

Patient Assessment – Acne

Patient Information:			
Name:	DOB:	Telephone:	Address:
Sex: M F	Allergies: (reaction)		Pregnant/Breastfeeding
PMHx:			PHIN #:
Drug Hx (Rx, OTC)			

History of Condition:		
What is the patient's main concern? :		
When did acne become a problem? Did anything change at that time?		
What area is affected? What types of lesions are present?		
Does the patient use basic daily care? (Wash face; avoid picking lesions, etc.)		
Have they seen a physician?	Have they tried anything and how did it work?	
Is there any need for referral/red flag symptoms present?		
If yes selected for any of the following, refer to physician.	Yes	No
Is the patient <12 or >30 years old? (possible differential diagnosis)		
Could acne be drug-induced? (corticosteroids, lithium, etc)		
Are any symptoms present that indicate endocrinopathy? (weight gain, hirsutism)		
Is over 50% of an area involved, or are there any nodules? (Indicates moderate/severe acne)		
Is there any significant scarring present?		
Has the patient been unresponsive to an adequate treatment trial of an appropriate OTC product?		
Are lesions clustered around nasal/mouth folds, or are papules/pustules present without comedones? (possible differential diagnosis)		
Therapeutic Options for Pharmacists		
Over-the-counter: Benzoyl Peroxide (BPO) ≤5% = bactericidal, anti-inflammatory Salicylic Acid 0.5-2.0% = keratolytic, comedolytic		
Prescription (Schedule 3): BPO ≥5% Topical Clindamycin – topical antibiotic <i>Note: combinations of clindamycin and BPO are NOT included</i>		
Referral: Topical Retinoids		

Treatment: (Check option that applies)

Note: all recommendations should include non-pharmacological treatment

Option 1	Primarily comedones: recommend non-pharms and reassess in 8 weeks	
	If no response, recommend water-based BPO 2.5%	
	If no response, recommend increasing BPO to 5%	
	If no response, refer – consider recommending topical retinoids	
Option 2	Primarily comedones + papule/pustules: recommend water-based BPO 2.5% and reassess in 8 weeks	
	If no response, recommend increasing BPO to 5%	
	If no response, prescribe BPO 8% and consider prescribing topical clindamycin (use products together)	
	If no response, refer	

Was the patient informed of all therapeutic options? (Document discussion)

OTC Documentation: (document any OTC recommended)

Counseling:

Non-pharmacological approaches (wash with gentle soap/soapless cleansers, avoid touching lesions, use oil-free facial products)

Acne may get worse before it gets better

Allow 6-8 weeks for improvement, and 8-12 weeks for full benefit

Apply to entire affected area, do not spot treat

Monitor for redness, skin irritation, and itching; come back if this is intolerable

Follow-up: (Schedule follow up in 8 weeks)

Date:	In pharmacy	By telephone
Acne has increased in severity. Refer.		
Acne has poor response but not worse. Refer to treatment options and progress to next step.		
Therapy was stopped due to intolerable side effects. Consider step-down to salicylic acid or refer.		

Inter-professional Communication:

Healthcare Providers Informed: Nurse Practitioner: <input type="checkbox"/> Physician: <input type="checkbox"/> Physician's Assistant: <input type="checkbox"/> Other:	Name:
	Date:
	Route: Tel Fax E-mail

Rx for:		
DOB:	PHIN:	Address:
Medication:		
Total Quantity, Part Fills and Dispensing Interval (If Applicable):		
Directions for Use:		
Clinical Indication/Diagnosis:		

Prescriber Information	
Name: _____	License Number: _____
Work Address: _____	Work Phone: _____
Signature: _____	Date: _____

Patient/Agent Providing Consent: _____ **Date** _____

Prescription Record Documentation:
Patient Name: _____ Date: _____
Indication:
Rationale:
Medication name and strength:
Quantity:
Refills:
Directions for use:
Scheduled Follow-up:
Other Health Care Professionals notified/consulted: