thinkpharmacy

LEVEL 1 TREATMENT PROTOCOLS
FOR WIRRAL MINOR AILMENTS SCHEME

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CONTENTS

This guidance has been developed for pharmacists when consulting with patients presenting with minor ailments under the Think Pharmacy scheme. Guidance has been developed for each ailment covered by the scheme. Pharmacists involved in the scheme should become familiar with the use of this guidance and actively encourage all members of staff to read and be aware of their content.

The guidance is intended to supplement your knowledge and skills when responding to symptoms. Pharmacists must exercise their professional judgement when responding to symptoms and refer any recurrent or alarm symptoms to an appropriate medical practitioner.

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ACNE VULGARIS (mild)

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

- Acne vulgaris is a chronic skin condition in which inflammation of the hair follicles and accompanying sebaceous glands (known as pilosebaceous units) occurs.
- Acne principally affects the face (99% of cases), the back (60%), and the chest (15%).
- Acne varies greatly in severity, and the person's perception of the problem will influence whether they seek medical help for it.
- Acne is most prevalent among adolescents and young adults, affecting approximately 80% of people at some point between 11–30 years of age. Peak incidence is seen in females 14–17 years of age and in males 16–19 years of age.

Criteria for INCLUSION

- Patients who present with mild acne vulgaris
- See: http://www.pcds.org.uk/clinical-guidance/acne-vulgaris#images Figure 2

Criteria for EXCLUSION

- More widespread non-inflammatory lesions and numerous papules and pustules (moderate acne).
- Painful spots that feels deep within the skin.
- More extensive inflammatory lesions, which may include nodules, pitting, and scarring (severe acne).
- Acne having characteristics that suggest a significant hormonal influence (e.g. infrequent /absent periods, excessive hair growth or hair loss).
- People who have, or develop, features that make the diagnosis uncertain.
- People who appear distressed or whose acne affects their social life.
- If treatment does not respond after 2 months refer to GP for alternative treatment.

Action for excluded patients and non-concordant patients

Refer to general practitioner*.

Action for patients included for treatment

Treatment Choice	Route	Legal status	Dose
Benzoyl peroxide 5%/10% gel/cream (40g)	Topical	P	See product reminder

Supply sufficient quantity for one month initially; review patient after one month and assess response. If effective and tolerated supply sufficient quantity for a further one month. Thereafter review and supply at two month intervals. Patients may receive treatment for as long as the product is effective.

Product Reminder

- Wash the face (to remove excess sebum) and leave to dry for 20 minutes before applying treatment
- Apply sparingly; more is not better. In general, a pea-sized amount of gel/cream should be enough to treat the face.
- Benzoyl peroxide should be applied to all areas of the skin where acne occurs, not just active lesions.
- Areas that have been cleared of acne should also be treated until there is a likelihood the disease is in full remission.
- Treatment with benzoyl peroxide should usually be continued for at least 6 weeks (although the maximal response may occur later).
- Patients may receive treatment for as long as the treatment is effective.
- Benzoyl peroxide may bleach clothing.

Follow-up and advice

Advise about washing and skin care. In general, it is recommended that people with acne:

- Do not wash more than twice a day.
- Use a mild soap or cleanser and lukewarm water (as very hot or cold water may worsen acne).
- Do not use vigorous scrubbing when washing acne-affected skin; the use of abrasive soaps, cleansing granules, astringents, exfoliating agents or other medicated products should be discouraged (advise use of a soft wash-cloth and fingers instead).
- Do not attempt to 'clean' blackheads. Scrubbing or picking acne is liable to worsen the condition.
- Avoid excessive use of makeup and cosmetics. All makeup should be removed completely at night.

Inform the person that topical treatments are effective and are worth persevering with, as improvements may not occur immediately (in fact, there may be an initial deterioration in the condition).
Encourage adherence.
Advise that the face should be protected from cold or windy weather, and that excessive sunlight should be avoided.

Resources for patients:
http://acneacademy.org/acne-treatment/topical-treatments/
http://www.bad.org.uk/for-the-public/patient-information-leaflets

Possible side-effects

- Benzoyl peroxide can cause severe skin irritation; this tends to diminish with time as tolerance develops. To minimize local adverse effects, consider washing off the application of benzoyl peroxide after 15 minutes initially, and increasing exposure in increments of 15 minutes until the drug can be tolerated for 2 hours.

When to refer to GP

Conditional referral*

Excluded patients

Patients who fail to respond to treatment after 2 months

***The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service**

ACUTE BACTERIAL CONJUNCTIVITIS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

An eye infection caused by bacteria leading to inflammation of the conjunctiva.

Criteria for INCLUSION

Conjunctivitis presenting with sticky discharge, redness and a feeling of grittiness. It will only have been present for a few days, and vision is not affected. The eye(s) will look slightly red, and pain is not usually a feature.

Criteria for EXCLUSION

- Patients under two years old – see PGDs for chloramphenicol eye drops 0.5%, chloramphenicol eye ointment 1% or fusidic acid eye drops 1% for the treatment of superficial bacterial eye infections.
- Pharmacist believes the condition is not likely to be bacterial conjunctivitis especially no discharge but red and painful – patient should be referred.
- Treated with chloramphenicol for bacterial conjunctivitis within the last 3-4 weeks
- Pregnancy and breastfeeding – see PGD for fusidic acid eye drops 1% for the treatment of superficial bacterial eye infections.
- Known neoplastic anaemia
- History of welding without eye protection immediately prior to symptom onset
- If there is a possibility of foreign body in the eye or recent history of eye trauma
- If visual acuity is reduced
- Photophobia
- Glaucoma
- If the eye looks cloudy
- Known hypersensitivity to any of the ingredients
- Eye inflammation associated with a rash on the face or scalp
- Patients with a personal or family history of blood or bone marrow problems.
- Eye surgery or laser treatment in the previous 6 months
- Contact lens use

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Chloramphenicol 0.5% eye drops (10ml)	Topical	P	2yr + See below
Chloramphenicol 1% eye ointment (4g)	Topical	P	2yr + See below

Product Reminder

Drops- Place one drop into the affected eye(s) every two hours for the first 48 hours and four hourly thereafter.
Ointment- Apply three to four times a day, squeezing out a thin line along half the inside margin of the eyelid.
Treatment should continue for 5 days even if symptoms improve.

Follow-up and advice

- Use during waking hours only.
- Storage of drops between 2-8 degrees Celsius; therefore should be stored in the fridge.
- If there is no improvement after 48 hours or symptoms worsen, further medical advice should be sought.
- Continue treatment for 5 days, even if symptoms improve.
- The drops/ointment should not be used for longer than 5 days without consulting a doctor.
- The drops/ointment should not be shared.
- If pain or visual disturbance develops, further medical advice should be sought urgently.
- Infective conjunctivitis is contagious, so wash hands after touching the eyes and avoid sharing towel, facecloths etc.
- Contact lenses should not be used during treatment
- Soft contact lenses should not be used until at least 24 hours after treatment has been completed
- Once opened, the drops should be discarded after 5 days.
- Once opened the ointment should be discarded after 5 days.

Possible side-effects

Stinging and irritation may occur.
Both the eye drops and ointment may cause transient blurring of vision, and patients should be advised not to drive or operate machinery unless their vision is clear.

When to refer to GP

Rapid referral*

- Recent injury to the eye or surrounding area
- Possibility of a foreign body being present
- Moderate or severe pain in the eye
- Marked redness of the eye
- Swelling around the eye
- Eye surgery within the last six months
- Sensitivity to light
- Disturbed vision with or without nausea and vomiting
- The eye looks cloudy
- The pupil looks unusual

Conditional referral*

- Patients using other eye preparations
- Previous conjunctivitis in the recent past
- Glaucoma
- Dry eyes
- Contact lens wearers
- History of sensitivity to chloramphenicol or any other ingredients of the drops
- History of blood disorders

Consider supply, but patient should be advised to make an appointment to see the GP:

- Recent travel abroad

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

ALLERGY

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

A state of hypersensitivity induced by exposure to a particular allergen.

Criteria for INCLUSION

Mild intermittent allergic rhinitis (sneezing, itchy or runny nose, congestion, itchy eyes) or localised allergic skin reactions (itching and inflammation). e.g. insect bite, itch due to chickenpox or scabies.
See also: Seasonal allergic rhinitis

Criteria for EXCLUSION

Children under the age of 2 years.
Glaucoma (antihistamines contraindicated)
Pregnancy or breastfeeding.
Patients identified as requiring referral*.
See also individual product reminders

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Treatment	Route	Legal status	Dose
Cetirizine 10mg tablets (7) or (30)	Oral	GSL/P	12yr + 1 od
Loratadine 10mg tablets (7) or (30)	Oral	GSL/P	12yr + 1 od
Sodium cromoglicate 2% eye drops (10ml)	Topical	P	Adults and children 1 or 2 drops qds
Cetirizine oral solution 1mg/ml (100ml)	Oral	P	2-6yr 2.5ml bd 6-12yr 5ml bd
Loratadine syrup 5mg/5ml (100ml)	Oral	P	2yr-12yr Check bodyweight See Below
Chlorphenamine 4mg tablets (28) or (30)	Oral	P	12yr + 1 every 4-6 hours max 6 in 24 hours elderly max 3 in 24 hrs
Chlorphenamine 2mg/5ml syrup (150ml)	Oral	P	2-5yr 2.5ml every 4-6h (max 6mg daily) 6-12 yr 5ml every 4-6h (max 12mg daily)
Hydrocortisone 1% cream (15G)	Topical	P	10yr+ apply bd

Product Reminder

Refer to the BNF for contra-indications and drug interactions.

Cetrizine

Caution should be taken in patients with predisposition factors or urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as cetirizine may increase the risk of urinary retention.

Caution in epileptic patients and patients who are at risk of convulsions is recommended.

Although drowsiness with cetirizine is rare, patients should be advised that it can occur and may affect skilled tasks and potentiate the effects of alcohol.
Give consideration to drug interactions.

Loratadine

Children aged 2 years to 12 years are dosed by weight: bodyweight more than 30kg, 10ml (10mg) of syrup once a day; bodyweight 30kg or less, 5ml (5mg) of syrup once a day.
Use with caution in prostatic hypertrophy, urinary retention, glaucoma, bowel obstruction, liver disease, and epilepsy. Avoid in acute porphyria.
Although drowsiness with loratadine is rare, patients should be advised that it can occur and may affect skilled tasks and potentiate the effects of alcohol.
Give consideration to drug interactions.

Chlorphenamine

Patients should be warned that drowsiness may occur and that they should avoid driving or other skilled tasks e.g. operating machinery. Patients should avoid alcohol.
Sedating antihistamines have significant antimuscarinic activity therefore use with caution in prostatic hypertrophy, urinary retention, glaucoma, pyloroduodenal obstruction and the elderly.
All antihistamines should be used with caution in hepatic disease, renal impairment and epilepsy.

Be aware of the MHRA alert of February 2009 advising against use of antihistamines for coughs and colds in children under six years. Pharmacists should consider the benefits and risks of using antihistamines for allergy and chickenpox itch in this age group.

Sodium Cromoglicate eye drops

Regular use is advised for full therapeutic effect. Full therapeutic effect may take a few days to build up but if symptoms have not improved after 7 days refer to GP. Do not wear contact lenses while using the drops.

Hydrocortisone 1% cream

Do not use for face, eyes or anogenital area, broken or infected skin. Do not use for more than 7 days.

Follow-up and advice

Avoid allergens.
Do not exceed recommended doses.

Possible Side-effects

For a comprehensive list, refer to the BNF.

Cetirizine

Fatigue, dizziness, headache

Loratadine

Headache, dry mouth, dizziness, drowsiness.

Beclometasone nasal spray

Local dryness and irritation of the nose and throat.

Sodium cromoglicate eye drops

Transient stinging and burning.

When to refer to GP

Rapid referral* :

- Any indication that the airways are restricted, swelling of the neck or face – treat as a **MEDICAL EMERGENCY**
- History of anaphylactic reactions
- Any indication that the reaction is severe or extreme in nature

Conditional referral*:

- Patient should consult the GP if treatment is ineffective

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

ATHLETE'S FOOT

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Fungal infection characterised by red, itchy broken skin initially, later turning white with maceration and soreness, classically affecting the area between the fourth and fifth digits, but may spread to sole and upper foot.

Criteria for INCLUSION

Adults and children over 1 years of age with likely Athlete's foot.

Criteria for EXCLUSION

Patients under 1 year of age.
Pregnancy or breastfeeding.
Diabetic patients
Toenails becoming black or discoloured or fungal infections appears to spread under the nails
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Miconazole 2% cream (30g)	Topical	P	1 yr and over Apply bd
Clotrimazole 1% cream (20g)	Topical	P	1 yr and over. Apply 2-3 times a day

Product reminder

Wash and thoroughly dry the affected area before application.
Continue for 7 -14 days treatment after the infection appears to have cleared.
Refer if the condition does not improve within two weeks

Follow-up and advice

Wash the feet daily and dry them thoroughly, especially between the toes.
Use appropriate footwear in public changing or bathing areas and pay particular attention to cleaning and drying the feet properly.
Cotton socks will help to keep the feet dry; change them frequently if the feet tend to sweat heavily.
Antifungal powder may be used in socks and footwear to aid healing process and prevent re-infection.
Antifungal powder may not be supplied under the Think Pharmacy scheme.

Possible side-effects

If local irritation develops, discontinue use.
Avoid contact with the eyes and mucous membranes.

When to refer to GP

Rapid referral*

- Peripheral vascular disease
- Diabetes
- Immunocompromised patients
- Severe, non-resolving infection
- If diagnosis is in doubt or the toenail is affected

Conditional referral*

- Symptoms unresponsive to treatment within 2 weeks
- Symptoms indicating condition other than Athlete's foot
- Patients with eczema or psoriasis

Consider supply, but patient should be advised to make an appointment to see the GP

- Recurrent symptoms not previously diagnosed by GP

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

COLD SORES

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Infection with *Herpes simplex* causing pain and blistering on or around the lips and mouth. Often preceded by prodromal symptoms such as tingling or burning.

Criteria for INCLUSION

Uncomplicated cold sore infection of the lips and mouth.

Criteria for EXCLUSION

Pregnant or breastfeeding women.
Patients under 1 year of age.
Previous reaction to aciclovir
If blisters are already present.
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Aciclovir 5% cream (2g)	Topical	GSL	1yr + Apply five times daily for 5 days

Product Reminder

Avoid contact with the eyes and mucous membranes.
Aciclovir should be used as soon as prodromal symptoms occur; apply at four hourly intervals.

Follow-up and advice

If healing is not complete after five days, continue for a further five days.
Avoid kissing and sharing cups and towels.

Possible side-effects

Local transient burning and stinging.
Drying of the skin.
Rash at site of application.

When to refer to GP

Rapid referral*:

- Immunocompromised patients
- Lesions not healed within 3 weeks
- Blisters inside the lips or mouth
- Patients with severe symptoms or where a large area is affected
- Blisters around the eye
- Evidence of secondary infection

Conditional referral*:

- Recurrent infection

Consider supply, but patient should be advised to make an appointment to see the GP:

- Recurrent symptoms not previously diagnosed

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

CONSTIPATION

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Less frequent bowel movements passing hard stools often with difficulty and straining.

Criteria for INCLUSION

Significant variation from normal bowel habit which has not improved following adjustments to diet and lifestyle.

Criteria for conditional EXCLUSION

Patients currently receiving laxatives as part of their regular medication; pharmacists should exercise their professional judgement to implement dosage changes to existing laxative regime.
Children under 1 year of age.
Children under 5 years of age with recurrent symptoms.
Pregnancy and breastfeeding.
Patients with a history of intestinal obstruction.
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner
Referral* to health visitor for children and babies

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Lactulose liquid (500ml)	Oral	GSL	1-5yr 2.5mls-10mls bd 5-18yr 5mls-20mls bd 18yr+ 15ml bd initially adjusted according to response **For children allow 24 hours treatment and if no response refer**
Ispaghula husk 3.5g sachets (10)	Oral	GSL	12yr + 1 bd
Bisacodyl Tablets [20]	Oral	GSL	10yr + 2 at night

Product Reminder

Ispaghula
Bulk forming laxatives are generally first choice after dietary modification.
Must be taken with plenty of water and not near bedtime.
The effect may take a few days to develop.
Fybogel high fibre contains aspartame and should not be supplied to patients with phenylketonuria.

Bisacodyl
Use short courses of stimulant laxatives when fibre supplementation is insufficient.
Usually act within 8 to 12 hours.
Not for use in pregnant or breastfeeding women.

Lactulose
May take up to 48 hours to act.
Patients taking lactulose should be counselled to increase their fluid intake

Follow-up and advice

First line management of constipation must include dietary and lifestyle advice.
For children, advise trying fruit juices that contain fructose and sorbitol, e.g., pear, apple. Too much milk may make constipation worse. Parents of older children should consider increasing intake of other fluids, however, young children should not have their milk intake reduced without health visitor or specialist advice.
Regular doses of laxatives are rarely required and can cause a lazy bowel.
Constipation is often a side effect of prescribed medication; consider referral* if alternatives are available.
If regular doses of laxatives are required advise an appointment with GP.

Possible side-effects

Lactulose
Flatulence, cramps, and abdominal discomfort/distension.

Ispaghula
Flatulence, cramps, and abdominal discomfort/distension.

Bisacodyl
Colicky pain may occur.

When to refer to GP

Rapid Referral*:

- Abdominal pain
- Chronic laxative use
- Constipation without passing flatus
- Constipation alternating with diarrhoea
- Rectal bleeding with change in bowel habit and without anal symptoms (anal symptoms include soreness, discomfort, itching, lumps and prolapse, pain)
- Blood or mucus in the stools
- Nausea and vomiting
- Weight loss
- Painful or ineffective straining
- History of intestinal obstruction, faecal impaction or colonic atony
- Person unresponsive to maximum dose of laxatives- may indicate impaction
- Change in bowel habit to looser stools and /or increased frequency of defecation persistent for 6 weeks without rectal bleeding

Conditional referral*:

- If constipation persists beyond **one week,** consult the GP
- Recurrent constipation and person diagnosed with IBS
- If more than one request per month plus alternating constipation and diarrhoea

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients taking medication with recognised constipating effects

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

COUGH

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Reflex cough

Criteria for INCLUSION

Symptomatic relief of mild infrequent cough.

Criteria for EXCLUSION

Patients under 1 year of age.
Pregnant or breastfeeding women.
Patients with liver or kidney disease, cardiovascular disease and patients at risk of seizures.
History of Chronic bronchitis.
Established lung disease.
Systemic symptoms e.g. temperature, sweats, weight loss.
Cough not improving after 2 weeks.
Cough productive of blood stained sputum.
Asthmatics with wheezing or reduced peak flow.
Patients with COPD or other established lung disease e.g. bronchiectasis, pulmonary fibrosis
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Simple linctus paediatric sugar free (200ml)	Oral	GSL	1 year -12 years 5ml-10ml tds-qds
Simple linctus (200ml)	Oral	GSL	12yr+ 5ml tds- qds

Follow up and advice

Adequate fluid intake and steam inhalations will ease expectoration.
Advise on smoking cessation if applicable.

Possible Side Effects

None known

When to refer to GP:

Rapid referral*:

- Cough productive of green, yellow or blood stained sputum
- Chronic bronchitis
- Wheezing with or without a history of asthma
- Constant chest pain or chest pain on normal inspiration
- Shortness of breath or difficulty breathing
- Rusty coloured sputum
- Pain related to exertion
- Patients experiencing unexplained weight loss

Conditional referral*:

- If cough and other symptoms persist beyond one week without improvement, the patient should consult their GP

Consider supply, but patient should be advised to make an appointment to see the GP:

- General malaise

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

CYSTITIS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Typical features include:

- Urinary frequency, urgency, and/or strangury (the feeling of needing to pass urine despite having just done so).
- Dysuria (pain or discomfort on passing urine).
- Urine that is offensive smelling, cloudy, or contains blood.
- Constant lower abdominal ache.
- Non-specific malaise, such as aching all over, nausea, tiredness and cold sweats.
- Urge incontinence.

Criteria for INCLUSION

Symptomatic relief of the symptoms of cystitis in patients presenting with less than 3 of the following symptoms:

- Dysuria
- Frequency
- Suprapubic pain
- Urgency
- Polyuria

Criteria for EXCLUSION

Patients under 18 years of age.
Patients over 65 years of age.
Pregnant or breastfeeding women.
Fever
Patients with 3 or more of the following symptoms (refer to the Trimethoprim 200mg tablets for the Treatment of Uncomplicated Urinary Tract Infection in Women PGD):

- Dysuria
- Frequency
- Suprapubic pain
- Urgency
- Polyuria

Previous failed antibiotic treatment
Persistent symptoms
Recurrent UTI
Abnormalities of genitourinary tract
Patients with renal impairment
Patients with indwelling catheters
Patients known or suspected to be immunocompromised
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Referral* to general practitioner.

Action for patients included for treatment

Recommended treatments

Treatment	Route	Legal status	Dose
Paracetamol 500mg tablets (32)	Oral	P	12yr + 1-2 qds
Paracetamol 500mg soluble tablets (24)	Oral	P	12yr + 1-2 qds

Follow up and advice

Encourage adequate fluid intake

Product Reminder
Refer to BNF for drug interactions
Paracetamol
Caution in liver or kidney disease and alcohol dependence.

Possible side-effects

Side-effects are rare with occasional use of paracetamol.

Refer to BNF for individual side-effects.

When to refer to GP

Rapid Referral*:
Patients known or suspected to be immunocompromised
Nausea and vomiting
Fever

Conditional referral*:

Pregnant patients

Failed antibiotic treatment

Persistent symptoms

Recurrent UTI

Abnormalities of genitourinary tract

Patients with renal impairment

Patients with indwelling catheters

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

DERMATITIS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Three main types:

- Atopic – an inherited condition. This may occur in conjunction with asthma, hay fever or rhinitis
- Irritant – occurs due to lack of natural oil in the skin caused by soaps, disinfectants, detergents or chemicals at work or at home
- Allergic – mediated by an immune reaction to a substance which has made contact with the skin. The reaction occurs on subsequent exposures after the initial exposure. Examples of allergens include cosmetics, hair dyes, nickel, chromium and some plant.

Criteria for INCLUSION

Superficial inflammation of the skin, causing itching, with a red rash.

Criteria for EXCLUSION

Signs of weeping, crusty skin or thickening of the skin
Seborrhoeic eczema or other types of eczema
If psoriasis is suspected or confirmed
Affected areas on the face, genitalia and armpits
Untreated bacterial, fungal or viral skin lesions
Severe eczema
Where there is associated scabies
Pregnancy

Action for excluded patients

Referral* to General Practitioner.

Recommended Treatments

Action for patients included for treatment

	Route	Legal status	Dose
For inflamed skin - Hydrocortisone 1% cream 15g	Topical	P	10yr+ Apply bd
Emulsifying ointment	Topical	GSL	Apply regularly

Product Reminder

Hydrocortisone 1% cream
Apply sparingly once or twice a day for a maximum of seven days

Emulsifying ointment
Emollient use is an important factor in the treatment of contact dermatitis as it hydrates the skin and forms an occlusive barrier to prevent further evaporation of moisture. Advise patient on concurrent emollient use.

Follow-up and advice

If the condition fails to improve after 7 days the patient should be referred to the GP for further treatment.

Do not use hydrocortisone for more than 7 days

Avoid scratching (if possible), keep nails short (use anti-scratch mittens in babies) and rub with fingers to alleviate itch

Avoid trigger factors known to exacerbate eczema such as clothing (do not wear synthetic fibres), soaps

or detergents (use emollient substitutes), animals, and heat (keep rooms cool)

Provide education on the correct use of emollients and steroids: advise to apply the emollient first, wait 30 minutes before applying the topical corticosteroid. Also advise on the use of fingertip units.

Advise to use the emollient even if the condition improves

Possible side-effects

See BNF

When to refer to GP:

Rapid Referral*:
Rapid worsening of dermatitis with marked erythema, discharge or increased pain
Fever

Conditional referral*:
Severe symptoms

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

DIARRHOEA

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

A change in normal bowel habit resulting in increased frequency of bowel movements and the passage of soft or watery motions.

Criteria for INCLUSION

Adults with symptoms lasting less than five days
Children with symptoms lasting less than 48 hours

Criteria for EXCLUSION

Patients with recurrent diarrhoea.
Patients who have made more than one request per month plus alternating constipation and diarrhoea
Patients who are vomiting and not tolerating oral fluids
Children under the age of 1 year.
Pregnant women
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Oral rehydration sachets Dioralyte sachets (6)	Oral	GSL	2yr+ See product reminder
Dioralyte relief sachets (6)	Oral	GSL	1yr+ Up to 5 sachets per day for 3 to 4 days following a loose motion.
Loperamide 2mg capsules (6)	Oral	GSL	12yr+ **See product reminder**

Product Reminder

Rehydration sachets are only intended for use in the elderly and children. Otherwise healthy adults should just maintain sufficient fluid intake.
First line treatment of diarrhoea is prevention and treatment of fluid and electrolyte depletion, if diarrhoea is disabling supply loperamide to patients *over* 12 years.

Dioralyte
Children aged 2 years + reconstitute one sachet in 200ml of drinking water. Discard the reconstituted solution after one hour unless refrigerated when it may be kept for up to 24 hours. Daily intake is based on 20-40ml reconstituted solution/kg bodyweight. A reasonable approximation is:
Children over 2 years: one sachet dissolved in 200ml of water after each loose motion.

Elderly: One or two sachets after every loose motion. Each sachet dissolved in 200ml water
A repeat supply of six sachets may be made if appropriate.
Should not be used for self treatment by patients with liver or kidney disease, patients on a low potassium or sodium diet or patients with diabetes.

Loperamide
Should not be used in conditions where peristalsis should be maintained. For example, inflammatory bowel disease, suspected infection, and abdominal distension. 2 capsules should be taken initially followed by 1 capsule after every loose stool. The maximum daily dose should not exceed 8 capsules.
A repeat supply of six tablets may be made if appropriate.

Dioralyte Relief
Dose as for Dioralyte
Should not be used in patients with phenylketonuria.

Follow-up and Advice

First line treatment of acute diarrhoea is prevention and treatment of fluid and electrolyte depletion.
Consider loperamide for patients *over* the age of 12 years.
Advice to patients regarding food: You should eat as soon as you can. The old advice was to not eat anything for a day or two but now it is advised that you should eat foods high in carbohydrates such as bread, pasta, rice, or potatoes, and other foods as soon as you feel like it. If however you feel you can't eat, it will do you no harm, but continue drinking, and eat as soon as you are able. If your child wants to eat, offer soups and foods high in carbohydrates at first. Your child can eat normally as soon as possible. Do not starve your child. If your child refuses to eat, continue to offer drinks and wait until their appetite returns.
Advise patient to maintain good standards of hygiene.

Possible side-effects

Loperamide
May cause abdominal pain and bloating

When to refer to GP

Rapid referral*:

- Recent travel abroad
- Recent hospital admission
- Adults or children who are appear obviously ill or look dehydrated
- Pregnant or breastfeeding women
- Association with severe vomiting or fever
- Severe abdominal pain
- Presence of blood or mucus in the stools
- Patients suffering with inflammatory bowel disease
- Adults
  Symptoms lasting more than five days
- Children
  Symptoms lasting more than 48 hours
- Younger children
  Timescale for referral* should be shorter than for older children.
- Rectal bleeding **with** persistent change in bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks.
- Patients over 60 years with rectal bleeding persistently without anal symptoms (anal symptoms include soreness, discomfort, itching, lumps or prolapse a well as pain)
- Patients over 60 years with change of bowel habit to looser stools and/or increased frequency of defecation, persistent for 6 weeks **without** rectal bleeding.
- Those at risk of *C. difficile* should be referred to GP or Infection Control Nurse. Risk factors include:
  - taking proton pump inhibitors
  - recent hospital stay
  - being elderly with concurrent chronic conditions
  - recent or current antibiotic use

Conditional referral*:

- If symptoms persist beyond 48 hours, consult GP
- Patients suffering severe malaise or abdominal pain with diarrhoea

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients taking medication that may cause diarrhoea
- Diabetic patients presenting with acute diarrhoea

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

HAEMORRHOIDS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Criteria for INCLUSION

Symptomatic relief of uncomplicated internal and external haemorrhoids previously diagnosed by a doctor.

Criteria for EXCLUSION

Children under 12 years
(Haemorrhoids are rare in adolescence, consider referral* to GP)
Change in symptoms from previous diagnosis
Pregnancy
Rectal bleeding
Anal fissures
Concurrent tubercular, fungal and viral lesions
History of sensitivity to ingredients

Action for excluded patients

Referral* to General Practitioner.

Action for patients included for treatment

Recommended Treatments

	Route	Legal status	Dose
Anusol ointment (23g)	Topical	GSL	Apply to the affected area at night, in the morning and after each evacuation.
Anusol suppositories (12)	Topical	GSL	Insert one into the anus at night, in the morning and after each evacuation.

Product Reminder

Cleanse and dry the affected area before applying the cream or inserting the suppository.
For internal haemorrhoids use either the suppositories or the rectal nozzle provided with the cream.

Follow-up and advice

If symptoms don't improve refer to GP.
If rectal bleeding occurs during treatment, refer to GP.
Provided dietary and lifestyle advice.

Possible side effects

Rarely sensitivity reactions. Patients may experience transient burning on application.

When to refer to GP

Rapid referral*:

- Significant rectal bleeding
- Sudden unexplained weight loss
- Abdominal pain

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

HEADACHE, PAIN (INCLUDING DENTAL PAIN), FEVER

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Headache
Localised pain or discomfort in one or more areas of the head or face.
Fever
An abnormal rise in body temperature. The patient may feel flushed or hot and sweaty.
Patients presenting with mild to moderate symptoms of pain of short duration, commonly earache, period pain, toothache.
Dental pain
Pain associated with a dental abscess is usually of sudden onset, and worsens over a few hours to a few days.It may be intense and throbbing, worse when lying down and may cause waking from sleep during the night.
The tooth may be tender to touch, or to pressure from biting.
Pain may radiate to the ear, lower jaw, and neck on the same side as the dental abscess.
The patient may experience a bad taste in their mouth.

Criteria for INCLUSION

Patients presenting with infrequent mild to moderate symptoms of headache, earache, toothache or fever.

Criteria for EXCLUSION

Children under the age of 1 year.
Patients over 75 years or with known asthma, GI, renal problems, heart failure.
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Referral* to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Paracetamol suspension sugar free 120mg/5ml (100ml)	Oral	P	1yr-2yr 5ml qds 2-4yrs 5mls-7.5mls qds 4-6yrs 10ml qds
Paracetamol suspension sugar free 250mg/5ml (100ml)	Oral	P	6yr-8yr 5ml- qds 8-10yrs 7.5mls qds 10-12yrs 10mls qds
Paracetamol 500mg tablets (32)	Oral	P	12yr + 1-2 qds
Paracetamol 500mg soluble tablets (24)	Oral	P	12yr + 1-2 qds
Ibuprofen 200mg tablets (24)	Oral	P	12yr + 1-2 tds
Ibuprofen suspension sugar free 100mg/5ml (100ml)†	Oral	P	† †refer to specific product recommendations
Bonjela teething gel 15g	Topical	GSL	1year +

Product Reminder

Refer to BNF for drug interactions

Paracetamol

Caution in liver or kidney disease and alcohol dependence.

Ibuprofen

Not to be used in patients with previous or active peptic ulceration, bleeding disorders, history of sensitivity (asthma, angiooedema, urticaria or rhinitis) to aspirin or other NSAID's.
Caution in heart, liver or kidney disease.
Avoid in pregnant or breastfeeding women.

Fever does not always need treatment.
Antipyretic medicines should be considered in children with fever who appear distressed or unwell. They should NOT be used routinely with the sole aim of reducing body temperature in children who are otherwise well. Parent/carer wishes should be considered.

Either paracetamol or ibuprofen can be used to reduce temperature. They should not be administered at the same time to children with fever. Paracetamol and ibuprofen should not routinely be given alternately to children with fever. However, the alternative drug may be used if the child does not respond to the first.

Bonjela teething gel

To open pierce the tube seal. Advise parent/carer to apply a small amount of Bonjela Teething Gel with a clean little finger to the affected area and rub in gently. Repeat every three hours if necessary.
Not recommended for infants under two months.
To be used with caution in patients with hepatic or cardiac dysfunction

Follow-up and advice

Pain

Enquire about concurrent analgesic usage; avoid exceeding maximum daily doses.
Ibuprofen should be taken with or after food.
Avoid any known factors which worsen pain.
Overuse of analgesics can cause headaches.
Rest, warming, cooling or changing position may obtain relief from pain. Patients should be warned to avoid aggravating factors

Dental Pain

Remind the individual that analgesics **should not** be used to **delay** appropriate dental treatment
Avoid food or drink that may be too hot or cold.
Consume cool, soft foods.

Fever

Ensure adequate fluid intake.
Parents or carers looking after a feverish child at home should be advised:

- To offer regular fluids
- To seek further advice if they see signs of dehydration
- How to identify a non-blanching rash
- To check their child during the night
- To keep the child away from nursery or school whilst the fever persists, but to notify school of the illness

Parents or carers should seek further advice if:

- The child has a fit
- The child develops a non-blanching rash
- The child seems less well than when they previously sought advice
- The parent or carer is more worried that when they previously sought advice
- The fever lasts more than five days
- The parent or carer is distressed or concerned that they are unable to look after the child

Possible side-effects

Side-effects are rare with occasional use of paracetamol.
Ibuprofen should be taken after food to minimise the risk of GI side-effects.
It is most unlikely, even with misuse or excessive application of Bonjela Teething Gel that the large amounts of Lidocaine hydrochloride or cetalkonium chloride required to produce clinically-relevant toxic effects would be reached. In the event of overdose, use should be discontinued and a doctor consulted.
Refer to BNF for individual side-effects.

When to refer to GP:

Pain is subjective, consider the patients experience of site, nature, duration and intensity of pain when assessing symptoms.

Rapid referral*:

- Severe symptoms or symptoms not responding to treatment
- Severe disabling pain or pain which interferes with sleep
- Head trauma
- Fever of unknown origin
- Patients receiving chemotherapy or under care of a haematologist
- Associated CNS problems such as loss of co-ordination, balance, drowsiness, slurred speech, paraesthesia
- Patients presenting with alarm symptoms such as rash, photophobia, irritability, drowsiness, confusion, and neck stiffness
- Nausea and vomiting not previously diagnosed or associated with migraine
- Pain in the eye
- Visual disturbance not associated with migraine
- Fever lasting more than 24 hours in a child

Special consideration

- Children presenting with alarm symptoms such as rash, head trauma, neck stiffness, drowsiness, irritability, vomiting, anorexia, malaise
- Children presenting with increasing severity of symptoms

Conditional referral*:

- Symptoms lasting longer than two days
- Symptoms unresponsive to simple analgesia
- Two requests within one month

Consider supply, but patient should be advised to make an appointment to see the GP:

- Recurrent symptoms not previously diagnosed by GP

Refer to dentist

Toothache
Urgent referral* required if:

- Signs of severe infection (e.g. fever, lymphadenopathy, cellulitis, diffuse swelling).
- Systemic symptoms (e.g. fever or malaise).
- Trismus (inability to open the mouth) or dysphagia

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

HEAD LICE

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Parasitic infestation with *Pediculus capitis* on the hair, scalp and neck.

Criteria for INCLUSION

Adults and children (one year and over) who have been **observed** to be infested with **live** head lice.
Each individual to be treated under Wirral Minor Ailments Service needs to be seen in the pharmacy.

Criteria for EXCLUSION

Unproven infestation; infestation is not implied by the presence of nits alone.
Children under the age of one year.
Patients with broken or secondarily infected skin on scalp or surrounding areas.

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Wet combing using a Bug-busting kit	Mechanical	GSL	See below
Hedrin 4% Cutaneous Solution	Topical	P	See below

Product reminder

Bug-Busting Kit

Requires mechanical removal of head lice by meticulous combing with a detection comb (for at least 30 minutes at a time) over the whole scalp, at four days intervals, for a minimum of two weeks.
Use any conditioner.

Hedrin 4% Cutaneous Solution

Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to tips. Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days.

Hedrin 4% cutaneous solution is combustible when on the hair and in direct contact with an open flame or other source of ignition; therefore during treatment hair should be kept away from open flames or other sources of ignition.

Follow-up and advice

- Broad comb, then wet comb well-conditioned hair to remove dead lice and eggs
- Regular detection combing as treatment will not prevent re-infection from classmates
- Remove all adult lice before return to school
- Continue combing for two weeks
- Check all members of family (including grandparents etc. if contact)
- If live lice still present, consult health visitor or pharmacist to check technique
- Check pillow and collars for little black specks (lice droppings) and shed lice skins
- Encourage patient or parent to contact close relatives and friends to ensure detection and treatment of further confirmed cases.

Provide patient with a copy of Headlice Fact Sheet:

PHE_HeadLice.pdf

Possible side-effects

Side effects are experienced rarely

When to refer to GP

Conditional referral*:

- Evidence of severe infestation or infestation resistant to treatment

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

INDIGESTION and HEARTBURN

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

A collection of symptoms (including abdominal discomfort, retrosternal pain or burning, a feeling of fullness, flatulence and nausea) which usually occur shortly after eating or drinking.

Criteria for INCLUSION

Patients who require relief from minor symptoms of short duration (less than 10 days duration).
Previous diagnosis of a minor GI problem.

Criteria for EXCLUSION

Children under the age of 12 years.
Patients over 55 years
Vomiting of blood
Patients with rectal bleeding (excluding haemorrhoids)
Unexplained weight loss
Appetite loss
Difficulty swallowing
Patients identified as requiring referral*.

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Gaviscon advance (150ml)	Oral	P	12yr + 5ml-10ml qds
Ranitidine 75mg tablets (6)	Oral	P	16yr+ see product reminder
Mucogel suspension (500ml)	Oral	GSL	14yr + 10ml-20ml qds

Product reminder

For drug interactions and side-effects refer to the BNF.
Alginate and antacid mixtures should be taken 20-60 minutes after meals and before bedtime.
Indigestion remedies should not be taken at the same time as certain other medications.

Gaviscon Advance
Contains 2.3 mmol Na^+ and 1 mmol K^+ per 5ml dose.
May be taken by patients who are pregnant or breast-feeding.

Ranitidine
Swallow one tablet whole, with a drink of water, as soon as you have symptoms. If symptoms persist for more than one hour, another tablet can be taken. For prevention of symptoms associated with eating and drinking, take one tablet half to one hour beforehand.

Do not take more than four tablets in 24 hours.

Mucogel

Has low sodium content and does not contain potassium.

Follow-up and advice

Symptoms can be aggravated by stress and anxiety.
Advise patients to stop smoking, moderate alcohol intake and lose weight.
Eat small meals slowly and regularly and avoid foods which aggravate the problem.
Avoid meals within four hours of bedtime.

Night-time symptoms may be relieved by raising the head of the bed by four to six inches.

Possible side-effects

Gaviscon Advance
Side-effects are experienced rarely
Mucogel
Side-effects are experienced rarely
Ranitidine
Diarrhoea, headache and dizziness. See BNF for further details.

When to refer to GP

Rapid referral*:

- Sudden onset of intense pain
- Jaundice
- Difficulty swallowing
- Pain aggravated by exercise or effort
- Radiating pain.
- Previous gastric ulcer or surgery
- Evidence of gastric bleeding
- Unexplained weight loss
- Anaemia
- Persistent vomiting
- Children under the age of 12 years
- Patients over the age of 55 years
- Patients with continuous symptoms since onset
- Patients with dyspepsia combined with at least one of the following:
  - Family history of upper GI cancer > 1st degree relatives
  - Barrett's oesophagus
  - Pernicious anaemia
  - Peptic ulcer surgery more than 20 years ago
  - Known dysplasia, atrophic gastritis, intestinal metaplasia
  - Patients over 45 years with first episode
  - Bleeding from rectum (excluding haemorrhoids)
- Vomiting blood

Conditional referral*:

- If symptoms persist beyond one week the patient should consult the GP.
- If symptoms not relieved by medication – especially patients with history of ischaemic heart disease.
- Patients who are pregnant or breastfeeding, for whom treatment with Gaviscon Advance is unsuitable.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients taking drugs known to cause GI irritation.
  For example NSAIDs, corticosteroids, SSRIs
- Diarrhoea or constipation
- Repeated requests

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

MOUTH ULCERS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Apthous stomatitis
A small white or yellow oval-shaped ulcer with a red border (less than 10mm diameter).
Commonly found on the cheek, tongue, soft-palate or floor of mouth.
Painful, especially if agitated.
Mouth ulcer due to traumatic cause e.g. Toothbrush injury, biting, thermal burn, sharp surfaces.

Criteria for INCLUSION

Single ulcers or a small number of ulcers (less than six in adults less than 2 in children).
No systemic symptoms.

Criteria for EXCLUSION

Children under 1 year of age.
Pregnant or breastfeeding women.
Patients identified as requiring referral*.

Action for patients included for treatment

Action for excluded patients and non-concordant patients

Refer to general practitioner

Treatment	Route	Legal status	Dose
Anbesol Liquid (6.5ml)	Topical	P	1yr + Apply up to 8 × daily
Chlorhexidine 0.2% w/v mouthwash (300ml)	Topical	GSL	12ys+ 10ml bd rinse for 1 min

Product reminder

Anbesol
Apply undiluted to the affected area with a clean fingertip. Two applications immediately will normally be sufficient to obtain pain relief. Use up to eight times a day.
Chlorhexidine
Thoroughly rinse the mouth for about one minute with 10 ml twice daily. Continue to use for 48 hours after the ulcers have gone. Can cause superficial discolouration of the tongue or teeth. This is not permanent and can largely be prevented by brushing with a conventional toothpaste daily before using the mouthwash.

Follow up and advice

Advise on oral hygiene.
Suggest the patient limits the use of sharp foods (e.g. crisps), spicy foods, hot fluids and carbonated drinks.
Recurrent mouth ulcers cannot be caught by kissing, or by sharing drinks and utensils, because they are not caused by an infection.
If the patient uses *oral* nicotine replacement therapy such as gum or vapes, consider changing to patches or nasal spray if they think that the ulcers started after they started using them.
Offer smokers cessation advice.
Topical oral analgesic products containing salicylate salts are contraindicated in children less than 16 years of age.

Possible side-effects

Discontinue use if local irritation occurs.

When to refer to GP or dentist

Conditional referral*:

- Ulcers that have persisted for more than 2 weeks
- Ulceration on other mucosal surfaces
- Patients taking immunosuppressant or cytotoxic drugs (see BNF for full list of drugs)
- Malaise or fever
- Large ulcers (greater than 10mm diameter).
- Adults with six or more ulcers
- Children with two or more ulcers
- A painless mouth ulcer
- Any sore that bleeds easily
- Non painful lesions including any lump, thickening or red or white patches
- Difficulty in swallowing or chewing not associated with a sore lesion

Special consideration

Risk factors for oral cancer

- Tobacco consumption
- Alcohol consumption
- Low fruit and vegetable intake
- Ultraviolet irradiation

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

NAPPY RASH

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Nappy rash is an irritant contact dermatitis confined to the nappy area. A painful and raw area of skin around the anus and buttocks due to contact with frequent irritant stools, or reddening over the genitals and napkin area due to urine soaked napkins.

Criteria for INCLUSION

Mild to moderate red rash or sore skin confined to the nappy area

Criteria for EXCLUSION

Broken skin
Severe, prolonged or recurrent fungal infection
Nappy rash accompanied by oral thrush
Ulceration of affected area
Nappy rash that is causing discomfort

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Sudocrem 60g	Topical	GSL	See below

Product reminder

Apply at each nappy change

Follow up and advice

To reduce exposure to irritants (urine, faeces, and friction), advise parents and carers:
To consider using nappies with the greatest absorbency (for example, disposable gel matrix nappies) — however, parental choice of the nappy used will depend not only on its absorbency but on convenience, cost, and environmental considerations.
To leave nappies off for as long as is practically possible. To clean and change the child as soon as possible after wetting or soiling:
Use water, or fragrance-free and alcohol-free baby wipes.
Dry gently after cleaning — avoid vigorous rubbing.
Bath the child daily — but avoid excessive bathing (such as more than twice a day) which may dry the skin.
Do not use soap, bubble bath, or lotions.

Possible side-effects

Discontinue use if local irritation occurs.

When to refer to GP

Rapid referral*:

- Signs of infection
- Infant with rash and satellite lesions
- Nappy rash that is a bright shade of red, very warm or swollen
- Baby has a high temperature or seems distressed, in addition to the nappy rash.

Conditional referral*:

No improvement, or worsening in 48 hours
If the rash persists for longer than 10 days

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

NASAL CONGESTION

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Inflammation of the nasal mucosa leading to a blocked nose and stuffiness.
Often associated with sore throat and colds.

Criteria for INCLUSION

Congestion where seasonal allergy has been excluded.

Criteria for EXCLUSION

Symptoms caused by allergy. (Refer to allergy and seasonal allergic rhinitis protocols)
Patients identified as requiring referral*.
See also product reminders.

Over-the-counter cough and cold medicines for children

Medicines to treat cough and colds in older children (6 to 12 years) can be considered supplementary to the basic principles of best care.
The MHRA alert of February 2009 recommends use in children 6-12 years ONLY after other methods of care have been tried. In summary, this advice is:

- Children suffering from a cough or cold should be treated with paracetamol or ibuprofen to lower the child's temperature, and if they have a cough to use a simple cough syrup (such as glycerol, honey and lemon);
- The following cough and cold remedies should not be given to children under 6 years: pholcodine, dextromethorphan, guaifenesin, ipecacuanha, ephedrine, oxymetazoline, phenylephrine, pseudoephedrine, xylometazoline, brompheniramine, chlorphenamine, diphenhydramine, doxylamine, promethazine and triprolidine
- **For children 6 to 12 years old, simple measures to relieve symptoms should be tried before using any of these products.**

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Menthol and eucalyptus inhalation (100ml)	Inhalation	GSL	6yr + PRN
Sodium chloride 0.9% nasal drops (10ml)	Nasal	GSL	Birth+ PRN
Xylometazoline 0.1% (10ml) nasal drops [Otrivine®]	Nasal	GSL	12yr + 2-3 drop bd-tds
Xylometazoline 0.1% (10ml) spray [Otrivine®]	Nasal	GSL	12yr + 1 spray bd-tds
Pseudoephedrine 60mg tablets (12)	Oral	P	12ys + 1 tds-qds
Pseudoephedrine elixir 30mg/5ml (100ml)	Oral	P	6yr-12yr 5ml tds-qds

Product Reminder

Check BNF for drug interactions and side effects.
Xylometazoline and pseudoephedrine should not to be supplied to children under 6 years of age or pregnant or breastfeeding women under the Think Pharmacy scheme.

Menthol and Eucalyptus
May be irritant to very young.
Use one teaspoonful to a pint of hot (not boiling) water and inhale the vapour – use cloth/towel over the head to trap steam – Use when required.

Advise caution when handling hot water near children.

Sodium chloride nasal drops
Should be used before feeds and naps

Systemic decongestants
Avoid systemic decongestants for patients with diabetes, hyperthyroidism, antiarrhythmic or antihypertensive therapy, hypertension, ischaemic heart disease and patients taking or have taken MAOI's in the last two weeks.
Caution is recommended for patients with raised intraocular pressure and prostatic hypertrophy or liver or kidney disease.
Pseudoephedrine tablets must not be supplied for children less than 12 years of age.
A repeat of 12 tablets can be made within one week if appropriate.

Topical decongestants
Topical decongestants must be discontinued after seven days.
Topical decongestants are contra-indicated in patients taking MOAIs.

Follow-up and advice
Reassure the person or parent that although symptoms are unpleasant, the common cold is benign and complications are rare.

- The natural history of the common cold is one of rapid onset, with symptoms peaking after 3–5 days.
- Most symptoms resolve completely after 7–14 days, although a mild cough may persist for longer.

Adequate fluid should be taken during the course of the illness to compensate for excess water lost through fever (sweating) and mucous secretion (e.g. rhinorrhoea). However, excessive consumption of fluids should not be encouraged - otherwise healthy adults should use thirst as a guide to when to drink fluids.
Adequate rest is advised, in general, people should use how they feel as an indicator of how active they should remain. Normal activity will not prolong illness.

Possible Side-effects

Pseudoephedrine
Tachycardia, CNS stimulation, insomnia, urinary retention and dry mouth.
May stimulate children; can cause wakefulness and behavioural changes.

Xylometazoline
Nasal irritation, headache, nausea and systemic side-effects reported have been reported.
Risk of rebound congestion if used for greater than seven days continuously.

When to refer to GP:

Rapid referral*:

- Recurrent nose bleeds
- Wheezing with or without a history of asthma
- Severe malaise
- Patients taking MAOIs
- Pregnant or breast feeding
- Caution in patients with -diabetes, hyperthyroidism, ischaemic heart disease, hypertension, raised intraocular pressure, prostatic hypertrophy, renal and hepatic impairment.

Conditional Referral*:

- If symptoms persist beyond one week the patient should consult their GP
- Earache lasting more than a few days
- Two requests within one month

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

ORAL THRUSH

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Patchy, creamy-white yeast infection of the mouth.

Criteria for INCLUSION

Patients with infection of the mouth and throat likely due to *Candida albicans*.
No history of recurrent episodes

Criteria for EXCLUSION

Children under one year of age – refer to PGD Nystatin Oral Suspension 100,000units in 1ml for the Treatment of Oral Candidiasis (Thrush) in Infants
Hypersensitivity to miconazole.
Repeated requests.
Pregnant or breastfeeding women.
Patients currently taking medication known to interact with miconazole.
Patients identified as requiring referral*.
See also product reminder and follow up advice.

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Miconazole oral gel (15g)	Topical	P	1-2 yr 2.5ml bd Retained near the lesions before swallowing. 2yr -6yr 5ml bd 6yr + 5ml qds

Product Reminder

Squeeze a small amount onto a clean finger and apply to affected area.
If given to children ensure gel does not cause choking; the gel should be placed at the front of the mouth then observe the child following administration.
Treatment should continue for 48 hours after the lesions have healed.
Avoid contact with eyes
Drug interactions with antihistamines, statins, oral anticoagulants, oral hypoglycaemics and anti epileptics

Follow-up and advice

To obtain best results the gel should be kept in contact with infected area for as long as possible.
Denture wearers should preferably remove dentures at bedtime and rub them with gel.
Relief from symptoms may occur quickly but it is important to continue to use for two days after infection has cleared.
For patients currently prescribed inhaled corticosteroid therapy; consider reviewing inhaler technique and advise rinsing the mouth after use

When to refer to GP

Rapid referral*:

- Patients known or suspected to be immunocompromised
- Patients with liver disease
- Patients with symptoms suggesting systemic infection

Conditional referral*:

- If symptoms persist beyond five to seven days the patient should consult the GP
- Patients with symptoms suggesting systemic fungal infection
- Patients with recurrent symptoms

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients with diabetes

Possible Side-effects

Nausea and vomiting, diarrhoea (with long term treatment), rarely allergy, and there have been isolated reports of hepatitis.

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

SCABIES

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Scabies is an intensely itchy skin infestation caused by the human parasite *Sarcoptes scabiei*

Criteria for INCLUSION

Intense itching and/or rash, generally symmetrical on the body.
A definite diagnosis can be made on finding burrows in the skin, usually on the hands. However, these are not often seen. Burrows are very small (0.5 cm or less) curving white lines, sometimes with a vesicles at one end.
The skin develops thick crusts which are highly contagious
See http://www.pcds.org.uk/clinical-guidance/scabies#images

Criteria for EXCLUSION

Patients under two years of age
Signs of bacterial infection
Treatment failure
Uncertain diagnosis

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Permethrin dermal cream 2 x 30g	Topical	P	2yr +

Refer to Allergy protocol for treatments for itch

Product Reminder

Apply the insecticide cream to the whole body, including the scalp, face, neck, and ears, pay special attention to the fingers and toes and under the nails.
Leave on for a minimum if 8-12 hours or overnight.
Wash off
Repeat after 7 days

Follow-up and advice

Adults should apply the cream uniformly to the whole body including the neck, palms of the hands and soles of the feet. The head and face can be spared unless scabies efflorescences are present in this region.
On application, the areas between the fingers and toes (also under the finger- and toe-nails), the wrists, elbows, armpits, external genitalia and the buttocks should be especially carefully treated.

Elderly patients (over 65 years) should use the cream in the same way as adults, but in addition, the face, ears and scalp should also be treated. Care should be taken to avoid applying the cream to areas of skin around the eyes.

For children, the cream should be applied uniformly to the whole body, including the palms of the hands, soles of the feet, neck, face, ears, and scalp. Parts of the skin around the mouth (because the cream could be licked off) and the eyes should be spared. Children should be kept from licking the cream from the hands. If necessary, children should wear gloves.

Permethrin Dermal Cream should be applied to clean, dry, cool skin. If the patient has taken a warm bath prior to treatment the skin should be allowed to cool before the cream is applied.

Older children should be supervised by an adult when applying to ensure that a thorough treatment is

administered.

The whole body should be washed thoroughly 8 – 12 hours after treatment.

Quantity to Apply
Adults and children aged 12yrs+ - Apply up to 30 g of cream (corresponding to one tube of 30 g)

Children aged from 6 - 12 years - Apply up to 15 g of cream (corresponding to ½ tube of 30 g)

Children aged from 2 - 5 years Apply up to 7.5 g of cream (corresponding to ¼ tube of 30 g)

Simultaneously (within 24h) treat all members of the household, close contacts, and sexual contact with a topical insecticide (even in the absence of symptoms) – children under 2 years **MUST** be referred to their GP

Itching may persist for 2-3 weeks after successful treatment. During this time no new lesions should develop.

If treatment fails, patients should be advised to refer to their GP.

Consider symptomatic treatment for itching (see Allergy protocol)

Machine wash (at 50°C or above) clothes, towels, and bed linen, on the day of application of the first treatment

Advise to avoid close body contact with others until their partners and close contact have been treated

Infection only spreads through direct skin-to-skin contact with another human being

Incubation is usually 4-6 weeks in patients without previous exposure

Possible Side-effects

Refer to BNF

When to refer to GP

Conditional referral*:
Unconfirmed diagnosis
Children aged 2 years and under (case or contact)
Signs of bacterial infection
Patient should consult the GP if treatment is ineffective
Unclear or uncertain diagnosis

Seek further advice from Wirral Community Trust Infection Control Team if the individual is resident in a residential home. Contact number: 0151 604 7750

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

SEASONAL ALLERGIC RHINITIS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Seasonal allergy to plant pollen (seasonal allergic rhinitis, hayfever) 20% of people in the UK are affected. Its cause is an allergy to airborne substances such as grass or hay pollen. Affecting the upper respiratory system: nose, sinus, throat and eyes.

Criteria for INCLUSION

Patients with prior diagnosis of seasonal allergic rhinitis attending for prophylactic treatment of symptoms (sneezing, itchy or runny nose, congestion, itchy eyes)

Criteria for EXCLUSION

Children under the age of 2 years.
Glaucoma (antihistamines contraindicated)
Pregnancy or breastfeeding.
Patients identified as requiring referral*.
See also individual product reminders

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Cetirizine 10mg tablets (7) or (30)	Oral	P	12yr + 1 od
Loratadine 10mg tablets (7) or (30)	Oral	P	12yr + 1 od
Sodium cromoglicate 2% eye drops (10ml)	Topical	P	Adults and children 1 or 2 drops qds
Beclometasone 50mcg/metered dose nasal spray (100 dose) or (200 dose)	Topical	P – 100 dose POM – 200 dose - supply under PGD	18yr + 2 doses each nostril bd
Cetirizine oral solution 1mg/ml (100ml)	Oral	P	2-6yr 2.5ml bd 6-12yr 5ml bd
Loratadine syrup 5mg/5ml (100ml)	Oral	P	2yr-12yr Check bodyweight See Below
Chlorphenamine 4mg tablets (28) or (30)	Oral	GSL	12yr + 1 every 4-6 hours max 6 in 24 hours elderly max 3 in 24 hrs
Chlorphenamine 2mg/5ml syrup (150ml)	Oral	P	2-5yr 2.5ml every 4-6h (max 6mg daily) 6-12 yr 5ml every 4-6h (max 12mg daily)

Product Reminder

Refer to the BNF for contra-indications and drug interactions.

Beclometasone nasal spray

Avoid in the presence of suspected nasal infection, after nasal surgery, and pulmonary tuberculosis. Once symptoms are controlled it may be possible to use one spray into each nostril morning and evening. Should symptoms recur patients should revert to the recommended dosage of two sprays into each nostril morning and evening. The minimum dose should be used at which effective control of symptoms is maintained. Regular use is advised for full therapeutic effect. Full therapeutic effect may take a few days to build up but if symptoms have not improved after 2 weeks refer to GP.

Cetrizine

Caution should be taken in patients with predisposition factors or urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as cetirizine may increase the risk of urinary retention.
Caution in epileptic patients and patients who are at risk of convulsions is recommended.
Although drowsiness with cetirizine is rare, patients should be advised that it can occur and may affect skilled tasks and potentiate the effects of alcohol.
Give consideration to drug interactions.

Loratadine

Children aged 2 years to 12 years are dosed by weight: bodyweight more than 30kg, 10ml (10mg) of syrup once a day; bodyweight 30kg or less, 5ml (5mg) of syrup once a day.
Use with caution in prostatic hypertrophy, urinary retention, glaucoma, bowel obstruction, liver disease, and epilepsy. Avoid in acute porphyria.
Although drowsiness with loratadine is rare, patients should be advised that it can occur and may affect skilled tasks and potentiate the effects of alcohol.
Give consideration to drug interactions.

Chlorphenamine

Patients should be warned that drowsiness may occur and that they should avoid driving or other skilled tasks e.g. operating machinery. Patients should avoid alcohol.
Sedating antihistamines have significant antimuscarinic activity therefore use with caution in prostatic hypertrophy, urinary retention, glaucoma, pyloroduodenal obstruction and the elderly.
All antihistamines should be used with caution in hepatic disease, renal impairment and epilepsy.

Be aware of the MHRA alert of February 2009 advising against use of antihistamines for coughs and colds in children under six years. Pharmacists should consider the benefits and risks of using antihistamines for allergy.

Sodium Cromoglicate eye drops

Regular use is advised for full therapeutic effect. Full therapeutic effect may take a few days to build up but if symptoms have not improved after 7 days refer to GP. Do not wear contact lenses while using the drops.

Follow-up and advice

Avoid allergens.
Do not exceed recommended doses.
For full therapeutic benefit regular usage is recommended.
ONE month's supply of medication can be supplied on three separate occasions which should be a minimum of four weeks apart during any annual hay fever season

Possible Side-effects

For a comprehensive list, refer to the BNF.

Cetirizine

Fatigue, dizziness, headache

Loratadine

Headache, dry mouth, dizziness, drowsiness.

Beclometasone nasal spray
Local dryness and irritation of the nose and throat.

Sodium cromoglicate eye drops
Transient stinging and burning.

When to refer to GP

Rapid referral* :

- Any indication that the airways are restricted, swelling of the neck or face – treat as a **MEDICAL EMERGENCY**
- History of anaphylactic reactions
- Any indication that the reaction is severe or extreme in nature

Conditional referral*:

- Patient should consult the GP if treatment is ineffective within the timeframes indicated above

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

SORE THROATS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

A painful throat with or without congestion, rhinorrhoea, and sneezing.

Criteria for INCLUSION

Mild or moderately sore throat in patients able to tolerate oral medication

Criteria for EXCLUSION

Patients under one year of age.
Patients unable to tolerate oral medication
Patients identified as requiring referral*. See below

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Paracetamol 500mg tablets (32)	Oral	P	12yr + 1-2 qds prn
Paracetamol soluble 500mg tablets (24)	Oral	P	12yr + 1-2 qds prn
Paracetamol susp sugar free 120mg/5ml (100ml)	Oral	P	1yr-2yr 5ml qds 2-4yrs 5mls-7.5mls qds 4-6yrs 10ml qds
Paracetamol susp sugar free 250mg/5ml (100ml)	Oral	P	6yr-8yr 5ml- qds 8-10yrs 7.5mls qds 10-12yrs 10mls qds
Aspirin soluble 300mg tablets (32)	Gargle	P	16yr + 1 qds
Ibuprofen tablets 200mg (24)	Oral	P	12yr + 1-2 tds
Ibuprofen susp. 100mg/5ml (100ml) †	Oral	P	†

†refer to specific product recommendations

Product Reminder

Paracetamol is the analgesic of choice for sore throat.

Ibuprofen may be considered as an alternative (refer to headache/temperature protocol).

Refer to BNF for interactions.

Caution

The patient may already be taking other products containing paracetamol or aspirin.

Paracetamol

Caution in liver and kidney disease and alcohol dependence.

Aspirin

Patients should be advised to swallow the aspirin suspension after gargling unless aspirin causes

dyspepsia.

Aspirin and ibuprofen

Not to be used in patients with previous or active peptic ulceration, bleeding disorders, history of sensitivity (asthma, angioedema, urticaria or rhinitis) to aspirin or other NSAIDs.
Avoid in patients with severe renal or hepatic function.
Should not be supplied during pregnancy or breastfeeding.

Follow-up and advice

Patients should avoid smoky or dusty atmospheres and be advised to stop smoking.
Patients who find swallowing painful should take a soft food diet.

Aspirin gargle

The tablets should be dispersed in a small amount of water.
Each gargle should be **with or after food**.
Contra-indicated in children under 16 years, breast-feeding, patients with previous or active peptic ulceration, patients with bleeding disorders, patients with a history of hypersensitivity to **Aspirin** or any other **NSAID** including those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by **Aspirin** or any other **NSAID.** Avoid in patients with severe renal or hepatic impairment.
Should not be supplied during pregnancy.

Possible Side-effects

Refer to BNF for individual side-effects.

When to refer to GP:

Rapid referral*:

- Patients known to be immunosuppressed
- Patients on immunosuppressant drugs. For example steroids, carbimazole
- Patients with replacement heart valves, history of endocarditis or rheumatic fever
- More than the expected degree of difficulty in swallowing food/drink
- Severe malaise, night sweats
- Breathing difficulties
- A second request for treatment within one month

Conditional referral*:

- If symptoms persist for more than one week, the patient should consult the GP

Consider supply, but patient should be advised to make an appointment to see the GP:

- Symptoms suggesting tonsillitis (skin rash, flushed face)
- Earache
- Swollen lymph glands
- Accompanying skin rash

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

THREADWORM

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Parasitic infestation with *Enterobius vermicularis*.
Usually presents as perianal itching particularly at night.

Criteria for INCLUSION

Adults and children with observed infestation or family history of infestation.

Criteria for EXCLUSION

Children under 2 years of age.
Pregnant or breastfeeding women.
Patients identified as requiring referral*. See below
Second request within 28 days.
Concurrent therapy with metronidazole or cimetidine

Action for excluded patients and non-concordant patients

Refer to general practitioner

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Mebendazole 100mg chewable tablets (2)	Oral	P	2yr + Single dose

Product Reminder

General advice
All family members should be treated simultaneously unless contraindicated.

Mebendazole
Recommended as the treatment of choice in people over 2 years of age.
Supervise children chewing tablets in case of choking.
The treatment may be repeated after 14 days.

Follow-up and advice

Extra hygiene measures are important for the 2 weeks following drug treatment:
Wear close-fitting underwear at night
Have a bath or shower, washing around the anus each morning to get rid of eggs laid overnight.
Change and wash underwear, nightwear, and bed linen each day
Keep fingernails short
Wash hands and scrub under the nails first thing in the morning,
after using the toilet or changing nappies and before preparing or eating food.
It is not necessary to exclude children with threadworms from school.

Possible side-effects

Transient abdominal pain or diarrhoea

When to refer to GP:

Rapid referral*

- Loss of appetite
- Weight loss

Conditional referral*

- Recurrent infestation
- Persistent or particularly heavy cases of infestation
- Insomnia and irritability
- No response to treatment within a few days

Consider supply, but patient should be advised to make an appointment to see the GP

- Recurrent symptoms not previously diagnosed

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

GENITAL THRUSH

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Opportunistic superficial overgrowth of *Candida albicans*.
Usually presents as vulval itching, soreness and irritation with vaginal discharge. Men with genital (penile) thrush may also experience abnormal discharge of a similar consistency, which generally occurs underneath the foreskin of the penis along with itching

Criteria for INCLUSION

Infrequent, mild or moderate likely infection with *Candida albicans*

Criteria for EXCLUSION

Patients under 16 years and over 60 years
Pregnant women
Previous allergic reaction to clotrimazole or any other antifungal product.
Patients identified as requiring referral*
Patients with diabetes

Action for excluded patients and non-concordant patients

Refer to general practitioner.

Action for patients included for treatment

Treatment	Route	Legal status	Dose
Canestan combi (1×op)	Vaginal	P	See below
Fluconazole 150mg capsule (1)	Oral	P	Single dose
Clotrimazole 1% cream (20g)	Topical	P	See below

Product Reminder

Refer to BNF for information on drug interactions

Canestan combi
Insert one pessary at night. Apply the cream to the anogenital area two or three times a day.
Canestan products damage latex condoms and diaphragms.

Fluconazole
Consider as **second line** therapy where there is hypersensitivity to clotrimazole or clotrimazole has previously been unsuccessful.
Fluconazole should not be supplied to patients who are pregnant /breastfeeding.
There is some evidence of contraceptive failure when fluconazole is given orally however The Faculty of Family Planning and Reproductive Healthcare do NOT consider additional contraceptive precautions necessary when taking fluconazole.

Clotrimazole 1% cream
Apply externally 2-3 times a day. May be used by symptomatic partners to prevent re-infection. 1% cream should be used to treat vulval irritation as a supplement to the other treatments.

Follow-up and advice

Sexual partners with signs of infection should also be treated.
If symptoms do not resolve within 7 days, make an appointment to see a GP.
Make patients aware of risks associated with vaginal deodorants, scented soaps and tight fitting clothes
Advise patient to read thoroughly the manufacturers information leaflet.
Recommend screening for STDs were appropriate.
Do not use any other vaginal products during treatment

Possible side-effects

Canestan combi & clotrimazole cream
Local irritation.
May damage latex contraception- condoms, diaphragm.

Fluconazole
Nausea, abdominal discomfort, diarrhoea, flatulence, headache and rash.

When to refer to GP

Rapid referral*:

- Loin pain or abdominal pain
- Offensive or fishy odour with or without discomfort or itch
- Fever or malaise
- Discoloured or bloody discharge
- Ulcers, blisters or sores of vagina/vulva
- Pain or difficulty in passing urine
- Nausea or vomiting

Conditional referral*:

- More than 2 recurrences in six months
- Symptoms persisting longer than seven days
- First occurrence

Consider supply, but patient should be advised to make an appointment to see the GP:

- Post-menopausal women
- Patients taking oral contraceptives

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service

WARTS and VERRUCAS

Please refer to the CURRENT BNF or the SPC for licensed indications, doses, contraindications and other prescribing information

Definition

Warts are small, rough lumps on the skin that are benign (non-cancerous). They often appear on the hands and feet.

The clinical name for a verruca is a plantar wart that appears on the sole of the foot.

Warts are caused by infection with a virus known as the human papilloma virus (HPV). HPV causes keratin, a hard protein in the top layer of the skin (the epidermis) to grow too much. This produces the rough, hard texture of a wart.

Criteria for INCLUSION

Topical treatment of warts or verrucas

Not all warts and verrucas need treatment, consider treating only if a wart is troublesome (most resolve spontaneously in 1-2 years)

Criteria for EXCLUSION

Children under 1 year

Treatment of warts on or near the face

Treatment of warts in anogenital areas

Treatment of infected or bleeding warts

Numerous warts

Recurrent treatment failure (after more than two years treatment in case of warts and verrucas)

Diabetics

People with impaired circulation

Not to be used on moles, birthmarks, hairy warts or other skin lesions

Action for excluded patients

Referral* to General Practitioner

Action for patients included for treatment

Recommended treatments, frequency of administration and maximum dose

	Route	Legal status	Dose
Salactol wart paint	Topical	P	1yr + Apply once daily, usually at night.

Product Reminder

Treatment can take up to 12 weeks and it is important that the patient knows they will have to persevere with treatment. The affected area should be soaked in warm water, patted dry and the surface of the wart or verrucas rubbed gently with a pumice stone or emery board to remove any hard skin. On applying the paint, care should be taken to avoid the surrounding skin and the wart should then be covered with a plaster.

Avoid use on broken or inflamed skin

Follow-up and advice

Verrucas may be transmitted via wet surfaces, avoid swimming pools and communal shower areas. Children should not be excluded from sports and swimming, but should be advised to wear a plaster over the verruca.

Possible side-effects

Mild, transient irritation may be expected. If the pain or irritation is severe or persistent the treatment should be discontinued.

When to refer to GP:

Rapid referral*

- Diabetic patients
- People with severe blood circulatory disorders, such as peripheral vascular disease
- Moles, birthmarks, hairy warts or other skin lesions

Conditional referral*:

- Lack of response to treatment
- Extensive lesions

The pharmacist should complete a referral* note for the patient to hand to the surgery detailing why the patient was unsuitable for treatment under the Think Pharmacy Minor Ailments Service