



# Pharmacy First Scheme

**For**

## Common Ailments

Advice and Treatment of Common Ailments by  
Community Pharmacists

Service Specification and Formulary

October 2015

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## **Pharmacy First Scheme for Common Ailments – Service Specification**

### **1.0 Introduction**

The Pharmacy First Scheme aims to provide eligible patients who are registered with a GP practice contracted to NHS England North Midlands Staffordshire and Shropshire Area (NHSE S&S) with access to free advice and treatment for common ailments, characterised by acute onset, via Community Pharmacy. The service will be provided through Community Pharmacies contracted to NHS England North Midlands Staffordshire and Shropshire Area (NHSE S&S) who have signed this Service Level Agreement to provide the service.

#### **1.1 Aims of the scheme**

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of common ailments and, where appropriate, can be supplied with over the counter medicines at NHS expense to treat their ailment. This will enable patients to seek advice and treatment from the most appropriate location for these ailments, rather than increasing the burden on other NHS providers.

- Educate patient's to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for common ailments via Community Pharmacy
- Promote self-care
- Promote the role of Pharmacists and Pharmacy staff

The Pharmacy First Scheme is offered as a quicker alternative for patients to access advice and treatment for common ailments, but patients may choose to refuse this service and continue to access other healthcare settings.

### **2.0 Eligibility for the Scheme**

#### **2.1 Patient eligibility**

This scheme is available to patients who are exempt from prescription charges and who are registered with a GP practice contracted to NHS England (NHSE S&S). The service extends to those patients that have a valid pre-payment certificate. Patients are at liberty to refuse this service. Patients will be asked by the pharmacy to confirm that they are registered with an applicable GP practice before any supply is made, and where there is doubt, with the consent of the patient, the Pharmacist may check the registration with the GP practice (see point 5.1 – Checking GP Registration).

Patients not registered with an applicable GP practice within Shropshire and Staffordshire may opt to purchase over the counter medication and should therefore be managed in accordance with Essential Service 6 – Support for Self Care, or if appropriate Essential Service 5 – Signposting.

It is anticipated that patients who will make use of the Pharmacy First Scheme will access the scheme from the pharmacy where they generally get their prescriptions dispensed. It is therefore expected that the number of telephone calls to GP practices to confirm patient registration will be minimal.

## **2.2 Prescription exemptions**

Patients accessing the scheme that are entitled to free prescriptions will receive medication free of charge. All current NHS exemptions (including those with valid pre-payment certificates) are applicable, and the patient must be asked to provide evidence of their exemption. This declaration will need to be recorded electronically on the consultation proforma.

## **3.0 Scheme Requirements**

### **3.1 Who can provide the scheme?**

The service may be provided by an authorised Community Pharmacy contracted to NHS England (NHSE S&S) subject to the following;

- All Pharmacists and appropriately trained pharmacy staff working at participating pharmacies can provide this Enhanced Service if they are clinically competent in the management and treatment of common ailments.
- All Pharmacists and appropriately trained pharmacy staff working at participating pharmacies and providing the service should ensure that, through continuing education and professional development, they keep up to date with guidance issued around the treatment of common ailments and over the counter (OTC) medicines.
- The Pharmacy must be compliant with, and be able to demonstrate compliance with all Essential Services within the Community Pharmacy Contractual Framework (CPCF).
- The Pharmacy must have an approved consultation area which meets the requirements set out in the CPCF for Advanced Services. All consultations must take place in a confidential environment.
- The Pharmacy must have a Standard Operating Procedure (SOP) in place for the service.
- The Pharmacy contractor must participate in all parts of the service as detailed in this specification, along with any subsequent amendments as agreed jointly with NHS England (NHSE S&S) and the corresponding Local Pharmaceutical Committees (LPC's). This agreement will be in writing, signed by the Pharmacy Manager or Authorised Person on behalf of the contractor, and will be considered an Enhanced Service.

### **3.2 Participating Pharmacies**

Patients can access the scheme at any participating pharmacy, and the service must be available during all hours that the pharmacy is open. Only in exceptional circumstances should a patient be signposted to another provider if unable to provide the service at a particular time, and the local practice(s) should also be notified. A list of pharmacies providing the service will be made available to GP practices and other healthcare providers. Therefore if for any reason the pharmacy wishes to withdraw from the service NHS England will need to be informed immediately.

## **4.0 Referral into the Scheme**

Patients can access the scheme in four ways;

### **4.1 Referred by a GP practice to a participating pharmacy**

Patients presenting at a GP practice with one of the common ailments listed in Appendix 1 may be advised of the scheme and how to access it.

#### **4.2 Referred by Pharmacist or Pharmacy staff**

Patients can be referred into the scheme if they present with one of the common ailments listed and seek advice on the management and treatment of that ailment.

#### **4.3 Self-refer at a participating pharmacy**

Patients who are aware of the scheme can self-refer into it if they present with one of the common ailments listed.

#### **4.4 Referred by other Healthcare providers**

Patients can be referred into the service by an Out of Hours provider or NHS 111 where telephone triage identifies a common ailment which can be treated as part of this scheme. If appropriate, staff from Walk-In Centres and Accident and Emergency Departments can also refer.

### **5.0 Duties of Community Pharmacies**

#### **5.1 Checking GP registration**

Before proceeding to supply treatment under the scheme, the patient **MUST** be asked to confirm that they are registered with a GP practice contracted to NHS England (NHSE S&S).

This may be done by:

- checking the patient's PMR, if the patient is already collecting prescriptions from that pharmacy;
- asking the patient to show the repeat prescription slip;
- knowing the patient to be registered with the GP practice;
- medical card

Confirmation of the patient's registration at an eligible GP practice is required if the above documentation is not available or if it is felt that a patient may be attempting to fraudulently use the scheme. Staff may telephone the patient's GP practice for confirmation of registration with the consent of the patient. They should offer the patient's details i.e. name, date of birth, and postcode or address, and merely ask the practice to confirm 'yes' or 'no' whether the patient is registered with them. The pharmacy should not expect the GP practice to offer any other patient information as they should already be in receipt of this from the patient.

#### **5.2 Consultation**

Assessment of the patient's condition may be carried out by the Pharmacist on duty, or by appropriately trained pharmacy staff who have the relevant competencies. If pharmacy staff undertake the assessment, the Pharmacist on duty is responsible for approving the advice given. The consultation must be carried out confidentially in an approved consultation room. Reference to the relevant Pharmacy First Ailments Protocols (Appendix 2) is required, and the consultation involves;

- obtaining patient consent (Appendix 6) for the service and verifying prescription exemption status
- patient assessment including previous consultation history
- provision of advice and self-care
- supply of appropriate medication from the agreed formulary if appropriate (Appendix 3)
- completion of the consultation proforma entered onto PharmOutcomes either directly or before the end of the next working day

- issuing of a patient questionnaire for evaluation purposes if requested by NHS England

The patient MUST attend the Pharmacy in person in order to receive a consultation, and if appropriate a supply of medication, in the same way they would be required to attend the GP practice to see the GP for an acute prescription. Exemptions to this requirement are for the treatment of threadworm, the treatment of acute diarrhoea, or the treatment of a male partner of a female attending for vaginal thrush where the patient may be unable to attend in person. In these cases the Pharmacist on duty must be involved in the consultation and they should use their professional judgement before making a supply to the parent or representative.

For patients under the age of 16, the parent/guardian/responsible adult can accept transfer into the scheme on behalf of the patient. These patients must be accompanied by a parent/guardian/responsible adult when they attend a participating pharmacy.

The Ailment Protocols must be available for reference during the consultation. The Protocols detail what conditions can be treated under the scheme, the medicines that can be supplied for each condition, the annual limits applicable for each condition, and the counselling points and self-care advice that should be provided. It is recognised that Pharmacists/trained pharmacy staff will use their clinical and or professional judgement when deciding on the most suitable treatment for individual patients or whether referral to a GP or other healthcare professional is required. Reference to the most current BNF should be made during all consultations in regards to dosage instructions of medicines and age ranges covered by the scheme. Conditions outside the scheme must not be treated under the service, and only medicines detailed in the Ailments Protocols must be supplied where appropriate.

During the consultation, the Pharmacist/trained pharmacy staff will make an assessment of the patient and provide suitable advice as detailed in the protocols. Each condition now has an annual limit placed on the number of times an individual patient can access the service for the treatment of that particular condition. The previous consultation history for a patient can be viewed within PharmOutcomes, and therefore the Pharmacist/trained pharmacy staff member will need to notify the patient of this at the beginning of the consultation, and then signpost the patient to their GP or other healthcare professional as necessary if the limit has been reached. There may be an exceptional circumstance for which the Pharmacist on duty deems it necessary for a patient to receive treatment over and above the annual limit set. If this is the case, a reason for this additional supply will have to be recorded on PharmOutcomes. If a supply of medication is made, then this must be supplied as an original pack with a product information leaflet, and the patient instructed of its use, with any additional counselling points as outlined in the protocols.

### **5.3 Consultation record**

It is a requirement of the service that all consultations are recorded on PharmOutcomes. This is a web-based system that is used for the invoicing and management of locally commissioned pharmacy services (see section 8.2). This information should be recorded at the time of the consultation or by the end of the next working day at the latest.

Patients who are exempt from prescription charges (including those with a valid pre-payment certificate), will receive medication supplied as part of this service free of charge. This exemption must be recorded within PharmOutcomes, and therefore the patient must be asked for evidence of exemption from prescription charges at the start of the consultation.

Please note that a service provision fee is paid only when medication has been supplied. A consultation fee alone cannot be claimed as this is an Essential Service under the Pharmacy Contract.

#### **5.4 Referral to GP or other healthcare services**

In a situation where a patient presents with a symptom(s) that requires referral to their GP or other healthcare professional (urgent or otherwise), the Pharmacist must complete the 'Referral from Community Pharmacy' (Appendix 4) with the patients details, reasons for the referral including assessment of urgency, and details of the Pharmacist referring. This information will also need to be recorded within PharmOutcomes. The patient must confirm that they understand the urgency with which they need to seek healthcare support, and take a copy of the referral form with them.

If the patients GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact the Out-of-Hours service or attend A&E immediately. A referral form should still be completed in these cases, unless symptoms appear life-threatening, in which case the Pharmacist must dial 999 and provide the attending Paramedics with any relevant information.

#### **5.5 When to make an OTC sale rather than refer into the scheme**

Treatment can only be supplied to patients who meet the eligibility criteria as set out in Section 2, and subject to the clinical and professional judgement of the Pharmacist/trained pharmacy staff undertaking the consultation.

In the following circumstances treatment **MUST NOT** be supplied through the scheme;

- Patients requesting to purchase a medicine by name. The scheme must not be used to divert the sale of OTC medicines. (eg. Patient attends pharmacy and asks to buy Paracetamol, then this should be sold as an OTC sale to the patient. If the patient attends seeking advice on treatment of headache, they can be referred into the service, and may be supplied with Paracetamol if it is deemed appropriate).
- GP cannot refer patients for named medicines. If a GP has made a decision about the medication that a patient requires following a consultation, then they should issue a prescription for this medication. (eg. A GP cannot write a prescription for an antibiotic, and then advise the patient to obtain Paracetamol via the Pharmacy First Scheme).
- To pharmacy staff and/or their immediate family members. In line with the Medicines Act 1968, and a Pharmacist's Professional Code of Conduct, this group of patients should be signposted to alternative pharmaceutical or healthcare services where appropriate.
- Patients should not use the scheme in lieu of regular repeat prescribed medication.
- Loss of medicine already supplied under the Pharmacy First Scheme.

#### **5.6 Professional judgement**

Pharmacists/trained pharmacy staff may only supply medications for the listed conditions to patients presenting in person at the pharmacy, with the exception of threadworm infection, acute diarrhoea, and treatment of a male partner of a female attending for vaginal thrush as previously indicated. However, in these situations, the supply of medication to a third party must be overseen by the Pharmacist on duty, who must be satisfied that the supply does not put the patient at risk and is in their best interest.

Pharmacists may also use their professional judgement to exclude patients from receiving treatment under the scheme when signs and symptoms suggest that a referral to a GP or other healthcare professional is required, including those not explicitly covered within the protocols.

### **5.7 Record keeping**

In addition to the consultation data recorded on PharmOutcomes, it is best practice to make a separate record on the patients PMR.

All records, electronically or otherwise must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for minor clinical interventions is 2 years.

[http://www.pjonline.com//news/recommendations\\_for\\_the\\_retention\\_of\\_pharmacy\\_records](http://www.pjonline.com//news/recommendations_for_the_retention_of_pharmacy_records)

### **5.8 Scheme evaluation**

Pharmacies that participate in the scheme will be expected to facilitate the evaluation of the scheme by participating in patient satisfaction surveys or audit. This data, combined with analysis from PharmOutcomes, will enable commissioners to evaluate the efficacy of the scheme.

Pharmacies should note that by signing up to participate in this scheme, they are entering into an agreement with NHS England, and will therefore be subject to the right of inspection by representatives from NHS England or Healthwatch England in line with NHS guidance. Commissioners may also use mystery shoppers to verify that the scheme is being delivered in accordance with the terms set out in this Service Level Agreement. The use of mystery shoppers will be undertaken in accordance with terms agreed with relevant Local Pharmaceutical Committees.

### **5.9 Complaints and incident reporting**

Pharmacies will be expected to follow standard operating procedures for complaints that are in accordance with NHS policy.

Any significant incidents or issues that arise during provision of the scheme should be recorded as part of the pharmacy's clinical governance procedures, and notified to the Primary Care Team of NHS England North Midlands (Staffordshire and Shropshire Area).

## **6.0 Duties of GP Practices**

### **6.1 Supporting and referring into the scheme**

One of the aims of the scheme is to reduce the demand for GP appointments for acute common ailments thereby allowing patients with more complex medical needs to be seen more quickly.

GP practices will therefore be encouraged to display posters advertising the scheme, and have leaflets available for patients which explain the scheme in more detail. Practices may also choose to include information about the scheme in their answerphone messages and on display screens within patient waiting areas.

GP practices will also be expected to refer patients directly into the scheme where it is deemed appropriate to do so and with the agreement of the patient. It is envisaged that reception staff who book appointments for patients will be ideally placed to offer referral into the Pharmacy First Scheme and will therefore need to have an understanding of, and access to, the Ailment Protocols in order to do so appropriately.

Doctors or nurses can also advise patients during their consultations to access the scheme in the future where it is felt that this would have been more appropriate for the condition/symptoms that they presented with.

GP practices may also encounter patients who have been referred back to them by a Community Pharmacist following a consultation under the scheme. These patients will have been provided with a referral form which will include an assessment of the urgency with which the Pharmacist felt the patient needed to be seen, and therefore practice staff should use this information when arranging an appointment. The decision for how quickly a patient needs to be seen though will remain at the practice's discretion.

## **6.2 *Minimising inappropriate use of the scheme***

Where necessary, GP practices are expected to co-operate with participating community pharmacies in confirming a patient's registration over the telephone upon provision of suitable information by the Pharmacist. It should be noted that this method of registration confirmation is the last resort for the pharmacies, and will only be used where there are concerns about fraudulent attempts to access the scheme. If practice staff have concerns about the authenticity of the call, then they should offer to call the Pharmacist back with the required confirmation of registration, sourcing the pharmacy contact number from an independent source e.g. directory listing. If it is deemed necessary to call the Pharmacist back, this should be done immediately as the patient is likely to be waiting in the pharmacy.

## **7.0 *Duties of NHS England***

NHS England North Midlands (Staffordshire and Shropshire Area) will be responsible for the appropriate advertising, promotion and on-going support for the scheme, including distribution of any support material. These will be made available to all pharmacies participating in the scheme and to other relevant stakeholders who may refer patients into the scheme.

NHS England will be responsible for ensuring timely payments are made to Community Pharmacies which are participating in the scheme, and will be responsible for dealing with operational and payment based queries.

NHS England will, alongside relevant CCG partners and Local Pharmaceutical Committees, undertake monthly audits of the scheme, including review of consultation data and budget analysis. Post payment verification checks may also be made.

## **8.0 *Scheme Funding and Payment Procedures***

### **8.1 *Scheme funding***

Reimbursement for the scheme will consist of a consultation fee plus the cost of any medication supplied.

Each consultation is paid at a rate of £5 per consultation, but only when a medicine has been supplied, and in accordance with the relevant protocol(s). Pharmacies cannot claim a consultation fee when a medicine was not supplied as this is deemed as part of Essential Service 6 within the Pharmacy Contract.

The consultation fee is rated as Exempt for VAT purposes.

When a patient is presenting for treatment of more than one ailment which are not linked or are independent from each other, these will be treated as separate consultations and will be reimbursed accordingly.

It is possible for more than one medicine to be supplied to treat the same condition providing they are listed in the same protocol.

When undertaking a consultation for threadworm, multiple members of the same family may need treatment to prevent re-infection. In this case, the additional number of family members treated will need to be recorded on PharmOutcomes, but this will be on a single consultation form, and only one consultation fee will be paid. However, if more than three family members need to be treated, a separate consultation form must be completed and will be reimbursed accordingly. The same principal applies for the treatment of a male partner of a female presenting for vaginal thrush.

Pharmacies will be reimbursed for any medication supplied at the Drug Tariff price, or where this is not available, the cost price as listed in either the Dictionary of Medicines and Devices (DM+D) or Chemist and Druggist (C&D). For certain products, the DM+D price is based on the POM pack and therefore these items will have a fixed formulary price set, based on the OTC list price, which will be reviewed and updated monthly by NHS England. These products can be identified in the formulary list (Appendix 2).

The reimbursement of any medication supplied will include VAT at the current Standard Rate.

Payments will be made on a monthly basis, and this will be done as a Local Payment via the NHS Business Services Authority, and will therefore appear on the monthly FP34c statement. All payments will be made at the end of the month following that to which the payment relates.

## **8.2 PharmOutcomes**

It is a requirement of the service that all consultations are recorded on PharmOutcomes for invoicing and audit purposes. Upon receipt of this signed Service Level Agreement, the pharmacy will be accredited on PharmOutcomes, and staff will have access to the module.

All pharmacies will require an individual login to access the module, and these are provided separately by PharmOutcomes directly. Most pharmacies will already have these login details for other services accessed via this platform, but if not please contact your Local Pharmaceutical Committee (LPC) who can provide the relevant information.

Patients who have not accessed the scheme previously will need to be registered on PharmOutcomes before any consultation data can be recorded. Registration will require the following information to be recorded;

- Patients name
- Address including postcode
- Date of birth
- NHS number
- Ethnicity
- GP practice with which the patient is registered

Once registration is complete, or if the patient has been previously registered, consultation data can be entered. Patient consent must be obtained on each occasion and recorded.

All information relating to the consultation should be recorded at the time of the consultation by inputting the information directly onto PharmOutcomes. However it is recognised that some pharmacies do not have access to a computer in their consultation room, and therefore the information can initially be recorded on a paper based proforma (Appendix 5), but this information must be entered onto PharmOutcomes immediately, or by the end of the next working day at the latest. Failure to do so may lead to payments being withheld, or the contract being terminated.

## **9.0 Contractual Period**

This agreement is for the period 1<sup>st</sup> October 2015 to 30<sup>th</sup> September 2016 subject to budgetary constraints.

## **10.0 Termination of the Scheme**

Any pharmacy that has signed this Service Level Agreement and is participating in the scheme may terminate the agreement by giving written notice of their intention at least 28 days before cessation. No reason needs to be given for termination of the agreement.

NHS England may terminate the scheme by giving written notice to all participating pharmacies and relevant Local Pharmaceutical Committees. A minimum of 28 days written notice will be provided.

If for whatever reason, the pharmacy does not fulfil its obligation to provide all Essential Services under the Pharmacy Contractual Framework, the pharmacy will become ineligible to provide this Enhanced Service and the Service Level Agreement would be terminated with immediate effect.

NHS England has a responsibility to ensure that all participating pharmacies deliver the scheme in accordance with the Service Level Agreement. If it is found that a Contractor fails to meet any of the obligations of this agreement, they will be notified in writing of the nature of the breach. Where the breach is not remedied within appropriate time-frames or NHS England deems it is not capable of remedy, NHS England will be entitled to terminate this agreement with immediate effect.

## **11.0 Dispute Resolution**

In the event that a Contractor disputes the decision by NHS England to terminate the agreement on the grounds that the terms of the agreement have not been met and/or remedied within an appropriate time-frame, the Contractor shall make this known in writing without delay.

Upon receipt, the process as set out in the NHS Standard Contract will be followed to reach resolution.

## **12.0 Confidentiality**

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

## **13.0 Indemnity**

The Contractor shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the Contractor is the responsibility of the Contractor who will meet the costs and any claims for compensation, at no cost to NHS England.

#### **14.0 Completion of Signed Agreement**

In order to participate in the service, each contractor must complete the signed agreement (Appendix 7), and return to NHS England as indicated. Once received, the pharmacy will be accredited for the Common Ailments module on PharmOutcomes, and delivery of the service can commence.

## Appendix 1

### Common Ailments List

Patients with symptoms of the following conditions may be referred into this scheme.

No.	Symptom/Condition	Annual Limit (per person)
1	Bites and stings	4 supplies
2	Chickenpox	1 supply
3	Colds/Flu-like symptoms/Nasal congestion	4 supplies
4	Cold sores	4 supplies
5	Conjunctivitis (Acute bacterial)	4 supplies
6	Constipation (Acute)	4 supplies
7	Cough	4 supplies
8	Cystitis	2 supplies
9	Dermatitis/Dry skin/Allergic type skin rash	4 supplies
10	Diarrhoea (Acute)	4 supplies
11	Earache	4 supplies
12	Fever management	4 supplies
13	Fungal skin infections	2 supplies
14	Hayfever (Seasonal allergic rhinitis)	4 supplies
15	Haemorrhoids	4 supplies
16	Headache/Migraine	4 supplies
17	Heartburn/Indigestion	4 supplies
18	Infant colic	4 supplies
19	Mouth ulcers	2 supplies
20	Nappy rash	4 supplies
21	Oral thrush	2 supplies
22	Scabies	2 supplies
23	Sore throat	4 supplies
24	Sprains and strains	4 supplies
25	Teething	4 supplies
26	Threadworms	4 supplies
27	Vaginal thrush	2 supplies
28	Warts and verrucas	2 supplies

#### Disclaimer

All product information described is correct at the time of writing. Pharmacists and appropriately trained staff are advised to refer to the most up to date information available (i.e. latest BNF version, summary of product characteristics, or MIMS)

## Appendix 2

### Pharmacy First Common Ailments Protocols

Bites and Stings			
<b>Definition</b>	Itching, inflammation or irritation around the site of an insect bite or sting requiring symptomatic treatment.		
<b>Criteria for Inclusion</b>	Evidence of local itching, erythema and swelling at the site of the insect bite/sting		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 1 year old</li> <li>• Suspected secondary bacterial infection as a result of scratching or may be introduced at the time of the bite. It can present as impetigo, folliculitis, cellulitis or lymphangitis.</li> <li>• Pregnancy / Breastfeeding</li> <li>• Insect bite with fever</li> <li>• Affected area is face or anogenital region</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• If the patient experiences shortness of breath or fever or symptoms of shock</li> <li>• If sting or bite is in the mouth, suck an ice cube or sip cold water and seek medical attention</li> <li>• If the patient is having symptoms of a severe allergic reaction i.e. swollen lips and eyelids / difficulty breathing / becoming pale and faint / increased generalised itchiness / aches and pains / feeling unwell, an ambulance should be called.</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Crotamiton 10% cream	30g	Adults and Children over 3 years
	Hydrocortisone 1% cream	15g	Adults and Children over 10 years
	Chlorphenamine 4mg tablets	30	Adults and Children over 6 years
	Chlorphenamine SF 2mg/5ml oral solution	150ml	Adults and Children over 1 year
	Cetirizine 10mg tablets	30	Adults and Children over 6 years
	Cetirizine 5mg/5ml oral solution SF	200ml	Adults and Children over 2 years
	Loratadine 5mg/5ml syrup*	100ml	Adults and Children over 2 years
	Loratadine 10mg tablets	30	Adults and Children over 2 years

	Paracetamol tablets 500mg	32	Adult and children over 12 years
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years
	Paracetamol suspension SF 120mg/5ml	200ml	Children over 1 year
	Ibuprofen tab 200mg	24	Adult and children over 12 years
	Ibuprofen SF suspension 100mg/5ml	100ml	Children 1-12 years
	<p>*Loratadine syrup should be used as a second line treatment when Cetirizine solution not available or suitable</p> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>* NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	<p>Conditional referral to GP:</p> <ul style="list-style-type: none"> <li>Refer to the GP if bite becomes larger in size and redness spreads</li> </ul> <p>Consider supply but advise patient to make an appointment with GP :</p> <ul style="list-style-type: none"> <li>Known allergy to bites or stings</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>Advise patient on side-effects caused by the drug(s).</li> <li>Wash the area with soap and water</li> <li>If there has been a wasp or bee sting the sting should be carefully removed from the skin, trying to scrape it out rather than grabbing it (to avoid squeezing venom into the skin)</li> <li>Do not scratch the area, as this will make itch worse and increase risk of infection</li> <li>Apply a cold compress to reduce swelling if present</li> <li>Use of insect repellent products for future potential exposure</li> <li>Bites from fleas, mites and bedbugs may be due to an infestation – source should be confirmed and eliminated</li> </ul>		
<b>References</b>	<p>Clinical Knowledge Summaries. Insect bites and stings - Management. November 2011. Available at:  <a href="http://cks.library.nhs.uk/insect_bites_and_stings">http://cks.library.nhs.uk/insect_bites_and_stings</a> &lt;accessed 23.11.12&gt;</p> <p>Refer to SPC for individual product information at  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>		

Chickenpox			
<b>Definition</b>	Chickenpox is an acute disease, predominantly occurring in childhood. It is caused by varicella-zoster virus and is characterized by a vesicular rash, and often fever and malaise		
<b>Criteria for Inclusion</b>	Otherwise healthy Adults and Children over 6 months who have developed small, erythematous macules indicative of Chickenpox, generally preceded by prodromal symptoms such as nausea, myalgia, anorexia, headache, general malaise, and loss of appetite.		
<b>Annual Supply Limit</b>	1 supply		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 6 months of age</li> <li>• Pregnancy/breastfeeding</li> <li>• Immunocompromised individuals</li> </ul>		
<b>Rapid referral</b>	<ul style="list-style-type: none"> <li>• Bacterial infection of lesions</li> <li>• Breathing difficulties associated with the infection</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol tablets 500mg	32	Adult and children over 12 years
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years
	Paracetamol suspension SF 120mg/5ml	200ml	Babies and Children aged 3 months to under 6 years
	Calamine Lotion	200ml	Adults and Children over 6 months
	Piriton 4mg tablets*	30	Adults and Children over 6 years
	Piriton Syrup 2mg/5ml*	150ml	Adults and Children over 1 year
	<p>*Generic Chlorphenamine is not licensed for symptomatic relief of itch associated with chickenpox</p> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>*NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• Sudden high grade pyrexia (often after initial improvement), erythema and tenderness surrounding the original chickenpox lesions is indicative of bacterial infection as requires urgent referral</li> <li>• Dehydration — encourage and monitor fluid intake and seek medical attention if signs of dehydration develop</li> </ul>		

<p><b>Counselling Points</b></p>	<ul style="list-style-type: none"> <li>• <b>Advise the following simple measures to help alleviate symptoms:</b> <ul style="list-style-type: none"> <li>- Encourage adequate fluid intake to avoid dehydration.</li> <li>- Dress appropriately to avoid overheating or shivering.</li> <li>- Wear smooth, cotton fabrics.</li> <li>- Keep nails short to minimize damage from scratching.</li> </ul> </li> <li>• Advise that the most infectious period is 1–2 days before the rash appears, but infectivity continues until all the lesions have crusted over (commonly about 5–6 days after the onset of illness). During this time, advise a person with chickenpox to avoid contact with: <ul style="list-style-type: none"> <li>- People who are immunocompromised (for example those receiving cancer treatment or high doses of oral steroids, or those with conditions that reduce immunity).</li> <li>- Pregnant women.</li> <li>- Infants aged 4 weeks or less.</li> </ul> </li> <li>• Children with chickenpox should be kept away from school or nursery for 5 days from the onset of the rash.</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Chickenpox - Management. June 2015. Available at:  <a href="http://cks.nice.org.uk/chickenpox#!topicsummary">http://cks.nice.org.uk/chickenpox#!topicsummary</a>  &lt;accessed 01.09.2015&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Colds/Flu-like symptoms/Nasal Congestion			
<b>Definition</b>	Runny/blocked nose associated with colds and upper respiratory tract infections		
<b>Criteria for Inclusion</b>	Congestion where seasonal allergy has been excluded		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 3 months old</li> <li>• Recurrent nose bleeds</li> <li>• Pregnancy / Breastfeeding</li> <li>• Patients with heart or lung disease e.g. chronic bronchitis</li> <li>• Patients with persistent fever and productive cough</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol tablets 500mg	32	Adult and children over 12 years
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years
	Paracetamol suspension SF 120mg/5ml	200ml	Babies and Children aged 3 months to under 6 years
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml SF	100ml	Babies and Children aged 3 months (weighing over 5kg) to 12 years
	Menthol and Eucalyptus inhalation	100ml	Adults and Children over 3 months
	Sodium Chloride 0.9% Nasal Drops	10ml	Adults and Children from 3 months
	Xylometazoline 0.1% Nasal Spray	10ml	Adults and Children over 12 years
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>*NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	Conditional referral: <ul style="list-style-type: none"> <li>• If symptoms worsen or sinus pain develops, consult GP</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Topical decongestants must only be used for a maximum of 7 days due to the risk of causing rebound congestion upon withdrawal</li> <li>• Saline nasal drops may help thin and clear nasal secretions in infants who are having difficulty with feeding and should be administered immediately</li> </ul>		

	before feeding
<b>References</b>	<p>Clinical Knowledge Summaries. Common cold - Management. November 2011. Available at: <a href="http://www.cks.nhs.uk/common_cold/management/scenario_management#-257414">http://www.cks.nhs.uk/common_cold/management/scenario_management#-257414</a> &lt;accessed 23.11.12&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Cold Sores			
<b>Definition</b>	<p>Infection with Herpes Simplex Virus (HSV) causing pain and blistering (fluid filled blisters) on or around the lips</p> <p>After primary infection, the virus lies dormant until triggered by a stimulus such as sunlight, impaired immunity, stress, upper respiratory infections.</p>		
<b>Criteria for Inclusion</b>	<p>Patients who present tingling on or around the lips with a previous history of HSV (first suspected cold sore included).</p> <p>Please note that treatment should be initiated before the onset of blisters and vesicles appear</p>		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under age of 2 years</li> <li>• Immunocompromised individuals</li> <li>• Sores not present on or around the lips</li> <li>• Severe frequent recurrence</li> <li>• Evidence of secondary bacterial infection for e.g. weeping pustules</li> <li>• Pregnancy / Breast feeding</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Aciclovir 5% cream	2g	Adults and Children over 2 years
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>* NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• Consult GP if lesion is spreading or complicated with a secondary bacterial infection</li> <li>• Not effective and too late if blisters and vesicles are present, just conservative management</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Hands should be washed before and after each application of the cream to reduce the chance of spreading the infection</li> <li>• Cold sores are caused by a virus. It remains in the nerve between cold sores and cannot be cured</li> <li>• It is advisable not to share face cloths and towels</li> <li>• Cold sores should not be touched as this can spread infection</li> <li>• Cold sores often recur in the same place and can sometimes be linked to a trigger, such as UV light (advise sunscreen with SPF of 15 or more).</li> <li>• Treatment should begin as soon as possible, recovery can take 10-14 days</li> <li>• Cold sores are infectious for about four days after symptoms start and can be transmitted by close personal contact</li> </ul>		

<b>References</b>	<p>Clinical Knowledge Summaries. Herpes Simplex Oral – management. December 2007. Available at: <a href="http://cks.library.nhs.uk/herpes_simplex_oral">http://cks.library.nhs.uk/herpes_simplex_oral</a> &lt;accessed 23.11.12.</p> <p>Pinewood Healthcare. Summary of Product Characteristics. Aciclovir cream 2%. April 2011. Available at: <a href="http://www.medicines.org.uk/EMC/medicine/24479/SPC/Aciclovir+5++w+w+Cream/">http://www.medicines.org.uk/EMC/medicine/24479/SPC/Aciclovir+5++w+w+Cream/</a></p>

<b>Conjunctivitis (Acute Bacterial)</b>	
<b>Definition</b>	<p>Acute inflammation of the conjunctiva (membrane covering the white of the eye and the inside of the eyelid) of the eye.</p> <p>It is characterised by irritation, itching, a sensation of grittiness in the eye, watering or sticky discharge, blurred vision due to the discharge that clears with blinking</p>
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Adults and children over 2 years old where a bacterial infection is suspected.</li> <li>• No history of recent episode of conjunctivitis.</li> </ul>
<b>Annual Supply Limit</b>	4 supplies
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 2 years</li> <li>• Users of other prescribed eye drops or ointment</li> <li>• Dry eye syndrome</li> <li>• Glaucoma</li> <li>• Atypical symptoms of conjunctivitis</li> <li>• Suspected foreign body in the eye</li> <li>• Eye injury</li> <li>• Photophobia</li> <li>• Where vision has been affected</li> <li>• Severe pain within the eye / swelling around the eye / restricted eye movement</li> <li>• Unusual looking pupils or cloudy cornea</li> <li>• Eye surgery / laser treatment in the previous 6 months</li> <li>• Pregnancy / Breastfeeding</li> <li>• Recent trip abroad</li> <li>• Patient feels generally unwell</li> <li>• Previous conjunctivitis in the recent past</li> <li>• Hypersensitivity to chloramphenicol or to any other ingredients to the eye drops</li> <li>• Pupil fixed and mid-dilated or distorted from previous attacks</li> <li>• Headache</li> <li>• Family history of blood dyscrasias</li> <li>• Patients who have experienced myelosuppression during previous exposure to chloramphenicol</li> <li>• Copious discharge that re-accumulates after being wiped away</li> <li>• Patient taking bone marrow suppressant drugs</li> <li>• Enlarged lymph nodes in front of the ears (associated with Chlamydia / adenoviral type)</li> <li>• Eye inflammation associated with a rash on the scalp or face.</li> </ul>
<b>Recommended Treatments and Quantity to supply</b>	<p>Infective conjunctivitis is a self-limiting illness that, for most people, settles without treatment within 1–2 weeks.</p> <p>For most people, use of a topical ocular antibiotic makes little difference to recovery from infective conjunctivitis.</p> <p>Up to 10% of people treated with topical ocular antibiotics complain of adverse reactions to treatment.</p>

	<p><b>Mild infections</b> – avoid use of topical ocular antibiotic. Lubricating eye drops should help to ease soreness and stickiness.</p> <table border="1" data-bbox="587 293 1398 394"> <tr> <td>Hypromellose 0.5% eye drops</td> <td>10ml</td> <td>Adults and Children over 2 years</td> </tr> </table> <p><b>Moderate to severe infections only</b> where the patient considers the symptoms to be distressing or signs are judged to be severe from clinical experience.</p> <table border="1" data-bbox="587 589 1398 790"> <tr> <td>Chloramphenicol 0.5% eye drops</td> <td>10ml</td> <td>Adults and Children over 2 years</td> </tr> <tr> <td>Chloramphenicol 1.0% eye ointment</td> <td>4g</td> <td>Adults and Children over 2 years</td> </tr> </table> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>NB check cautions and contra-indications before supply</b></p>	Hypromellose 0.5% eye drops	10ml	Adults and Children over 2 years	Chloramphenicol 0.5% eye drops	10ml	Adults and Children over 2 years	Chloramphenicol 1.0% eye ointment	4g	Adults and Children over 2 years
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<p><b>Follow-up Advice</b></p>	<ul style="list-style-type: none"> <li>• Consult GP if no signs of improvement after 48 hrs or symptoms worsen</li> </ul>									
<p><b>Counselling Points</b></p>	<ul style="list-style-type: none"> <li>• Advise that the risk of a serious complication from untreated infective conjunctivitis is low.</li> <li>• Clean away infected secretions from eyelids and lashes with cotton wool soaked in water</li> <li>• Remove contact lenses, if worn, until all symptoms and signs of infection have completely resolved and any treatment has been completed for 24 hours.</li> <li>• Advise on correct administration of eye drops</li> <li>• Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious</li> <li>• Course of antibiotic eye drops or ointment is for 5 days even if symptoms improve</li> <li>• The ointment is a viscous option possibly preferable when treating the young or elderly</li> <li>• Patients may experience a transient burning or stinging sensation with treatment</li> <li>• Hypersensitive reactions possible though rare</li> <li>• A cold compress may soothe the eye</li> <li>• Store the eye drops in a refrigerator and discard the drops/ointment after 5 days use</li> <li>• Blurred vision can occur, do not drive or operate machinery unless vision is clear.</li> </ul>									

<b>References</b>	Clinical Knowledge Summaries. Conjunctivitis – Infective – Management. July 2015. Available at: <a href="http://cks.nice.org.uk/conjunctivitis-infective#!topicsummary">http://cks.nice.org.uk/conjunctivitis-infective#!topicsummary</a>  Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a>
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<b>Constipation (Acute)</b>																
<b>Definition</b>	<p>Increased difficulty and reduced frequency of defaecation compared to what is normal for that person often accompanied by straining and the passage of hard, small stools.</p> <p>Abdominal discomfort, cramps or a feeling of incomplete emptying may be experienced.</p>															
<b>Criteria for Inclusion</b>	Patients experiencing significant variation from normal bowel evacuation, which has not improved following adjustments to diet and other lifestyle activities.															
<b>Annual Supply Limit</b>	4 supplies															
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 1 year old</li> <li>• Patients currently receiving laxatives as regular medication</li> <li>• Possibility of intestinal obstruction</li> <li>• History of cycling constipation and diarrhoea</li> <li>• Recent changes in bowel habit in patients aged 55+</li> <li>• Pregnancy unless constipation is related to pregnancy</li> <li>• Breastfeeding</li> <li>• Crohn's disease</li> <li>• Ulcerative Colitis</li> <li>• Past history of allergy to medication listed below</li> </ul>															
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• New or worsening constipation without explanation</li> <li>• Symptoms of blood in the stools, unexplained weight loss and nausea and vomiting, severe abdominal pain</li> <li>• If an underlying cause is suspected</li> </ul>															
<b>Recommended Treatments and Quantity to supply</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 5px;">Ispaghula 3.5g sachets</td> <td style="padding: 5px; text-align: center;">10</td> <td style="padding: 5px;">Adults and Children over 6 years</td> </tr> <tr> <td style="padding: 5px;">Senna 7.5mg tablets</td> <td style="padding: 5px; text-align: center;">20</td> <td style="padding: 5px;">Adults and Children over 6 years</td> </tr> <tr> <td style="padding: 5px;">Lactulose solution</td> <td style="padding: 5px; text-align: center;">300ml</td> <td style="padding: 5px;">Adults and Children over 1 year</td> </tr> <tr> <td style="padding: 5px;">Bisacodyl 5mg tablets</td> <td style="padding: 5px; text-align: center;">20</td> <td style="padding: 5px;">Adults and Children over 4 years</td> </tr> <tr> <td style="padding: 5px;">Glycerol suppositories 4g</td> <td style="padding: 5px; text-align: center;">12</td> <td style="padding: 5px;">Adults</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>	Ispaghula 3.5g sachets	10	Adults and Children over 6 years	Senna 7.5mg tablets	20	Adults and Children over 6 years	Lactulose solution	300ml	Adults and Children over 1 year	Bisacodyl 5mg tablets	20	Adults and Children over 4 years	Glycerol suppositories 4g	12	Adults
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<b>Follow-up Advice</b>	Conditional Referral:															

	<ul style="list-style-type: none"> <li>• Consult GP if constipation persists beyond one week</li> <li>• Consult GP if patient is regularly requesting laxatives</li> </ul> <p>Consider supply but advise patient to make appointment with GP:</p> <ul style="list-style-type: none"> <li>• Patient taking medication with recognised constipating effects. An Intervention MUR may be appropriate.</li> </ul>
<p><b>Counselling Points</b></p>	<ul style="list-style-type: none"> <li>• Normal bowel frequency in the UK ranges from three times a day to once every three days; anything within this range is considered normal</li> <li>• A balanced diet is advised, containing whole grains, fruits and vegetables. Fluid intake is important, drinking six to eight glasses of water per day, but do realise this can be difficult for the frail and elderly. Avoid drinks containing caffeine as this may worsen constipation</li> <li>• If the patient is taking medication like opioids that can induce constipation- counsel accordingly</li> <li>• Regular doses of laxatives are rarely required and can cause a 'lazy' bowel</li> <li>• Senna is a stimulant laxative, effects within 8 -12 hours so dose is usually taken at night - it may colour the urine red or yellow</li> <li>• Ispaghula is a bulk forming laxative, requires adequate intake of fluid to avoid obstruction, effects may take several days. It must not be taken immediately before going to bed. Contraindicated if there is difficulty in swallowing.</li> <li>• Lactulose is an osmotic laxative, can take 2 - 4 days to work</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Constipation - Management. February 2015. Available at:  <a href="http://cks.nice.org.uk/constipation#!scenario">http://cks.nice.org.uk/constipation#!scenario</a>          &lt;accessed 27.08.15&gt;</p> <p>Refer to SPC for individual product information:  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Acute Cough</b>													
<b>Definition</b>	Coughing arises as a defensive reflex mechanism												
<b>Criteria for Inclusion</b>	Adults and children over 6 years experiencing a troublesome cough requiring soothing. The cough may be productive (chesty) where phlegm is produced or non-productive (dry), with no phlegm.												
<b>Annual Supply Limit</b>	4 supplies												
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 6 years</li> <li>• Cough productive with green or yellow sputum present for more than 7 days</li> <li>• Asthmatics presenting with wheeze or reduced peak flow</li> <li>• Chest pain or shortness of breath</li> <li>• COPD</li> <li>• Chronic bronchitis</li> <li>• Recurrent nocturnal cough</li> <li>• Failed medication</li> </ul>												
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Shortness of breath</li> <li>• Chest pain</li> <li>• Pain related to exertion</li> <li>• Rusty or blood-stained sputum</li> <li>• Very high temperature or shortness of breath along with a cough should be referred to rule out a diagnosis of pneumonia</li> <li>• Whooping cough or croup</li> </ul>												
<b>Recommended Treatments and Quantity to supply</b>	<p>Most coughs clear up within three weeks and don't require any treatment. Cough suppressants are not normally recommended, but some patients do get symptom relief from simple cough medicines. MHRA recommends that cough medicines should not be used in children under 6 years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 40%;">Simple Linctus S.F</td> <td style="width: 15%;">200ml</td> <td style="width: 45%;">Adults and Children over 12 years</td> </tr> <tr> <td>Simple Linctus Paediatric S.F</td> <td>200ml</td> <td>Children over 6 years</td> </tr> <tr> <td>Pholcodine Linctus 5mg/5ml S.F</td> <td>200ml</td> <td>Adults and Children over 12 years</td> </tr> <tr> <td>Glycerin, Honey and Lemon</td> <td>200ml</td> <td>Adults and Children over 6 years</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b><i>NB check cautions and contra-indications before supply Give sugar free preparations wherever possible</i></b></li> </ul>	Simple Linctus S.F	200ml	Adults and Children over 12 years	Simple Linctus Paediatric S.F	200ml	Children over 6 years	Pholcodine Linctus 5mg/5ml S.F	200ml	Adults and Children over 12 years	Glycerin, Honey and Lemon	200ml	Adults and Children over 6 years
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Glycerin, Honey and Lemon	200ml	Adults and Children over 6 years											

<p><b>Follow-up Advice</b></p>	<p>Conditional referral:</p> <ul style="list-style-type: none"> <li>• Refer to GP if cough persists beyond three weeks</li> </ul> <p>Consider supply but advise patient to make a GP appointment:</p> <ul style="list-style-type: none"> <li>• A dry cough in patients prescribed an ACE Inhibitor. Consider an Intervention MUR</li> </ul>
<p><b>Counselling Points</b></p>	<ul style="list-style-type: none"> <li>• A cough is commonly associated with an upper respiratory infection and is usually mild and self-limiting, often resolving in around two to three weeks</li> <li>• Re-inforce the messages about appropriate use of antibiotics</li> <li>• There is no good evidence for or against the effectiveness of cough preparations</li> <li>• Avoid smoking or smoky atmospheres. If a smoker - counsel or signpost to smoking cessation service</li> <li>• Maintain adequate fluid intake with a chesty cough</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Cough. June 2015. Available at: <a href="http://cks.nice.org.uk/cough">http://cks.nice.org.uk/cough</a> &lt;accessed.27.08.15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Cystitis</b>							
<b>Definition</b>	A lower urinary tract infection (UTI) characterised by burning sensation or pain in passing urine, and increased urinary frequency						
<b>Criteria for Inclusion</b>	Non pregnant women aged 16 and over and under 65 with typical symptoms of uncomplicated urinary tract infection.						
<b>Annual Supply Limit</b>	2 supplies						
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Girls under the age of 16 years</li> <li>• Women aged 65 years and over</li> <li>• Male patients</li> <li>• Pregnant or Breast feeding women</li> <li>• Elderly patients with confusion suggestive of UTI</li> <li>• Patients with indwelling catheters</li> <li>• Suspected diabetes</li> <li>• Presence of blood in the urine</li> <li>• Cramp like pain in lower abdomen</li> <li>• Vaginal discharge</li> <li>• Fever or vomiting</li> <li>• Recurrent cystitis</li> </ul>						
<b>Recommended Treatments and Quantity to supply</b>	<p>A woman with few or mild symptoms of a UTI, who is not catheterized, should routinely be referred to their GP practice for a urine dipstick test to check for further evidence of a UTI.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 5px;"><b>First Line -</b> Paracetamol 500mg tabs</td> <td style="text-align: center; padding: 5px;">32</td> <td style="padding: 5px;">Adults and Children over 16 years</td> </tr> <tr> <td style="padding: 5px;"><b>Second Line -</b> Ibuprofen 200mg tabs</td> <td style="text-align: center; padding: 5px;">24</td> <td style="padding: 5px;">Adults and Children over 16 years</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>	<b>First Line -</b> Paracetamol 500mg tabs	32	Adults and Children over 16 years	<b>Second Line -</b> Ibuprofen 200mg tabs	24	Adults and Children over 16 years
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<b>Second Line -</b> Ibuprofen 200mg tabs	24	Adults and Children over 16 years					
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• If symptoms do not resolve within 48 hours, seek medical advice</li> <li>• If loin pain or fever develops, urgent medical advice required – suspect Pyelonephritis</li> </ul>						
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Increase fluid intake</li> <li>• Wipe front to back after going to the toilet to avoid transferring germs</li> <li>• Try to empty the bladder when urinating</li> <li>• Attacks may be precipitated by use of fragranced products</li> <li>• Passing water following intercourse may also prevent recurrent</li> </ul>						

	<p>attacks</p> <ul style="list-style-type: none"> <li>• Paracetamol or ibuprofen may help to alleviate the pain or discomfort</li> <li>• Cranberry juice or other cranberry products are not recommended as there is no good evidence to support their use for treating urinary tract infection.</li> <li>• Although urine alkalization has been traditionally used to relieve the symptoms of urinary tract infection, there is a lack of good evidence to support its use.</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Urinary tract infection (lower) - women - Management. July 2015. Available at:  <a href="http://cks.nice.org.uk/urinary-tract-infection-lower-women#!scenario">http://cks.nice.org.uk/urinary-tract-infection-lower-women#!scenario</a> &lt;accessed 27.8.2015&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Contact Dermatitis/Atopic Eczema/Dry Skin</b>	
<b>Definition</b>	<p>Contact dermatitis is an inflammatory skin reaction (dermatitis) that occurs in response to an external stimulus acting as either an irritant or an allergen.</p> <ul style="list-style-type: none"> <li>• Allergic contact dermatitis is a hypersensitivity reaction that occurs after sensitization and subsequent re-exposure to an allergen.</li> <li>• Irritant contact dermatitis is an inflammatory response that occurs after damage to the skin, usually by chemicals. It may occur in any individual exposed to an irritant for a sufficient duration and in sufficient concentration.</li> </ul> <p>Atopic Eczema is an inflammation of the skin, which tends to flare up from time to time. It is an inherited condition that may occur in conjunction with asthma, hay fever or rhinitis</p>
<b>Criteria for Inclusion</b>	Superficial inflammation of the skin, causing itching, with a red rash.
<b>Annual Supply Limit</b>	4 supplies
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Signs of weeping, crusty skin or thickening of the skin</li> <li>• Seborrhoeic eczema or other types of eczema</li> <li>• If psoriasis is suspected or confirmed</li> <li>• Affected areas on the face, genitalia and armpits</li> <li>• Untreated bacterial, fungal or viral skin lesions</li> <li>• In cases of severe eczema in children under 12 years of age or pregnant women</li> <li>• Where there is associated scabies</li> </ul>
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Evidence of infection or angio-oedema</li> <li>• Severe condition of the area: badly fissured / cracked skin and/or bleeding</li> <li>• Weight loss – history of liver/kidney disease</li> </ul>
<b>Recommended Treatments and Quantity to supply</b>	<p><b>Emollient</b> - Recommend frequent, liberal use of an emollient to maintain skin hydration and improve barrier repair. Choice will depend on the dryness of the skin, and patient preference.</p> <p><b>Topical Corticosteroid</b> – to treat localized acute dermatitis</p> <p><b>Antihistamine</b> –should only be recommended to help relieve the itching associated with atopic eczema.</p>

	Emulsifying ointment	500g	Adults and children
	Aqueous cream	500g	Adults and children
	Hydrocortisone cream 1%	15g	Adult and children >10 years
	Chlorphenamine 4mg tablets	30	Adults and Children over 6 years
	Chlorphenamine 2mg/5ml oral solution (SF)	150ml	Adults and Children over 1 year
	Cetirizine 10mg tablets	30	Adults and Children over 6 years
	Cetirizine 5mg/5ml oral solution (SF)	200ml	Adults and Children over 2 years
	Loratadine 10mg tablets	30	Adults and Children over 2 years
	Loratadine 5mg/5ml syrup*	100ml	Adults and Children over 2 years
	<p>*Loratadine syrup should be used as a second line treatment when Cetirizine solution not available or suitable</p> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>Particular caution should be given to patient's using Emulsifying Ointment due to potential fire hazard</b></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>		
<b>Follow-up Advice</b>	Advise if symptoms do not start to resolve within 7 days to make an appointment to see a GP		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Avoid scratching (if possible), keep nails short (use anti-scratch mittens in babies) and rub with fingers to alleviate itch</li> <li>• 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)</li> <li>• 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.</li> <li>• Do not use hydrocortisone for more than 7 days</li> <li>• Advise to use the emollient even if the condition improves</li> </ul>		
<b>References</b>	Clinical Knowledge Summaries. Eczema – atopic – management.		

	<p>March 2013. Available at: <a href="http://cks.nice.org.uk/eczema-atopic#!scenario">http://cks.nice.org.uk/eczema-atopic#!scenario</a> &lt;accessed 27.08.15&gt; Clinical Knowledge Summaries. Contact Dermatitis. March 2013. Available at: <a href="http://cks.nice.org.uk/dermatitis-contact">http://cks.nice.org.uk/dermatitis-contact</a> &lt;accessed 27.08.15&gt; Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>
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Acute Diarrhoea			
<b>Definition</b>	The frequent passing of watery stools Symptoms may include abdominal cramps and flatulence		
<b>Criteria for Inclusion</b>	Symptoms of sudden onset (acute diarrhoea)		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• Patients with chronic diarrhoea (symptoms lasting &gt;14 days)</li> <li>• Children under the age of 2 years</li> <li>• Diarrhoea accompanied with fever, severe vomiting, signs of dehydration, significant weight loss</li> <li>• Patients recently returned from abroad</li> <li>• Patients with symptoms of passing blood or mucus</li> <li>• Patients with history of cycling constipation and diarrhoea</li> <li>• History of change in bowel habit</li> <li>• Patient taking/recently completed a course of antibiotics</li> <li>• Recent hospital admission</li> <li>• Pregnancy / Breastfeeding</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Adults with symptoms lasting more than 5 days</li> <li>• Children who appear ill or dehydrated or where symptoms have lasted more than 48 hrs</li> <li>• Patients who are vomiting and unable to tolerate fluids</li> <li>• Signs of shock such as decreased level of consciousness, pale or mottled skin and cold extremities.</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Dioralyte sachets	6 sach.	Adults and Children over 2 years
	Loperamide 2mg caps	6 caps.	Adults and Children over 12 years
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>		
<b>Follow-up Advice</b>	<p>Conditional referral:</p> <ul style="list-style-type: none"> <li>• Young children and elderly are more susceptible to dehydration. Advise to consult the doctor if symptoms persist beyond 48 hrs.</li> <li>• Advise all other patients to consult their doctor if symptoms have not improved within 7 days.</li> </ul> <p>Consider supply but patient advised to make appointment to see GP:</p> <ul style="list-style-type: none"> <li>• Patients taking medication with recognised diarrhoeal effect</li> <li>• Patients with insulin dependent diabetes mellitus</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Condition is usually self-limiting; replacement of lost fluids is normally the only treatment required</li> <li>• Eat as normally as possible. Ideally include fruit juices and soups to provide salt and sugar and foods high in carbohydrates</li> <li>• Drink plenty of fluids to prevent dehydration</li> <li>• Take care with hygiene in particular hand washing after going to the</li> </ul>		

	toilet and before preparing food • Oral rehydration therapy is useful to prevent dehydration
<b>References</b>	Clinical Knowledge Summaries. Gastroenteritis management. August 2014. Available at: <a href="http://cks.nice.org.uk/gastroenteritis">http://cks.nice.org.uk/gastroenteritis</a> <accessed 26.08.2014>  Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a>

Earache			
<b>Definition</b>	Patients presenting with pain in the ear		
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>Patients requiring relief of acute ear pain</li> </ul>		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>Children under the age of 3 months</li> <li>Children under 2yrs with pain in both ears with discharge</li> <li>Body temperature above 38°C</li> <li>Pregnancy / Breast feeding</li> <li>Evidence of foreign body</li> <li>Symptoms persisting for longer than 48 hours</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>Suspected meningitis – vomiting, fever, stiff neck, light aversion, drowsiness, joint pain, fitting and rash</li> <li>Rapid referral for any neurological symptoms or headache/earache associated with any recent head trauma</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol 500mg tablets	32	Adults and Children over 12 years
	Paracetamol SF suspension 120mg/5ml	200ml	Babies and Children aged 3 months to under 6 years
	Paracetamol SF Suspension 250mg/5ml	200ml	Children aged 6 to 12 years
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml SF	100ml	Babies and Children aged 3 months (weighing over 5kg) to 12 years
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>* NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	Conditional referral to GP: <ul style="list-style-type: none"> <li>Pain that does not respond to treatment</li> <li>Patients experiencing pain more severe than that experienced previously or pain which is increasing in severity over several days with no apparent reason</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>If a supply is made, the following information should be provided where applicable:</li> <li>A maximum of four doses of Paracetamol can be administered in any 24 hour period to any age group</li> <li>Ibuprofen should be taken with or immediately after food. If food cannot be eaten, a glass of milk should be consumed before the medication</li> <li>Other patient advice:</li> <li>Offer reassurance that antibiotics are not usually needed because they are likely to make little difference to symptoms, may have adverse effects (for</li> </ul>		

	example diarrhoea, vomiting, and rash), and can contribute to antibiotic resistance.
<b>References</b>	<p>National Institute for Health and Clinical Excellence. Feverish illness in children (CG160) May 2013 <a href="https://www.nice.org.uk/guidance/cg160">https://www.nice.org.uk/guidance/cg160</a> &lt;accessed 26.08.15&gt;</p> <p>Clinical Knowledge Summaries. Otitis Media – acute. March 2015. <a href="http://cks.nice.org.uk/otitis-media-acute">http://cks.nice.org.uk/otitis-media-acute</a> &lt;accessed 26.08.15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Fever Management</b>	
<b>Definition</b>	<p>NICE defines a fever as ‘an elevation of body temperature above the normal daily variation’, and the guidance states that a person is considered to have a fever if his or her temperature is 38°C (100.4°F) or higher.</p> <p>Feverish illness in young children usually indicates an underlying infection of some kind, but is a diagnostic challenge for Health Care Professionals because it is often difficult to identify the cause. In most cases, the illness is due to a self-limiting viral infection, and the child will recover quickly without intervention. However, fever may also be the presenting feature of serious bacterial illness such as meningitis or pneumonia.</p>
<b>Criteria for Inclusion</b>	<p>Adults and children with a feverish illness with no obvious signs and symptoms of a serious underlying condition.</p> <p>Ideally, an actual measurement of a child’s temperature using a digital thermometer in the axilla (armpit) should be taken, however, if a parent or carer thinks the child has a fever, this should also be taken as a valid indicator.</p> <p>For children under 5 years – refer to NICE guidance provided below</p>
<b>Annual Supply Limit</b>	4 supplies
<b>Criteria for Exclusion/When to refer to GP</b>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath or difficulty in breathing</li> <li>• Concomitant rash that does fade on pressing, e.g. with glass</li> <li>• Severe headache or continuous vomiting</li> <li>• Suspected Glandular Fever</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• A body temperature over 38°C in children age 0-3 months or over 39°C in children age 3-6 months.</li> <li>• A child brings up dark-green vomit.</li> <li>• If a child looks pale, ashen, mottled or blue.</li> <li>• Premature child - Child born prematurely and less than 3 months of age</li> <li>• Response - Child does not respond normally and wakes only with difficulty, appears ill or does not smile</li> <li>• Unusual crying - Cries in an unusual way – weak, high pitched or continuous cry</li> <li>• Breathing - Breathing much faster than usual, flared nostrils, skin between the ribs or the area just below the rib cage moves abnormally during breaths</li> <li>• Abnormal grunting</li> <li>• Hydration - Child does not eat or drink much and does not pass much urine, nappies remain dry, fontanelle is bulging or sunken</li> <li>• Non-blanching rash – rash that does not fade on pressure</li> </ul>

	<ul style="list-style-type: none"> <li>• Other signs - Neck stiffness (not being able to touch chin to chest), cold limbs or fitting, other unexplained or unusual symptoms</li> <li>• As per NICE guidelines enclosed for children under 5 years</li> </ul>												
<b>Rapid referral</b>	<p>Refer to NICE ‘traffic light’ system, and any child showing ‘Amber’ or ‘Red’ signs and symptoms must be referred immediately. If the child has any features that may suggest a life threatening illness such as suspected meningitis, poor level of consciousness, fitting or severe breathing difficulties, then emergency transfer to hospital (usually a 999 call) is required.</p>												
<b>NICE Guidance for management of fever in children under 5 years of age</b>	<p>The use of the following traffic light system is recommended, but your general assessment of the child will determine whether the child can be managed at home with appropriate advice and/or medication, or whether referral (urgent or otherwise) to a doctor is required.</p> <p><b>Green – Low risk</b> If Green features are present, but no Amber or Red features, then the child can usually be managed at home with appropriate advice and anti-pyretic medication if necessary</p> <p><b>Amber – Intermediate Risk</b> If any Amber features are present, but no Red features, then the child should be referred to a GP for further assessment within 12 hours (including out-of hours)</p> <p><b>Red – High Risk</b> If any Red features are present, the child should be transferred to the hospital for urgent assessment. This may require a 999 call if necessary.</p> <table border="1" data-bbox="587 1375 1401 2029"> <thead> <tr> <th data-bbox="587 1375 783 1514"></th> <th data-bbox="783 1375 979 1514"><b>Green – Low Risk</b></th> <th data-bbox="979 1375 1192 1514"><b>Amber – Intermediate Risk</b></th> <th data-bbox="1192 1375 1401 1514"><b>Red – High Risk</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="587 1514 783 1727"><b>Colour</b></td> <td data-bbox="783 1514 979 1727">·Normal colour of skin, lips and tongue</td> <td data-bbox="979 1514 1192 1727">·Parent or carer reports that the child has appeared pale</td> <td data-bbox="1192 1514 1401 1727">·Child is pale, mottled, ashen or blue</td> </tr> <tr> <td data-bbox="587 1727 783 2029"><b>Activity</b></td> <td data-bbox="783 1727 979 2029">·Responds normally to social cues such as smiling. ·Stays awake or awakens</td> <td data-bbox="979 1727 1192 2029">·Does not respond normally to social cues. ·Wakes only with prolonged stimulation</td> <td data-bbox="1192 1727 1401 2029">·Appears ill and does not respond to social cues ·Very sleepy, and does not stay awake</td> </tr> </tbody> </table>		<b>Green – Low Risk</b>	<b>Amber – Intermediate Risk</b>	<b>Red – High Risk</b>	<b>Colour</b>	·Normal colour of skin, lips and tongue	·Parent or carer reports that the child has appeared pale	·Child is pale, mottled, ashen or blue	<b>Activity</b>	·Responds normally to social cues such as smiling. ·Stays awake or awakens	·Does not respond normally to social cues. ·Wakes only with prolonged stimulation	·Appears ill and does not respond to social cues ·Very sleepy, and does not stay awake
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<b>Activity</b>	·Responds normally to social cues such as smiling. ·Stays awake or awakens	·Does not respond normally to social cues. ·Wakes only with prolonged stimulation	·Appears ill and does not respond to social cues ·Very sleepy, and does not stay awake										

		quickly ·'Normal cry'	·Lethargy	·Weak , high pitched or continuous crying
	<b>Respiratory</b>	·Normal breathing rate as reported by parent or carer	·Faster than usual breathing rate as reported by parent or carer	·Rapid breathing rate ·Moderate or severe chest indrawing
	<b>Hydration</b>	·Normal skin and eyes ·Moist mucous membranes ·Normal quantity of 'wet' nappies in infants	·Dry mucous membrane ·Poor feeding in infants ·Reduced urine output in infants – less 'wet' nappies than usual	·Decreased skin turgor (skin remains elevated after being pulled up and released)
	<b>Other</b>	·None of the Amber or Red symptoms or signs	·Fever for 5 days or longer ·Swollen limbs or joints	·3-6 months of age, temperature above 39°C ·Non blanching rash ·Bulging fontanelle ·Neck stiffness ·Seizure ·Bile stained vomit
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol tablets 500mg	32	Adult and children over 12 years	
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years	

	Paracetamol oral suspension SF 120mg/5ml	200ml	Children aged 1-6 years*
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml SF	100ml	Children aged 1-12 years*
<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>* NB check cautions and contra-indications before supply</b></p>			
<b>Follow-up Advice</b>	<p>Consider supply but the patient should be advised to make an appointment to see the GP:</p> <ul style="list-style-type: none"> <li>• Patient is difficult to wake, not keeping fluids down or light hurts the eyes</li> <li>• Fever has lasted more than 5 days</li> <li>• Difficulty in breathing</li> <li>• Patient has recently travelled abroad</li> <li>• Severe headache or continuous vomiting</li> <li>• New symptoms develop or existing symptoms worsen</li> </ul>		
<b>Counselling Points</b>	<p>A raised body temperature is part of the body's natural defence mechanism, so treatment of fever should not be based on temperature alone, but also on the overall condition of the patient.</p> <p><i>Physical Interventions</i></p> <ul style="list-style-type: none"> <li>• Be clothed appropriately for the surroundings, with the aim of preventing overheating or shivering. There is a lack of evidence for or against the use of other physical cooling methods (tepid sponging, or lowering the ambient room temperature), as this may lead to over-rapid cooling. This should be avoided as the bodies internal 'thermostat' which is regulated by the hypothalamus may rise to compensate.</li> </ul> <p><i>Drug Interventions</i></p> <ul style="list-style-type: none"> <li>• Use of antipyretic drugs such as Paracetamol or Ibuprofen. Ibuprofen alone has been shown to reduce temperature in a febrile child more effectively than Paracetamol alone and therefore if appropriate should be used as first line treatment.</li> <li>• The use of Ibuprofen in combination with Paracetamol should be considered if the child has not responded sufficiently to appropriate doses of one drug alone, but the parent/carer must be advised how to do this safely. Do not give both agents</li> </ul>		

	<p>simultaneously, only consider alternating them if the distress persists or recurs before the next dose is due.</p> <p><i>Fluids</i></p> <ul style="list-style-type: none"> <li>• Adults and Children with fever should be assessed for signs of dehydration, and parents/carers should also be advised how to detect these signs, as this may indicate a serious illness.</li> <li>• Children should be encouraged to drink fluids regularly if they have a fever to prevent dehydration, (if breastfeeding then continue as normal), but medical advice must be sought if the child displays any of the following signs and symptoms. <ul style="list-style-type: none"> <li>• sunken fontanelle</li> <li>• dry mouth</li> <li>• sunken eyes</li> <li>• absence of tears</li> </ul> </li> </ul> <p>If the child is vomiting and/or has diarrhoea, then the use of electrolyte (rehydration) solutions should also be considered. See protocol for Acute Diarrhoea</p>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Feverish children - management. September 2013. Available at: <a href="http://cks.nice.org.uk/feverish-children-management">http://cks.nice.org.uk/feverish-children-management</a> &lt;accessed 26.08.15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

## Fungal Skin Infections

<b>Definition</b>	<p>Athlete's foot (Tinea Pedis) is a contagious infection caused by a species of Trichophyton or Epidermophyton that is characterized by itching, blisters, cracking, and scaling of skin usually between the toes. It can spread to the sole and upper foot.</p> <p>Fungal nail infections (Onychomycosis) are common infections of the fingernails or toenails that can cause the nail to become discoloured, thick, and more likely to crack and break. Infections are more common in toenails than fingernails.</p>		
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Patients requiring relief of red itchy broken skin at first, later turning white with maceration and soreness.</li> <li>• Yellowish, brownish, or whitish discoloration under the distal edge or sides of the nail.</li> </ul>		
<b>Annual Supply Limit</b>	2 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• Patients under 1 year of age</li> <li>• Toenails becoming black or discoloured. Fungal infection starts to spread under the nails or to other areas of the body</li> <li>• Evidence of bacterial infection/history of eczema</li> <li>• Diabetic patients</li> <li>• Persistent infection not responsive to treatment</li> <li>• Pregnancy and breastfeeding</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Any patients presenting with symptoms of cellulitis (i.e. spreading redness, pain and tenderness).</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Clotrimazole cream 1%	20g	Adult and children over 1
	Miconazole cream 2%	15g	Adult and children over 1
	Terbinafine cream 1%	7.5g	Adult and children over 16 years
	<p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p style="text-align: center;"><b>* NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• Advise if symptoms do not begin to resolve within 2 weeks to make an appointment to see a GP</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Wash the affected skin daily and dry thoroughly afterwards, particularly in the skin folds.</li> <li>• Keep nails short</li> <li>• Wash clothes and bed linen frequently to eradicate the fungus.</li> <li>• Do not to share towels and to wash them frequently.</li> <li>• To wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin.</li> </ul>		

	<p>For athlete's foot:</p> <ul style="list-style-type: none"> <li>• Feet should be washed and dried thoroughly, especially between toes, before applying treatment.</li> <li>• Advise patient to use dusting powders in shoes and socks as a preventative measure, since boiling socks will not kill fungal spores.</li> <li>• Wear cotton socks and footwear that keeps the feet cool and dry.</li> <li>• Change to a different pair of shoes every 2–3 days.</li> <li>• Avoid going barefoot in public places (for example use protective footwear such as flip-flops in communal changing areas).</li> <li>• Avoid scratching affected skin as this may spread the infection to other sites.</li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Fungal skin infection – foot - management. September 2014. Available at: <a href="http://cks.library.nhs.uk/">http://cks.library.nhs.uk/</a> &lt;accessed 26.08.15&gt;</p> <p>Clinical Knowledge Summaries. Fungal Skin Infection – body &amp; groin. September 2014. <a href="http://cks.nice.org.uk/fungal-skin-infection-body-and-groin">http://cks.nice.org.uk/fungal-skin-infection-body-and-groin</a> &lt;26.08.15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Hay Fever (Seasonal Allergic Rhinitis)			
<b>Definition</b>	Hypersensitivity reaction to pollen or fungal spores. Symptoms occur at the same time each year and can typically consist of seasonal sneezing, nasal itching, nasal blockage, watery nasal discharge and red, itchy, watery eyes		
<b>Criteria for Inclusion</b>	Adults and children with symptoms of hay fever requiring symptomatic treatment		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under the age of 6 years at first presentation</li> <li>• Pregnancy / Breast feeding</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Patients experiencing symptoms of wheezing and / or shortness of breath</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Chlorphenamine 4mg tabs	30	Adults and Children over 6 years
	Chlorphenamine 2mg/5ml SF Oral Solution	150ml	Adults and Children over 1 year
	Cetirizine 10mg tabs	30	Adults and Children over 6 years
	Cetirizine 5mg/5ml oral solution SF	200ml	Adults and Children over 2 years
	Loratadine 10mg tabs	30	Adults and Children over 2 years
	Loratadine 5mg/5ml syrup*	100ml	Adults and Children over 2 years
	Beclometasone nasal spray	200 doses	Adults over age of 18 years
	Sodium cromoglicate 2% eye drops	10ml	Adults and Children over 6 years
<p>*Loratadine syrup should be used as a second line treatment when Cetirizine solution not available or suitable</p> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>			
<b>Follow-up Advice</b>	Conditional referral: <ul style="list-style-type: none"> <li>• Patient should consult the GP if treatment is ineffective or symptoms persist after the end of September</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Pollen avoidance measures</li> </ul>		

	<ul style="list-style-type: none"> <li>• Pollen count can be found at <a href="http://www.bbc.co.uk/weather">www.bbc.co.uk/weather</a></li> <li>• Patient choice will play a role in treatment selection</li> <li>• Chlorphenamine should only be supplied if sedation will not be cause for concern; patients should be counselled about driving/operating machinery if sedation occurs</li> <li>• Intranasal corticosteroids are effective where rhinitis is the main symptom; they have a relative slow onset of action - maximum efficacy takes days or weeks to develop.</li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Allergic rhinitis – management. June 2015. Available at: <a href="http://cks.nice.org.uk/allergic-rhinitis">http://cks.nice.org.uk/allergic-rhinitis</a> &lt;accessed 26.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Haemorrhoids			
<b>Definition</b>	Swollen veins which protrude into the canal) may swell and hang down outside the anus).		
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Presence of haemorrhoids requiring soothing relief of itching, burning, pain, swelling and/or discomfort in the perianal area and anal canal.</li> </ul>		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under the age of 18 years</li> <li>• Pregnant women</li> <li>• Change in bowel habit (persisting alteration from normal bowel habit)</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Associated abdominal pain/vomiting</li> <li>• Profuse bleeding</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Anusol ointment	25g	Adults over 18 years
	Anusol suppositories	12	Adults over 18 years
	Anusol Plus HC ointment	15g	Adults over 18 years
	Anusol Plus HC suppositories	12	Adults over 18 year
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>		
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• Consider supply, but the patient should be advised to make an appointment to see the GP: <ul style="list-style-type: none"> <li>- Haemorrhoids of more than 3 weeks duration</li> <li>- Suspected drug-induced constipation</li> <li>- Small amount of fresh blood in stool</li> </ul> </li> <li>• Patients should consult their GP if symptoms have not started to improve within 7 days.</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Relieve constipation and ensure soft stools: <ul style="list-style-type: none"> <li>- Recommend an increase in dietary fibre and fluid intake (wholemeal foods, bran, vegetables and so on, with 8 glasses/12 cups or more of caffeine-free fluid a day)</li> <li>- Consider fibre supplements (bulk-forming agents) to enhance the dietary fibre (see protocol for constipation)</li> </ul> </li> <li>• Correct insertion /application of the product</li> <li>• Cleansing of anal area with soap and warm water will give relief from pruritus ani.</li> </ul>		

<b>References</b>	Clinical Knowledge Summaries. Haemorrhoids – management. May 2012. Available at: <a href="http://cks.library.nhs.uk/">http://cks.library.nhs.uk/</a> <accessed 26.08.15>  Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a>
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<b>Headache/Migraine</b>	
<b>Definition</b>	<p>Pain experienced in the head caused by dilation of cerebral arteries, muscle contraction or by exposure to drugs, e.g. overuse of analgesics, excessive caffeine use. Pain is subjective and will vary considerably from patient to patient.</p> <p>Headache is a symptom of many disorders:</p> <ul style="list-style-type: none"> <li>• <b>Primary headache disorders</b>, in which there is no other condition causing the headache, include the common conditions migraine and tension-type headache, and less common conditions such as cluster headache.</li> <li>• <b>Secondary headache disorders</b>, in which another condition causes the headache, include serious conditions such as intracranial neoplasm, meningitis, and subarachnoid haemorrhage and less serious conditions such as sinusitis, mild systemic infection and medication overuse headache.</li> </ul>
<b>Criteria for Inclusion</b>	Adult or children aged 1 year and over presenting with onset of acute, uncomplicated headache within the last 48 hours.
<b>Annual Supply Limit</b>	4 supplies
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Fever, hot flushes (refer to acute temperature protocol)</li> <li>• Light hurts the eyes</li> <li>• Pain behind one eye or visual disturbance</li> <li>• Hepatic impairment</li> <li>• Recent blow to the head</li> <li>• Concomitant stiff neck or drowsiness or vomiting or confusion</li> <li>• Concomitant rash that does not fade on pressing, e.g. with glass</li> <li>• Change in speech or personality.</li> <li>• Develop weakness, numbness or other odd sensations anywhere on body, or feel unsteady on feet.</li> <li>• Develop a sudden severe headache, like 'being hit with a hammer'</li> <li>• A migraine lasting longer than 24 hours or unresponsive to treatment</li> <li>• New onset of migraine with women who are taking the oral contraceptive pill, as this may be an early warning of cerebrovascular changes</li> </ul>
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Development of rash that does not fade when you press a glass tumbler against the rash. Suspect meningitis if patient is also very ill and advise patient to go to A&amp;E if they cannot get to a GP in the next 10 minutes.</li> <li>• Recent blow to the head – can sometimes take &gt; 24 hours to affect the person</li> <li>• Any change in vision, hearing or vomiting occurs</li> </ul>

	<ul style="list-style-type: none"> <li>Development of drowsiness or confusion</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol tablets 500mg	32	Adult and children over 12 years
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years
	Paracetamol oral suspension SF 120mg/5ml	200ml	Children aged 1-6 years*
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml SF	100ml	Children aged 1-12 years*
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	<p>Consider supply, but patient should be advised to make an appointment to see a GP if:</p> <ul style="list-style-type: none"> <li>New symptoms develop, headache gets worse or does not go away seek further advice from NHS 111 or GP</li> <li>Headaches become more and more frequent.</li> <li>Headache prevents sleep or wakes patient.</li> <li>Headache is worse on coughing, straining, bending, lying flat or laughing.</li> <li>Symptoms such as muscle pains, pain on chewing, a tender scalp, or feel unwell.</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>Avoid any aggravating factors if possible.</li> <li>Warm towel around the neck can help tension headaches</li> <li>Cold flannel can help soothe pain</li> <li>Drink plenty of fluids – will help if patient is dehydrated e.g. after excessive alcohol intake</li> <li>Lifestyle - Try to get plenty of rest and sleep, and use every opportunity to relax.</li> <li>Advise against overuse of analgesics/NSAIDs</li> </ul>		
<b>References</b>	<p>Clinical Knowledge Summaries. Headache – assessment and management. May 2013. Available at:  <a href="http://cks.nice.org.uk/headache-assessment#!topicsummary">http://cks.nice.org.uk/headache-assessment#!topicsummary</a>          &lt;accessed 26.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>		

Heartburn / Indigestion			
<b>Definition</b>	<p><b>Dyspepsia</b> – upper abdominal discomfort, pain associated with food/hunger relieved by antacids, nausea and bloating</p> <p><b>Gastro-oesophageal reflux</b> – heartburn, acid regurgitation, epigastric pain, belching</p>		
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Patients who require relief from some of the above symptoms</li> <li>• Previous diagnosis of minor GI problem</li> <li>• A new GI problem that has lasted less than 10 days</li> </ul>		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under age of 12 years</li> <li>• First time presentation of all ages with symptoms lasting longer than ten days</li> <li>• Patients whose symptoms of indigestion/heartburn have recently changed or have experienced unintended weight loss</li> <li>• Pregnancy</li> <li>• Breastfeeding</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Bleeding PR (excluding haemorrhoids) or blood in the stools</li> <li>• Unexplained weight loss</li> <li>• Vomiting with amounts of blood</li> <li>• Difficulty in swallowing</li> <li>• Pain in the chest indicative of another aetiology</li> <li>• Severe acute epigastric pain</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Gaviscon Advance liquid	150ml	Adults and Children over 12 years
	Ranitidine 75mg	24	Adults and children over 16 years
<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>			
<b>Follow-up Advice</b>	<p>Conditional referral:</p> <ul style="list-style-type: none"> <li>• Consult GP if symptoms persist beyond 1 week</li> <li>• Consult GP if symptoms are not relieved by medication</li> <li>• Patients taking NSAIDs, iron preparations, bisphosphonates and corticosteroids</li> <li>• Second request within one month</li> <li>• Recent peptic ulcer disease</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Symptoms can be aggravated by stress and anxiety</li> <li>• Advise patients to stop smoking, moderate alcohol intake and lose weight where appropriate</li> <li>• Eat small meals slowly and regularly and avoid foods which aggravate the problem</li> <li>• The sodium content of some antacids may be important when a salt restricted diet is required in patients with renal or cardiovascular</li> </ul>		

	<p>disease</p> <ul style="list-style-type: none"> <li>• Advise patients not to take ranitidine tablets for more than 2 weeks continuously. They must consult their doctor if symptoms deteriorate or persist after 2 weeks treatment.</li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Dyspepsia unidentified cause – management. Feb 2015. Available at: <a href="http://cks.nice.org.uk/dyspepsia-unidentified-cause">http://cks.nice.org.uk/dyspepsia-unidentified-cause</a>&lt;accessed01.09.15 &gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Infant colic				
<b>Definition</b>	<p>Repeated episodes of excessive and inconsolable crying in an infant that otherwise appears to be healthy and thriving.</p> <p>Infant's face may be red and flushed, the crying is intense and furious. Infant may clench their fists, draw up their knees or arch their back.</p>			
<b>Criteria for Inclusion</b>	Symptoms and signs suggestive of infant colic			
<b>Annual Supply Limit</b>	4 supplies			
<b>Criteria for Exclusion / When to Refer to GP</b>	<ul style="list-style-type: none"> <li>• The parents are not coping despite advice and reassurance.</li> <li>• There is diagnostic doubt (e.g. the baby is not thriving; crying is not starting to get better or is getting worse after 4 months of age; significant gastro-oesophageal reflux is suspected).</li> <li>• Baby is being treated for a thyroid disorder</li> </ul>			
<b>Rapid Referral</b>	Crying is not starting to get better or is getting worse after 4 months of age.			
<b>Recommended Treatments and Quantity to supply</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Dentinox Infant Colic drops (breastfed or bottle-fed)</td> <td style="padding: 5px; text-align: center;">100ml</td> <td style="padding: 5px;">From birth</td> </tr> </table> <p>Treatment should be continued for up to 7 days initially.</p> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>	Dentinox Infant Colic drops (breastfed or bottle-fed)	100ml	From birth
Dentinox Infant Colic drops (breastfed or bottle-fed)	100ml	From birth		
<b>Follow up</b>	<ul style="list-style-type: none"> <li>• Only continue treatment with Dentinox<sup>®</sup> if there is a response (i.e. the duration of crying shortens). If there is a response to treatment, wean off over a period of one week. If unable to wean the baby off by the age of 6 months, refer to the GP.</li> <li>• If there is no response to treatment after one week, stop treatment and advise the child's parent/guardian to contact their Health Visitor</li> </ul>			
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Prevent the baby from swallowing air by sitting him/her upright during feeding</li> <li>• If breastfeeding, avoid drinking too much tea, coffee and other drinks that contain caffeine. Some women find that spicy food and alcohol can aggravate the colic.</li> <li>• Holes in bottle teats that are too small may cause babies to swallow air along with their feed. 'Fast flow' teats with larger or several holes are available and may be a useful alternative.</li> <li>• Always burp the baby after a feed: gently rub the back and tummy until he/she burps.</li> <li>• Reassure the parents that their baby is well, they are not doing something wrong, the baby is not rejecting them, and that colic is common and is a phase that will pass within a few</li> </ul>			

	<p>months.</p> <ul style="list-style-type: none"> <li>• Holding the baby through the crying episode may be helpful. However, if there are times when the crying feels intolerable, it is best to put the baby down somewhere safe (e.g. their cot) and take a few minutes' 'time out'.</li> <li>• Other strategies that may help to soothe a crying infant include: <ul style="list-style-type: none"> <li>- Gentle motion (e.g. pushing the pram, rocking the crib).</li> <li>- 'White noise' (e.g. vacuum cleaner, hairdryer, running water).</li> <li>- Bathing in a warm bath.</li> </ul> </li> <li>• Encourage parents to look after their own well-being: <ul style="list-style-type: none"> <li>- Ask family and friends for support parents need to be able to take a break.</li> <li>- Rest when the baby is asleep.</li> <li>- Meet other parents with babies of the same age.</li> </ul> </li> <li>• CRY-SIS is a support group for families with excessively crying, sleepless, and demanding children. Their helpline is available every day from 9 am. to 10 pm. Tel: 08451 228 669. The CRY-SIS website (<a href="http://www.cry-sis.org.uk">www.cry-sis.org.uk</a>) also contains useful information.</li> <li>• Health visitors are also a useful source of advice and support for parents of excessively crying babies.</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Colic - infantile – management. November 2014. Available at: <a href="http://cks.nice.org.uk/colic-infantile">http://cks.nice.org.uk/colic-infantile</a>&lt;accessed 01.09.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Mouth Ulcers			
<b>Definition</b>	A mouth ulcer (aphthous ulcer) is an ulcerative lesion affecting the oral mucosa		
<b>Criteria for Inclusion</b>	Mouth ulcers requiring symptomatic treatment to alleviate pain and discomfort and aid healing		
<b>Annual Supply Limit</b>	2 supplies		
<b>Criteria for Exclusion / When to Refer to GP/Dentist</b>	<ul style="list-style-type: none"> <li>• Children under 5 years old</li> <li>• Consider referral to GP for babies/children with oral problems</li> <li>• Evidence of systemic symptoms</li> <li>• Patients taking immunosuppressant drugs or who are known to be immunocompromised/ immunosuppressed</li> <li>• Ulcer present for more than 3 weeks</li> <li>• History of frequent previous episodes</li> <li>• Recurrent or multiple ulcers</li> <li>• Any sore that bleeds easily</li> <li>• Non painful lesions including any lump, thickening or red / white patches</li> <li>• Pregnancy / Breast feeding</li> <li>• Ulcers affecting extra-oral sites (i.e. genitalia)</li> <li>• Ulcers affecting atypical sites in the mouth (i.e. palate)</li> <li>• Suspected adverse drug reaction</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Difficulty with swallowing</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Bonjela gel	15g	Adults and Children over 16 years
	Chlorhexidine 0.2% mouthwash	300ml	Adults and Children over 12 years
	Anbesol Liquid	15ml	Adults and Children over 5 years
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>		
<b>Follow-up Advice</b>	Conditional referral: <ul style="list-style-type: none"> <li>• If symptoms persist or ulcer(s) returns, consult GP</li> <li>• Consider referral to GP for babies/children with oral problems</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Good oral hygiene to avoid risk of secondary infection</li> <li>• Where possible manage precipitating factors: oral trauma, stress and anxiety, certain foods (crisps, spicy food, hot fluids, carbonated drinks), smoking</li> <li>• Use a softer toothbrush.</li> <li>• Advise patient to visit the dentist regularly</li> <li>• If recommending Chlorhexidine mouthwash, counsel and advise the patient about teeth staining and advise not use it for more</li> </ul>		

	than 1 month.
<b>References</b>	<p>Clinical Knowledge Summaries. Aphthous Ulcer. August 2012. Available at: <a href="http://cks.nice.org.uk/apthous-ulcer">http://cks.nice.org.uk/apthous-ulcer</a> &lt;accessed 01/09/15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Nappy rash			
<b>Definition</b>	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.		
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>Mild to moderate red rash or sore skin confined to the nappy area</li> </ul>		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>Broken skin</li> <li>Severe, prolonged or recurrent fungal infection</li> <li>Nappy rash accompanied by oral thrush</li> <li>Ulceration of affected area</li> <li>Nappy rash that is causing discomfort</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>Signs of infection</li> <li>Infant with rash and satellite lesions</li> <li>Nappy rash that is a bright shade of red, very warm or swollen</li> <li>Baby has a high temperature or seems distressed, in addition to the nappy rash.</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Sudocrem	60g	Babies and children
	Metanium ointment	30g	Babies and children
<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>NB check cautions and contra-indications before supply</b></p>			
<b>Follow-up Advice</b>	If the rash persists for longer than 10 days refer to the health visitor; but if the rash does not improve in 48 hours or it worsens, refer to the GP.		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>To reduce exposure to irritants (urine, faeces, and friction), advise parents and carers: <ul style="list-style-type: none"> <li>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.</li> <li>To leave nappies off for as long as is practically possible.</li> <li>To clean and change the child as soon as possible after wetting or soiling:</li> </ul> </li> <li>Use water, or fragrance-free and alcohol-free baby wipes.</li> <li>Dry gently after cleaning — avoid vigorous rubbing.</li> <li>Bath the child daily — but avoid excessive bathing (such as more than twice a day) which may dry the skin.</li> </ul>		

	<ul style="list-style-type: none"><li>• Do not use soap, bubble bath, or lotions.</li></ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Nappy rash – management. Available at: <a href="http://cks.nice.org.uk/nappy-rash">http://cks.nice.org.uk/nappy-rash</a> &lt;accessed 01.09.15&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Oral Thrush				
<b>Definition</b>	An infection of yeast fungus, <i>Candida Albicans</i> , in the mucous membrane of the mouth			
<b>Criteria for Inclusion</b>	Symptoms vary, ranging from asymptomatic infection to a sore and painful mouth with a burning tongue and altered taste White patches on an erythematous background are usually seen on the buccal mucosa, tongue or gums			
<b>Annual Supply Limit</b>	2 supplies			
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 4 months</li> <li>• Children under 6 months that were born pre-term</li> <li>• Patients undergoing chemotherapy or immunocompromised individuals</li> <li>• Patients taking disease modifying drugs</li> <li>• Patients who appear systemically unwell</li> <li>• History of recurrent infection</li> <li>• Pregnancy and Breast feeding</li> </ul>			
<b>Recommended Treatments and Quantity to supply</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Miconazole Oral gel 2%</td> <td style="width: 15%;">15g</td> <td style="width: 52%;">Adults and Children over 4 months</td> </tr> </table> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check , cautions and contra-indications before supply</b></li> </ul>	Miconazole Oral gel 2%	15g	Adults and Children over 4 months
Miconazole Oral gel 2%	15g	Adults and Children over 4 months		
<b>Follow-up Advice</b>	<p>Oral thrush can be a sign of a serious underlying systemic disease</p> <p>Conditional referral:</p> <ul style="list-style-type: none"> <li>• If symptoms persist beyond 1 week</li> </ul> <p>Consider supply, but advise patient to make appointment with GP:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> </ul>			
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Hold gel in the mouth for as long as possible before swallowing</li> <li>• Miconazole Oral gel is sticky. If giving the gel to a child or infant aged four months and over, make sure that the gel does not close off the child's or infant's throat as they could choke on it. The gel should be placed at the front of the mouth – never at the back of the throat.</li> <li>• Treatment with Miconazole Oral gel should continue for 48hrs after clearance</li> <li>• Advise patients who are prescribed Warfarin to have their INR checked within 7 days</li> <li>• If possible address the cause: <ul style="list-style-type: none"> <li>- Dentures - Remove at night and brush with Miconazole Oral</li> </ul> </li> </ul>			

	gel - Maintain diabetes control - Rinse mouth after using steroid inhalers
<b>References</b>	Clinical Knowledge Summaries. Candida - oral - Management. September 2009. Available at: <a href="http://cks.library.nhs.uk/candida_oral">http://cks.library.nhs.uk/candida_oral</a> <accessed 25.08.15>  Refer to SPC for individual product information <a href="http://www.medicines.org.uk/EMC/medicine/7301/SPC/Daktarin+Oral+Gel/">http://www.medicines.org.uk/EMC/medicine/7301/SPC/Daktarin+Oral+Gel/</a>

<b>Scabies</b>													
<b>Definition</b>	Scabies is an intensely itchy skin infestation caused by the human parasite <i>Sarcoptes scabiei</i>												
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Intense itching and/or rash, generally symmetrical on the body.</li> <li>• 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.</li> <li>• The skin develops thick crusts which are highly contagious</li> </ul>												
<b>Annual Supply Limit</b>	2 supplies												
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 2 years</li> <li>• New burrows appear after one week from a second application of an insecticide – May indicate treatment failure</li> </ul>												
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Signs of bacterial infection</li> </ul>												
<b>Recommended Treatments and Quantity to supply</b>	<p>Recommended treatment:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Permethrin 5% dermal cream</td> <td style="width: 33%;">2 x 30g (for 2 applications 7 days apart)</td> <td style="width: 33%;">Adult and children over 2 years</td> </tr> </table> <p>For treatment of associated itching</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Chlorphenamine 4mg tab</td> <td style="width: 33%;">30</td> <td style="width: 33%;">Adult and children over 6 years</td> </tr> <tr> <td>Chlorphenamine oral solution 2mg/5ml SF</td> <td>150ml</td> <td>Adult and children over 2 years</td> </tr> <tr> <td>Crotamiton 10% cream</td> <td>30g</td> <td>Adult and children over 3 years</td> </tr> </table> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p style="text-align: center;"><b><i>NB check cautions and contra-indications before supply</i></b></p>	Permethrin 5% dermal cream	2 x 30g (for 2 applications 7 days apart)	Adult and children over 2 years	Chlorphenamine 4mg tab	30	Adult and children over 6 years	Chlorphenamine oral solution 2mg/5ml SF	150ml	Adult and children over 2 years	Crotamiton 10% cream	30g	Adult and children over 3 years
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<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• Apply the insecticide twice, with applications one week apart</li> <li>• Itching may persist for 2-3 weeks after successful treatment. During this time no new lesions should develop.</li> <li>• If treatment fails, patients should be advised to refer to their GP.</li> </ul>												
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Simultaneously (within 24h) treat all members of the household, close contacts, and sexual contact with a topical insecticide (even in the absence of symptoms)</li> <li>• Consider symptomatic treatment for itching</li> </ul>												

	<ul style="list-style-type: none"> <li>• Machine wash (at 50°C or above) clothes, towels, and bed linen, on the day of application of the first treatment</li> <li>• Advise to avoid close body contact with others until their partners and close contact have been treated</li> <li>• Infection only spreads through direct skin-to-skin contact with another human being</li> <li>• Incubation is usually 4-6 weeks in patients without previous exposure</li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Scabies – management. December 2011. Available at: <a href="http://cks.library.nhs.uk/">http://cks.library.nhs.uk/</a> &lt;accessed 25.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Sore Throat			
<b>Definition</b>	A painful throat often accompanied by viral symptoms		
<b>Criteria for Inclusion</b>	A sore throat requiring soothing		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 1 year</li> <li>• Patients on disease modifying drugs or other immunosuppressant drugs</li> <li>• Pregnancy/ Breastfeeding</li> <li>• Sore throat lasting more than 7-10 days</li> <li>• Recurrent bouts of infection</li> <li>• Hoarseness of more than 3 weeks' duration</li> <li>• Difficulty in swallowing</li> <li>• Failed medications</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders)</li> <li>• Patients presenting with severe symptoms (inability to swallow, acute onset, high temperature, difficulty in breathing)</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol tablets 500mg	32	Adult and children over 12 years
	Paracetamol susp SF 250mg/5ml	200ml	Children over 6 years
	Paracetamol oral suspension SF 120mg/5ml	200ml	Children aged 1-6 years*
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml SF	100ml	Children aged 1-12 years*
	Diffiam Throat spray	1	Adult and children depending on body weight – See product literature
	<p>*Children under 1 year should be excluded and referred to their GP</p> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>NB check cautions and contra-indications before supply</b></p>		
<b>Follow-up Advice</b>	Conditional referral: <ul style="list-style-type: none"> <li>• If symptoms persist for more than 7-10 days, consult GP</li> </ul>		

	<p>Consider supply, but advise patient to make an appointment with GP:</p> <ul style="list-style-type: none"> <li>• Symptoms suggesting oral candidiasis/tonsillitis</li> </ul>
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Sore throats are usually a self-limiting illness (whether caused by viral or bacterial infection) and will resolve in 7-10 days</li> <li>• Patients should avoid smoky or dusty atmospheres and reduce or stop smoking</li> <li>• Ensure patient maintains an adequate fluid intake and provide advice on symptomatic relief</li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Sore throat - acute - Management. April 2008. Available at:  <a href="http://www.cks.nhs.uk/sore_throat_acute#-326918">http://www.cks.nhs.uk/sore_throat_acute#-326918</a> &lt;accessed 25.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Sprains and Strains</b>												
<b>Definition</b>	<p>A sprain is an injury to a ligament as a result of abnormal or excessive forces applied to a joint, but without dislocation or fracture.</p> <p>A muscle strain (or 'pull') is stretching or tearing of muscle fibres. Most muscle strains happen for one of two reasons: either the muscle has been stretched beyond its limits or it has been forced to contract too strongly.</p>											
<b>Criteria for Inclusion</b>	Signs and symptoms of mild sprain (mild stretching of the ligament complex without joint instability or strain) or mild strain (when only a few muscle fibres are stretched or torn; although the injured muscle is tender and painful, it has normal strength).											
<b>Annual Supply Limit</b>	4 supplies											
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 12 years of age</li> <li>• Moderate to severe sprain or strain</li> <li>• Bruising and/or swelling</li> <li>• Arthritis</li> </ul>											
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Possible fracture or dislocation</li> </ul>											
<b>Recommended Treatments and Quantity to supply</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Paracetamol 500mg tab</td> <td style="width: 10%; text-align: center;">32</td> <td style="width: 40%;">Adults and children over 12 years</td> </tr> <tr> <td>Ibuprofen 200mg tab</td> <td style="text-align: center;">24</td> <td>Adults and children over 12 years</td> </tr> <tr> <td>Ibuprofen gel 5%</td> <td style="text-align: center;">30g</td> <td>Adults and children over 14 years</td> </tr> </tbody> </table> <p style="text-align: center;"><b>PLUS</b></p> <p>Refer to local Minor Injury Unit/ AE for assessment – if appropriate</p> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p style="text-align: center;"><b><i>NB check cautions and contra-indications before supply</i></b></p>			Paracetamol 500mg tab	32	Adults and children over 12 years	Ibuprofen 200mg tab	24	Adults and children over 12 years	Ibuprofen gel 5%	30g	Adults and children over 14 years
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<b>Counselling Points</b>	<p>Advise the person to manage their injury using <b>PRICE</b>:</p> <ul style="list-style-type: none"> <li>○ <b>Protection</b> — protect from further injury (for example by using a support or high-top, lace-up shoes).</li> <li>○ <b>Rest</b> — avoid activity for the first 48–72 hours following injury.</li> <li>○ <b>Ice</b> — apply ice wrapped in a damp towel for 15–20 minutes every 2–3 hours during the day for the first 48–72 hours</li> </ul>											

	<p>following the injury. Do not leave ice on while asleep.</p> <ul style="list-style-type: none"> <li>○ <b>Compression</b> — with a simple elastic bandage or elasticated tubular bandage, which should be snug, but not tight. Remove before going to sleep.</li> <li>○ <b>Elevation</b> — advise the person to rest with their leg elevated and supported on a pillow until the swelling is controlled, and to avoid prolonged periods with the leg not elevated.</li> <li>● Advise the person to avoid <b>HARM</b> in the first 72 hours after the injury: - <b>Heat</b> (for example hot baths, saunas, heat packs). - <b>Alcohol</b> (increases bleeding and swelling and decreases healing). - <b>Running</b> (or any other form of exercise which may cause further damage). - <b>Massage</b> (may increase bleeding and swelling).</li> <li>● Consider current medications (purchased and prescribed) e.g. statins; anticoagulants, which may affect the injury, and refer if appropriate.</li> <li>● For sprains: <ul style="list-style-type: none"> <li>Do not immobilize the joint. Begin flexibility (range of motion) exercises as soon as they can be tolerated without excessive pain.</li> </ul> </li> <li>● For strains: <ul style="list-style-type: none"> <li>Immobilize the injured muscle for the first few days after the injury. - Start active mobilization after a few days if the person has pain-free use of the muscle in basic movements and the injured muscle can stretch as much as the healthy contralateral muscle.</li> </ul> </li> </ul>
<b>References</b>	<p>Clinical Knowledge Summaries. Sprains and strains – management. June 2008. Available at: <a href="http://cks.library.nhs.uk/">http://cks.library.nhs.uk/</a> &lt;accessed 25.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

Teething			
<b>Definition</b>	Teething can start from as early as three months and can continue up to the age of three years		
<b>Criteria for Inclusion</b>	Symptoms can include discomfort and pain, disturbed sleep and restlessness, red and swollen gums, hot cheeks, excess salivation and dribbling, nappy rash and increased tendency to chew objects		
<b>Annual Supply Limit</b>	4 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children aged over 3 years</li> <li>• Babies aged under 2 months</li> <li>• White spots in mouth (see oral thrush)</li> <li>• Children with temperature &gt;38°C</li> </ul>		
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Consult GP if the child has a temperature over 38°C (100°F), concurrent diarrhoea, presence of a rash</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Paracetamol 120mg/5ml SF suspension	200ml	Babies and Children aged 3 months and over
	Bonjela <b>Teething Gel</b>	15g	Babies aged over 2 months
	Ibuprofen suspension 100mg/5ml SF	100ml	Babies and children aged 3 months or older weighing more than 5kg
	<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> <li>• <b>Bonjela Gel or Bonjela Mint Gel or any other product containing salicylates must not be supplied</b></li> </ul>		
<b>Follow-up Advice</b>	Conditional referral: <ul style="list-style-type: none"> <li>• Consult GP if symptoms and pain (if child crying inconsolably) are excessive</li> </ul>		
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Use of cooled teething rings can help reduce the sensation of pain and give babies something to chew on</li> <li>• Extra comforting can often be the only intervention required</li> </ul>		
<b>References</b>	Clinical Knowledge Summaries. Teething management. November 2009. Available at: CKS: <a href="http://www.cks.nhs.uk/teething#-400141">http://www.cks.nhs.uk/teething#-400141</a> <accessed 25.08.15>  Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a>		

<b>Threadworms</b>				
<b>Definition</b>	Intestinal helminth infection (pin-shaped, white/cream coloured approx 100mm long and less than 0.5mm wide)			
<b>Criteria for Inclusion</b>	<p>Suspected* or confirmed threadworm infection that is either asymptomatic, or characterised by itching around the perianal region, particularly at night.</p> <p>*Although threadworms appear in faeces, they can often be difficult to detect visually, and eggs cannot be seen with the naked eye.</p>			
<b>Annual Supply Limit</b>	4 supplies			
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under age of 2 years</li> <li>• Pregnant women / Breast feeding</li> <li>• Consult GP if there are signs of bacterial infection (mucus discharge/ red and inflamed skin around the anus)</li> <li>• Loss of appetite, weight loss, insomnia</li> </ul>			
<b>Recommended Treatments and Quantity to supply</b>	<p>The aim of treatment is to get rid of the threadworms and prevent reinfection. This will usually involve a combination of medication to kill the worms and strict hygiene measures to stop the spread of the eggs.</p> <p>The lifespan of threadworms is approximately six weeks, so it's important that hygiene measures are followed for at least this length of time.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Mebendazole 100mg chewable tab</td> <td style="width: 33%;">Single dose (1) or Family pack (4)</td> <td style="width: 33%;">Adults and Children over 2 years  NB SINGLE DOSE- supply enough to treat whole family</td> </tr> </table> <p style="text-align: center;"><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>	Mebendazole 100mg chewable tab	Single dose (1) or Family pack (4)	Adults and Children over 2 years  NB SINGLE DOSE- supply enough to treat whole family
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<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• If re-infection suspected, repeat treatment after 14 days – a new consultation will be needed</li> </ul>			
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• To treat threadworms successfully, all household members must be treated, even if they don't have any symptoms. This is because the risk of the infection spreading is very high.</li> <li>• Wash all night clothes, bed linen, towels and soft toys – this can be done at normal temperatures, but make sure the washing is</li> </ul>			

	<p>well rinsed</p> <ul style="list-style-type: none"> <li>• Thoroughly vacuum and dust the whole house, paying particular attention to the bedrooms – this should be repeated regularly</li> <li>• Carefully clean the bathroom and kitchen by damp-dusting surfaces and washing the cloth frequently in hot water – this should be repeated regularly</li> <li>• Avoid shaking any material that may be contaminated with eggs, such as clothing or bed sheets – this will prevent eggs being transferred to other surfaces</li> <li>• Don't eat food in the bedroom – eggs can be swallowed that have been shaken off the bedclothes</li> <li>• Keep fingernails short – encourage other members of the household to do the same</li> <li>• Discourage nail-biting and sucking fingers – in particular, make sure children don't suck their thumb</li> <li>• Wash hands frequently and scrub under fingernails – it's particularly important to do this before eating, after going to the toilet, and before and after changing a baby's nappy</li> <li>• Wear close-fitting underwear at night and change underwear every morning</li> <li>• Bathe or shower regularly – it's particularly important to bathe or shower first thing in the morning to remove any eggs laid overnight</li> <li>• Don't share towels or face flannels</li> <li>• Keep toothbrushes in a closed cupboard and rinse them thoroughly before use</li> <li>• It isn't necessary to stay off work or school if you or your child has a threadworm infection. However, staff at your child's school or nursery should be informed so they can take steps to prevent the spread of infection.</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Threadworm management. December 2011. Available at: <a href="http://cks.library.nhs.uk/threadworm">http://cks.library.nhs.uk/threadworm</a> &lt;accessed 27.08.15&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

<b>Vaginal Thrush</b>	
<b>Definition</b>	A symptomatic inflammation of the vagina and/or vulva caused by a superficial fungal infection (usually a <i>Candida</i> species), although other yeasts are occasionally implicated.
<b>Criteria for Inclusion</b>	<ul style="list-style-type: none"> <li>• Adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same symptoms. Presenting symptoms include itching / irritation to vaginal area with or without a creamy white, non-odorous discharge, pain or burning on urination</li> <li>• Symptomatic male partners of an infected female</li> </ul>
<b>Annual Supply Limit</b>	2 supplies
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Is a first-time sufferer whose thrush has not previously been diagnosed by a physician</li> <li>• Is younger than 16 or older than 60 years of age</li> <li>• Has had at least two episodes of thrush in the past six months but has not consulted her GP about the condition for more than a year</li> <li>• Has a previous history of sexually transmitted disease or has been exposed to a partner with one</li> <li>• Is or might be pregnant</li> <li>• Has foul-smelling vaginal discharge</li> <li>• Has abnormal or irregular vaginal bleeding or blood-stained discharge</li> <li>• Has pain in the lower abdomen</li> <li>• Has experienced an adverse reaction to antifungal products</li> <li>• Has dysuria — pain on urination is rare with thrush, although external dysuria can occur</li> <li>• Have vulval or vaginal sores, ulcers or blisters. These are more commonly associated with herpes infections</li> <li>• Experiences no improvement after seven days' empirical treatment.</li> <li>• Patients receiving cytotoxic therapies</li> <li>• Immunocompromised patients</li> </ul>
<b>Rapid Referral</b>	<ul style="list-style-type: none"> <li>• Irregular or abnormal vaginal bleeding</li> <li>• Foul smelling discharge</li> <li>• Fever</li> <li>• Associated lower abdominal pain or dysuria</li> </ul>

<b>Recommended Treatments and Quantity to supply</b>	Clotrimazole 500mg pessary	1	Female adults aged 16-60 years					
	Clotrimazole combi 500mg/2% pack	1	Female adults aged 16-60 years					
	Fluconazole 150mg oral cap	1	Non-Pregnant Female adults aged 16-60 years					
	<p><b>*Use either an intravaginal antifungal, or an oral antifungal, but not together</b></p> <p><b>For symptomatic male partners;</b></p> <table border="1"> <tr> <td>Clotrimazole 2% cream</td> <td>20g</td> <td>Male adults aged 16-60 years</td> </tr> <tr> <td>Fluconazole 150mg oral cap</td> <td>1</td> <td>Male adults aged 16-60 years</td> </tr> </table> <p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <ul style="list-style-type: none"> <li>• <b>NB check cautions and contra-indications before supply</b></li> </ul>			Clotrimazole 2% cream	20g	Male adults aged 16-60 years	Fluconazole 150mg oral cap	1
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Fluconazole 150mg oral cap	1	Male adults aged 16-60 years						
<b>Follow-up Advice</b>	<p>Refer patients to GP, FP Clinic or GUM</p> <p>Conditional referral:</p> <ul style="list-style-type: none"> <li>• If symptoms are unresolved 7 days after treatment</li> </ul> <p>Consider supply but advise patient to make appointment with GP:</p> <ul style="list-style-type: none"> <li>• Diabetic – Candidiasis can be a result of poor diabetes control</li> <li>• Post-menopausal women</li> </ul>							
<b>Counselling Points</b>	<ul style="list-style-type: none"> <li>• Advise patient to wear cotton underwear and loose-fitting clothes</li> <li>• Avoid perfumed products</li> <li>• Remind GP that they are prone to thrush if they are prescribed oral antibiotics or other medication</li> <li>• Clotrimazole may affect condom durability</li> <li>• Symptomatic partners should be treated concurrently</li> <li>• Antifungals interact with a wide range of medication, so advise accordingly</li> </ul>							
<b>References</b>	<p>Clinical Knowledge Summaries. Candida - female genital - Management. December 2013. Available at: <a href="http://cks.nice.org.uk/candida-female-genital#!topicsummary">http://cks.nice.org.uk/candida-female-genital#!topicsummary</a> &lt;accessed 27.08.2015&gt;</p> <p>Refer to SPC for individual product information <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>							

Warts and Verrucas			
<b>Definition</b>	<ul style="list-style-type: none"> <li>• Warts are small, rough growths which are caused by certain strains of the human papilloma virus (HPV). They can appear anywhere on the skin but are most commonly seen on the hands and feet.</li> <li>• A verruca (also known as a plantar wart) is a wart on the sole of the foot</li> </ul>		
<b>Criteria for Inclusion</b>	Adults or Children over 1 year with a single or small number of cutaneous warts		
<b>Annual Supply Limit</b>	2 supplies		
<b>Criteria for Exclusion/When to refer to GP</b>	<ul style="list-style-type: none"> <li>• Children under 1 year</li> <li>• Where the diagnosis is uncertain</li> <li>• A facial wart.</li> <li>• A wart on bottom or genital area</li> <li>• Warts with hairs growing from them</li> <li>• Multiple recalcitrant warts and compromised immunity.</li> <li>• Extensive warts.</li> <li>• Persistent warts that are unresponsive to available over the counter treatments</li> <li>• Diabetics</li> </ul>		
<b>Recommended Treatments and Quantity to supply</b>	Salactol Collodian	10ml	Adults and Children over 1 year
	Glutarol 10% Cutaneous Solution	10ml	Adults and Children over 1 year
<p><i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i></p> <p><b>NB check cautions and contra-indications before supply</b></p>			
<b>Follow-up Advice</b>	<ul style="list-style-type: none"> <li>• If wart(s) have not resolved following topical treatment for 12 weeks, refer to GP</li> </ul>		
<b>Counselling Points</b>	<p>Warts are diagnosed from their typical appearance:</p> <ul style="list-style-type: none"> <li>- <b>Common warts</b> are firm and raised with a rough surface that resembles a cauliflower (common on knuckles, knees, and fingers).</li> <li>- <b>Plane warts</b> are round, flat topped, and yellow (common on the backs of hands).</li> <li>- <b>Filiform warts</b> are long and slender (common on the face and neck).</li> <li>- <b>Plantar warts (verrucae)</b> grow on the soles of the feet, often have dark dots in the centre, and may be painful.</li> </ul>		

	<ul style="list-style-type: none"> <li>- <b>Mosaic warts</b> occur when palmar or plantar warts coalesce into larger plaques on the hands and feet.</li> <li>• Warts are usually spread by direct skin-to-skin contact, or indirectly via contact with contaminated floors or surfaces</li> <li>• Most warts will usually 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</li> <li>• Topical salicylic acid may require administration for up to 12 weeks</li> <li>• Take care not to apply treatment products on surrounding healthy skin. A barrier such as Vaseline may be useful.</li> <li>• Treatments should not be used on moles or birthmarks</li> </ul>
<p><b>References</b></p>	<p>Clinical Knowledge Summaries. Warts and Verrucae- Management. December 2014. Available at: <a href="http://cks.nice.org.uk/warts-and-verrucae#!topicsummary">http://cks.nice.org.uk/warts-and-verrucae#!topicsummary</a> &lt;accessed 27.08.2015&gt;</p> <p>Refer to SPC for individual product information  <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a></p>

### Appendix 3

#### Formulary

Product	Pack Size
Aciclovir 5% cream	2g
Anbesol Liquid	15ml
Anusol ointment	25g
Anusol Plus HC ointment	15g
Anusol Plus HC suppositories	12
Anusol suppositories	12
Aqueous cream	500g
Beclometasone nasal spray	200 doses
Bisacodyl 5mg tablets	20
Bonjela gel	15g
Bonjela <b>Teething Gel</b>	15g
Calamine Lotion	200ml
Cetirizine 10mg tablets	30
Cetirizine 5mg/5ml oral solution SF	200ml
Chloramphenicol 0.5% eye drops**	10ml
Chloramphenicol 1.0% eye ointment	4g
Chlorhexidine 0.2% mouthwash	300ml
Chlorphenamine 4mg tablets	30
Chlorphenamine SF 2mg/5ml oral solution	150ml
Clotrimazole 2% cream	20g
Clotrimazole 500mg pessary	1
Clotrimazole combi 500mg/2% pack	1
Clotrimazole cream 1%	20g
Crotamiton 10% cream	30g
Dentinox Infant Colic drops	100ml
Difflam Throat spray	1
Dioralyte sachets	6 sachets
Emulsifying ointment	500g
Fluconazole 150mg oral cap	1
Gaviscon Advance liquid	150ml
Glutarol 10% Cutaneous Solution	10ml
Glycerin, Honey and Lemon	200ml
Glycerol suppositories 4g	12
Hydrocortisone 1% cream	15g
Hypromellose 0.5% eye drops	10ml
Ibuprofen gel 5%	30g
Ibuprofen SF suspension 100mg/5ml	100ml
Ibuprofen tab 200mg	24
Ispaghula 3.5g sachets	10
Lactulose solution	300ml
Loperamide 2mg caps	6
Loratadine 10mg tablets	30

<b>Appendix 3 Formulary cont.</b>	
Loratadine 5mg/5ml syrup	100ml
Mebendazole 100mg chewable tab**	Single dose (1) or Family pack (4)
Menthol and Eucalyptus inhalation	100ml
Metanium ointment	30g
Miconazole cream 2%	15g
Miconazole Oral gel 2%	15g
Paracetamol susp SF 250mg/5ml	200ml
Paracetamol suspension SF 120mg/5ml	200ml
Paracetamol tablets 500mg	32
Permethrin 5% dermal cream	30g
Pholcodine Linctus 5mg/5ml S.F	200ml
Piriton 4mg tablets*	30
Piriton Syrup 2mg/5ml*	150ml
Ranitidine 75mg	24
Salactol Collodian	10ml
Senna 7.5mg tablets	20
Simple Linctus Paediatric S.F	200ml
Simple Linctus S.F	200ml
Sodium Chloride 0.9% Nasal Drops	10ml
Sodium cromoglicate 2% eye drops	10ml
Sudocrem	60g
Terbinafine cream 1%	7.5g
Xylometazoline 0.1% Nasal Spray	10ml

\*\*Items not subject to Drug Tariff or DM+D pricing. Reimbursement based on OTC list price.

## Referral from Community Pharmacy

Patient's name:.....

Patient's D.O.B:.....

Patient's address:.....

.....  
The patient named above has accessed the Pharmacy First for Common Ailment's Scheme and following assessment by the pharmacist on duty a referral has been recommended based on the following information;

Pharmacist's comments:.....

.....

.....

Indication of urgency (please tick):

- Accident and Emergency
- Contact GP or other HCP within 24 hours
- Contact GP or other HCP within ..... days if symptoms do not resolve

Pharmacist's name (PRINT).....

Pharmacy telephone number.....

Pharmacy address.....

.....

Date and time.....

Pharmacist signature.....

Please ensure that this form is given to your GP or other Healthcare Professional

Appendix 5

NHS England North Midlands (Staffordshire and Shropshire Area)  
Pharmacy First for Common Ailments Service – Consultation Proforma

<b>Consultation date</b>				<b>Date entered onto PharmOutcomes</b>			
<b>Client name</b>				<b>Address</b>			
<b>Postcode</b>							
<b>Date of birth</b>				<b>GP surgery</b>			
<b>Patient consent obtained?</b>		Yes	No				
<b>Confirmation of eligibility:</b>	<i>Medical Card</i>	<i>Pharmacy PMR or other record</i>		<i>Confirmation by surgery</i>	<i>Known to pharmacy staff</i>	<i>GP registration document</i>	
<b>Prescription Exemption Class</b>							
<i>&lt;16 yrs</i>		<i>16/17/18 &amp; FTE</i>		<i>&gt;60 yrs</i>		<i>Maternity Exemp. Cert.</i>	
<i>Medical Exemp. Cert.</i>		<i>Pre-payment Cert.</i>		<i>War Pension Cert.</i>		<i>HC2 Cert.</i>	
<i>Income Support</i>		<i>Income Based Job Seekers Allowance</i>		<i>NHS Tax Credit Exemp. Cert.</i>		<i>Partner who gets Pension Credit</i>	
<b>Evidence of Exemption seen?</b>		Yes	No	<b>Supply made by:</b>			
<b>Pharmacist on duty</b>				<b>GPhC Number</b>			
<i>Bites and stings</i>		<i>Chickenpox</i>		<i>Colds/Flu-like symptoms/Nasal congestion</i>		<i>Cold sores</i>	
<i>Conjunctivitis (acute bacterial)</i>		<i>Constipation (acute)</i>		<i>Cough</i>		<i>Cystitis</i>	
<i>Contact Dermatitis/Atopic Eczema/Dry Skin</i>		<i>Diarrhoea (acute)</i>		<i>Earache</i>		<i>Fever Management</i>	
<i>Fungal skin infections</i>		<i>Hayfever (seasonal allergic rhinitis)</i>		<i>Haemorrhoids</i>		<i>Headache/Migraine</i>	
<i>Heartburn/Indigestion</i>		<i>Infant colic</i>		<i>Mouth ulcers</i>		<i>Nappy rash</i>	
<i>Oral thrush</i>		<i>Scabies</i>		<i>Sore throat</i>		<i>Sprains and strains</i>	
<i>Teething</i>		<i>Threadworms</i>		<i>Vaginal thrush</i>		<i>Warts and verruca's</i>	
<b>Medication supplied?</b>		Yes	No	<b>Referral necessary?</b>		Yes	No
<b>Referred to:</b>	<i>Advice only</i>	<i>GP urgent &lt;24hrs</i>	<i>GP non urgent</i>	<i>A&amp;E</i>	<i>Dentist</i>	<i>Optician</i>	<i>Other:</i>
<b>Medication 1 supplied</b>				<b>Medication 2 supplied</b>			
<b>Medication 3 supplied</b>				<b>Number of additional persons treated</b>			
<b>Referred into Pharmacy First Common Ailment's Scheme by:</b>							
<i>Surgery/Receptionist</i>			<i>Other healthcare professional</i>			<i>Pharmacy staff</i>	
<i>Self-referral</i>			<i>NHS 111/NHS Choices</i>			<i>OOH service/A&amp;E</i>	
<b>If not used Common Ailments Scheme:</b>			<i>Would have gone to GP</i>			<i>Would have gone to Walk-In Centre</i>	
<i>Would have gone to A&amp;E</i>			<i>Would have gone to OOH</i>			<i>Other:</i>	

Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within one working day of the consultation [www.pharmoutcomes.org](http://www.pharmoutcomes.org)

Pharmacy Stamp
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**Consent to participate in the:**

Pharmacy First for Common Ailments Scheme

Patient name and address	Bag label
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I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me

Signature	
Date	

PHARMACY FIRST FOR COMMON AILMENT'S  
**SIGNED AGREEMENT**

On behalf of (Pharmacy Name and Address)

.....

Contractor Code (F Code).....

I have read and understood the terms in this service specification and agree to provide the standard of service specified.

Signature.....

Print name.....

Designation.....

Date.....

\*If signing on behalf of several branches, please attach the list of branches to this form to confirm their participation in the service.

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On behalf of NHS England North Midlands (Staffordshire and Shropshire Area), I commission the above pharmacy to provide the service detailed in this service specification for the Pharmacy First for Common Ailment's Scheme.

Signature (on behalf of NHS England).....

Print name.....

Designation..... Date.....

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Please return a signed copy of this form by email to [a.pickard@nhs.net](mailto:a.pickard@nhs.net) or by fax to 01782 227740