Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

MINOR AILMENTS SCHEME

Revised May 2017

NHS Hull

Clinical Commissioning Group

Minor Ailments Scheme

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Minor Ailments Scheme

Introduction

This service is available to all patients who are exempt from paying prescription charges. The patients must be registered with a GP practice located within Hull Clinical Commissioning Group. Patients are at liberty to refuse this service. Patients can receive advice and/or treatment under the Minor Ailments Scheme on the conditions listed in Appendix 6.

Patients who pay for their prescriptions should be referred to a pharmacy for advice and to purchase over the counter medicines in the usual way.

This service is a "stepping stone" towards the "Self-Care" approach to healthcare.

Only Community Pharmacies who are committed to making staff available to provide the service and who have completed the necessary training for the conditions listed in Appendix 6 will be included in the Minor Ailments Scheme.

Criteria for participating within the Minor Ailments Scheme

- Participating Pharmacies must provide all Essential Services within the Community Pharmacy Contract.
- Participating Pharmacies must have a pharmacist on the premises whilst participating within the scheme.
- All consultations must take place on the pharmacy premises and any medication prescribed must be supplied at the completion of this process.
- Participating Pharmacies must have a private consultation area that meets the requirements in NHS Directions for Advanced Services.
- Participating Pharmacies must have a qualified medicines counter assistant or member of staff who is qualified to NVQ 2 in Pharmaceutical Services and keeps their CPD up to date with regard to minor ailments.
- Participating Pharmacies should have a designated, named lead member of staff who is responsible for making sure returns are completed, legible, accurate and on time.
- Participating Pharmacists should keep their CPD on minor ailments up to date.
- The pharmacy will enter the service delivery information onto a web based platform (PharmOutcomes) and invoices will be generated from a monthly report submitted to the NHS England (NHSE) Area team at england.primarycare@nhs.net
- Participating Pharmacies should have a designated, named lead member of staff who is responsible for making sure entries are completed accurately and on time on the PharmOutcomes platform.

Transfer of Care

Patients presenting with one of the conditions listed in Appendix 6 at the GP surgery can be offered this service. Patients will also be able to self refer into the scheme.

Patients presenting at a participating Community Pharmacy confirmed as being registered with a participating GP Practice will receive the level of care as laid out in this specification.

Patients wishing to access the service must present their NHS number**.** The first time a patient accesses the system they may not have their NHS number, in these circumstances patient consent to obtain the clients NHS number from their practice or the NHS spine must be sought. If the pharmacy is unable to obtain the patients NHS number, treatment should be declined and the client urged to seek medical care through their GP or the Pharmacy OTC route.

If the pharmacy is in any doubt of the patient's eligibility to receive the service they should advise the patient to seek medical care through normal GP or Pharmacy OTC routes.

Duties of Participating GP Surgeries

* All patients requesting appointments for symptoms/conditions included in the Minor Ailments Scheme can be offered this service using the protocol in Appendix 5.

* Participating GP surgeries should display official posters and provide leaflets promoting the service.

* Patients presenting in person accepting the service should be provided with details of the scheme and provided with a leaflet if available. These patients should be advised to take evidence of identity and their NHS number to their local participating community pharmacy.

* Patients accepting transfer by telephone will be advised to take evidence of identity and their NHS number to one of the participating pharmacies. In the absence of an NHS card the patient may telephone the surgery to obtain their NHS number or provide consent for the pharmacy to obtain their NHS number from the NHS spine.

* For patients under the age of 16 the parent/guardian can accept transfer into the scheme.

* Patients must present in person at the pharmacy to receive the service unless in circumstances where the pharmacist, using their professional discretion, acts in the best interest of the patient.

* If a pharmacist thinks that a patient needs to be seen urgently by a GP, they will contact the surgery and fax details of the problem through to the GP using the referral form in Appendix 3. GP surgeries are requested to cooperate with the pharmacy and make appropriate arrangements for such patients.

Duties of Participating Community Pharmacies

* Patients should only be accepted into the service if the pharmacist can confirm the patient's identity, NHS number and have reasonable proof of registration with a participating GP Practice.

* Patients must be present at the pharmacy to receive the service.

* Patients are encouraged to use the same pharmacy all the time but are not obliged to do so.

* Pharmacies should keep a detailed record of 'Minor Ailments' treatments on their PMR system. As part of the registration process patients will be required to give their NHS number.

* All participating pharmacies will provide a professional consultation service for patients registered with participating GP practices who present with one or more of the specified conditions.

* The Pharmacist or trained medicines counter assistant will assess the patient's condition. The consultation will consist of:

- Patient assessment.
- Provision of advice.
- Provision of a medication (Only if necessary, from the agreed formulary).
- Clinical management will be in accordance with Clinical Knowledge Summaries **http://cks.nice.org.uk**
- Entering details onto the PMR.
- Completion of FPPharm (Pharmacists Prescription Appendix 2). The green copy of the FPPharm should be retained within the pharmacy and the white copy sent to the GP Practice.
- Details of every consultation **must be** recorded on the PharmOutcomes platform and invoices will be generated automatically.
- Children under 16 years of age, who self-refer without parental agreement, should be Gillick/Fraser competent to receive this service (Appendix 4).

** Normal rules of patient confidentiality apply.*

* The Pharmacist should ensure that the patient has completed and signed the FPPharm or PharmOutcomes 'Basic provision record' if they are exempt from paying and confirm this in the usual manner.

Referral Procedure

General Referral Procedure - If a patient presents more than twice within any month with the same symptoms they should be referred to their surgery if clinically appropriate. If symptoms do not meet the criteria for a rapid referral the patient should be advised to make an appointment in the normal manner**.** The Pharmacy Referral Form should be completed and faxed to the practice (Appendix 3). (This can be downloaded from the PharmOutcomes platform)

Rapid Referral Procedure – If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should contact the surgery and make an appointment for the patient within an appropriate time frame. The pharmacy should fax a copy of the Referral Form to the GP Practice immediately detailing the consultation and any treatments that have been prescribed for the patient's current condition under the scheme.

If the surgery is closed and/or the symptoms are sufficiently severe the patient should be advised to contact NHS 111, the 'Out of Hours Service' or attend A & E.

If the pharmacist suspects that the patient and/or carer is abusing the scheme they should alert the patient's GP in the first instance. Continued abuse of the scheme should be escalated to NHS England and the CCG.

Service funding and payment mechanism

The commissioner will provide a web-based system for the recording of relevant service information for the purpose of audit and the claiming of payment (PharmOutcomes).

The pharmacy will enter the service delivery information onto a web-based system and invoices will be generated from a monthly report submitted to NHSE Area Team.

Pharmacies will be paid monthly at a rate of £4.10 per consultation

Drug costs will be reimbursed at drug tariff/agreed cost prices plus VAT monthly. A summary of products included in the scheme is included in Appendix 9 (please note drug costs will be reviewed every 6 months and may be subject to change).

Invoices will be generated automatically via PharmOutcomes on the 6th of the month.

Monitoring and Evaluation

Pharmacies and GP Practices will be expected to participate in monitoring and evaluation of the scheme to show:

- Cost and volume of pharmacy interventions and indications treated.
- Attitudinal surveys of Pharmacists and Patients.
- The Pharmacy participates in any CCG organised audit of service provision.
- The Pharmacy participates in any CCG organised patient survey.

Appendix 1

NHS Hull Participating GP Surgeries

Practice Name & Address	Telephone & Fax Numbers	Code
The Avenues Medical Centre – 149-153 Chanterlands Avenue, Hull, HU5 3TJ	Tel: 01482 343614 Fax: 492480	B81035
Orchard 2000 Medical Centre – 480 Hall Road, Hull, HU6 9BS Branch site – Bransholme Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 854552 Fax: 01482 859900 Tel: 01482 344184 Fax: 01482 344189	B81018
Bridge Group Practice – The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX Branch site – The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB	Tel: 01482 857190 Fax: 01482 610920 Tel: 01482 323449 Fax: 01482 610920	B81046
The Calvert Practice – The Calvert Centre, 110a Calvert Lane, Hull, HU4 6BH	Tel: 01482 303882 Fax: 01482 303887	Y01200
Clifton House Medical Practice – 263-265 Beverley Road, Hull, HU5 2ST	Tel: 01482 341423 Fax: 01482 449373	B81054
Dr AK Choudhary & Dr SR Danda – Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 336100 Fax: 01482 336104	B81002
Dr GM Chowdhury – Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	Tel: 01482 344240 Fax: 01482 344245	B81066
Dr BF Cook – Fieldview Surgery, 840 Beverley Road, Hull, HU6 7HP	Tel: 01482 853270 Fax: 01482 854417	B81095
East Park Practice - 700 Holderness Road, Hull, HU9 3JR	Tel: Fax:	B81645
Sutton Park Medical Practice – Littondale, Sutton Park, Hull, HU7 4BJ	Tel: 01482 824768 Fax: 01482 837591	B81094
Laurbel Surgery – 14 Main Road, Bilton, Hull, HU11 4AR	Tel: 01482 814121 Fax: 01482 817003	B81635
Dr KV Gopal - Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 823232 Fax: 01482 836353	B81688
Dr GT Hendow - Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 825438 Fax: 01482 835405	B81616

East Hull Family Practice - Morrill Street Health Centre, Morrill Street, Hull, HU9 2LJ Longhill Health Centre, 162-164 Shannon Road, Hull, HU8 9RW	Tel: 01482 320046 Fax: 01482 589611 Tel: 01482 344170 Fax: 01482 344174	B81008
Kingston Health – Wheeler Street, Hull, HU3 5QE Branch site - Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	Tel: 01482 354933 Fax: 01482 355090 Tel: 01482 711112 Fax: 01482 791766	B81011
Kingston Medical Centre – 151 Beverley Road, Hull, HU3 1TY	Tel: 01482 344880 Fax: 01482 344882	B81017
Haxby Group Kingswood Surgery – 10 School Lane, Hull, HU7 3JQ Orchard Park Surgery – The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX	Tel: 01482 303963 Fax: 01482 303973 Tel: 01482 303957 Fax: 01482 303958	Y02747
Dr GS Malczewski - Longhill Health Centre, 162-164 Shannon Road, Hull, HU8 9RW	Tel: 01482 344255 Fax: 01482 344260	B81080
Hastings Medical Centre – 919 Spring Bank West, Hull, HU5 5BE	Tel: 01482 351219 Fax: 01482 351930	B81075
The Oaks Medical Centre - Council Avenue, Hull, HU4 6RF	Tel: 01482 354251 Fax: 01482 573987	B81038
Dr Nayar - Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG	Tel: 01482 492219 Fax: 01482 441418	B81104
New Green Surgery – Morrill Street, Hull, HU9 2LJ	Tel: 01482 335950 Fax: 01482 219236	B81081
Newland Group Practice – Alexandra Health Centre, 61 Alexandra Road, Hull, HU5 2NT	Tel: 01482 344113 Fax: 01482 344102	B81048
Northpoint Practice - Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 836040 Fax: 01482 335571	Y02344
Goodheart Practice - Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 823377 Fax: 01482 820707	B81119
Princes Medical Centre – 2 Princes Avenue, Hull, HU5 3QA	Tel: 01482 342473 Fax: 01482 335319	B81052
Quays Medical Centre – Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA	Tel: 01482 335335 Fax: 01482 335339	B81692

The Raut Partnership – Highlands Health Centre, Lothian Way, Bransholme, Hull, HU7 5DD	Tel: 01482 835880 Fax: 01482 820926	B81631
New Hall Surgery – Oakfield Court, Cottingham Road, Hull, HU6 8QF	Tel: 01482 343390 Fax: 01482 347108	B81049
Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR	Tel: 01482 335560 Fax: 01482 335562	B81074
Burnbrae Surgery – 445 Holderness Road, Hull, HU8 8JS	Tel: 01482 888800 Fax: 01482 780250	B81085
Riverside Medical Centre – The Octagon, Walker Street, Hull, HU3 2RA	Tel: 01482 344060 Fax: 01482 344062	Y00955
Springhead Medical Practice – 376 Willerby Road, Hull, HU5 5JT	Tel: 01482 352263 Fax: 01482 352480	B81056
Shaikh Partnership - Longhill Health Centre, 162-164 Shannon Road, Hull, HU8 9RW Branch – Savoy Road, Hull, HU8 0TX	Tel: 01482 335588 Fax: 01482 335595 Tel: 01482 335599	B81682
James Alexander Practice Bransholme - Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Tel: 01482 825496 Fax: 01482 836383	B81112
St Andrews Group Practice – The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Branch site - Newington Health Centre, 2 Plane Street, Hull, HU3 6BX	Tel: 01482 336810 Fax: 01482 336826 Tel: 01482 336677 Fax: 01482 336683	B81027
James Alexander Practice– Bransholme Health Centre, Goodhart Road, HU7 4DW	Tel: 01482 824336 Fax: 01482 336546	B81690
Wolesley Medical Centre – Londesborough Street, Hull, HU3 1DS	Tel: 01482 335300 Fax: 01482 335311	B81047
Sydenham Group Practice – The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB	Tel: 01482 335533 Fax: 01482 335550	B81058
CHCP Newington – Newington Health Centre, 2 Plane Street, Hull, HU3 6BX Branch – The Calvert Centre, 110a Calvert Lane, Hull, HU4 6BH	Tel: 01482 336111 Fax: 01482 336115 Tel: 01482 335580 Fax: 01482 335354	B81675
James Alexander Practice- Bransholme Health Centre, Goodhart Road, HU7 4DW	Tel: 01482 831257 Fax: 01482 836167	B81634

Marfleet Group Practice – Preston Road, Hull, HU9 5HH	Tel: 01482 701834 Fax: 01482 784757	B81040
Wilberforce Surgery - Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA	Tel: 01482 344265 Fax: 01482 344273	B81032
Dr Witvliet – 358 Marfleet Lane, Hull, HU9 5AD	Tel: 01482 781032 Fax: 01482 781048	B81089
Faith House Surgery – 723 Beverley Road, Hull, HU6 7ER	Tel: 01482 853296 Fax: 01482 855235	B81021
Diadem Medical Practice – 2 Diadem Grove, Bilton Grange, Hull, HU9 4AL	Tel: 01482 335840 Fax: 01482 335865	B81053
Holderness Health Open Door Surgery – Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	Tel: 01482 335234 Fax: 01482 335235	B81097

Appendix 2

Pharmacists Prescription (FPPharm)

Name Address DOB NHS Number	Surgery Practice Name Practice Code
Symptoms reported	
Please tick one box only ❒ Advice and Counselling only ❒ Referral to GP ❒ Medicine supplied	

Medicine and quantity supplied	If this scheme was not in place where would you have gone for advice/ medication?	
	Pharmacy (purchase)	
	GP Practice	
	Out of Hours GP Service	
	Accident and Emergency	
	Other:	

Pharmacist Name (Block Capitals)	Pharmacist signature
Pharmacy Name & Address [Clearly stamp if available]	Date supplied
	Details of this prescription will be shared with your Doctor and the Local Clinical Commissioning Group for audit purposes. All information will be treated with the strictest confidence and held in accordance with the Data Protection Act.

NOTE		You will be asked to show proof that you do not have to pay prescription charges. If you do not have proof, you will still get your free medicine supply but checks will be made later to confirm your eligibility
Part 1		**The patient doesn't have to pay because he/she:**
A		Is under 16 years of age
B		Is 16,17 or 18 and in full-time education
C		Is 60 years of age or over
D		Has a valid maternity exemption certificate
E		Has a valid medical exemption certificate
F		Has a valid prescription prepayment certificate
G		Has a valid War Pension exemption certificate
L		Is named on a current HC2 charges certificate
H		Gets Income Support or income related Employment Support Allowance
K		Gets Income-based Jobseeker's Allowance
M		is entitled to, or named on a valid NHS Tax Credit Exemption Certificate
N		Has a partner who gets pension credit guarantee credit (PCGC).
Declaration		I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken against me. I confirm proper entitlement to exemption and for the purposes of checking this, I consent to the disclosure of relevant information, including to and by the Inland Revenue and Local Authorities.
Patients Signature		Patients signature to confirm exemption and receipt of medication

Appendix 3

Minor Ailments Scheme GP Referral Form

(Please indicate urgent or non urgent referrals)

Urgent Referral	
Non Urgent Referral	

Patient's [Full] Name & Address:	
Patient's GP:	
Date of Referral:	
Reason for Referral:	
Relevant History and Interventions:	
Pharmacy Name & Address:	
Pharmacist Name:	
Signature:	

Gillick/Fraser Competence

For clients who are, or believed to be, less than 16 years of age there must be a discussion with the young person to explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity. For further information please visit:

https://www.cqc.org.uk/sites/default/files/20151008%20Brief%20guide%20-%20Capacity%20and%20consent%20in%20under%2018s%20FINAL.pdf

Assessment of Gillick Competence	YES	NO
Understanding of advice given		
Encouraged to involve parents		
The effect on the physical or mental health of young person if advice/ treatment withheld		
Action in the best interest of the young person		

Pharmacist's signature……………………………… Date……………….

Clients signature …………………………………… Date………………..

Comments by the pharmacist:

……………………………………………………………………………………

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Receptionist's Protocol

This protocol is for use by all persons dealing with requests for appointments and/or prescriptions either by the patient in person or by telephone.

For patients making an appointment by telephone or in person

1. If the patient contacts the surgery by telephone, then ask them if they a suffering from one of the conditions included in the Minor Ailments Scheme.
2. If the patient is presenting in person show them the list of conditions included in the Minor Ailments Scheme.
3. Inform them that there is a Minor Ailments Scheme in operation for patients who are exempt from prescription charges. Patients can be referred to a local pharmacy for advice and a medicine rather than waiting for an appointment.
4. If the patient is present and accepts transfer into the scheme, please provide a scheme leaflet and give them details of their NHS number if they do not already know it.
   Pharmacies have to be satisfied that the patient is registered with a GP practice located within the relevant CCG and will require the patient to know their NHS number. (The pharmacy may telephone the surgery to confirm registration of a patient).
5. If a patient refuses transfer into the scheme an appointment should be made for them in the usual manner.

For patients self-referring at the Pharmacy

The pharmacist is required to confirm a patient's identification, NHS number and registration at a participating GP Practice. If the pharmacist does not know the patient or have a previous prescription record for them then they may ring the surgery to check their registration or consult the NHS spine provided patient consent has been granted.

Rapid Referral

On some occasions the Pharmacist may consider that the patient needs to be seen by a doctor. The urgency will depend on the symptoms. In these circumstances the Pharmacist will send a fax as per safe haven fax procedures and ring the surgery on the patient's behalf or advise the patient to contact the surgery themselves. When the surgery is closed, the pharmacist will signpost the patient to NHS111, or if appropriate A&E.

Appendix 6

Do you think you may be suffering from one of the following conditions?

- Acne
- Allergic conjunctivitis
- Allergic/contact dermatitis
- Athlete's Foot
- Cold Sores
- Cough/Cold/Flu/ High temperature/ post vaccination fever prophylaxis
- Constipation
- Cystitis in adult females
- Dandruff
- Diarrhoea
- Dry Eyes
- Bacterial conjunctivitis
- Eczema, Dry or Itchy Skin
- Ear Wax
- Gingivostomatitis (Mouth or gum swelling)
- Haemorrhoids
- Hay Fever/Allergic rhinitis
- Head lice
- Indigestion/Heart Burn/Tummy upset/ Vomiting
- Insect bites and stings
- Mouth Ulcers
- Nasal Congestion
- Nappy Rash
- Oral Thrush
- Pain - dental, period, back, head, ear and soft tissue.
- Sore Throat
- Teething
- Threadworms
- Vaginal Thrush
- Warts & Verrucae

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If you are requesting an appointment or prescription for any of the conditions listed above, the reception staff will be able to refer you to a local pharmacy for free advice.

If you don't pay for prescriptions you will not have to pay for treatment under the scheme if you bring proof of your exemption from NHS prescription charges. Remember advice is always free. Ask at your GP Practice or local Pharmacy for details.

Clinical Management

Patients with symptoms of the conditions listed may be referred in to this scheme. Pharmacists should provide advice and treatment appropriate to the presenting condition. Products should be supplied for licensed indications according to the Summary of Product Characteristics (SPC).

When a patient who is under 16 years presents for treatment, the pharmacist must be satisfied the child understands the nature of the condition and the correct use of the medication before a product is supplied.

Pharmacists should supply original packs except in exceptional circumstances where this may not be possible. The medication must not be a POM and the labelling of such products must comply with EC labelling requirements. This includes (amongst other things) the BN, PL and expiry date. For full details of labelling requirements please refer to the Medicines Ethics and Practice section on labelling of relevant medicinal products.

Guidance on treatment protocols for pharmacy staff is available at http://cks.nice.org.uk

However it is recognised that pharmacists will use their clinical judgement when deciding on the best treatment for individual patients.

Appendix 8

Drug Code Reference Card (Revised November 2016)

Drug Codes – Appendix 8

Item	Code		Item	Code
Aciclovir 5% Cream (2g)	ACIC		Hydrocortisone 1% Cream (15g)	HYDC
Alginate raft forming oral suspension. s/f 500ml	BEN2		Hydrocortisone 2.5mg Buccal tablets s/f (20)	HYDP
Anbesol Liquid (15ml)	ABES		Hypromellose 0.3% Eye Drops (10ml)	HYPE
Anusol Ointment (25g)	ANUO		Ibuprofen 200mg Tablets (24)	IBTL
Anusol Plus HC Ointment (15g)	AHCO		Ibuprofen 400mg Tablets (24)	IBTH
Anusol Plus HC Suppositories (12)	AHCS		Ibuprofen Suspension (100ml) 100mg/5ml	IBUS
Anusol Suppositories (12)	ANUS		isopropyl myristate and cyclomethicone solution100ml (full marks)	FULLM
Beclometasone Nasal Spray (200 sprays)	BECN		Ispaghula Sachets (10)	ISPA
Left blank – product discontinued			Ketoconazole 2% Shampoo (60ml)	KETS
Benzoyl Peroxide Aquagel 5% (40g)	BEPE		Lactulose Solution (300ml)	LACT
Benzoyl Peroxide Aquagel 10% (40g)	BPAG		Loperamide 2mg Capsules (2 x 6)	LOPC
Benzydamine 0.15% oral rinse 200ml	BEND		Loratadine tablets 10mg (30)	LORA
Bepanthen ointment (30g)	BEPA		Loratadine tablets 10mg (7)	LOTB
Bug Buster Kit (1)	BUGK		Malathion Aqueous Liquid 50ml (2)	MAQU
Carbomer 980 0.2% eye drops 10g	CARB		Mebendazole Tablets 100mg (1)	MEBT
Cetirizine 10mg Tablets generic (7)	CETT		Metanium ointment (30g)	META
Cetirizine 1 mg/1ml oral solution 100ml	CET1		Miconazole gel 2% (15g)	MICO
Cetirizine 10mg Tablets generic (30)	CEGN		Normal Saline Nasal Drops (10ml) 0.9%	NORS
Chloramphenicol eye drops 0.5%	CHLO		Oilatum Bath Emollient (250ml)	OILE
Chloramphenicol eye ointment (4g)	CHLE		Olive oil ear drops 10ml	OLIV
Chlorhexidine 0.2% Mouthwash (300ml)	CHMW		Otrivine Antistin eye drops 10ml	OTRI
Chlorphenamine 4mg Tablets (28)	CHLT		Paracetamol 500mg Tablets (32)	PART
Chlorphenamine Syrup (150ml) 2mg/5ml	CHLS		Paracetamol SF 120mg/5ml Suspension (100ml)	PARA
Choline Salicylate Gel (15g)	CHOL		Paracetamol SF 250mg/5ml Suspension (200ml)	PARS
Clotrimazole 1% Cream (20g)	CLOC1		Potassium Citrate solution (200ml)	POTC
Clotrimazole 2% Cream (20g)	CLOC2		Pseudoephedrine 60mg Tablets (12)	PSET

Item	Code		Item	Code
Clotrimazole Vaginal Pessary 500mg (1)	CLVP		Salactol Paint 10ml	SALP
Co-magaldrox SF Suspension 195/220 (Mucogel) (500ml)	MUCO		Senna Tabs 7.5mg (20)	SENT
Crotamiton Cream 10% (30g)	CROC		Simple Linctus SF (200ml)	SIML
Crotamiton Lotion 10% (100ml)	CROL		Simple Paediatric SF Linctus (200ml)	SPLN
Detector Comb (1)	DETE		Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension s/f	GAAL
Dimethicone 4% solution	HEDR		Sodium Bicarbonate Ear Drops 5% (10ml)	SODB
Dioralyte Sachets (6)	DIOR		Sodium Cromoglycate 2% Eye Drops (10ml)	SODC
Ephedrine Nasal Drops 0.5% (10ml)	EPHE		Syringe, oral (1)	SYRI
Esomeprazole 20mg g/r tablets 7	ESOM		Terbinafine Cream 7.5g (1)	TERB
Fluconazole 150mg Capsules (1)	FLUC		ZeroAqs cream 500g	ZERO
Glycerin 4g Suppositories (Adult) (12)	GLYC			

Drug Prices can be found at:

http://communitypharmacyhumber.org/mas

Notes on drug prices:

Prices are based on:

- **The prevailing price held by the NHSBSA Dictionary of Medicines and Devices (dm+d)**
- **Where the prevailing price for a product described in its generic form is that of a POM, the list price of a widely available P or GSL licensed product is used for payment purposes.**
- **Where a product is available as a licensed medicine and a CE device, the price is based on the licensed medicine and that is the version that must be supplied under this scheme.**

Appendix 9

Data Recording Guidelines

Please note that in order for the NHSE Area Team to pay for a consultation you have made, the data recorded on the web based system (PharmOutcomes) and it must be completed in full.

ACNE

Definition/Criteria
Acne is a skin condition that affects the hair follicles and the sebaceous glands in the skin, which secrete an oily substance called sebum. It most commonly occurs in adolescents and young adults, but can occur for the first time later in life.

Criteria for INCLUSION
Patient presenting with mild acne – a history of troublesome spots, most commonly affecting the face, shoulders, back and/or chest.

Criteria for conditional EXCLUSION or REFERRAL
Hyperandrogenism – clinical features such as irregular periods, alopecia, hirsutism
Patients with a previous history of contact dermatitis caused by benzoyl peroxide.

SELF CARE ADVICE
- It is not caused by poor hygiene – excessive washing can aggravate it.
- Do not wash more than twice a day and use a mild soap and lukewarm water.
- Picking spots does not improve it and can cause scarring.
- Diet has no effect on acne – no evidence that chocolate or fatty food aggravates it. However, if the person notices that a particular food triggers the flares then it is reasonable to avoid these.
- Avoid excessive use of cosmetics and remove makeup at night
- Use fragrance free water-based emollients if dry skin is a problem. Avoid ointments as these may clog pores

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Benzoyl Peroxide 5% gel Benzoyl Peroxide 10% gel	topical	P	Apply sparingly once daily at first; increase to twice daily when you get used to using it.

Additional Treatment advice
- Wash the skin 20-30 minutes before using.
- May bleach hair, bed-linen or clothes that come into contact with it.
- Use the lowest strength first. If you wish to increase the strength do it gradually.
- Apply gel to the affected area, not just to each spot.
- Most common reason for treatment failure is because people don't use it regularly for long enough. It can take up to 6 weeks for any noticeable improvement in skin. Commonly causes mild skin irritation. If skin becomes irritated stop using it until irritation goes. Then try again either reducing the strength of preparation or reduce the time it is left on.

Conditional referral to GP:
- Moderate or severe acne.
- If Benzoyl Peroxide has been used correctly for >8 weeks without improvement.

References
http://cks.nice.org.uk/acne-vulgaris (Sep 2014)

ATHLETE'S FOOT

Definition/Criteria
A fungal infection of the foot which tends to occur between the toes

Criteria for INCLUSION
Patient presenting with itching, flaking and peeling of the skin between the toes. The skin may be soggy, cracked, red and inflamed or present as small blisters between the toes.

Criteria for conditional EXCLUSION or REFERRAL
- Circulatory disorders.
- Diabetes mellitus.
- Severe and/or extensive infection.
- Evidence of bacterial infection requiring treatment.
- Immunocompromised patients.

SELF CARE ADVICE
- Advise the person to modify their footwear and ensure good foot hygiene. They should:
    - Wear footwear that keeps the feet cool and dry.
    - Wear cotton socks.
    - Change to a different pair of shoes every 2–3 days.
    - After washing, dry the feet thoroughly, especially between the toes.
- To reduce the risk of transmission, advise the person:
    - To avoid scratching affected skin, as this may spread the infection to other sites.
    - To avoid going barefoot in public places (they should wear protective footwear, such as flip-flops, in communal changing areas).
    - Not to share towels and to wash them frequently.
- It is not necessary to keep children away from school. However, to ensure that the infection is not transmitted to others, advise parents or carers to carefully follow the recommendations on hygiene and treatment.
- Advise that an over-the-counter product can be used if symptoms recur after treatment.

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Clotrimazole 1% cream	Topical	P	apply 2-3 times daily and continue for 7 days after all signs of infection have cleared.
Terbinafine Cream 7.5g*	Topical	P	apply thinly twice daily for 1 week Not be used in children, pregnant and breastfeeding patients

Additional Treatment advice
- None

Conditional referral to GP:
- Uncertain diagnosis.
- Treatment used correctly but condition not cleared up.

References
http://cks.nice.org.uk/fungal-skin-infection-foot (Sep 2014)

COLD SORES

Definition/Criteria
Infection with herpes simplex virus (HSV) causing pain and blistering on or around the lips (cold sores). After primary infection, the virus lies dormant until triggered by a stimulus such as the common cold, sunlight or impaired immunity.

Criteria for INCLUSION
Patients who present with pain or tingling on or around the lips with a previous history of HSV.

Criteria for conditional EXCLUSION or REFERRAL
- Immunocompromised individuals.
- Pregnant women
- Recurrent or persistent symptoms

SELF CARE ADVICE
- Reassure the person that the condition is self-limiting and that lesions will heal without scarring.
- Give advice to minimize transmission:
    - Avoid touching the lesions, other than when applying medication.
    - Wash hands with soap and water immediately after touching lesions.
    - Topical medications should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions. They should *not* be shared with others.
    - Avoid kissing until the lesions have completely healed.
    - Do not share items that come into contact with lesion area (for example lipstick or lip gloss).
    - Avoid oral sex until all lesions are completely healed.
    - There is a risk of transmission to the eye if contact lenses become contaminated.
- Inform parents or carers that children with cold sores do not need to be excluded from nurseries and schools.

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Aciclovir 5% Cream (2g)	Topical	GSL / P	Apply to the affected area five time a day

Paracetamol or ibuprofen may also be used for pain relief where required

Additional Treatment advice
- **Topical aciclovir** offers very limited benefits and should only be supplied to patients who respond to this treatment. Treatment should only be supplied when the patient is experiencing prodromal symptoms i.e. initial onset. It **should not** be supplied to treat lesions inside the mouth

Conditional referral to GP:
- Advise the person to seek medical advice if their condition deteriorates (for example the lesion spreads, new lesions develop after the initial outbreak, persistent fever, inability to eat) or no significant improvement is seen after 7 days

References
http://cks.nice.org.uk/herpes-simplex-oral (Sep 2012)

CONJUNCTIVITIS (ACUTE BACTERIAL)

Definition/Criteria
Acute inflammation of the conjunctiva of the eye

Criteria for INCLUSION
Conjunctivitis, where a bacterial infection is suspected

Criteria for conditional EXCLUSION or REFERRAL

- Users of other eye drops regularly prescribed
- Atypical symptoms of conjunctivitis
- Suspected foreign body in the eye
- Eye injury
- Photophobia
- Where vision has been affected
- Suspected allergic conjunctivitis
- Unusual looking pupils or cloudy cornea
- Feels generally unwell
- Glaucoma
- Eye surgery/laser treatment in last 6 months
- Pregnancy and breastfeeding
- Recent trip abroad
- Severe pain within the eye

SELF CARE ADVICE

- That infective conjunctivitis is a self-limiting illness that, for most people, settles without treatment within 1–2 weeks. If symptoms persist for longer than 2 weeks they should re-consult for investigation of the cause.
- To urgently seek medical attention if they develop marked eye pain or photophobia, loss of visual acuity, or marked redness of the eye.
- To remove contact lenses, if worn, until all symptoms and signs of infection have completely resolved and any treatment has been completed for 24 hours.
- That lubricant eye drops may reduce eye discomfort; these are available over the counter, as well as on prescription.
- To clean away infected secretions from eyelids and lashes with cotton wool soaked in water.
- To wash their hands regularly, particularly after touching infected secretions, and to avoid sharing pillows and towels to avoid spreading infection.

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Chloramphenicol 0.5% Eye Drops	topical	P	One drop to the affected eye every 2 hours for the first 48 hours then four hourly for 72 hours
Chloramphenicol 1% Eye Ointment	topical	P	Apply four times a day for the first 48 hours then twice a day for 72 hours

Additional Treatment advice

- Transient burning or stinging sensation. Hypersensitivity reactions possible though very rare.

Conditional referral to GP:

- See GP if no improvement or condition worsens over 48 hours

References
http://cks.nice.org.uk/conjunctivitis-infective (Aug 2015)

CONSTIPATION

Definition/Criteria
Increased difficulty and reduced frequency of bowel evacuation compared to normal.

Criteria for INCLUSION
Adults with significant variation from normal bowel evacuation, which has not improved following adjustments to diet and other lifestyle activities (see below).

Criteria for conditional EXCLUSION or REFERRAL
Patients currently receiving laxatives as part of their regular medication.
N.B. it is not recommended that laxatives are given for children in the scheme.

SELF CARE ADVICE

- Advice about toileting routines
  - Defecation should be unhurried, with time to ensure that defecation is complete.
  - Attempt defecation first thing in the morning, or about 30 minutes after a meal. This may require some planning and time management.
  - Respond immediately to the sensation of needing to defecate.
  - Inadequate (auditory or visual) privacy can also contribute to constipation.
- Advice about diet:
  - In general, the diet should be balanced and contain whole grains, fruits, and vegetables. This is recommended as part of the treatment for constipation. It is also recommended for general health and promoted by the 'five-a-day' policy.
  - Fibre intake should be increased gradually (to minimize flatulence and bloating) and maintained for life. Adults should aim to consume 18–30 g fibre per day.

Action for excluded patients

- Referral to General Practitioner.
- Referral to Health Visitor for Children and Babies.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Glycerin 4g Suppositories (Adult) (12)	Rectal	GSL	1 into the rectum when required
Ispaghula Sachets (10)	Oral	GSL	1 morning and evening mixed in a glass of water
Lactulose Solution (300ml)	Oral	P	15ml twice daily
Senna 7.5mg tablets (20)	Oral	GSL	2 at night initially, consider increasing if no response

Additional Treatment advice

- Start treatment if appropriate with a bulk forming laxative.
- If stools remain hard add or switch to an osmotic laxative
- If stools are soft but patient finds them difficult to pass use a stimulant laxative
- Laxatives should be stopped once the stools become soft and easily passed again.

Conditional referral to GP:

- If constipation persists beyond one week, consult the GP; If more than one request per month
- **Rapid referral:** Sickness associated with constipation; Constipation and diarrhoea; Severe abdominal pain

References
http://cks.nice.org.uk/constipation (Feb 2015)

CONTACT DERMATITIS/URTICARIA/PRURITUS/ECZEMA

Definition/Criteria
Itchy, red, dry, cracked or flaking, scaly skin precipitated by products such as nickel, cheap jewellery, chemical containing products; Itchy sensation of skin evoked by physical or chemical stimuli; Inflammation of the skin.

Criteria for INCLUSION
Evidence of contact dermatitis (commonly on the hands) following exposure to irritant. Troublesome itching and/or urticaria with no specific underlying abnormality that requires short term symptomatic treatment; Superficial inflammation of the skin, causing itching, with a red rash often accompanied by small blisters that weep and become crusted.

Criteria for conditional EXCLUSION or REFERRAL
Signs and / or symptoms of infection or infected rash.

SELF CARE ADVICE
- Avoid scratching.
- Avoid further contact with the irritant or potential stimuli.
- Use of a barrier between the skin and the irritant e.g. cotton lined rubber gloves when in contact with chemicals.
- Use of an emollient and/or soap substitute products

Action for excluded patients

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Cetirizine tabs 10mg (30)	Oral	P	1 daily
Chlorphenamine tabs 4mg (30)	Oral	P	1 every 4-6 hours NB: brands have different MDD
Crotamiton cream 10% (30g)	Topical	GSL	Apply 2-3 times daily (under 3 yrs apply daily)
Crotamiton lotion 10%(100ml)	Topical	GSL	Apply 2-3 times daily (under 3 yrs apply daily).
Hydrocortisone 1% cream (15g)	Topical	P	Apply sparingly twice a day for 1 week
Oilatum bath emollient (250ml)	Bath additive	GSL	Follow printed instructions as a bath additive
ZeroAQS cream (500g)	Topical	CE Device	Apply liberally as emollient and soap substitute

Additional Treatment advice
- Always use emollient therapy first

Conditional referral to GP:
- If the area is not healing or symptoms have not resolved after 5-7 days using an appropriate product
- **Consider supply, but patient should be advised to make an appointment to see the GP:** No identifiable cause; Duration of longer than 2 weeks; Pregnancy; Epilepsy.
- **Rapid referral -** Evidence of infection or angio-oedema: Severe condition of the area: badly fissured / cracked skin and/or bleeding : Weight loss: History of liver / kidney disease

References

http://cks.nice.org.uk/dermatitis-contact (Mar 2013)
http://cks.nice.org.uk/eczema-atopic (Mar 2013)
http://cks.nice.org.uk/urticaria (Dec 2011)

COUGH

Definition/Criteria
Coughing arises as a defensive reflex mechanism.

Criteria for INCLUSION
Troublesome cough requiring soothing.

Criteria for conditional EXCLUSION or REFERRAL
Patients under one year
Chronic Bronchitis
Cough productive of blood stained sputum
Asthmatics presenting with wheeze or reduced peak-flow

SELF CARE ADVICE
- Maintain fluid intake with chesty cough.
- Smoking cessation advice where appropriate.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency/max dosage
Simple Linctus S.F. (200ml)	Oral	GSL	5-10ml four times a day
Simple Linctus Paediatric S.F (200ml)	Oral	GSL	5-10ml four times a day

Additional Treatment advice
- There is no good evidence for or against the effectiveness of any cough preparations.

Conditional referral to GP:
- If cough and other symptoms persist beyond three weeks the patient should consult the GP
- **Consider supply, but patient should be advised to make an appointment to see the GP:**
    - A persistent, dry, night time cough in children.
- **Rapid referral:**
    - Constant chest pain or chest pain on normal inspiration.
    - Difficulty breathing.
    - Pain related to exertion

References

http://cks.nice.org.uk/asthma (Dec 2013)
http://cks.nice.org.uk/bronchiectasis (Feb 2013)
http://cks.nice.org.uk/cough (Jun 2015)
http://cks.nice.org.uk/cough-acute-with-chest-signs-in-children (Oct 2012)

CYSTITIS (MILD URINE INFECTION IN WOMEN)

Definition/Criteria
Inflammation of the bladder often caused by infection and usually accompanied by the desire to pass urine frequently and with a degree of burning.

Criteria for INCLUSION
Adult females presenting with burning sensation and a desire to pass urine frequently or a previous diagnosis of cystitis who are confident it is a recurrence of the same condition.

Criteria for conditional EXCLUSION or REFERRAL
Pregnancy or breast feeding.
Women under 16 and over 50 years.
Urinary tract infection in people with indwelling urinary catheters.
High blood pressure, heart disease, some medications.
Recurrent cystitis despite prophylactic treatment.
Males.

SELF CARE ADVICE
- Increase fluid intake but the increased urine flow may be uncomfortable.
- Pass water regularly and do not "hang on" if needing to go to the toilet.
- When cleaning, wipe from front to back to avoid transferring germs.
- Consider chlamydia screening in sexually active women.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Potassium citrate solution (200ml)	Oral	P	10ml 3 times daily well diluted with water for 2 days

Paracetamol or ibuprofen may also be used for pain relief where required

Additional Treatment advice
- There is poor evidence for urine alkalization
- Potassium citrate can cause hyperkalaemia on prolonged high dosage; mild diuresis.

Conditional referral to GP:
- If symptoms do not resolve after 2 days.
- If cystitis becomes a recurring problem consult a doctor.

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

Rapid referral
- Suspected diabetes.
- Presence of blood in the urine.
- Cramp like pain in lower abdomen / loin pain persisting after the bladder has been emptied.
- Immunocompromised patients.

References
http://cks.nice.org.uk/urinary-tract-infection-lower-women (Jul 2015)

DANDRUFF

Definition/Criteria
Greyish white flakes or scales on the scalp.

Criteria for INCLUSION
Troublesome severe dandruff with/without itching scalp that requires treatment.

Criteria for conditional EXCLUSION or REFERRAL
Pregnant women.
Patients showing hypersensitivity to any of the ingredients.

SELF CARE ADVICE
- Reassure the person that seborrhoeic dermatitis is not caused by lack of cleanliness or excessive dryness of the skin, and is not transmissible.
- Explain that treatment cannot cure seborrhoeic dermatitis but can control it. Symptoms often recur after treatment has stopped.
- Advise the person to avoid:
    - Cosmetic products that contain alcohol.
    - Using soap and shaving cream on the face if they cause irritation. Advise the use of non-greasy emollients or emollient soap substitutes.
    - Stress, if possible.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Ketoconazole 2% shampoo (60ml)	**Topical**	**GSL**	apply twice/week for 2-4 weeks, then use minimum of every 2 weeks

Additional Treatment advice
- Remove thick crusts or scales on the scalp before using an antifungal shampoo. Removal of crusts can be achieved by applying warm mineral or olive oil to the scalp for several hours, then washing with a detergent or coal tar shampoo
- Apply to damp hair, massage well into scalp and leave for 5 mins before rinsing.
- It is the scalp that needs treatment rather than the hair.
- Continue normal shampoo between applications / before application of treatment.
- Hair dyes and perms can irritate the scalp.
- Shampoos should be used twice a week for at least one month.
- Once symptoms are under control, the frequency of shampooing may be reduced, for example to once a week or once every 2 weeks.
- Shampoos can also be applied to the beard area.

Conditional referral to GP:
- Patient should consult GP if symptoms have not improved within 4 weeks.

Rapid referral:
- Broken and/or weeping scalp.

References
http://cks.nice.org.uk/seborrhoeic-dermatitis (Feb 2013)

DIARRHOEA

Definition/Criteria
Increased frequency and fluidity of defecation.

Criteria for INCLUSION
Patients experiencing the above symptoms.

Criteria for conditional EXCLUSION or REFERRAL
Patients with chronic diarrhoea.
Children under the age of 1 year.
Patients recently returned from abroad.
Weight loss
Blood in stools
Recent hospital discharge or antibiotic treatment

SELF CARE ADVICE
- Standard dietary advice for the treatment of diarrhoea should be given
- Resume normal feeding as soon as possible (fasting is of no benefit)
- Increase fluid intake

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Loperamide caps (2x6)	Oral	P	2 stat then 1 after every loose motion
Dioralyte sachets (6)	Oral	GSL	Follow printed instructions

Additional Treatment advice
- Rehydration sachets help if there are signs of dehydration present.
- Loperamide is only useful if patients need to reduce the number of trips to the toilet.
- Loperamide can cause abdominal pain and bloating.

Conditional referral to GP:
- If symptoms persist beyond 48 hours, consult the GP.

Consider supply, but patient should be advised to make an appointment to see the GP:
- Patients taking medication with recognised diarrhoeal effect.
- Patients with insulin dependent diabetes mellitus.

Rapid referral:
- Adults, where symptoms have lasted more than 5 days.
- Children who look ill or dehydrated or where symptoms have lasted more than 48 hours.
- Pregnancy.
- Adults showing signs of severe dehydration

References

http://cks.nice.org.uk/diarrhoea-adults-assessment (Mar 2013)

DRY EYES

Definition/Criteria
Chronic soreness of the eyes associated with reduced or abnormal tear secretion.

Criteria for INCLUSION
Tear deficiency.

Criteria for conditional EXCLUSION or REFERRAL
Unknown cause of dry eyes in younger people.
Associated disease e.g. Sjogren's syndrome.
Children under 10 years.
Diabetes mellitus.
History of trauma to eyes.

SELF CARE ADVICE
- Explain that although the condition cannot be cured, symptoms may be relieved and deterioration stopped by simple tear-replacement treatment. Referral for treatment with active medication or surgery is seldom required.
- Advise that by taking suitable precautions, the symptoms of dry eyes can be lessened, and in mild cases, this may be sufficient to avoid the need for treatment. These include:
- Eyelid hygiene to control the blepharitis that most people with dry eye syndrome have — see the CKS topic on Blepharitis.
- Limiting the use of contact lenses, if these cause irritation.
- Stopping medication that exacerbates dry eyes, such as topical and systemic antihistamines.
- Using a humidifier to moisten ambient air.
- If smoking tobacco, stopping smoking may help — see the CKS topic on Smoking cessation.
- If using a computer for long periods, ensure that the monitor is at or below eye level, avoid staring at the screen, and take frequent breaks to close/blink eyes.
- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment.

Action for excluded patients
Referral to Optometrist or General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency
Carbomer '980' 0.2% eye drops (10g)	Eye	P	Instil when required
Hypromellose 0.3% (10ml)	Eye	P	Instil when required (every 30mins until symptoms improve)

Additional Treatment advice
- If a preservative free product is required, consider a referral.

Conditional referral to GP:
- An optometrist can assess people with dry eye syndrome, for example with a slit lamp examination and Schirmer's test. They can also advise on treatment. It is usually appropriate to advise people to see an optometrist before referring them to an ophthalmologist. If there are no locally agreed NHS arrangements for optometry referral, advise people that optometrists are private practitioners and charge for their services.

References
http://cks.nice.org.uk/dry-eye-syndrome (Sep 2012)

EAR WAX (CERUMEN)

Definition/Criteria
The waxy material that is secreted by the sebaceous glands in the external auditory meatus of the outer ear.

Criteria for INCLUSION
Presence of earwax which is causing discomfort, hearing loss, or if a proper view of the eardrum is needed.

Criteria for conditional EXCLUSION or REFERRAL
Recent ear surgery.
Perforated eardrum or history of perforation.
Use of a hearing aid.
History of chronic middle ear disease, recurrent otitis externa or tinnitus.
Unilateral deafness.

SELF CARE ADVICE
- Earwax is normal but may build up. Do not poke or clean the ears with cotton buds or similar objects.

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Olive Oil ear drops (10ml)	**Ear**	**P**	Put 3-4 drops into the affected ear(s) four times a day
Sodium bicarbonate 5% ear drops (10ml)	**Ear**	**P**	Put 3-4 drops into the affected ear(s) four times a day

Additional Treatment advice
- The patient should lie with the affected ear uppermost for 5 to 10 minutes following the instillation of a generous amount of the softening agent.
- A week or so of drops, twice a day, often causes wax to break up and come out of the ear by itself.
-

Conditional referral to GP:
- There is no improvement after 7 days.

References
http://cks.nice.org.uk/earwax (May 2012)

GINGIVOSTOMATITIS (Mouth or gum swelling)

Definition/Criteria
Infection with herpes simplex virus (HSV) causing pain and blistering within the mouth. After primary infection, the virus lies dormant until triggered by a stimulus such as the common cold, sunlight or impaired immunity.

Criteria for INCLUSION
Patients who present with pain and blistering within the mouth with a previous history of HSV.

Criteria for conditional EXCLUSION or REFERRAL
- Immunocompromised individuals.
- Pregnant women
- Recurrent or persistent symptoms
- Children under 12 years old

SELF CARE ADVICE
- Reassure the person that the condition is self-limiting and that lesions will heal without scarring.
- Give advice to minimize transmission:
    - Avoid touching the lesions, other than when applying medication.
    - Wash hands with soap and water immediately after touching lesions.
    - Topical medications should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions. They should *not* be shared with others.
    - Avoid kissing until the lesions have completely healed.
    - Do not share items that come into contact with lesion area (for example lipstick or lip gloss).
    - Avoid oral sex until all lesions are completely healed.
    - There is a risk of transmission to the eye if contact lenses become contaminated.
- Inform parents or carers that children with cold sores do not need to be excluded from nurseries and schools.

Action for excluded patients
Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency of admin & max dosage
Benzydamine 0.15% Oral Rinse (200ml)	Topical	P	Use a mouth wash every 1.5-3 hours **Over 12s only.**
Chlorhexidine 0.2% Mouthwash (300ml)	Topical	GSL	Rinse mouth with 10ml for about 1 minute twice a day

Paracetamol or ibuprofen may also be used for pain relief where required

Additional Treatment advice
- Chlorhexidine can cause mucosal irritation; reversible brown staining of teeth

Conditional referral to GP:
- Advise the person to seek medical advice if their condition deteriorates (for example the lesion spreads, new lesions develop after the initial outbreak, persistent fever, inability to eat) or no significant improvement is seen after 7 days

References

http://cks.nice.org.uk/herpes-simplex-oral (Sep 2012)

HAEMORRHOIDS (PILES)

Definition/Criteria
Swollen veins which protrude into the anal canal (may swell and hang down outside the anus).

Criteria for INCLUSION
Presence of haemorrhoids requiring soothing relief of itching, burning, pain, swelling and/or discomfort in the perianal area and anal canal.

Criteria for conditional EXCLUSION or REFERRAL
Pregnant women.
Children under the age of 18 years.

SELF CARE ADVICE
- Provide lifestyle advice to minimize constipation and straining. Advise that lifestyle modifications are an integral part of treatment.
- Increase daily fibre and fluid intake to promote soft, bulky, regular stools. This can help to relieve constipation and reduce straining.
- Aim for a daily intake of 25–30 g of insoluble fibre (e.g. raw fruits and vegetables, cereals, or fibre supplements).
- Consume 6–8 glasses of fluid daily, avoiding excessive caffeine intake.
- Discourage straining during defecation which can exacerbate symptoms of haemorrhoids.
- Advise the person about perianal hygiene as this may be helpful in symptomatic relief and prevention of perineal dermatitis.
  Recommend careful perianal cleansing with moistened towelettes or baby wipes, and to pat (rather than rub) the area dry.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Anusol ointment (25g)	Topical	GSL	apply bd & after bowel movement for up to 7 days
Anusol Plus HC Ointment (15g)		P	
Anusol Suppositories (12)	Rectal	GSL	insert 1 bd & after bowel movements for up to 7 days
Anusol Plus HC Suppositories (12)		P	

Additional Treatment advice
- Correct insertion / application of product

Conditional referral to GP:
- Patient should consult GP if symptoms have not resolved within 7 days.

Consider supply, but the patient should be advised to make an appointment to see the GP:
- Haemorrhoids of more than 3 weeks duration.
- Suspect drug induced constipation.
- Small amount of fresh blood in stool.

Rapid referral:
- Associated abdominal pain / vomiting.
- Marked change in bowel habit.
- Weight loss.

References

http://cks.nice.org.uk/haemorrhoids (Sep 2012)

HAY FEVER

Definition/Criteria
Seasonal allergy to pollen.

Criteria for INCLUSION
Patients with symptoms of hay fever requiring treatment.

Criteria for conditional EXCLUSION or REFERRAL
Patients under the age of 2

SELF CARE ADVICE
- Pollen avoidance measures.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency of admin & max dosage
Cetirizine 10mg tablets (30) Loratadine 10mg tablets (30)	Oral	P	1 daily
Beclometasone nasal spray (200 sprays)	Nasal	P	2 sprays each nostril bd
Cetirizine 1mg/1ml oral solution (100ml)	Oral	P	Follow printed instructions
Otrivine Antistin Eye Drops (10ml)	Eye	P	1 drop each eye 2-3 times a day
Sodium Cromoglycate eye drops 2% (10ml)	Eye	P	1 drop qds

Additional Treatment advice
- Not to exceed maximum doses.
- Chlorphenamine causes sedation and so is no longer included in the recommended products list for the treatment of hay fever.

Conditional referral to GP:
- Patient should consult the GP if treatment is ineffective or persists after the end of September.

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

References

http://cks.nice.org.uk/allergic-rhinitis (Jun 2015)
http://cks.nice.org.uk/conjunctivitis-allergic (Aug 2012)

HEAD LICE

Definition/Criteria
Infestation with head lice.

Criteria for INCLUSION
Patients who are proven to be infested with live head lice. Confirmed evidence of live lice is a requirement prior to treatment.

Criteria for conditional EXCLUSION or REFERRAL
Family / siblings of patient, who are not proven to be infested.
Children under the age of six months.
No evidence of live lice found on head.

SELF CARE ADVICE
- Reassure that infestations are common and not a hygiene issue
- Infestations can be eradicated by combing on alternate days over 2-3 weeks
- No treatments offer protection against re-infestation, only combing can prevent that.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency of admin & max dosage
Bug Buster kit		CE Device	Follow printed instructions
Detector comb			Follow printed instructions
Dimeticone 4% lotion (50ml x 2)	Topical	P	Long contact treatment (8 hours +) Follow printed instructions
Isopropyl myristate and cyclomethicone solution (100ml)	Topical	CE device	Short contact treatment Follow printed instructions
Malathion 0.5% aqueous liquid (50ml x 2)	Topical	P	Long contact treatment (8 hours +) Follow printed instructions

Additional Treatment advice
- All treatments need more than one treatment session.
- No treatment can guarantee success.
- Treatment has the best chance of success if it is performed correctly and if all affected household members are treated on the same day.
- Advise people to check whether treatment was successful by detection combing on day 2 or day 3 after *completing* a course of treatment, and again after an interval of 7 days (day 9 or day 10 after *completing* a course of treatment)
- Products with a short contact time have previously not been recommended because, for traditional insecticides, a short application time is thought to be insufficient to allow the product to exert its effect, which in turn is thought to contribute to insecticide resistance. Although isopropyl myristate (Full Marks Solution®) has a short contact time, its physical mode of action mean that a longer contact time is unlikely to be needed, provided the product is applied correctly.

References
http://cks.nice.org.uk/head-lice (Feb 2015)

INDIGESTION / HEARTBURN / TUMMY UPSET

Definition/Criteria
A collection of symptoms (including stomach discomfort, chest pain, a feeling of fullness, flatulence, nausea and vomiting) which usually occur shortly after eating or drinking.

Criteria for INCLUSION
Patients who require relief from some of the above symptoms.
Previous diagnosis of minor GI problem.
A new GI problem that has lasted less than 10 days.

Criteria for conditional EXCLUSION or REFERRAL
Patients over the age of 40 experiencing first episode with persistent symptoms
Child under 12 years.

SELF CARE ADVICE
- Advise people with dyspepsia that symptoms may improve if they:
    - Lose weight (if they are overweight).
    - Stop or reduce smoking (if they are a smoker).
    - Stop or reduce alcohol consumption.
    - Stop or reduce intake of any food or drink associated with worsening symptoms.
- Advise people with reflux symptoms contributing to dyspepsia to:
    - Avoid having meals within 3–4 hours of going to bed.
    - Raise the height of the head of their bed by a few inches.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency / max dosage
Alginate raft-forming oral suspension sugar free (500ml)	Oral	GSL	10-20ml after meals and before bedtime
Co-magaldrox SF Suspension (500ml)	Oral	GSL	10-20ml after meals and before bedtime
Esomeprazole 20mg gastro-resistant tablets (7)	Oral	GSL	1 daily
Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free (250ml) (500ml)	Oral	GSL (PO)	5-10ml after meals and before bedtime Use when a low salt product is needed 500ml pack size only for use in pregnant women.

Additional Treatment advice
- Simple antacid or alginate is first line; PPI is second line

Conditional referral to GP:
- If symptoms persist beyond one week the patient should consult the GP.
- If symptoms not relieved by medication – especially patients with history of IHD

Consider supply, but patient should be advised to make an appointment to see the GP:
- Patients taking NSAIDs; History of recent / recurrent peptic ulcer disease; Second request within a month (unless simple GORD in pregnancy)

Rapid referral:
- Bleeding P.R (excluding haemorrhoids) i.e. dark blood; Unexplained recent weight loss; Vomiting.

References
http://cks.nice.org.uk/dyspepsia-unidentified-cause (Feb 2015)

INSECT BITES AND STINGS

Definition/Criteria
Small local reactions to insect bites or stings present with localized pain, swelling, and erythema at the site of the bite or sting. Most can be managed symptomatically.

Criteria for INCLUSION
Evidence of itching, inflammation or irritation.

Criteria for conditional EXCLUSION or REFERRAL
Child under 1 month.
Systemic reactions

SELF CARE ADVICE
- If a person has been stung and the stinger is still in place:
  - Remove it as soon as possible by flicking or scraping with a fingernail, piece of card, or knife blade.
  - Never squeeze the stinger or use tweezers, as this will cause more venom to go into the skin.
- Wash the area of the bite or sting with soap and water.
- Apply ice or a cold compress to reduce swelling, if present.
- Do not scratch, as this will cause the site to swell and itch more, and increase the chance of infection.
- Bites from fleas, mites, and bedbugs may be due to an infestation. The source of the infestation should be confirmed and eliminated

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Chlorphenamine 2mg/5ml solution (150ml)	Oral	P	Follow printed instructions
Chlorphenamine 4mg tablets (30)	Oral	P	1 every 4-6 hours Brands have different MDD
Crotamiton 10% cream (30g)	Topical	GSL	Apply to the affected area 2 to 3 times a day (Once daily for under 3 years)
Hydrocortisone 1% cream (15g)	Topical	P	Apply sparingly twice a day Over 10 years only

Non-sedating antihistamines may also be considered.
Paracetamol and ibuprofen may be given for pain.

Additional Treatment advice
- Chlorphenamine causes drowsiness which suppresses the itch sensation

Conditional referral to GP:
- If stung in the mouth, suck an ice cube, or sip cold water and seek medical attention
- Medical attention should be sought if the bite becomes larger in size and redness spreads.

Rapid Referral:
- If there are signs of a severe allergic reaction (generalized symptoms, breathing difficulties, and/or hypotension) seek urgent medical help.

References
http://cks.nice.org.uk/insect-bites-and-stings (Nov 2011)

MOUTH ULCERS

Definition/Criteria
Ulceration of the oral mucosa occurring in any area of the mouth

Criteria for INCLUSION
Mouth ulcers requiring symptomatic treatment to alleviate pain and discomfort.

Criteria for conditional EXCLUSION or REFERRAL
Evidence of systemic symptoms.
Patients taking immunosuppressant drugs or who are known to be immunosuppressed.
Ulcer present for more than 3 weeks.

SELF CARE ADVICE

- If ulcers are infrequent, mild, and not interfering with daily activities (for example eating), treatment may not be needed.
- Where possible manage precipitating factors:
  - Oral trauma: use a softer toothbrush, and avoid hard foods such as toast.
  - Anxiety or stress: try relaxation techniques (for example yoga, meditation, exercise).
  - Certain foods: if there is an obvious relationship to particular foods these are best avoided.
  - Stopping smoking: explain that smoking cessation may precipitate ulceration, but that this will settle and the overall health benefits are greater than the short-term discomfort; nicotine replacement therapy may provide some relief.
  - Offer symptomatic treatment for pain, discomfort, and swelling, especially when ulcers are causing problems with eating.

Action for excluded patients
Referral to Dentist or General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Anbesol liquid (15ml)	Topical	P	Apply up to 8 times a day
Choline salicylate gel (15g)	Topical	P	Apply every 3 hours (over 18s only)
Hydrocortisone 2.5mg buccal tablets sugar free (20)	Buccal	P	Use 1 pellet qds

Benzydamine oral rinse may also be considered
Chlorhexidine mouthwash may be offered when Gingivostomatitis is present

Additional Treatment advice

- None

Conditional referral to Dentist or GP:

- Symptoms persist or ulcer(s) return.

Rapid referral

- If ulcer persists for more than 3 weeks the patient should be referred for further investigation.
- Non painful lesions including any lump, thickening or red or white patches.
- Any sore that bleeds easily.

References

http://cks.nice.org.uk/aphthous-ulcer (Aug 2012)

NAPPY RASH

Definition/Criteria
Irritant contact dermatitis confined to the nappy area. A painful 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
Painful raw area of skin around the anus and buttocks.
Reddening over the genitals.
Red raised areas of skin in the napkin region due to candidiasis.

Criteria for conditional EXCLUSION or REFERRAL
Ulceration of affected area.

SELF CARE ADVICE
- Nappies should be changed frequently and tightly fitting water-proof pants avoided.
- The rash may clear when left exposed to the air.
- Use fragrance-free, alcohol-free wipes or water
- Bath child once daily, avoid bubble bath, soap and lotion

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Treatment	Route	Legal status	Frequency of admin & max dosage
Metanium ointment (30g)	topical	GSL	Follow printed instructions
Bepanthen ointment (30g)	topical	CE device	Follow printed instructions
Clotrimazole 1% cream (20g)	topical	P	Follow printed instructions

Additional Treatment advice
- Treatments can cause local irritation.

Conditional referral to GP:
- If no improvement in 48 hours or the rash worsens.
- If rash is recurrent and distressing despite treatment

References
http://cks.nice.org.uk/nappy-rash (July 2013)

NASAL CONGESTION

Definition/Criteria
Blocked nose associated with colds and upper respiratory tract infections.

Criteria for INCLUSION
Congestion where seasonal allergy has been excluded.

Criteria for conditional EXCLUSION or REFERRAL
Recurrent nose bleeds.

SELF CARE ADVICE
- Maintain adequate fluid intake
- Benefits of steam inhalation [caution over burns and scalds]

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Pseudoephedrine tabs 60mg (12)	Oral	P	1 tds-qds (over 12 years only)
Ephedrine Nasal Drops 0.5% (10ml)	Nasal	P	1 – 2 drops, up to 4 times a day (Over 12 years only)
Normal Saline Nasal Drops 0.9% (10ml)	Nasal	GSL	1 – 2 drops in each nostril before feeds (babies)

N.B. See RPS guidance on supplying Pseudoephedrine and Ephedrine products

Additional Treatment advice
- Correct administration of nasal drops
- Do not use decongestants for more than 7 days: rebound congestion
- Sympathomimetics may keep the patient awake if taken at night.
- Consider drug interactions

Conditional referral to GP:
- If symptoms become worse and / or sinus pain develops refer to GP.

References

http://cks.nice.org.uk/common-cold (Nov 2011)
http://cks.nice.org.uk/sinusitis (Oct 2013)
http://www.rpharms.com/law-and-ethics/pseudoephedrine-and-ephedrine.asp

SORE THROAT

Definition/Criteria
A painful throat which is often accompanied by viral symptoms.

Criteria for INCLUSION
Sore throat which requires soothing

Criteria for conditional EXCLUSION or REFERRAL
Patients on diseased modifying drugs or other immunosuppressant drugs

SELF CARE ADVICE
- Patients should avoid smoky or dusty atmospheres and reduce or stop smoking.
- Patients who find swallowing painful should take a light fluid diet.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Paracetamol susp SF 120mg / 5ml (100ml)	Oral	P	2.5ml qds (3 – 6 months) 5ml qds (6 – 24 months) 7.5ml qds (2 – 4 years) 10ml qds (4 – 6 years)
Paracetamol susp SF 250mg / 5ml (200ml)	Oral	P	5ml qds (6 – 8 years) 7.5ml qds (8 – 10 years) 10ml qds (10 – 12 years)
Paracetamol 500mg tabs (32)	Oral	P	1-2 qds prn
Ibuprofen susp 100mg/5ml (100ml)	Oral	P	2.5ml tds (3 – 6 mths weighing over5kg) 2.5mlqds (6 – 12 months) 5ml tds (1 – 4 years) 7.5ml tds (4 – 7 years) 10ml tds (7 – 10 years) 15ml tds (10 – 12 years)
Ibuprofen tablets 400mg (24) Ibuprofen tablets 200mg (24)	Oral	P	1 tds (Adults and child over 12 years) 1-2 tds (Adults and child over 12 years)
Paracetamol 500mg tabs (32)	Oral	P	1-2 qds prn

Conditional referral to GP:
- 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 oral candidiasis / tonsillitis.
- Patients on oral steroids.
- The condition has persisted more than one week or a second request within one month.

Rapid referral:
- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders).
- Throat cancer is suspected (persistent sore throat, especially if there is a neck mass).
- Sore or painful throat lasts for 3 to 4 weeks.
- Red, or red and white patches, or ulceration or swelling of the oral/pharyngeal mucosa persists for more than 3 weeks.
- There is pain on swallowing or dysphagia for more than 3 weeks.

References
http://cks.nice.org.uk/sore-throat-acute (Oct 2012)

TEETHING

Definition/Criteria
A selection of symptoms, which can include pain, redness and swelling of gums, excess salivation, dribbling, irritability and restlessness in children aged up to 36 months old

Criteria for INCLUSION
Children aged between 3 and 36 months old.

Criteria for conditional EXCLUSION or REFERRAL
Over 36 months.

SELF CARE ADVICE
- The use of teething rings, which can be cooled in the fridge, can help to reduce the sensation of pain and give the baby something to chew on.
- Recommend registration with an NHS dentist if the child is not already registered

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Paracetamol susp SF 120mg / 5ml (100ml)	Oral	P	2.5ml qds (3 – 6 months) 5ml qds (6 – 24 months) 7.5ml qds (2 – 4 years)
Ibuprofen susp 100mg/5ml (100ml)	Oral	P	2.5ml tds (3 – 6 mths weighing over5kg) 2.5mlqds (6 – 12 months) 5ml tds (1 – 4 years)

Additional Treatment advice
- The use of topical analgesics is no longer recommended as c**ase reports provide evidence that they can cause severe systemic adverse effects when used inappropriately in infants**

Conditional referral to GP:

Consider supply, but patient should be advised to make an appointment to see the GP:
- Child with fever, digestive tract disorders or rash.

Rapid referral
- Fever unresponsive to paracetamol.
- Presence of a rash.

References

http://cks.nice.org.uk/teething (May 2014)
http://cks.nice.org.uk/analgesia-mild-to-moderate-pain (April 2015)

TEMPERATURE ACHES AND PAINS (INCLUDING POST VACCINATION FEVER)

Definition/Criteria
Pain is a subjective experience, the nature and location of which may vary considerably.

Criteria for INCLUSION
Patients requiring relief of pain and / or fever, including headache, earache and soft tissue injuries.
Post-vaccination fever for babies aged 2 months or over

Criteria for conditional EXCLUSION or REFERRAL

SELF CARE ADVICE
- Drink plenty fluids.
- Consider rest, elevation, compression and elevation (RICE) in soft tissue injuries.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

For Post Vaccination Fever at 2 months only

Paracetamol susp SF 120mg / 5ml (100ml)	Oral	P	• Babies vaccinated at 2 months with the meningitis vaccine require 3 doses of prophylactic paracetamol. The first dose is given at the vaccination. The second and third doses can be supplied under this scheme. • Babies receiving vaccination at 2 months, but not for meningitis, should only receive paracetamol in **response to symptoms** and **only for two doses**. • Until aged 3 months, only the 2 or 3 post vaccination doses should be recommended without GP referral.

For all other symptoms of temperatures, aches and pains
Paracetamol and ibuprofen may be given at the normal doses, see previous monographs for permitted products.

Additional Treatment advice
- Take product at full recommended dose.
- If symptoms are relieved but return, repeat at full recommended dose.
- Advise about concurrent analgesic use.
- Overuse of analgesics can cause headaches.

Conditional referral:
- If pain worsens or symptoms persist for more than 5 days see GP.

Consider supply, but patient should be advised to make an appointment to see the GP:
- Suspected bacterial infection requiring appropriate treatment.

Rapid referral:
- Child under 2 years with fever unresponsive to paracetamol.
- Suspected meningitis.

References

http://www.nice.org.uk/guidance/cg160/chapter/1-Recommendations (May 2013)
http://cks.nice.org.uk/common-cold (Nov 2011)
http://cks.nice.org.uk/analgesia-mild-to-moderate-pain (Apr 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554011/Green_Book_Chapter_22.pdf

THREADWORMS

Definition/Criteria
Intestinal helminth infection (pin-shaped or thread-like appearance, white/cream coloured between 2-13mm in length

Criteria for INCLUSION
Appearance of threadworm in faeces with/without presence of perianal itching (worse at night).

Criteria for conditional EXCLUSION or REFERRAL
Pregnant / breastfeeding women.
Children under the age of 2 years.

SELF CARE ADVICE
- Hand washing and hygiene advice to prevent re-infection and transmission.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Mebendazole tabs (Ovex) 100mg (1)	Oral	P	100mg stat dose (adult & child >2yr) Crush the tablet before giving to a child

Additional Treatment advice
- All family members should be treated at the same time.
- Mebendazole can be repeated if necessary after 2 weeks.
- Treatment can cause nausea, vomiting, diarrhoea and abdominal pain.

Conditional referral:
- patient should consult GP if symptoms have not resolved within 4 weeks.

Consider supply, but the patient should be advised to make an appointment to see the GP:
- presence of diarrhoea.
- broken skin near anus / possible secondary bacterial infection.
- vaginal itch in females.

Rapid referral
- Abdominal pain, nausea, vomiting or diarrhoea.
- Recent travel abroad.
- Suspect infection other than threadworm.
- Bleeding pr.
- Fever / muscle pain.
- Perianal itch with no sighting of threadworms in faeces.
- Evidence of hypersensitivity reaction (urticaria, angio-oedema etc.) – urgent medical attention.

References
http://cks.nice.org.uk/threadworm (2011)

THRUSH (ORAL)

Definition/Criteria
Fungal infection appearing as white patches on the tongue, palate or inside of the cheeks. May be associated with the use of broad spectrum antibiotics.

Criteria for INCLUSION
Patients presenting with symptoms suggestive of oral thrush.
No history of recurrent infection.

Criteria for conditional EXCLUSION or REFERRAL
Pregnancy and breast feeding.
Infants under 4 months of age.
People undergoing chemotherapy.

SELF CARE ADVICE
- Advice on good oral hygiene.
- Dental prostheses should be removed at night. Brush and soak denture overnight in disinfectant such as chlorhexidine. Allow to air dry.
- If symptoms persist beyond 1 week contact GP.
-

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Miconazole Oral Gel 2% (15g)	Topical;	P	Adults and child over 2yrs: Apply 2.5ml Four times daily after meals and hold in the mouth for as long as possible. Child 4 -24months: Apply 1.25ml (1/4 spoonful) four times daily after meals.

Additional Treatment advice
- Consider and counsel on potential drug interactions.

Conditional referral:
- If symptoms persist beyond 1 week.
- Consider potentially hazardous drug interactions.
- Severe, widespread or recurrent episodes.

Consider supply, but patient should be advised to make an appointment to see the GP:
- Immunocompromised individuals but see under rapid referral.
- Known diabetes.

Rapid referral
- Immunocompromised individuals: seek specialist advice promptly when treating these patients.
- Suspected diabetes.

References
http://cks.nice.org.uk/candida-oral (Dec 2013)

THRUSH (VAGINAL)

Definition/Criteria
Itching / irritation/ soreness to vaginal area with or without a creamy white non-odorous discharge.

Criteria for INCLUSION
Adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same condition.
Symptomatic male partners of an infected female.

Criteria for conditional EXCLUSION or REFERRAL
Patients under 16 and over 60 years.
Pregnancy

SELF CARE ADVICE
- Make aware of problems with vaginal deodorants, scented soaps etc.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Fluconazole cap 150mg (1)	Oral;	P	1 stat
Clotrimazole vaginal pessary (500mg)	Vaginal;	P	insert at night
Clotrimazole cream 2% (20g)	Topical;	P	apply 2-3 times daily

Additional Treatment advice
- For patients with external (vulval) symptoms, consider using a topical imidazole cream ***in addition*** *to* the oral or intravaginal antifungal.
- Consider and counsel on potential drug interactions
- Make aware of problems with vaginal deodorants, scented soaps etc.

Conditional referral:
- If symptoms do not resolve within 7 days to make an appointment to see GP
- On 3rd occurrence within 6 months.

Consider supply, but patient should be advised to make an appointment to see the GP:
- Known diabetes mellitus.

Rapid referral:
- Presence of loin pain.
- Fever.
- If blood present in discharge.
- Foul smelling discharge.
- Suspicion of diabetes.
- Post-menopausal.

References
http://cks.nice.org.uk/candida-female-genital (Dec 2013)

WARTS AND VERRUCAS

Definition/Criteria
A wart is a small (often hard) benign growth on the skin caused by a virus, usually occurring on the face, hands, fingers, elbows and knees. Verruca's (Plantar warts) occur on the sole of the foot, usually painful and may be covered by a thick callus.

Criteria for INCLUSION
Symptoms and signs suggestive of a wart or verruca

Criteria for conditional EXCLUSION or REFERRAL
Warts on face, anogenital region or large areas affected.
Diabetes mellitus.
Impaired peripheral blood circulation.
Broken skin around area of wart / verruca.
Uncertain diagnosis.
The person is immunocompromised.
The person is bothered by persistent warts which are unresponsive to treatment

SELF CARE ADVICE
- Although warts can be cosmetically unsightly, they are not harmful; usually they do not cause symptoms, and resolve spontaneously within months or, at the most, within 2 years. However sometimes in adults it may take 5-10 years for warts to resolve
- Warts are contagious, but the risk of transmission is thought to be low. To reduce the risk of transmission cover the wart with a waterproof plaster when swimming. The Amateur Swimming Association (ASA) states that the use of swimming socks should be discouraged and that a waterproof plaster is sufficient.
- Wear flip-flops or other appropriate foot wear in communal showers.
- Avoid sharing shoes, socks, or towels.
- In order to limit personal spread (auto-inoculation): Avoiding scratching lesions. Avoiding biting nails or sucking fingers that have warts.
- Keeping feet dry and changing socks daily.
- Children with warts or verrucae should not be excluded from activities such as sports and swimming, but should take measures to minimize transmission.

Action for excluded patients
Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Salactol® liquid (10g)	Topical	P	Apply Topically once daily at night. Soak the affected site in warm water and pat dry. Gently rub the surface with a pumice stone or manicure emery board to remove any hard skin. Using the applicator provided, carefully apply a few drops of Salactol to the lesion, allowing each drop to dry before applying the next one

Additional Treatment advice
- Treatment may cause transient irritation, peeling and stinging.

Conditional referral:
-

References
http://cks.nice.org.uk/warts-and-verrucae (Dec 2014)