy number must be registered for the 111 Pharmacy pilot.

Also use the [“Wall Flow Charts”](#) in the pharmacy dealing with child illness

Using the Pilot:

Target cohort of children for pilot	0 to 5 age group only
Targeted conditions/symptoms	<ul style="list-style-type: none"> ▶ Fever ▶ Upper Respiratory Tract infections (URTIs) ▶ Seasonal Infections ▶ Gastroenteritis ▶ Minor childhood traumas (Head Injury) ▶ Benign childhood rashes
<p>When you can call NHS 111</p> <p>See ‘Tips for pharmacists’ on next pages. Please note RED FLAGS</p>	<ul style="list-style-type: none"> ▶ Child aged 0-5 ▶ Condition not responding to over the counter medication ▶ You are thinking of sending the child to A&E
<p>Calling NHS 111 and what will happen</p> <p>NOTE:</p> <ul style="list-style-type: none"> ▪ There's also a confidential interpreter service (Language Line) for parents to use if required. This is available in many languages. Simply mention the language you wish to use when the NHS 111 operator answers your call. 	<ol style="list-style-type: none"> 1. Call 111 2. Press * & 7 3. Please tell the 111 Health Advisor that you are part of the pharmacy BHR pilot for children 0 to 5 years 4. Basic patient details will be needed by 111 call handler – patient’s DOB, patient’s address, ethnicity 5. The call handler will then transfer you to the Clinical Assessment Team (CAS) to speak to a GP 6. If the CAS GP is busy, they will call the pharmacy back in a maximum of 20 minutes 7. You will then discuss situation with the CAS GP and involve parents (utilise your assessment room if available) 8. You, the CAS GP and parents will agree the next step, which could be <ul style="list-style-type: none"> ▶ Medication from the pharmacy & observation (if needed) ▶ Patient to go to their registered GP for an appointment ▶ 111 will book the patient an appointment at a local GP hub or with the GP Out of Hours service ▶ Patient will be advised to go to A&E if there is sufficient concern
After the call to NHS 111	<ul style="list-style-type: none"> ▶ The pharmacist will reiterate the decision from the call and provide advice, e.g. directions to the agreed service ▶ Parents need to be advised to tell A&E or the GP/Hub they have been referred by the pharmacy and why.

Tips for pharmacists

Condition	Questions and symptoms	Red Flags
<p>Fever</p>	<ul style="list-style-type: none"> ▶ Have you measured the temperature with a thermometer? ▶ Have you given antipyretics? Is the fever responding to antipyretics? ▶ Is there rigors and/or sweating? ▶ Are there any other symptoms? ▶ How's the child generally? ▶ How's is his/her feeding? ▶ Is there any rash? 	<ul style="list-style-type: none"> ▶ Infants under 6 months old ▶ Underlying medical illnesses i.e. CHD ▶ Fever not responding to antipyretics ▶ Fever with rigors and/or sweating ▶ No obvious localising symptoms ▶ Child is lethargic and/or extremely irritable ▶ Non-blanching rashes
<p>Upper Respiratory Infections</p>	<ul style="list-style-type: none"> ▶ Extremely common, a child can expect about 3-8 URTIs a year Includes: The common cold Tonsillitis/Pharyngitis Otitis Media ▶ Upper respiratory tract infections are usually caused by viruses. Transmitted via respiratory droplets and/or direct contact with infected person or objects <ul style="list-style-type: none"> ▪ Rhinovirus ▪ Coronavirus ▪ Adenovirus ▪ Enterovirus 	<ul style="list-style-type: none"> ▶ Fever with rigors and or sweating ▶ Fever not responding to antipyretics ▶ Child very lethargic and/or irritable ▶ Evidence of respiratory distress ▶ Mottled skin ▶ Non-blanching rashes
<p>Seasonal Infection</p> <ol style="list-style-type: none"> 1. "It gets worse before getting better" 2. Peaks at 3-5 days following onset of illness 3. Usually recovers within 7-14 days 4. Various mortality rates of various studies 	<p>Croup</p> <ul style="list-style-type: none"> ▶ Viral laryngotracheobronchitis causing partial upper airway obstruction ▶ Present with barking cough and stridor ▶ Can cause complete upper airway obstruction and respiratory arrest ▶ For patients with barking cough and no evidence of respiratory distress, treat as URTIs ▶ Seek medical input if respiratory distress is present <p>Bronchiolitis</p> <ul style="list-style-type: none"> ▶ The most common disease of the lower respiratory tract during the first year of life ▶ 1 in 3 infants will develop clinical bronchiolitis in the first year of life ▶ Affects children up until the age of 2 years ▶ Peaks November-April 	<ul style="list-style-type: none"> ▶ Infants < 6 months old ▶ Prematurity ▶ Underlying illness i.e. CHD ▶ Evidence of respiratory distress ▶ Reduced feeding for less than 70% of usual

Condition	Questions and symptoms	Red Flags
Gastroenteritis	<ul style="list-style-type: none"> ▶ Diarrhoea ▶ Vomiting ▶ Low grade fever ▶ Abdominal pain ▶ Reduced appetite ▶ General malaise 	<ul style="list-style-type: none"> ▶ Children less than 6 months old ▶ Underlying medical illness ▶ Recent travel outside UK ▶ Refractory vomiting ▶ Bilious vomiting ▶ Blood/pus in stool ▶ Severe abdominal pain ▶ Signs of dehydrations ▶ Symptoms not settling; more than 2 days for vomiting and 7 day for diarrhoeas
Minor Head Injury	<ul style="list-style-type: none"> ▶ Mild head injury is a very common cause of presentation to EDs ▶ Children play, they run, they have falls: it's a normal part of childhood ▶ Mild head injuries can be safely managed at home with analgesia and orientating parents with red flags 	<ul style="list-style-type: none"> ▶ Children under the age of 1 year ▶ Serious mechanism i.e. RTA, fall from significant height ▶ Boggy swelling on scalp ▶ Open wound on scalp ▶ Severe headache ▶ Neck pain ▶ Vomiting ▶ Lethargy ▶ Clear fluids or blood from nose and/or ears ▶ Vision disturbance
Rashes	<ul style="list-style-type: none"> ▶ VZV ▶ Slapped cheek (Parvovirus B19) ▶ Hand, foot and mouth (Coxsackie A and B) ▶ Roseola infantum (HHV-6) ▶ HSV ▶ Rubella, measles and mumps ▶ Usually resolve spontaneously 	<ul style="list-style-type: none"> ▶ Non-blanching rash ▶ Child generally unwell ▶ Fever not responding to antipyretics ▶ Evidence of localised infections

If you have any questions about the Pharmacy NHS 111 pilot for children aged 0 to 5 years, please contact:

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