

Community Pharmacy Minor Ailments Scheme Formulary and Treatment Protocols 2016-18

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Formulary

Allergies including hayfever	Chlorphenamine 4mg tablets (30) Chlorphenamine 2mg/5ml syrup (150ml) Loratadine 10mg tablets (30) Loratadine 5mg/5ml syrup (100ml) Sodium Cromoglycate 2% eye drops (10ml) Beclomethasone dipropionate 50mcg/ metered dose nasal spray (200)		Adults and children 6yrs+ 1 year+(up to 12yrs) Adults and children 6yrs+ 6 years+(up to 12 yrs) Adults and children 6 yrs+ 18 years +	Previously undiagnosed hayfever one supply only then refer to GP. Previously diagnosed max 3 supplies in 6 months.
Athletes Foot	Clotrimazole cream 1% (20g) Terbinafine Cream (7.5g)		Children over 2 mths and adults 16 years +	
Bacterial Conjunctivitis	Chloramphenicol eye drops (p pack (10ml) . Chloramphenicol eye ointment (p pack (4g)		Elderly, adults and children 2 yrs +	
Bites and Stings	Loratadine 10mg tablets (30) Loratadine 5mg/5ml syrup (100ml) Hydrocortisone cream 1%(15g) Crotamiton 10% cream (30g)		Adults and children 6yrs+ 6-12 years Children over 10yrs and adults (not in pregnancy) Adults and children 3 yrs+	Supply once only then refer
Headlice	Dimeticone 4% lotion (50ml x2) - Hedrin, Malathion 0.5% Aqueous Liquid (50mLx2) . Derbac M		Children over 6 mnths and adults	
Colds / Flu Temperature / fever (children only)	Paracetamol 500mg tablets (32) Paracetamol 120mg/5ml SF suspension (100ml) Paracetamol 250mg/5ml SF suspension (100ml) Ibuprofen 200mg tablets (24) Ibuprofen 100mg/5ml SF suspension (100ml)		12 years+ 3 months+ (up to 6 yrs) 6 years +(up to 12 yrs) 12 years+ 3 months+ (up to 12 yrs)	Supply twice only in 3 months
Cold sores	Aciclovir 5% cream (2g)		Adults and children 6yrs +	Twice only in 6 months
Headache	Paracetamol 500mg tablets(32) Paracetamol 250mg/5ml SF suspension (100ml) Ibuprofen 200mg tablets (24) Ibuprofen 100mg/5ml SF suspension (100ml)		12 years+ 6 years+ (up to 12 yrs) 12 years+ 6 years (up to 12 yrs)	twice only within 3 months
Nasal Congestion (for babies 3 months-1 year)	Sodium chloride 0.9% nasal drops (10ml)		3 months- 1 year	Twice only in 6 months
Constipation	Senna tablets (20) Glycerin Suppositories 4g (12), Ispaghula Sachets (10) Lactulose		12 years+	Supply once only then refer
Dermatitis	Hydrocortisone cream 1% 15g Aqueous cream 500g Emulsifying ointment 500g		10 years + All ages All ages	
Diarrhoea	Loperamide 2mg capsules (6) Electrolyte sachets (6)		12 years+ 2 years +	Once only within 2 months
Ear ache	Paracetamol 500mg tablets (32) Paracetamol 120mg/5ml SF suspension (100ml) Paracetamol 250mg/5ml SF suspension (100ml) Ibuprofen 200mg tablets (24) Ibuprofen 100mg/5ml SF suspension (100ml) Acetic acid 2% spray		12 years + 6 months-6 years 6 years-12 years 12 years + 6 months- 12 years 12 years plus	Only once within 3 months
Indigestion / Heartburn	Gaviscon® liquid (150ml) Gaviscon® 250 tablets (16) Ranitidine 75mg tablets (6)		6 years+ 12 years+ 16 years+	Twice only within 3 months

Mouth Ulcers	Anbesol liquid (6.5mls) Chlorhexidine mouthwash (300mls) Hydrocortisone 2.5mg mucoadhesive lozenges (20)		12+ years 12+years 12 +years	
Nappy Rash	Bepanthen		All ages	
Scabies	Permethrin 5% dermal cream (30g) Malathion 0.5% aqueous liquid (100ml)		Adults and children 2 yrs+ Adults and children 6 months +	
Teething	Paracetamol 120mg/5ml SF suspension (100ml) Ibuprofen 100mg/5ml SF suspension (100ml)		3mths-4years 3mths-4years	
Threadworm	Mebendazole 100mg Tabs (1)		Adults and children 2 yrs +	
Vaginal Thrush	Clotrimazole cream 2% (20g) Clotrimazole 500mg pessary and cream combi (1) Fluconazole 150mg capsule (1)		16-60 years (male only) 16-60 years(female only) 16-60 years	Supply once only within 2 months then refer
Verrucas and Warts	Verugon (6g) Cuplex Gel (5g)		6 years + (feet only) 2 years + (hands or feet)	

Allergy (including hayfever) Protocol

Definition/criteria for inclusion	<ul style="list-style-type: none"> • Allergic hypersensitivity reaction which may involve nose with or without conjunctiva of the eyes caused by pollen or other allergen • Rhinorrhoea (nasal discharge) • sneezing, • nasal congestion • nasal itching • red, watery and/or itchy eyes 		
Treatment and doses		Age	Dosage and frequency
	Loratadine 5mg/5ml syrup (100ml)	children over 6 -12 years	Body weight 30kg or less: 5ml (5mg) of the syrup once daily Body weight more than 30kg: 10ml (10mg) of the syrup once daily;
	Loratadine 10mg tablets (30)	Adults and children over 6 years (weighing greater than 30 Kg)	One tablet daily
	Beclometasone Dipropionate 50microgram/metered nasal spray (200)	Adults (over 18 years)	two sprays into each nostril twice daily, when symptoms are controlled reduce dose to 1 spray into each nostril twice daily
	Sodium cromoglycate 2% eye drops (10ml)	Adults and children over 6 years	1 drop in each eye four times a day
	Chlorphenamine 2mg/5ml syrup	Children 1 -12 years	1-2 years 2.5mls twice a day
			2-5 years 2.5ml hour to six hourly; max (6mg) 15ml daily
			6-12 years- 5ml four to six hourly; max (12mg) 30ml daily
Chlorphenamine 4 mg tablets	Adults and children over 6 years	6-12 years half a tablet four to six hourly; max 3 daily. 12 year + 1 tablet ever 4-6 hours; max 6 daily.	
Important; Check cautions and contra-indications			

	<p>Hay fever undiagnosed previously by G.P; only one supply of treatment can be made. The patient needs to be seen by doctor for diagnosis before future supplies issued.</p> <p>Previously diagnosed by G.P; no more than three issues over six months.</p> <p>Soft contact lens wearers should not use preservative-containing eye drops</p>
Other advice to be given	<p>Hay fever</p> <ul style="list-style-type: none"> • Remain indoors with windows closed esp. mid-morning and early evening • Avoid fields, newly mown grass, fruit picking and touching outdoor animals • Wear close fitting sunglasses • Choose an air-conditioned car • Follow pollen counts (e.g. www.bbc.co.uk/weather) <p>Perennial rhinitis</p> <ul style="list-style-type: none"> • Dust using sprays and vacuum twice weekly • Wash all bedding at 60°C weekly • Cover pillows and mattresses with plastic (use non-allergenic pillows) • Remove anything that collects dust from the bedroom e.g. rugs, stuffed toys, open cupboards • Pets should be kept out of the bedroom (or house if possible) • Use vacuum cleaners with high-efficiency particulate air cleaner (HEPA) filters
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 6 years old are not eligible for treatment under the scheme • Pregnant and breastfeeding women • Symptoms unresponsive to treatment • photophobia • Severe persistent symptoms (consider initial treatment) • Patient is wheezing and/or short of breath • Rhinitis accompanied by: <ul style="list-style-type: none"> ➢ Earache or facial pain (sinusitis/otitis media) ➢ Purulent (green/yellow) discharge from the eyes
References	<p>SPC; Clarityn, Opticrom allergy eye drops Beconase.</p> <p>CKS; Allergic Rhinitis and Hayfever</p>
Review Date	April 2018

Athletes Foot

Definition/Criteria for inclusion	<ul style="list-style-type: none"> • Fungal infection of the feet, which is otherwise known as Tinea pedis. • The fungus is most often confined to the skin between the toes but it can also affect other nearby areas of the foot. • The most common symptom is a persistent itching of the skin. • Gradually, the edges of the infected area become milky white and the skin begins to peel. 		
Treatment and doses		Age	Dosage and frequency
	Clotrimazole cream 1% (20g)	Children over 2mths and adults	Apply thinly twice to three times daily to affected and surrounding area; use for at least one month
	Terbinafine cream (7.5g)	Children over 16 years	Apply thinly once to twice daily for up to 1 week
	<p>Important: Check cautions and contra-indications</p>		
Other advice to be given	<ul style="list-style-type: none"> • Anti-fungal sprays and powder may be purchased for direct application to shoes and hosiery. • Wash and dry feet thoroughly, especially between the toes. Wash towels regularly. • Change socks daily and wear clean wool or cotton socks to allow the skin to breath. • Athletes foot is more common in people that wear artificial soles and especially trainers and sports shoes. • Consider alternating between different shoes every 2-3 days to allow each pair to dry fully. • It can help to expose feet to the air where possible. • Avoid walking barefoot in public areas and do not share towels. 		
When to refer/Exclusion criteria	<ul style="list-style-type: none"> • Children under 2 months of age • Diabetic patients • Treatment failures. • Pregnant/Breastfeeding • Immuno-compromised • If the infection spreads to the toenails. Here it causes the nail to become thick, discoloured and crumbly. • If the fungal infection spreads to other areas of the body. • If the condition is complicated with a secondary bacterial infection which takes advantage of the damaged skin. Any patient presenting with symptoms of cellulitis (e.g. spreading redness, pain and tenderness) should be referred immediately. 		
References	<p>SPC; Canesten cream, Lamisil cream CKS; Fungal skin infections foot</p>		
Review Date	June 2017		

Bacterial Conjunctivitis Protocol (consultations must be undertaken by the pharmacist)

Definition/Criteria for inclusion	<ul style="list-style-type: none"> • Acute eye infection caused by bacteria which leads to an inflammation of the conjunctiva. (The membrane covering the white of the eye and the inside of the eyelid) • Eyes look inflamed and red or pink • Eye discomfort described as burning or gritty, (but not sharp or significant pain) and discharge, that can make it difficult to open the eyes in the morning. • Sticky and mucopurulent in bacterial infection. • Usually starts in one eye and can spread to the other. • Vision not usually affected, discharge can cause blurring. 		
Treatment and doses		Age	Dosage and frequency
	Chloramphenicol 0.5% eye drops (10ml)	Elderly, adults and children 2 years and over	One drop to affected eye(s) every 2 hours for 48hours, every 4 hours thereafter. Continue treatment 48 hours after eye appears normal. Up to duration of 5 days treatment.
	Chloramphenicol 1% eye ointment (4g)	Elderly, adults and children 2 years and over	Small amount applied to the affected eye(s) either at night if drops are used through the day, or 3-4 times daily if used alone. Course for 5 days.
	<p>Important; Check cautions and contra-indications Following RPS advice consultations for this treatment should be dealt with by the pharmacist. In normal circumstances it should not be necessary to supply both the drops and the ointment. The ointment is available as a more viscous option possibly preferable when treating young or elderly.</p>		
Other advice to be given	<ul style="list-style-type: none"> • See Doctor if no improvement after 48hours treatment with chloramphenicol • See Doctor if symptoms worsening despite using chloramphenicol • Do not share bottles if more than one person affected • Wash hands before and after applying and take care not to touch the eye or eye lashes • Avoid sharing towels/flannels with other people and discard any affected cosmetics • Store drops in fridge and discard five days after opening 		
When to refer/exclusion criteria	<ul style="list-style-type: none"> • Children under 2 years of age • Photophobia (intolerance to light) • A watery discharge may indicate viral infection; this is usually associated with recent upper respiratory infection. • Contact lens use • If already using any eye drops/ointments • Suspected foreign body or injury to eye 		

	<ul style="list-style-type: none"> • Pain or swelling around eye or face, restriction in eye movement or severe pain within the eye. • Vision affected • Pupil looks unusual, i.e. torn, irregular, dilated or non-reactive to light • Cornea cloudy • Copious yellow-green purulent discharge that re-accumulates after being wiped away • Eye inflammation associated with rash on scalp or face • Patient feels unwell • Conjunctivitis in recent past • Glaucoma • Dry eye syndrome • Eye surgery or laser treatment in past six months • Personal or family history of bone marrow problems • Pregnant or breast feeding • Patient recently returned from abroad • Concomitant administration with other bone marrow depressant drugs
References;	<p>SPC; Brochlor ointment, Brochlor eye drops RPSGB Practice guidance; OTC Chloramphenicol eye drops June 2005</p>
Review Date	April 2018

Bites and Stings

Definition/Criteria for inclusion	<ul style="list-style-type: none"> • Biting insects commonly encountered in the U.K include midges, gnats, mosquitos, fleas, flies, bedbugs, ticks and mites; the antigenic salivary gland secretions in the bite can inflict local swelling, papule and itching. • Stinging insects commonly encountered in the U.K include honeybees, hornets, wasps and bumblebees; venom contains allergens and pharmacologically active substances that cause a local pain, erythema and swelling at the site of the sting 		
Treatment and doses		Age	Dosage and frequency
	Loratadine 5mg/5ml syrup (100ml)	children 6 -12 years	Body weight 30kg or less: 5ml (5mg) of the syrup once daily Body weight more than 30kg: 10ml (10mg) of the syrup once daily;
	Loratadine 10mg tablets (30)	Adults and children over 6 years (weighing greater than 30 Kg)	One daily
	Hydrocortisone cream 1% (15g)	Children over 10 yrs and adults not in pregnancy	Apply once or twice daily sparingly for a maximum of 7 days
	Crotamiton 10% cream (30g)	Infants over 3 yrs and adults	Apply twice daily to three times daily
Other advice to be given	Important; Check cautions and contra-indications		
	<ul style="list-style-type: none"> • If a person has been stung and the stinger is still in place: remove it as soon as possible by flicking or scraping with a fingernail, piece of card, or knife blade. Never squeeze the stinger or use tweezers, as this will cause more venom to go into the skin. • Wash the affected area with soap and water • Apply ice to reduce swelling if present • Do not scratch, as this will make the itch worse and increase the risk of infection • Avoid exposed skin by wearing covering clothing • Mosquitos are attracted to pregnant women • Bites from fleas, mites, and bedbugs maybe due to an infestation. The source should be confirmed and eliminated. 		
When to refer/exclusion criteria	<ul style="list-style-type: none"> • Infants under 2 years of age • Signs of anaphylaxis seek urgent medical support • Previous severe reaction or anaphylaxis to stings • Secondary bacterial infection • Recent travel abroad • Expanding red rash if suspicions of Lyme disease • Fever or malaise • Multiple stings • A serum sickness type reaction-with urticaria, joint swelling and arthralgia that can develop 7-10 days after the sting • Symptoms that have not improved within several days 		
Reference:	CKS; insect bites and stings.		

Review date	April 2018
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Cold Sores Protocol

Definition/criteria for inclusion	<ul style="list-style-type: none"> • Painful fluid filled blisters on or around the lips caused by reactivation of the herpes simplex virus. • Most people will have come into contact at an early age but generally do not show symptoms until after puberty usually when the immune system becomes compromised; • Can be triggered by exposure to intense sunlight, emotional stress, menstruation, impaired immunity, upper respiratory tract infections. 		
Advice to be given	<ul style="list-style-type: none"> • The virus can only be transmitted by close personal contact such as kissing. • Avoid oral sex. • Early recognition of symptoms may be a tingling sensation after which scabs appear and typically fall off after 8 to 10 days. • Treatment should begin as soon as possible. • The blisters heal without scarring but tend to reoccur. Paracetamol or ibuprofen can be used to manage the pain. • In children, the virus can infect the mouth and throat and can be accompanied by fever, aches and pains. • Cold sores are infectious for about four days after symptoms start. • Wash hands regularly including before and after application, avoid contact with immunocompromised people and avoid kissing others while infected • Dab on cream do not rub. (CKS) 		
Treatment and doses		Age	Dosage and frequency
	Aciclovir 5% cream (2g)	Adults and children over six years	Apply 5 x daily at approx. 4 hour intervals, omitting the night time application, for five days. If healing has not occurred, treatment may be continued for a further 5 days if necessary.
When to refer/exclusion criteria	<p>Important; Check cautions and contra-indications</p> <ul style="list-style-type: none"> • Children under 6 year of age • Patient is immunocompromised e.g. AIDS • Infection of mucous membranes, eye or vagina • Pregnancy • Children under 12 years should be referred automatically if intra oral and not just the lips. • If cold sore still present after 7-10 days of treatment with aciclovir. • Consider referral if severe recurrent cold sores. 		
References	<p>SPC; Zovirax cream CKS; Herpes simplex 2011</p>		
Review Date	April 2018		

Constipation Protocol

Definition/Criteria for inclusion	<ul style="list-style-type: none"> Reduced frequency of stools compared to normal bowel habits, difficulty in passing stools or a sense of incomplete emptying after a bowel movement, not responding to dietary and lifestyle adjustments 		
Treatment and doses		Age	Dosage and frequency
	Senna 7.5mg tablets (20)	Adults and children over 12 years	Two tablets to be taken at bedtime
	Ispaghula sachets (10)	Adults and children over 12 years	One sachet morning and evening
	Lactulose solution (300ml)	Adults and children over 12 years	15ml twice daily adjusted according to response
	Glycerin 4g suppositories (12)	Adults and children over 12 years	Moisten suppository with water before use. use 1 x 4g suppository when required
	Important; Check cautions and contra-indications <ul style="list-style-type: none"> Senna a stimulant laxative, effects within 8-12 hours Ispaghula a bulk forming laxative requires adequate amounts of fluid to avoid obstruction, effects may take several days Lactulose an osmotic laxative, can take 2-4 days to work Glycerin suppositories are a softener & stimulant, use when oral therapy has not moved bowels or when rapid relief is needed 		
Advice to be given	<ul style="list-style-type: none"> Diet and lifestyle changes are preferred. E.g. increase fluid & fibre intake and physical activity where possible Avoid regular use of laxatives as they can cause a lazy bowel Senna should be avoided in pregnancy. Senna can colour the urine red or yellow Try to avoid suppressing the urge to defecate and be aware that changes in routine such as stress and travel can be a cause 		
When to refer/exclusion criteria	<ul style="list-style-type: none"> Children under 12 years of age. If the constipation persists beyond three days of treatment. Nausea and vomiting are also present. Sharp or severe abdominal pain, especially if also bloated or rectal pain. Sudden constipation with abdominal cramps and an inability to pass gas or stool. Unexplained weight loss. Blood in the stool. Constipation alternating with diarrhoea. If patient is regularly requesting laxatives. Constipation caused by regular medication. 		
References	SPC ; Lactugal, Fybogel, senokot liquid and tablets, BNF ; Glycerin suppositories CKS ; constipation June 2011		
Review Date	April 2018		

Dermatitis Protocol

(Also see Allergy protocol if appropriate)

Definition/Criteria inclusion criteria	<ul style="list-style-type: none"> • Contact - Irritant; direct effect of an irritant substance on the skin; soaps, disinfectants, detergents or chemicals. • Allergic; immune system reacts to a specific substance but previous exposure is required; cosmetics, hair dyes, nickel, chromium and some plants. • Commonly presents with redness, inflammation, itching, skin blistering, cracking, dry skin. • New areas may weep or become crusted. • Eczematous skin is very itchy →scratching temporarily relieves the itching but also releases inflammatory mediators which cause further itching and scratching →skin becomes more damaged allowing penetration of Staphylococcus aureus toxins which dry out the skin and cause more itchiness. 		
Treatment and doses		Age	Dosage and frequency
	Aqueous cream (500g)	All ages	Apply when required as a soap substitute
	*Emulsifying ointment (500g)	All ages	Apply when required as a soap substitute
	Hydrocortisone cream 1% (15g)	Over 10 years	Apply sparingly to a small area once to twice daily for a maximum of 7 days
Important; Check cautions and contra-indications *NPSA guidance should be followed where 100g or more of paraffin based products are supplied e.g. Emulsifying oint including: <ul style="list-style-type: none"> • Information should be given about the potential fire risks of smoking (or being near to patient who are smoking), or exposure to any open flame or other potential cause of ignition during treatment and about regularly changing clothing or bedding impregnated with paraffin based products (preferably on a daily basis) as the paraffin soaks into the fabrics and can potentially be a fire hazard. • This information should be given on the first occasion that such treatment is prescribed, dispensed or administered and a record kept confirming that such advice has been given (please log in the patients PMR). A check should be made on subsequent occasions that the advice has been received previously and understood. • Aqueous cream as a leave-on emollient may increase the risk of skin reactions, particularly in eczema 			
Other advise to be given	<ul style="list-style-type: none"> • Try to identify the cause of irritant or allergic eczema and advise the patient to avoid further contact with the substance. • Steroid creams are open to potential misuse as skin-lighteners. Be aware of this and exercise caution where appropriate. • Emollients restore the epidermal barrier+they should continue to be used during treatment with steroid creams but at a different time of day. • Topical steroids treat flare-ups+by reducing skin inflammation and itching, but overuse may lead to skin-thinning and steroid-induced rosacea on the face. In order to avoid these side-effects there are important rules to follow: <ol style="list-style-type: none"> 1. Apply steroids sparingly. The fingertip unit may be used as a rough guide. This is the amount of cream needed to cover the area between the first crease of the index finger to the tip. Half a finger-tip unit of steroid cream should cover an area the size of the flat of the hand. 2. As soon as a clinically-acceptable effect has been achieved, stop using the topical steroid. As a general rule, OTC steroid creams should be used for no longer than a week. If flare-ups require treatment with a steroid cream for longer than this, it should be under medical supervision only. 		
When to refer/criteria for	<ul style="list-style-type: none"> • If you are unsure of the diagnosis. • If there is little or no response to a steroid cream after one week. 		

exclusion	<ul style="list-style-type: none"> • If the face, genitals or armpits are severely affected by eczema. • If a diagnosis of seborrhoeic eczema or psoriasis is suspected or confirmed. • Chronic dermatitis may lead to thickened and scaly (lichenified) skin. • In cases of severe eczema in children under 12 years of age or pregnant women. • If the eczema is crusty, weeping, has pustules, is unusually inflamed or has suddenly worsened. This would indicate a bacterial infection of the eczema. If viral or fungal infections are suspected, these should also be referred to the G.P.
Reference:	CKS; Dermatitis
Review Date	April 2018

Diarrhoea Protocol

Definition/Criteria for inclusion	<ul style="list-style-type: none"> • An increase in the normal frequency of bowel movements with the passage of abnormally soft or watery faeces • Sudden onset (acute diarrhoea) • 5 or more watery or loose stools • Abdominal cramps, flatulence, weakness and malaise may be present • Most common cause is bacteria or virus, often from the ingestion of contaminated food or water. • Other short term causes include medicines, emotional upset or anxiety, drinking too much alcohol, coffee or sweets. 		
Treatment and doses		Age	Dosage and frequency
	Electrolyte sachets (6)	2-12 years	1 sachet following each loose motion
		Adults and children over 12 years	1-2 sachets following each loose motion
	Loperamide 2mg capsules	12 years and above	Initially 4mg then 2mg after each loose stool to a maximum of 16mg per day.
Important; Check cautions and contra-indications Follow manufacturer`s directions carefully			
Other advice to be given	<ul style="list-style-type: none"> • Usually a self- limiting condition • Preventing dehydration is especially important for babies, frail and the elderly; replacement sachets or water should be consumed following diarrhoea in addition to normal daily fluid intake (at least 1.5 litres daily) • Eat as normally as possible but ideally until feeling better avoid food high in fat or sugar, encourage foods high in carbohydrate • Take care with hygiene, wash hands after going to toilet and before preparing food • Continue to breastfeed on demand for breastfed babies. • Refer to directions on back of pack for volume to supply for breastfed babies 		

When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Young children under 2 years of age and elderly • Persistent change of bowel habit (for more than two weeks) • Patient is taking/recently finished a course of antibiotics • Recent hospital stay • Active ulcerative colitis • Dehydration (signs in children include passing little urine, a dry mouth and tongue, unresponsiveness, glazed eyes, drowsiness and confusion) • High volume, watery, painless diarrhoea • Vomiting that continues longer than a day • Diarrhoea that does not clear after 5 days, or • An infection that was caught while travelling abroad • Weight loss • Blood or mucus in stools.
Reference:	CKS; 2011 BNF for children 2010-11
Review Date	April 2018

Earache and Minor outer ear infection

Definition/criteria for inclusion	<ul style="list-style-type: none"> • A cold or allergy can block the eustachian tube leading to build up of pressure in the middle ear which may present as earache. • Earache is more common in young children where the Eustachian tube is smaller and more easily blocked. • An earache can be a sharp, dull or burning pain. The pain may be transient or constant • Stuffiness and some hearing loss may be present. • Mild Otitis Externa; superficial inflammation of the outer ear caused by infection. 		
Treatment and doses		Age	Dosage and frequency
	Ibuprofen 100mg/5ml suspension (100ml)	6 - 12 months	2.5 ml three times a day
		1 - 4 years	5 ml three times a day
		4 - 7 years	7.5 ml three times a day
		7 -10 years	10 ml three times a day
		10-12 years	15 ml three times a day
	Ibuprofen 200mg tabs (24)	Over 12 years and adults	2 tablets with water after food and 1-2 tablets every 4 hours if needed. Maximum 6 tabs in 24hrs
	Paracetamol 120mg/5ml suspension (100ml)	6 . 24 months	5ml four times a day
		2 . 4 years	7.5ml four times a day
		4 . 6 years	10ml four times a day
	Paracetamol 250mg/5ml suspension (100ml)	6 . 8 years	5ml four time a day
		8 . 10 years	7.5ml four times a day
		10 . 12 years	10ml four times a day
		12-16 years	10-15mls four times a day
Paracetamol 500mg tabs (32)	12-16 years	1-1.5 tablets four times a day when required	
	Adults and children over 16 yrs	1-2 tablets four times a day when required	
*Acetic acid 2% spray (5ml)	Adults and children over 12 yrs	One spray three times a day into each affected ear, max 1 spray every 2-3hrs	
Important; Check cautions and contra-indications * Otitis Externa ; This is the only indication for Earcalm (Acetic acid 2% spray). Treatment should be continued for two days after symptoms have disappeared but for no longer than 7 days (earache or otitis media are not indications.) If symptoms do not improve within 48 hours refer to the G.P.			
Other Advice to be given	<ul style="list-style-type: none"> • Apply a cold wet washcloth to the outer ear to reduce discomfort. • Steam could help keep mucous thin and clear the Eustachian tubes. 		

When to refer/ criteria for exclusion	<ul style="list-style-type: none"> • Children under 6 months old • Severe earache or symptoms have been present for longer than 2 days • Rapid noticeable hearing loss • Excessive swelling • Treatment failure • Constant ringing, buzzing or hissing in ears • Symptoms suggestive of infection; severe pain, continuous pain, discharge from the ear • Associated with fever, nausea, vomiting, dizziness or loss of balance. • Recurrent symptoms in the previous 3 months
Reference:	SPC; Earcalm, CKS; Earache 2010 C+D Guide to OTC 2010-11
Review Date	April 2018

Coughs, colds, fever and flu-like symptoms

Definition/Criteria for inclusion	<ul style="list-style-type: none"> Adults and older children; sore throat, nasal irritation, congestion, sneezing, nasal discharge, cough, headache, muscular pain, general malaise. Fever usually low grade Younger children and babies; nasal congestion that interferes with breathing, feeding and sleeping, restlessness or irritation, coughing, fever (>37 °C but <39°C), inflamed throat, swollen lymph glands 		
Treatment and doses		Age	Dosage and frequency
Ibuprofen 100mg/5ml suspension (100ml)		3 - 6 months (weighing > 5kg)	2.5 ml three times a day
		6 - 12 months	2.5 ml three times a day
		1 - 4 years	5 ml three times a day
		4 - 7 years	7.5 ml three times a day
		7 -10 years	10 ml three times a day
		10-12 years	15 ml three times a day
Ibuprofen 200mg tabs (24)		Over 12 years and adults	2 tablets with water after food and 1-2 tablets every 4 hours if needed Max 6 tabs in 24hrs
Paracetamol 120mg/5ml suspension (100ml)		3-6 months	2.5mls four times a day
		6 . 24 months	5ml four times a day
		2 . 4 years	7.5ml four times a day
		4 . 6 years	10ml four times a day
Paracetamol 250mg/5ml suspension (100ml)		6 . 8 years	5ml four time a day
		8 . 10 years	7.5ml four times a day
		10 . 12 years	10ml four times a day
		12-16 years	10-15mls four times a day
Paracetamol 500mg tabs (32)		12-16 years	1-1.5 tablets four times a day max 4 dose in a day
		Adults and children over 16yrs	1-2 tablets four times a day when required Maximum of four doses in a day
Normal Saline (sodium chloride 0.9%) nasal drops (10ml)		From 3 months	1-2 drops each nostrils prior to feed.
Other advice to be given	<ul style="list-style-type: none"> Normal body temperature is 37°C Steam inhalations (for chesty / productive coughs) Hot shower or bath before bedtime. Keep room warm but airy, don't wrap children up too tightly causing them to over heat Drink plenty of non-alcoholic fluids particularly hot water with honey and lemon has a soothing effect 		

	<ul style="list-style-type: none"> • Avoid smoking and smoky rooms. • Rest and avoid strenuous exercise if symptoms are severe • Smoking cessation advice if appropriate • In patients aged 65years and over, those with chronic illnesses such as asthma, emphysema, heart disease, kidney disease and diabetes or those living in residential care should be advised to on the benefits of annual influenza vaccination each October/November.
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Suspected meningitis – vomiting, fever, stiff neck, light aversion, drowsiness, joint pain, fitting and rash • In the very young (children under 1 year) when the child is unwell and associated with, high temperature (above 39°C), Poor feeding or Abnormal breathing. • Infants under the age of three months, • If child acts oddly i.e. changes in speaking, walking, unable to sit up, drowsy all the time • Severe earache. • In the elderly (over 75) who are of poor health (heart or lung disease). • In infants if symptoms persist for more than 3 days consult the G.P. • Persistent fever more than 4 days and cough for more than 5 days or if symptoms are worsening and not responding to adequate treatment. • Chest pain. • Worsening asthma with no self-management plan. • If there is wheezing with breathing or shortness of breath dyspnoea/wheeze asthma (especially night cough) of longer than 2 weeks duration. • Blood in phlegm or phlegm/sputum is green • Unexpected loss in weight (associated with cough) • Check if patient is on drug therapy (ACE inhibitor) . advise patient to discuss with GP at next routine appointment • Temperatures regularly over 41°C.. • Patients recently returned from foreign travel (particularly in malarious areas). • Patients that appear to be very unwell or have symptoms that suggest an infection that may need other GP input
References	<p>BNF; paracetamol CKS; Common cold June 11</p>
Review date	April 2018

Headache Protocol

Definition/criteria for inclusion	<p>Tension headache Usually bilateral, non-pulsating, does not affect normal routine. Described as tightness or squeezing around the head</p> <p>Migraine Usually unilateral, pulsating, moderate to severe in severity for periods of 4-72 hours. Patient may also have photophobia, aura (e.g. visual disturbance) and/or nausea and vomiting. Normally affects ability to perform normal activity during headache but patients are symptom free between attacks</p>		
Treatment and doses		Age	Dosage and frequency
	Ibuprofen 100mg/5ml suspension (100ml)	Children 6 years	7.5ml (5ml +2.5ml spoonful) 3 times a day
		Children 7 - 9 years:	10mls 3 times a day
		Children 10 - 12 years:	15mls 3 times a day
	Ibuprofen 200mg tabs (24)	Over 12 years and adults	2 tablets with water after food and 1-2 tablets every 4 hours if needed Max 6 tabs in 24hrs
	Paracetamol 250mg/5ml suspension(100ml)	6 . 8 years	5ml four times a day
		8 . 10 years	7.5ml four times a day
		10 . 12 years	10ml four times a day
		12-16 years	10-15mls four times a day
	Paracetamol 500mg tabs (32)	12-16 years	1-1.5 tablets every four hours. Max 4 doses in a day.
	Adults and children over 16 years	Two tablets every four hours Max four doses in 24hrs	
Important; Check cautions, drug interactions and contra-indications			
Other advice to be given	<ul style="list-style-type: none"> • Liquid formulations may have faster speed of action. • Stress management and Eye Test • Avoiding tyramine containing food (e.g. cheese, red wine, chocolate) may be helpful for migraine sufferers • Neck exercises may be helpful to patients who suffer from chronic daily headaches 		
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 6 years of age • Chronic daily headache; Headache often with neck stiffness for more than 4 hours a day for more than 15 days a month. Can be caused by analgesic dependence • Cluster headache; Severe sudden onset unilateral headache around the eyes, often with red, watery or swollen eye(s), droopy eyelid, stuffy or runny nose or sweating. Normally lasts between 15-180 minutes with varying frequency 		

	<ul style="list-style-type: none"> • Subarachnoid haemorrhage; Sudden onset described as sudden blow to the head+ • Cranial arteritis; jaw pain, scalp or muscle tenderness, general malaise esp. if over 50 years of age. • Headache associated with; High temp, stiff neck, photophobia, drowsiness, vomiting, anorexia, rash, unequal pupils, symptoms of meningitis, rash or seizures • Recent head injury within the last 14 days. • Undiagnosed migraine • Taking the oral contraceptive pill
Reference:	CKS;
Review Date	April 2018

Head lice Protocol

Definition/criteria for inclusion	<ul style="list-style-type: none"> • Only treat if infestation of scalp can be confirmed by live moving head louse. • Wet combing with detection comb over white paper can be used to confirm diagnosis. The combing should begin at the top of the head with the comb touching the scalp, and then draw the comb slowly through the hair to the ends. • Lice are about 2 - 3mm long and vary from grey to brown in colour. The empty egg cases (nits) are attached to the hair shaft close to the scalp; they are white to grey in colour and approximately 2mm long. • Head lice can only be confirmed by the presence of live moving louse, not by the presence of nits. • Itchiness of the scalp can occur but this usually happens several weeks after infestation. 		
Treatment and doses		Age	Dosage and frequency
	Dimeticone 4% lotion (50ml x2)	Children over 6months and adults	Apply to dry hair. Allow to dry naturally & shampoo after 8hours or overnight , rinse and comb wet hair. Repeat treatment after 7 days to prevent lice emerging from any eggs that survive the first application <i>Suitable for the pregnant and people with asthma may be suitable for people with eczema after individual assessment.</i>
	Malathion 0.5% aqueous liquid (50ml x 2),	Children over 6months and adults	Apply to dry hair, allow to dry naturally in well ventilated room, shampoo after 12hours (liquid), rinse and comb wet hair. Repeat treatment after 7 days to prevent lice emerging from any eggs that survive the first application. <i>Not suitable for children with severe eczema or asthma (BNF)</i>
Other advice to be given	Important; <ul style="list-style-type: none"> • Check cautions and contra-indications. • Only <u>infected</u> members of the household should be treated. Each family member will have to be registered into the scheme and be under the care of one of the participating GP practices. Separate consultations must be completed per person. Although each patient does not need to be present, the pharmacist should be satisfied that live lice are present in all who are receiving treatment. <ul style="list-style-type: none"> • Repeat treatment after 7 days to prevent lice emerging from any eggs that survive the first application. • Not using products properly accounts for about a third of all treatment failures. • Keep hair away from sources of ignition. Treated hair can readily burn if ignited. • Patients should be told to tie hair up to prevent spread and infestation. • Head-lice repellent is on sale to the public but its use is NOT evidence based. • Ensure that a patient information sheet is given. • Contact tracing . Contacts include anyone who is likely to have had head-to-head contact with the infected individual in the last month. They should be advised to have their hair checked for live lice. • Choice of treatment should follow the mosaic approach 		
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 6 months of age. • Treatment failures. • Sores on the scalp. 		
Reference:	CKS;		

Review Date	April 2018
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Indigestion / Reflux Protocol

1 Definition/criteria for inclusion	<ul style="list-style-type: none"> • Dyspepsia; Upper abdominal discomfort and pain, heartburn, acid reflux (with or without bloating), nausea and vomiting related to eating. • Gastro-oesophageal reflux; Heartburn, acid regurgitation, epigastric pain, and belching, 		
Formulary		Age	Dosage and frequency
	Ranitidine 75mg tabs (6)	Adults over 16	One tablet as needed. Can take a 2 nd tablet in 24 hour period. Max of 4 tablets in 24hours.
	Gaviscon 250 tablets (16)	Children over 12 years and adults	Two to four tablets after meals and at bedtime
	Gaviscon liquid (150ml)	6-12 years	5-15ml after meals and at bedtime
		Children over 12 years and adults	10-20ml after meals and at bedtime
Other advice to be given	<p>Important; Check cautions and contra-indications and drug interactions</p> <ul style="list-style-type: none"> • Eat small regular meals, avoid eating on the go or rushing meals • Avoid foods which may aggravate symptoms e.g. spicy or fatty foods and alcohol (Advise to keep food diary) • Avoid eating 3 to 4 hours prior to bed. • Lifestyle management e.g. smoking cessation, alcohol consumption, weight loss • Elevating the head position during sleep for relieving nocturnal heartburn • Stress management • Gaviscon is considered safe for use in pregnancy, providing sodium intake is not to be restricted. 		
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 6 years of age • First symptoms of indigestion at 45 years old or over with new or recently changed symptoms of indigestion • You have had to take an indigestion remedy continuously for 4 or more weeks (Ranitidine for 2 or more weeks) • Unintended weight loss in association with indigestion • Blood in stool (fresh blood or black and tarry stools) • Difficulty in swallowing, food sticking in the throat • Poor renal function. E.g. If eGFR <50ml/min • Lump in the throat • Severe epigastric pain • Persistent vomiting • Received abdominal surgery • Have a history of gastric ulceration, Barrett's oesophagus, dysplasia • Receiving NSAIDs or other medicines known to cause gastric irritation • Pain in the chest indicative of another aetiology 		
Reference:	CKS; dyspepsia- Proven non Ulcer 2012 BNF for children 2014/15		
Review Date	April 2018		

Mouth Ulcers Protocol

Definition/Criteria for inclusion	<ul style="list-style-type: none"> • A mouth ulcer is any ulcerative lesion affecting the oral mucosa. • Minor aphthous ulcers are the most common (8 in 10 cases). Usually, there is only one ulcer but up to 5 may develop at the same time. They are small (less than 10mm across) with a depressed round grey area surrounded by a red erythematous edge. Each ulcer heals spontaneously after 7-10 days without leaving a scar. They are usually not very painful. • Major aphthous ulcers (1 in 10 cases) are larger (greater than 10mm across) and usually only one or two appear at a time. Each ulcer lasts 2 weeks to several months and then resolves leaving a scar. They can be very painful. • Pinpoint aphthous ulcers (1 in 10 cases) are tiny (1-2mm across) and many occur at the same time. Some may join together to form irregular shapes. Each ulcer may last 1 week to 2 months. 		
Treatment and doses		Age	Dosage and frequency
	Anbesol liquid (6.5ml)	Adults and children over 12 years	Apply undiluted to the affected area with the fingertip. Two applications immediately will normally be sufficient to obtain pain relief. Use up to eight times day.
	Chlorhexidine mouthwash (300ml)	Adults and children over 12 years	Rinse thoroughly for 1 minute with 10ml BD
	Hydrocortisone 2.5mg Mucoadhesive lozenges (20)	Adults and children over 12 years	Place one tablet over the affected area and allow to dissolve slowly, four times a day
	Important; Check cautions and contra-indications		
Other advice to be given	<ul style="list-style-type: none"> • Known risk factors include; female gender, stress or anxiety, stopping smoking, changes in hormone levels (e.g. just before their menstrual period or after the menopause), a lack of vitamins B12 or folic acid or iron, genetic predisposition. • Aphthous ulcers are common in people with Crohn's disease, coeliac disease, HIV infection and Bechet's disease. Suggest the patient limits the use of sharp foods (e.g. crisps), spicy foods, hot fluids and carbonated drinks. • Maintain good oral hygiene • If suggesting Corsodyl, advise how to reduce staining; avoid tea, coffee, red wine, brush teeth before using mouthwash rather than after but rinse mouth well as some ingredients in toothpaste can inactivate Corsodyl. Corsodyl should be used for 48hrs after resolution of symptoms. 		
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 12 years of age • If ulcer persists for more than 3 weeks then the patient should be referred to their doctor or dentist for further investigation. • Non painful lesions including any lump, thickening or red or white patches or Recurrent or multiple ulcers • Difficulty in swallowing or chewing not associated with a sore lesion • Any sore that bleeds easily • If no improvement with treatment within 7 days refer to GP • If there are any other symptoms other than the mouth ulcers. 		
Reference:			
Review Date	<i>April 2018</i>		

Nappy Rash Protocol

Description	<ul style="list-style-type: none"> Nappy rash is a red rash, or sore area, which affects skin under or around a baby's nappy. The main cause is a wet or dirty nappy being in contact with the skin for too long a period of time. Human waste contains ammonia by-products which also damage baby's skin. 		
Pharmacy First Formulary		Age	Dosage and frequency
	Bepanthen 30g	All ages	Apply thin cover after every nappy change
	Important; Check cautions and contra-indications		
General advice	<ul style="list-style-type: none"> When possible, leave the nappy off allowing air to get to the skin. Use nappies with greatest absorbency. Change the baby's nappy as soon as possible after it becomes wet or soiled Clean the nappy area thoroughly after each bowel movement, pat with towel rather than rubbing Do not use talcum powder, soap, bubble bath or lotions. If baby has sensitive skin or nappy rash then it is a good idea to apply a small amount of barrier cream after every wash. Use fragrance free and alcohol free baby wipes. Avoid plastic pants as these will trap moisture. Try woollen or cotton underwear on top of the nappy, which allows the skin to breathe. 		
When to refer	<ul style="list-style-type: none"> If nappy rash is a bright shade of red, very warm or swollen. This may indicate the presence of a bacterial or fungal infection. If rash continues for longer than a few days or becomes worse, even after allowing the skin to breathe and using a barrier cream. In addition to the nappy rash, baby has a high temperature or seems distressed. If rash does not match the description of typical nappy rash, skin is flaky or there are blisters. 		
Reference:	CKS; Nappy rash 2016		
Review Date	June 2018		

Scabies Protocol

Definition/Criteria for inclusion	<ul style="list-style-type: none"> Scabies is an allergic irritant condition resulting from the burrowing of the human scabies mite. Intense itching and/or rash often worsens when hot, generally symmetrical on the body, commonly begins on the hands and wrists. A definitive diagnosis can be made on finding burrows in the skin, usually on the hands. However, these are not often seen. Burrows are very small (0.5cm or less) curving white lines, sometimes with a vesicle at one end. People with impaired immune systems may show a different reaction to scabies The skin develops thick crusts which are highly contagious (Crusted scabies) 		
Treatment and doses		Age	Dose and Frequency
	Permethrin 5% Dermal cream (30g)	> 2 years and Adults	Apply to whole body, excluding head, with particular attention to fingers, toes, wrist, elbows, armpits, knees, knees, external genitalia, buttocks and under nails. Wash thoroughly after 8-12hours, but reapply to hands in the meantime if washed with soap in the treatment period.
	Malathion 0.5% aqueous liquid (100ml)	6 mths-2 years	Apply thin layer to entire skin surface, scalp face ears neck, avoid eyes and mouth. Not to wash or bathe for 24hrs, if hands needed to be washed reapply immediately. Repeat treatment after 7 days
		> 2 years and Adults	Apply thin layer to entire skin surface. In adults it may not be necessary to apply above the neck. Not to wash or bathe for 24hrs, if hands needed to be washed re-apply immediately. Repeat treatment after 7 days.
	Important; Check cautions and contra-indications When one member of the family presents with scabies, the entire family should be treated, although each member does not need to present in person to the pharmacy.		
Other advice to be given	<ul style="list-style-type: none"> Infection only spreads through direct skin-to-skin contact with another human being. The most common way to catch scabies is through hand-holding Incubation is usually 4-6 weeks in patients without previous exposure It is still contagious in the weeks before the symptoms appear making spread difficult to contain Itching may persist for 2-3 weeks after successful treatment. During this time no new lesions should develop. All members of the household should be treated at the same time even in the absence of symptoms i.e. within 24 hours. Each family member will have to be registered with one of the participating GP practices. Remember to supply a suitable quantity for each person. 		

	<ul style="list-style-type: none"> • Alternative symptomatic treatment of itching that may be purchased • Ensure a patient information sheet is given. • Contact tracing is the responsibility of the patient to alert anyone who may be infected. • Machine wash (at 50 °C or above) clothes, towels, and bed linen, on the day of application of the first treatment • Advise to avoid close body contact with others until their partners and close contacts have been treated
When to refer/exclusion criteria	<ul style="list-style-type: none"> • When treating those under 2 years of age consider referral to practice nurse. • Children under 6months, pregnant and lactating women should be referred to the G.P. • Treatment failure • Signs of bacterial infection
Reference:	<ul style="list-style-type: none"> • SPC; Lyclear Dermal cream, Derbac M Liquid • CKS; Scabies
Review Date	<ul style="list-style-type: none"> • June 2017

Teething Protocol

<ul style="list-style-type: none"> Definition/criteria for inclusion 	<ul style="list-style-type: none"> The emergence of teeth through the gums of the mouth usually begins between the 6th and 8th month of life and all deciduous teeth are normally in place by the time they are around three years old. Some children go through teething much earlier or later. Irritability caused by the pain and discomfort of the tooth rising to the surface of the gum. Excess salivation and drooling. Gum swelling, redness and sensitivity. Wakefulness at night Refusing food/ demanding more feeding than normal Biting and gnawing. This helps relieve the pressure from under the gums. Temperature a little higher than normal Bowel movements slightly looser than normal Flushed cheeks, cheek rubbing and ear pulling 																			
Treatment and doses	<table border="1"> <thead> <tr> <th></th> <th>Age</th> <th>Dosage and frequency</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Ibuprofen 100mg/5ml suspension (100ml)</td> <td>3 - 6 months (weighing > 5kg)</td> <td>2.5 ml three times a day</td> </tr> <tr> <td>6 - 12 months</td> <td>2.5 ml three times a day</td> </tr> <tr> <td>1 - 4 years</td> <td>5 ml three times a day</td> </tr> <tr> <td rowspan="3">Paracetamol 120mg/5ml suspension (100ml)</td> <td>3-6 months</td> <td>2.5mls four times a day</td> </tr> <tr> <td>6 - 24 months</td> <td>5ml four times a day</td> </tr> <tr> <td>2 - 4 years</td> <td>7.5ml four times a day</td> </tr> </tbody> </table>		Age	Dosage and frequency	Ibuprofen 100mg/5ml suspension (100ml)	3 - 6 months (weighing > 5kg)	2.5 ml three times a day	6 - 12 months	2.5 ml three times a day	1 - 4 years	5 ml three times a day	Paracetamol 120mg/5ml suspension (100ml)	3-6 months	2.5mls four times a day	6 - 24 months	5ml four times a day	2 - 4 years	7.5ml four times a day	<p>Important; Check cautions and contra-indications Extra comforting can often be the only intervention required</p>	
	Age	Dosage and frequency																		
Ibuprofen 100mg/5ml suspension (100ml)	3 - 6 months (weighing > 5kg)	2.5 ml three times a day																		
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	2 - 4 years	7.5ml four times a day																		
Other advice to be given	<ul style="list-style-type: none"> Gently wipe the baby's face often to remove saliva to prevent rashes from developing. Recommend registration with an NHS dentist if the child is not already registered. Give the baby something cool to chew on. E.g. teething rings, which can be cooled in the fridge or a clean wet washcloth placed in the freezer for 30 minutes. May like to try hard foods e.g. sugar-free biscuits, frozen bread, chilled carrot sticks They may get some relief from eating cold foods such as: Yoghurt or applesauce. Rubbing the baby's gums with a clean finger can also soothe the ache. Topical anaesthetics and complementary therapies (such as herbal teething powder are not recommended (CKS)) <ul style="list-style-type: none"> ➢ Explain that there is no good evidence to support their use ➢ If patients choose to buy such products then advise parents to follow the manufacturer's recommendations 																			
When to refer/exclusion criteria	<ul style="list-style-type: none"> If symptoms and pain are excessive or if the baby is crying inconsolably. Teething should not be excruciating Seek medical advice if the infant becomes systemically unwell (for example with a high fever) as this indicates an underlying condition unrelated to teething 																			
Reference:	CKS																			
Review Date	August 2018																			

Threadworm Protocol

Definition/criteria for inclusion	<ul style="list-style-type: none"> • A parasitic worm which is caught after swallowing the eggs • Anal Pruritus mainly at night is quite often the only symptom • Sometimes worms can be seen around the anus or in the stools. • Threadworms are extremely common. Infection can spread rapidly between family members by direct transfer of eggs. 		
Treatment and doses		Age	Dosage and frequency
	Mebendazole 100mg chewable tab (1)	Adults and children over 2 years	One tablet as a single dose. Repeat treatment in 14 days if re-infection suspected (further consultation required)
	<p>Important; Check cautions and contra-indications One consultation form and supply should be used to treat only ONE member of the family. If additional family members require treatment another form and supply should be issued for each family member. The treatment pack contains sufficient medication for initial treatment only. Should the patient experience re-infection in two weeks another consultation should be undertaken and a further supply made if appropriate.</p>		
Other advice to be given	<ul style="list-style-type: none"> • All members of the family should be treated at the same time • Washing hands and scrubbing nails before each meal and after going to the toilet • Bathing immediately after rising will remove eggs laid during the night • Keeping nails short • Prevent nail biting and thumb sucking • It is not necessary to keep children off school • Prevent scratching around perianal area • Wear tight fitting pyjamas/underwear to avoid shedding eggs • Bathe or shower first thing in the morning paying extra attention to the perianal area. • Wash bedding and towels daily • Damp dust and vacuum daily. 		
When to refer/criteria for exclusion	<ul style="list-style-type: none"> • Children under 2 years • Use of Anthelmintics needs to be combined with hygiene measures to prevent ova being transferred from the anus to the mouth • Pregnant or potentially pregnant women, or breast feeding • Signs of bacterial infection (Day and night time irritation, red and inflamed skin around the anus or purulent mucus discharge from the anal canal) 		
Reference:	<p>SPC; Ovex tablets. CKS; Threadworms</p>		
Review Date	<p>April 2018</p>		

Vaginal Thrush Protocol

Definition/criteria for inclusion	<ul style="list-style-type: none"> Vaginal candidiasis (fungal) infection of the lower female genital tract with previous diagnosis of thrush, in those who are confident it is a recurrence of the same condition; and their sexual partner. Presenting symptoms include thick, white vaginal discharge, pain or burning on urination, soreness and itching 			
Treatment and doses		Gender	Age	Dosage and frequency
	Clotrimazole cream 2% (20g)	Male only	16-60	Apply two or three times daily for seven days
	Clotrimazole Combi 500mg pessary/2% cream (1)	Female only	16-60	Use pessary at night, continue with cream two or three times daily until symptoms have resolved
	Fluconazole Capsule 150mg (1)	Female or Male	16-60	Single oral dose (C/I in pregnancy and breastfeeding (BNF))
	<p>Important; A separate consultation must take place for male (sexual partner) i.e. the patient must present in the pharmacy and the product issued recorded on their record. Only one product can be provided per patient. Check cautions and contra-indications</p>			
Other Advise to be given	<ul style="list-style-type: none"> Maintain good hygiene Avoid highly perfumed soaps, bubble baths and vaginal deodorants if they know they are prone to thrush. Remind the doctor that they are prone to thrush if they are prescribed antibiotics or other medication. Try to keep the genital area cool, thrush thrives in warm moist conditions. Wear loose fitting cotton underwear. Partner will need treating (if suitable on Minor ailments a separate consultation must be done.) Symptoms may take up to 7 days to resolve, if this fails to occur then the patient should be advised to see their doctor. Pessaries best used at night to aid retention Clotrimazole cream may cause damage to latex condoms, patients should be advised to use alternative precautions for at least five days after using this product. 			
When to refer	<ul style="list-style-type: none"> Patient is under 16 or over 60 years of age or is a first time sufferer Blood staining within the discharge, abnormal or irregular vaginal bleeding Presence of sores or blisters in vaginal area Patient is pregnant or likely to be pregnant Diabetic Unresolved symptoms 7 days after treatment Personal history of or recent exposure to STI Any other reason which makes you professionally wary of making the supply 			
Reference:	Manufacturers guidance			
Review Date	April 2018			

Verruca & Wart Protocol

Description	<ul style="list-style-type: none"> • Cutaneous warts (Verruca vulgaris) are small rough skin coloured lesions affecting the epidermis of the skin and caused by infection with the human papilloma virus (HPV) • Friction wears away the dead cells of the wart which exposes thrombosed blood vessels giving the verruca its typical appearance with black dot in the middle • Only those on the hands or the feet. 			
Pharmacy First Formulary		Site on body	Age	Dosage and frequency
	Verrugon (6g)	Feet only	6 years onwards	Apply at night for up to 12 weeks.
	Cuplex (5g)	Hands or feet	Adults and children over 2 years	Apply twice a day for up to 12 weeks. following manufacturers directions
	Important; <ul style="list-style-type: none"> • Always follow the manufacturers directions • Check cautions and contra-indications 			
Other advice to be given	<ul style="list-style-type: none"> • Treatment is not always necessary as many verrucas remit without any intervention but this can often take months or even years • Avoid applying keratolytic to healthy skin . can use Vaseline to protect healthy skin • Treatment can take up to twelve (12) weeks for resistant lesions to disappear, and it is necessary to persevere with the treatment • The wart should be filed using an emery board or pumice stone once weekly to remove dead, hardened skin and enable treatment to penetrate to the root o the wart/ verruca • Avoid spreading the verruca <ul style="list-style-type: none"> ➢ Maintain scrupulous cleanliness ➢ Use a separate towel ➢ Avoid walking around in barefoot ➢ Cover verruca with a plaster 			
When to refer	<ul style="list-style-type: none"> • Warts anywhere else on the body other than hands or feet • Painful verrucas • Suspect skin cancer • Diabetic patient • Pregnancy • immuno-compromised . check medication 			
References	CKS; 2016			
Review Date	<ul style="list-style-type: none"> • August 2018 			