**Pharmacist Prescriptive Authority Protocol for**

**Cold Sores (Herpes Labialis)**

**Purpose:**To provide timely and accessible treatment for low-risk patients with recurrent herpes labialis, including episodic treatment **and** short-term prevention.

**Patients Eligible for Treatment Under This Protocol (Inclusion Criteria):**

* Patients 6 years of age or older who report a previous history of cold sores and who present with:
	+ Prodromal symptoms that are typical of a cold sore; or
	+ A lesion that is typical of a cold sore that has lasted <48 hours.

**Patients Who Must Be Referred By the Pharmacist to a More Appropriate Venue of Care (Exclusion and Referral Criteria):**

* Patients under the age of 6 years
* Patients who report no prior history of having a cold sore
* Patients who have one or more of the following:
	+ Lesion appears excessively red, swollen, or contains pus
	+ Lesion appears on area other than around the mouth and lips
	+ Lesions have not healed from a prior episode
	+ Reports symptoms of systemic illness are present (fever, swollen glands, malaise)
	+ Reports being immunocompromised by medication or condition
	+ Reports that lesions have occurred more than 6 times in the past 12 months

**Follow-Up to Assess Need for Referral**

* Follow-up in 7 days. Referral needed if lesions spread or persist without improvement despite treatment.