The following Log Sheet has been provided as a guide for practitioners when completing log sheets for the purpose of an application for Endorsement for Scheduled Medicines. This example is not presented as an ideal model but rather as an example of the information and content that is expected to be included in a log sheet.

Variations in presentation e.g. handwritten sheets are acceptable as long as they are legible and appropriate learning outcomes are represented. To protect privacy, actual patient names and addresses must not be used.

Log Sheet

Refer to the Board's Information Package: 'Log Sheet Instructions' when completing this document.

Log Sheet no: example	Date of Observation for this Case Study: dd/mm/yy
Podiatrist's Name:	Joan Foote
Clinician's Name:	Emily Heart, discipline / profession
Place name of clinical setting: [e.g. St David's hospital, ED]	St David's Hospital – Rheumatology department

Session Description:

A case presentation, at a Rheumatology clinic, where two relevant clinical conditions presented

- Psoriasis
- Skin infection

Case Study

- 44 years old
- Female
- BMI 24
- **History**
  - Psoriatic arthritis
  - Psoriasis
- **Current medication**
  - Leflunomide 10mg orally daily
    - It has immunosuppressive, immunomodulating, antiproliferative properties: Australian Medicines Handbook (AMH)
  - Levlen Ed – Contraceptive Pill

- Levonorgestrel with ethinyloestradiol combined oral contraceptive (AMH)
    - Panadol – as required for joint pain
        - Paracetamol

- **Allergies**
    - Denied
- **Presenting complaint**

Psoriasis & or Infective Psoriasis

Subjective:	Review appointment for psoriatic arthritis. Joints have been fantastic. No pain at present. However, I have got psoriasis all over my feet and hands, they are really flaky. I have been really naughty and itched and itched, it is starting to weep. I haven't been to the GP as I had this appointment with you; it started weeping two days ago.
Objective:	Psoriasis both plantar and dorsum surfaces left and right feet. Flaking dorsum of foot greater than plantar aspect both feet. Rubor presents affecting both feet and spreading on the anterior aspect of the lower leg. Inflammation/swelling present on the dorsum of the feet. Breakage in skin dorsum of the feet, weeping of serous fluid noted. Patient has dressed the larger areas of broken skin with Betadine and band aids No systemic signs of infection, no fever and patient reports feeling well. Dermatological assessment completed, swab of superficial wounds taken. Skin at anterior shin hot to touch and shiny in appearance. No flaking noticed at the anterior shin area. Full assessment completed as per review appointment for arthritis; noted previous history of joint involvement, nail pathologies and skin inflammation in scalp. Patient reported all areas have improved since taking Leflunomide. Only concern being the skin conditions at the feet and legs.
Assessment:	Probable diagnosis – lower limb cellulitis secondary to skin infection. This is not the first skin infection for this patient. Infected psoriasis has occurred previously. Based upon clinical appearance and previous history primary antibiotic therapy should be directed at Staphylococcus aureus which is the suspect organism (Therapeutic Guidelines Dermatology). Patient specifically denies any allergy to penicillin and her previous skin infections have successfully been treated with course of Flucloxacillin.

	Therapeutic Guidelines Dermatology: Flucloxacillin 500mg orally, 6 hourly for 10 days Flucloxacillin is a bactericidal that interferes with bacterial cell wall peptidoglycan synthesis by binding to penicillin-binding proteins, eventually leading to cell lysis and death (AMH, 2011)
Plan:	Advised patient to continue with Betadine and cutiplast (hyposensitive dressing) for weeping superficial wounds. Discussed with patient common side effects of Flucloxacillin including diarrhoea, nausea, vomiting, rash, hives and dermatitis. Discussed potential reduction in effectiveness of oral contraceptive medication whilst on antibiotics (as patient is currently taking contraceptive medication). Use of alternative contraception methods is advised. Advised patient to contact the clinic if she experiences any side effects of Flucloxacillin, as alternate therapy can be instigated.
Education:	Care plan - Wound care discussed with patient - Infection superficial skin/query cellulitis - Prescribed oral antibiotics - Waiting on results of microbiology (copy to be sent to GP) - Proximal spread of redness marked on the lower leg in indelible ink Referrals/Letters of correspondence. Follow up care for skin infection to be completed by GP (rheumatology protocol). Patient to book appointment with GP in 48hrs or sooner if condition worsens - Rheumatology department to contact patient and GP if microbiology indicate a change of antibiotic is required - Dermatologist – inform dermatologist of flare up of psoriasis. Patient reports she has her three-month review appointment booked in 2 weeks. Advised patient to keep this appointment. Review for skin infection to be completed by GP, repeat prescription for further to complete 10 day course. Patient advised to contact prescribing practitioner or GP if any side effects occur.

Review:	**NOTE:** • *The prescription for scheduled medicines if written by an endorsed podiatrist does not attract a Pharmaceutical Benefit.* • *If the prescription was to be written by the endorsed podiatrist the patient would need to be counselled on potential costs of prescription.* • *Consideration to this should also be given when determining whether to issue the prescription.* *In this case, the patient advised that she would have been prepared to fill the prescription from the endorsed podiatrist as it would have saved her "time, effort and money" and then see the GP for consideration of the repeat prescription.* Review with Dermatologist in 2 weeks. Review for Psoriatic Arthritis in 2/12.

Supervisor's signature: **Supervisor's name (printed):** **Date: dd/mm/yy**	**Podiatrist's signature:** **Date: dd/mm/yy**

Prescription information: to be on a separate sheet, attached to the relevant log sheet or in chronological order immediately following the relevant log sheet. See next page.

Example of details required for Podiatric prescription

Full Name of Podiatrist: Joan Foote

Address:
23 Main Street, Boston, NSW 2909
Phone: 1234 5678
Fax: 1234 5678

Podiatry Board of Australia – registration number POD111111111
Endorsed for Scheduled Medicines

Patient Details **Date**: dd/mm/yy

Name: Mrs. V Red
Date of Birth: 25/12/1967
Address: 25 Christmas Drive, Boston, NSW

Rx

Flucloxacillin 500mg
1 tab, orally four times per day for 6 days

Rx

Paracetamol 500mg
1-2 tab, orally four times per day as required for pain (max 8 tabs per 24hrs)

Joan Foote

Prescriber signature