

Queensland Community Pharmacy Clinical Practice Guidelines and Clinical Protocols

Summary of updates: 1 July 2025

This summary outlines recent updates to the Queensland community pharmacy **clinical practice guidelines** and the Queensland community pharmacy chronic conditions management **pilot clinical protocols**.

The clinical practice guidelines have been updated to ensure currency and alignment with contemporary practice, while improving clarity and usability for pharmacists. Although the services and conditions supported by these guidelines are no longer provided under a pilot framework, the guidelines will remain available on the Queensland Health website to support ongoing service delivery as part of expanded scope business-as-usual pharmacy services.

Updates to the pilot clinical protocols are predominantly structural and formatting changes designed to improve usability and readability.

General updates across clinical practice guidelines

Topic	What's new
Red flags & Refer when	<ul style="list-style-type: none"> Consolidated <i>Refer when</i> section which combines information previously duplicated across the <i>Red flag</i> and <i>Refer when</i> sections, to improve usability.
Age restrictions	<ul style="list-style-type: none"> Age restrictions shown as alert on front page of the guideline and aligned with updated age ranges in Version 8 of the <i>Extended Practice Authority – Pharmacists</i> (the EPA-Pharmacists) (relevant to guidelines only).
Pharmacotherapy	<ul style="list-style-type: none"> Updated references to sections of the <i>Therapeutic Guidelines</i> in line with the EPA-Pharmacists.
General advice & Clinical review	<ul style="list-style-type: none"> Guidance clarified regarding when the patient should present for clinical review.

Updates to the clinical practice guidelines

Topic	What's new
Acute exacerbations of mild plaque psoriasis	
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criteria updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> the patient is immunocompromised the patient is taking a medicine that may exacerbate psoriasis the patient is pregnant or planning pregnancy quality of life is significantly affected.
Patient history	<ul style="list-style-type: none"> Screening guidance for arthritis added.
Assessment of severity	<ul style="list-style-type: none"> Classification changes for mild and moderate psoriasis in line with updated guidelines.

Topic	What's new
Pharmacist resources	<ul style="list-style-type: none"> Australian Government Psoriasis Area and Severity Index (PASI) calculation form added.
Acute minor wound management	
Refer when	<ul style="list-style-type: none"> Pharmacists are directed to refer to the Australian and New Zealand Burn Association (ANZBA) Criteria for detailed burns referral criteria. Criteria removed from <i>Refer when</i> section: <ul style="list-style-type: none"> management of skin tears. <i>Separate referral criteria continue to apply where the wound cannot be appropriately managed by the pharmacist.</i>
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criteria updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> localised post-traumatic wound infections, including: <ul style="list-style-type: none"> localised bite and clenched-fist wound infections localised water-immersed wound infections. Criteria removed from the <i>Treat and refer</i> section: <ul style="list-style-type: none"> prescription of prophylactic and presumptive antibiotic therapy for non-infected wounds. <i>Separate referral criteria continue to apply where the wound cannot be appropriately managed by the pharmacist.</i>
Pathology testing	<ul style="list-style-type: none"> Guidance on wound swabbing updated.
Pharmacist resources	<ul style="list-style-type: none"> Guidelines and resources from the International Wound Infection Institute and the Royal Australian College of General Practitioners added.
Acute nausea and vomiting associated with gastroenteritis	
Refer when	<ul style="list-style-type: none"> Criteria previously embedded within the main text updated into the <i>Refer when</i> section: <ul style="list-style-type: none"> there are signs of severe dehydration the patient has severe pain, or nausea and vomiting occur with chest or back pain.
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criterion previously embedded within the main text updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> labyrinthitis is suspected.
Patient history	<ul style="list-style-type: none"> Additional points added for consideration, including: <ul style="list-style-type: none"> risk factors for dehydration or electrolyte abnormality (e.g. kidney transplantation, malnutrition, frailty) ability to adhere to treatment or monitoring for dehydration accompany symptoms including weight loss underlying medical conditions including immunosuppression.
Pharmacotherapy	<ul style="list-style-type: none"> Statements regarding restriction of specific medicines removed. Recommendations to prescribe antiemetic pharmacotherapy align with the EPA-Pharmacists which limits

Topic	What's new
	prescribing to oral medicines for the indication of acute nausea and vomiting associated with gastroenteritis, as per the section of the <i>Therapeutic Guidelines</i> specified for the indication in the EPA-Pharmacists.
Acute otitis externa	
Refer when	<ul style="list-style-type: none"> • Criterion updated into the <i>Refer when</i> section: <ul style="list-style-type: none"> ○ complete occlusion of the ear canal.
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> • Criterion updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> ○ patients with severe symptoms (without complete occlusion of the ear canal) associated with intense pain.
Patient history	<ul style="list-style-type: none"> • Additional points added for consideration, including: <ul style="list-style-type: none"> ○ prior treatment of otitis externa, otitis media or other ear conditions ○ underlying medical conditions including dermatological conditions (e.g. psoriasis, dermatitis) ○ previous radiation treatment.
General measures	<ul style="list-style-type: none"> • Advice for the use of dry mopping with tissues spears removed as a non-pharmacological management option in line with the <i>Therapeutic Guidelines</i>. Dry mopping may still be used to assist with ear examination.
Pharmacotherapy	<ul style="list-style-type: none"> • Oral antibiotics are no longer recommended for acute diffuse otitis externa. Antibiotic treatment limited to otic preparations in line with updates to the <i>Therapeutic Guidelines</i>.
Acute otitis media	
Complications of AOM & Non-pharmacological measures	<ul style="list-style-type: none"> • General guidance within these sections updated to align with updates to the <i>Primary Clinical Care Manual</i> and the <i>Therapeutic Guidelines</i>.
Refer when	<ul style="list-style-type: none"> • Advice for when tympanic membrane cannot be visualised in a paediatric patient at first presentation moved to <i>Refer when</i> section.
Patient history	<ul style="list-style-type: none"> • Additional point added for consideration: <ul style="list-style-type: none"> ○ history of head or ear trauma.
Allergic and nonallergic rhinitis	
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> • Criteria updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> ○ the patient is using a medicine that can cause or exacerbate rhinitis ○ quality of life is significantly affected.
Patient history	<ul style="list-style-type: none"> • Additional point added for consideration: <ul style="list-style-type: none"> ○ respiratory virus testing (PCR or RAT) and results.
Examination	<ul style="list-style-type: none"> • Recommendation to palpate the neck (where appropriate) to check for lymphadenopathy added.

Topic	What's new
Non-pharmacological measures	<ul style="list-style-type: none"> Clarification that oral and intranasal decongestants are not recommended in the management of allergic rhinitis added.
Gastro-oesophageal reflux and gastro-oesophageal reflux disease	
Refer when	<ul style="list-style-type: none"> Criteria removed from <i>Refer when</i> section: <ul style="list-style-type: none"> the patient is being managed by a gastroenterologist. Guidance added in the <i>General advice</i> and <i>Clinical review</i> sections to support escalation of care to an appropriate healthcare provider, where clinically required.
Presenting signs and symptoms	<ul style="list-style-type: none"> Alarm signs and symptoms table consolidated into the <i>Refer when</i> section.
Patient history	<ul style="list-style-type: none"> Additional point added for consideration: <ul style="list-style-type: none"> Dietary patterns or changes.
Herpes Zoster (Shingles)	
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criterion updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> treat (initiate antiviral therapy and analgesia as appropriate) and provide concurrent referral for the management of the superinfection of shingles skin lesions.
Key points and develop management plan	<ul style="list-style-type: none"> Guidance clarified regarding when to commence antiviral treatment for immunocompetent and immunocompromised patients.
Hormonal Contraception	
Refer when	<ul style="list-style-type: none"> Criteria updated into the <i>Refer when</i> section: <ul style="list-style-type: none"> patients with signs and symptoms of PCOS that have not been assessed by an appropriate healthcare provider patients with undiagnosed hypertension, is hypertensive or has poorly managed hypertension.
Refer when	<ul style="list-style-type: none"> Criterion updated for 'unexplained and/or un-investigated vaginal bleeding and/or acute, severe menstrual bleeding' to include additional signs and symptoms indicative of endometriosis (e.g., painful menstrual bleeding, irregular periods amenorrhea or pain/discomfort with sexual intercourse).
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criteria updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> has been subject to reproductive coercion, sexual abuse or sexual violence has a BMI >35 kg/m² has symptoms of or risk factors for sexually transmitted infection (STI), or requests STI screening.

Topic	What's new
Sexual and reproductive health counselling	<ul style="list-style-type: none"> Content updated to align with contemporary management, specifically for: <ul style="list-style-type: none"> emergency contraception working with younger people women over 50 years of age.
Impetigo	
Key points, complications of impetigo	<ul style="list-style-type: none"> Content revised in line with updates made to the <i>Therapeutic Guidelines</i> including: <ul style="list-style-type: none"> recommendation that all patients with impetigo require anti-infective treatment rather than antibiotic therapy only that recurrent episodes of acute rheumatic fever may continue into the fourth decade of life although most frequently affects children aged between 5-14 years.
Pharmacotherapy	<ul style="list-style-type: none"> Oral antibiotic therapy is now recommended for localised impetigo when more than two sores are present (unless referral criteria apply), in line with updates to the <i>Therapeutic Guidelines</i>.
Pharmacist resources	<ul style="list-style-type: none"> 'Skin Deep' resource, an open-access bank of high-quality photographs of medical conditions, added.
Management of overweight and obesity	
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criterion updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> patients aged >65 years.
Investigations, Table 2	<ul style="list-style-type: none"> Testing requirements for thyroid stimulating hormone (TSH) if thyroid dysfunction clinically suspected (e.g., weight gain associated with hypothyroidism) added. Testing requirements updated in line with updates from <i>RACGP Management of type 2 diabetes: A Handbook for general Practice</i> and <i>National guideline to preventative healthcare for Aboriginal and Torres Strait Islander people</i>.
Mild to moderate acne	
Pharmacotherapy	<ul style="list-style-type: none"> Statements regarding restriction of specific medicines removed as these medicines are not able to be prescribed for the management of acne: <ul style="list-style-type: none"> Spironolactone is recommended within the <i>Therapeutic Guidelines</i> for the management of acne that is associated with androgenisation. This is a <i>Refer when</i> criterion. Isotretinoin is a restricted medicine (refer to Schedule 2 of the <i>Medicines and Poisons (Medicines) Regulation 2021</i>) and therefore cannot be prescribed by a pharmacist.

Topic	What's new
	<ul style="list-style-type: none"> General pharmacotherapy guidance updated: <ul style="list-style-type: none"> Topical clindamycin is recommended to be used in conjunction with other topical agents, and should be limited to 3 months of therapy, to reduce the risk of antimicrobial resistance.
Mild to moderate atopic dermatitis	
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criteria updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> the patient is immunocompromised or has diabetes the patient is pregnant or planning pregnancy quality of life is significantly affected.
Key points	<ul style="list-style-type: none"> Updated guidance for when patients present with secondary bacterial infection: <ul style="list-style-type: none"> Management of impetigo including the prescribing of antibiotics may be commenced by the pharmacist as per the EPA-Pharmacists.
Pharmacotherapy	<ul style="list-style-type: none"> Statements regarding restriction of specific medicines have been removed. A pharmacist may prescribe a topical medicine mentioned in the <i>Therapeutic Guidelines: Dermatology: Dermatitis: Atopic dermatitis</i> for the management of mild-to-moderate atopic dermatitis, as per the EPA-Pharmacists.
Pharmacist resources	<ul style="list-style-type: none"> The <i>Australasian College of Dermatologists: Taking care of skin: How to recognise and respond to health issues in Aboriginal and Torres Strait Islander Health Peoples</i> resource added.
Mild, acute musculoskeletal pain	
Nil updates aside from administrative updates for useability.	
Oral health risk assessment and fluoride application	
Service eligibility	<ul style="list-style-type: none"> Removal of upper limit age restriction.
Risk assessment and screening	<ul style="list-style-type: none"> Risk assessment and screening information consolidated for patients >18 months of age.
Confirm management is appropriate	<ul style="list-style-type: none"> Contraindications, precautions, drug interactions, pregnancy and lactation information removed. Pharmacists are instead referred to specific product information. Application frequency of fluoride updated to four times a year for patients at higher risk of dental caries.
Appendices	<ul style="list-style-type: none"> Content updated in line with updates from: <ul style="list-style-type: none"> <i>Metro North Health. Lift the Lip oral health assessment</i> <i>CAMBRA protocols</i> <i>The Reference Manual of Pediatric Dentistry.</i>

Topic	What's new
Smoking cessation	
Scope	<ul style="list-style-type: none"> Clarified the scope of the guideline is limited to tobacco smoking cessation only; the management of vaping cessation is not within the scope of this guideline.
Treat (if clinically appropriate) and concurrently refer	<ul style="list-style-type: none"> Criterion updated into the <i>Treat and refer</i> section: <ul style="list-style-type: none"> the patient has a chronic disease or medical condition that requires additional support or can complicate smoking cessation interventions (e.g. diabetes, cardiovascular disease, mental illness, substance use disorder, multiple comorbidities).
Smoking history	<ul style="list-style-type: none"> Additional points added for consideration including: <ul style="list-style-type: none"> time to first cigarette in the mornings cravings for a cigarette, urges to smoke or withdrawal symptoms upon stopping.
Pharmacotherapy	<ul style="list-style-type: none"> Statements regarding restriction of specific medicines have been removed as specific medicine restrictions now appear in the EPA-Pharmacists.
Patient resources	<ul style="list-style-type: none"> Quit Coach resource removed as not available in Queensland.
Pharmacist resources	<ul style="list-style-type: none"> Queensland Government Quit HQ added.
Travel health	
Pre-travel risk assessment	<ul style="list-style-type: none"> Consideration of risk of acquiring sexually transmitted infections added.
Pharmacist and patient resources	<ul style="list-style-type: none"> Consolidated location of resources at end of guideline.

Updates to the clinical protocols

Topic	What's new
Clinical Protocol for the Improved Asthma Symptom Control Program	
Protocol structure	<ul style="list-style-type: none"> Consolidation and re-naming of some sections to improve readability and reduce duplication.
Eligibility criteria	<ul style="list-style-type: none"> Consolidation of criteria from the <i>Refer when</i> section and the eligibility criteria to reduce duplication.
Refer when	<ul style="list-style-type: none"> Transitioned detail from the <i>Warning signs at patient presentation</i> section into the <i>Refer when</i> section. Updated to include referral criteria on entry and throughout program previously embedded within the main text.
Figure 1 Overview of the Improved Asthma Symptom Program	<ul style="list-style-type: none"> <i>Initial assessment</i> section consolidated into <i>Figure 1 Overview of the Improved Asthma Symptom Program</i>.

Clinical Protocol for the COPD Monitoring Program	
Protocol structure	<ul style="list-style-type: none"> Consolidation and re-naming of some sections to improve readability and reduce duplication.
Eligibility criteria	<ul style="list-style-type: none"> Consolidation of criteria from the <i>Refer when</i> section and the eligibility criteria to reduce duplication.
Refer when	<ul style="list-style-type: none"> Consolidated detail regarding the warning signs at patient presentation into the <i>Refer when</i> section. Updated to include referral criteria on entry and throughout program previously embedded within the main text.
Figure 1 Overview of the COPD Monitoring Program.	<ul style="list-style-type: none"> <i>Screen for patient suitability</i> and <i>Brief screening</i> sections consolidated and information regarding case-finding and patient eligibility for the Program now presented in <i>Figure 1 Overview of the COPD Monitoring Program</i>.
Patient history and assessment	<ul style="list-style-type: none"> <i>Initial assessment</i> section consolidated into the <i>Patient history and assessment</i> section.
Cardiovascular Disease Risk Reduction Program (all supporting protocols)	
Protocol structure	<ul style="list-style-type: none"> Information specific for the management of each condition moved into separate supporting clinical protocols for blood glucose management, hypertension and lipid modification, to improve useability. Consolidation and re-naming of some sections to improve readability and reduce duplication.
Patient eligibility for the Program	<ul style="list-style-type: none"> Consolidated information from the <i>Brief screening</i> algorithm into the <i>Patient eligibility for the program</i> section.
Conduct CVD Risk Assessment	<ul style="list-style-type: none"> Consolidated information from the <i>Comprehensive assessment</i> algorithm into the <i>Conduct CVD Risk Assessment</i> section. Clinical protocols for lipid modification and blood glucose management refer to the clinical protocol for hypertension for information for initial CVD Risk Assessment and Screening.
Clinical Protocol for the Cardiovascular Disease Risk Reduction Program: Blood Glucose Management	
Refer when	<ul style="list-style-type: none"> Referral criteria specific to the management of type 2 diabetes.
Key points	<ul style="list-style-type: none"> Updated with key points specific to the management of type 2 diabetes.
Non-pharmacological measures	<ul style="list-style-type: none"> Recommendations specific to type 2 diabetes for non-pharmacological measures updated in line with the <i>RACGP smoking, nutrition, alcohol and physical activity (SNAP)</i> guide.
Pharmacotherapy	<ul style="list-style-type: none"> Pharmacists are referred directly to pharmacotherapy recommendations within the relevant sections of the <i>Therapeutic Guidelines</i>, within the parameters of the Program.

Monitoring and clinical targets	<ul style="list-style-type: none"> • Clarified recommended review period for patients prescribed pharmacotherapy. • Clarified recommendations for monitoring in line with the Diabetes Australia Annual Cycle of Care.
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Clinical Protocol for the Cardiovascular Disease Risk Reduction Program: Lipid Modification

Refer when	<ul style="list-style-type: none"> • Referral criteria specific to the management of dyslipidaemia.
Key points	<ul style="list-style-type: none"> • Updated with key points specific to the management of dyslipidaemia.
Non-pharmacological measures	<ul style="list-style-type: none"> • Recommendations specific to dyslipidaemia for non-pharmacological management have been updated.
Pharmacotherapy	<ul style="list-style-type: none"> • Pharmacists are referred directly to pharmacotherapy recommendations within the relevant sections of the <i>Therapeutic Guidelines</i>, within the parameters of the Program.
Monitoring and clinical targets	<ul style="list-style-type: none"> • Clarified recommended review period for patients prescribed pharmacotherapy.

Clinical Protocol for the Cardiovascular Disease Risk Reduction Program: Hypertension

Refer when	<ul style="list-style-type: none"> • Referral criteria specific to the management of hypertension.
Key points	<ul style="list-style-type: none"> • Updated with key points specific to the management of hypertension.
Non-pharmacological measures	<ul style="list-style-type: none"> • Recommendations specific to hypertension for non-pharmacological management have been updated within the <i>Diet and nutrition</i> section.
Pharmacotherapy	<ul style="list-style-type: none"> • Pharmacists are referred directly to pharmacotherapy recommendations within the relevant sections of the <i>Therapeutic Guidelines</i>, within the parameters of the Program.
Monitoring and clinical targets	<ul style="list-style-type: none"> • Clarified recommended review period for patients prescribed pharmacotherapy.