Service Level Agreement

This Service Level Agreement (SLA) defines the terms and standards required by:

Local Clinical Commissioning Groups **known as the Commissioner**
(Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG)

and

The Community Pharmacy **known as the Provider**

For the provision of the

Minor Ailments Scheme

(in line with the requirements of this service specification)

during the period

1st June 2018 – 31st March 2019

Service Specification v0.1 May 2018

1. Service Context

Much of the UK population experiences symptoms of minor ailments every day. Most people take responsibility for dealing with their symptoms by self-care and self-medication. In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for treating conditions that are self-limiting or lend themselves to self-care[1]. If these consultations were handled by a pharmacist, the NHS could, better allocate resources to higher priority areas that have a greater impact for patients. It is vital that the NHS achieves the greatest value from its finite resources.

1.1 Local Context

This new CCG led service aims to bring a consistent and cohesive minor ailments service across much of the Black Country STP footprint. This minor ailment scheme follows on from the NHSE Pharmacy First scheme for Under 16s (commissioned during 2015-2018) and the Wolverhampton and Dudley CCG led Pharmacy First scheme for Over 16s (commissioned during 2017-2018).

1.2 National Context

Community Pharmacy services are increasingly being highlighted nationally as part of the NHS response to managing increasing demand and complexity.

- Community Pharmacy has been identified as having a potential role in managing winter pressures and establishing a network of community pharmacies could help manage surges in demand in both the summer (e.g. by provision of medicines for hay fever) and winter (e.g. by supporting self-care for winter ailments).

[1] NHS England. 2018. *Conditions for which over the counter items should not be routinely prescribed in primary care: Consultation Report of Findings*. [ONLINE] Available at: https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-consutlation-report-of-findings.pdf. [Accessed 14 May 2018].

- The NHS England Call to Action programme has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice.
- The NHS England 5 year forward view www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
- The NHS England Evidence base from the Urgent and Emergency Care Review was published in June 2013 and highlighted a potential role for community pharmacy in providing accessible care. 18-20% of GP workload and 8% of A&E visits are accounted for by minor ailments. Diverting this amount of activity into community pharmacy could free up significant capacity for other CCG priorities such as long-term conditions management.
- The NHS England Conditions for which over the counter items should not be routinely prescribed in primary care was published in March 2018 and provides the findings of a public consultation. NHS England partnered with NHS Clinical Commissioners to carry out a consultation after CCGs asked for a nationally coordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation.

2. Outcomes

This service improves access to GP services, an improvement area of *'Ensuring that people have a positive experience of care'* of the NHS Outcomes Framework Domain 4. This is by the release and building of capacity in general practice allowing for increased consultation times & access to the GP when more complex consultations are required.

This service also supports the NHS Outcomes Framework Domain 2 '*Enhancing quality of life for people with long-term Conditions'* and finally the service also supports Domain 3 of the framework- *'Helping people to recover from episodes of ill health or following injury'.*

2.1 Locally defined outcomes

- Helping people with specified minor ailments recover from episodes of ill health by providing access to a defined list of medicines and advice from community pharmacy premises.
- Improve primary care capacity by reducing medical practice workload related to minor ailments and to ease pressures on their local A&E department and primary care urgent services.
- Promote the role and greater contribution of community pharmacies in primary health care to build the public understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for GP appointment or emergency care visit.

3. Scope

3.1 Aims and objectives of service

The Pharmacy First Minor Ailments Service is primarily designed as a "walk in" service so that patients exempt from prescription charges of all ages can access self-care advice for the treatment of minor ailments and, where appropriate, be supplied with over the counter medicines, without the requirement to attend their GP practice for an appointment and prescription.

This scheme is available to patients exempt from prescription charges who are **registered with a participating General Practice in Dudley, Sandwell & West Birmingham and Wolverhampton CCG**. Patients can access the scheme up to a maximum of **6 times** in a 12-month period.
***Access to the scheme is subject to change. Service Providers will be informed of any changes at the earliest opportunity.**

Minor Ailments service consultations will be reimbursed to the provider at a rate of £5 per consultation and the cost of the medicine.

The Minor Ailments Service aims to:

- Support patients to self-manage their condition and recover quickly from episodes of ill health, that are suitable for management in a community pharmacy setting.
- Ensure that patients have a positive experience of care in a community pharmacy setting.
- Enable more patients to access advice and medicines where appropriate from the NHS without requiring a GP appointment or A&E/urgent care visit to provide a prescription.
- Release capacity in other healthcare setting by providing convenient access to advice and treatment in community pharmacy.
- Divert patients with specified minor ailments from general practice and other urgent care settings into community pharmacy where the patient can be seen and treated in a single episode of care.

This service is only available for patients presenting with identified symptoms as per the minor ailment conditions and medicines included within appendix 4 and 5 of this specification. Management of these conditions is set out in the treatment protocols in Appendix 5.
***The formulary and treatment protocols are subject to change, providers will be notified by means of an updated document on PharmOutcomes.**

4. Service Provider Duties

4.1 Service Availability

The pharmacy must be located within one of the participating CCG areas and must comply with all the requirements of the NHS Community Pharmacy Contractual Framework. There must be suitable access to a confidential patient consultation room on site to undertake a private consultation (should this be requested by a patient). The service must be available at the pharmacy throughout the whole core and supplementary opening hours. An individual patient can access the scheme up to six times per calendar year.

4.2 Service Accreditation Criteria

To deliver this Minor Ailments service, the pharmacy service provider must sign up to this service on a pharmacy service provider level by clicking on the sign-up link: https://www.elesurvey.co.uk/f/615070/4f41/ This link will take the service provider to an online declaration page which requires agreement to the terms and conditions of this service level agreement. Once the sign-up form has been completed, service providers will be accredited to offer the service and will then receive an NHS standard contract for completion and signature. The completed contract will need to be returned to the MLCSU Pharmacy Services team.
Once signed up and accredited, individual practitioners at the service provider pharmacy will need to enrol on the platform (at the first point of access only). The Pharmacy Service Provider must ensure that staff members delivering the service must have completed or are intending to complete (within the 3-month grace period):

- Common clinical conditions and minor ailments (distance learning)
- Minor ailments: a clinical approach (2018) (e-assessment)
  ***Assessments will need to be repeated every two years and if the course is updated.**
- Confirm they have read and understood the service level agreement between the commissioner and the provider and agree to offer this service in accordance with these requirements
- Confirm the pharmacy must also be registered with the information commissioner.

Pharmacy Service providers are responsible to ensure all staff delivering this service have met the service accreditation criteria above and the service provider has a SOP is in place (within the 3-month grace period). The pharmacy service provider must ensure any staff member delivering the service comply with the SOP.

4.3 Standard Operating Procedure

- The service provider will have developed a Standard Operating Procedure (SOP) which specifically details the operational delivery of the Minor Ailments Service in accordance with this specification.
- The service provider must ensure that all staff working in the pharmacy have relevant knowledge, are appropriately trained and operate within the SOP, this includes understanding when to recommend the service to clients.
- The SOP should be reviewed at least every two years or before if circumstances dictate. Each review should be documented and the SOP subject to version control. Staff must read, date and sign the SOP after a review.
- The SOP must be available to the commissioner if requested.

4.4 Service Continuity

- It is the responsibility of the service provider to have a process in place that ensures that all new staff and locums are aware of the Minor Ailments Service and must maintain continuity of service during and after staff changes.
- Counter staff and support staff should have full knowledge of the operation of the service but should not make independent decisions regarding a patient's suitability for the service without referring to a pharmacist. For example, turning a patient away because the regular pharmacist is not on duty.
- The service provider has a responsibility to ensure that all staff members provide the service strictly in accordance with the service specification and Standard Operating Procedures.

4.5 Promotion and Advertising

- The service provider is required to display a service poster provided by the commissioner to support service delivery.
- The service provider is required to actively promote service uptake.
- The service provider must ensure that they keep their **NHS Choices** website accurately updated with their opening hours and provision of this locally commissioned minor ailments scheme.
- The service provider should co-operate and liaise with local GPs to discuss the service and that patients can be signposted into it.
- Local practices should be aware of the scheme and the limitations of what can be referred into it.
- Agree together on how patients presenting at the pharmacy who need to be seen by a GP, are referred.

- Service providers should explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals; encouraging patients to self-care in the future.
- Any adverse incident that has happened in relation to this scheme must be reported to MLCSU via the following email address within 72 hours of occurrence: mlcsu.pharmacyservicequeries@nhs.net

4.6 Complaints and Incidents

Complaints from service users should be handled by using existing complaints procedures within each pharmacy. The service user can also choose to send the complaint to the local commissioner of the service.
http://psnc.org.uk/wp-content/uploads/2013/09/PSNC-Briefing-091.13-NHS-Complaints-Procedure.pdf

The content of the log of **patient safety incidents** should be used to help identify trends, or to highlight weaknesses in pharmacy systems and procedures.
http://psnc.org.uk/wp-content/uploads/2014/12/PSNC-Briefing-034.14-Reporting-patient-safety-incidents-to-the-NRLS.pdf

5. Service Funding

5.1 Service Funding

The service provider will enter details of the consultation on the online PharmOutcomes system which will in turn generate a monthly claim for the pharmacy. The service provider will be reimbursed based on:

- The formulary price of the medicine (+VAT) supplied to the patient
- The professional service fee for the consultation provided by the pharmacist.

*Consultations not leading to a supply of medicines will be reimbursed at the professional service fee only.

Medicines supplied as retail sale are not included in the calculation between the service provider and the commissioner.

6. Duties of Individuals Performing this Service

6.1 Patient Registration

When first accessing the Minor Ailment Service, patients must be registered onto the minor ailments online data management system PharmOutcomes. Registration is not required for subsequent patient access to the service. Recording of patient NHS Numbers is mandatory.

For patients registered within a participating GP Practice, the pharmacist will need to verify the patients GP practice registration by one of the following methods:

- Pharmacy's Patient Medication Record (PMR).
- Patient provided repeat prescription slip or actual prescription.
- Patient's NHS Medical card.
- Contacting the GP practice for confirmation.
- Where this information is not available, pharmacies should request appropriate identification to confirm the patients name and address. Where patients are unable to

provide identification, pharmacies should use their professional discretion as to whether registration and consultation should be provided under the Minor Ailment Service.
- Where a consultation is provided the patient should be advised that they bring appropriate identification for future consultations and a note be made on their Data Management record.

For those patients who consent to join the scheme, a consent form must be completed upon registration. The registration phase of the online platform has printable versions of the patient consent form. The consent form must be printed and completed in full, (signed by the parent or legal guardian for Under 16s). Patient consent must be sought in writing by the "registering" Pharmacy before any consultation can take place under the scheme. This record must be stored within the registering pharmacy for two years.

6.2 Patient Consultation

Pharmacists must ensure that consultations are only undertaken for patients that attend the pharmacy in person, non-face-to-face consultations are not permitted.

The consultation will consist of:

- Patient assessment
- Provision of advice (as per Pharmacy First protocols included in this scheme) and sign-post to self-care resources including www.selfcareforum.org
- Check that the maximum usage of the Pharmacy First service has not been exceeded.
- Provision of a medication, only if necessary, from the agreed formulary appropriate to the patient's condition (as per Pharmacy First protocols included in this scheme).
- Rules of patient confidentiality apply.

Patients who have a) already attended a GP appointment or intend to take up a GP appointment for the same symptoms or b) accessed the maximum number of six interventions in a 12-month period (commencing 1st June 2018 – pro-rata'd to 5) are not eligible for the scheme.

It is acknowledged that pharmacists will not have access to a patient's full medical record when conducting Minor Ailments Service consultations and will need to assure themselves that the patient can provide a reliable history of the presenting condition and other relevant elements of the patient history (e.g. long-term conditions, concomitant medication). Pharmacists can and should decline to provide medicines under the Minor Ailments Service where a reliable history cannot be obtained to protect patients from avoidable harm.

Provision of medication from the formulary in Appendix 4 is appropriate if:

- Patient assessment is carried out by an accredited pharmacist following a face-to-face consultation with the patient (the patient parent/guardian/representative may be present where appropriate).
- Patients meet the inclusion criteria specified in the relevant treatment protocol.

Up to two formulary medicines can be supplied per consultation i.e. Up to two symptoms can be treated under this scheme. The consultation phase of the online platform has printable versions of the patient declaration form. For every consultation the declaration form must be printed and completed in full, (signed by the parent or legal guardian for Under 16s).

The details of the consultation must be recorded on PharmOutcomes during or following the consultation (It is optional if service providers wish to record consultation details on the Pharmacy's

PMR system), this also enables payment to the service provider. A record of the consultation should be entered onto PharmOutcomes ideally within 72 hours of the consultation or within 7 days.

Pharmacies will not be eligible for payment where the NHS number is not captured.

6.3 Rapid Referral

If the patient presents with symptoms indicating the need for a consultation with the GP, the pharmacist should (within surgery hours) contact the patient's GP by phone to arrange an appointment or if outside surgery hours to contact the on-call doctor or advise the patient to attend A & E. immediately. Any referrals made to the GP must be documented and the reason for the referral recorded on the on line PharmOutcomes platform.

6.4 Record Management

Maintaining and retaining good quality records (including copies of signed patient consent forms and declaration forms) as per relevant professional and information governance standards.

7. Applicable Service Standards

7.1 General Pharmaceutical Council standards

- Standards of conduct, ethics and performance
- Standards for registered pharmacies
- Standards for continuing professional development (CPD)

7.2 Applicable National Standards

- Medicines supplied under the Minor Ailments Service should be in original packs and must contain a patient information leaflet.
- The service must be delivered in accordance with the most recent treatment protocols, and service specification.
- Records created during the delivery of the Minor Ailments Service should be managed according to the current NHS Code of Practice.
- The provider must satisfactorily comply with its obligation under Schedule 1 of the Pharmaceutical Services regulations to provide Essential Services and have an acceptable system of Clinical Governance.
- The Provider must ensure that this service is performed in accordance with current national standards and guidelines including the Misuse of Drugs Act 1971, Misuse of Drugs Regulations 1985

7.3 Health and Safety

The service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of Health and Safety at Work Regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

7.4 Safeguarding

- Where there are safeguarding issues, appropriate action must be taken to address those concerns.
- Accredited staff providing consultations must be aware of national and local safeguarding guidelines and referral pathways.

8. Confidentiality and Data Protection

- The General Data Protection Regulation (GDPR) will come into force across the European Union (EU) on May 25. Under GPDR, pharmacy owners will become data "controllers" – and will decide what patient information to process and how to process it. As data controllers, pharmacy owners must be clear about the legal basis for processing patient data – which includes collecting, recording, retrieving, consulting and using data.
- Providers are expected to offer a professional service and the pharmacy must protect personal data in accordance with provisions and principles of the current Data Protection Act.
- Any information and/or records relating to patients that may be available to the Provider or for providing the service required, shall be held in the strictest confidence and shall not be divulged to any third party without the express permission of the patient.
- The pharmacy will provide a non-judgmental, patient centered, confidential service.
- The Pharmacy staff must not disclose to any person any information acquired by them in connection with the provision of the service which concerns; the identity of any service user and/or the medical condition or any treatment received by any service user.
- Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality and data security arrangements, including, where appropriate, the need for the permission of the patient to share the information.

9. Period of Service and Termination

This Locally commissioned service will run from 1st June 2018 – 31st March 2019. No further notice period will be required unless the scheme is terminated before the 31st March 2018 in which case the notice period will be 30 calendar days.

The exception to the above is where a Contractor fails to meet any of the obligations in this contract. In such circumstances they will be notified in writing of the nature of the breach. Where the breach is not remedied within appropriate time-frames or the commissioner deems it is not capable of remedy, the commissioner will be entitled to terminate this agreement with immediate effect.

The sign-up form below constitutes a contractually binding agreement between the Service Provider and the Commissioner with respect to the provision of the Minor Ailments Scheme for the period 1st June 2018 to 31st March 2019.

The sign-up form below constitutes a contractually binding agreement between the Service Provider and the Commissioner with respect to the provision of the Minor Ailments Scheme for the period 1st June 2018 to 31st March 2019.

Appendix One: Online Sign-up Form

NHS
Midlands and Lancashire
Commissioning Support Unit

Sign Up Form - Minor Ailments Scheme, Dudley, Sandwell & West Birmingham and Wolverhampton CCG areas

A new Minor Ailments service has been commissioned by Dudley, Sandwell & West Birmingham and Wolverhampton CCGs. This scheme has a contract length of 10 months from 1st June 2018 to the 31st March 2019. Attached is the service specification which includes a formulary and treatment protocols.

If you would like to provide this locally commissioned service please complete the sign up form below by the 30th June 2018. Service providers who are part of large chain multiples are requested to obtain consent via their central teams/head office.

Once the sign up form has been completed and submitted the MLCSU pharmacy services team will send out a copy of the NHS standard contract (between the commissioner and service provider) for completion and return. Service providers are requested to return a signed copy to mlcsu.pharmacyservicequeries@nhs.net by 31st July 2018.

Please note that once the sign up form has been submitted, service provider pharmacies will be accredited to offer this new service. Individual staff members will then need to enrol onto the service (at the first point of access only) to begin delivering the service in line with the service specifications attached.

How many pharmacies is this declaration being made for?

Please select one ...

Pharmacy 1 - required fields:

Pharmacy ODS unique identifier code	
Pharmacy name	
Pharmacy address	
Name of superintendent pharmacist	
Superintendent pharmacist GPHc number	
The pharmacy is registered with the information commissioner, and the Z number is	

Service Provider Declaration:

I have read the Minor Ailments Service Specification (including accreditation requirement as set out in Section 4 and I agree to provide the service against the terms of the NHS Standard Contract from 1st June, 2018 to 31st March, 2019

The Minor Ailment Service Specification can be accessed here.

The service provider pharmacy will ensure CPPE Minor Ailments training has been completed or will be completed within 3 months

The service provider pharmacy will ensure a standard operating procedure is in place to enable service availability during contracted hours

The service provider pharmacy will complete the NHS Standard Contract and return it to MLCSU by 31st July 2018

In accordance with the new GDPR regulations, I am happy for the information provided above to be shared with the Commissioner

- I accept the terms & conditions above

Consent of service provider pharmacy
(Director-level only for Independents and authorised signatory for large chain multiples)

- In accordance with the new GDPR regulations, I am happy for the information provided above to be shared with the Commissioner.

Please enter your email below so follow-up communications can be sent to you.

Gurjinder Samra
Senior Prescribing Adviser, MLCSU
On behalf of the Commissioner; Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG

On submission of this form, using the button below, you will be contacted by the MLCSU pharmacy services team who will send out a copy of the NHS standard contract (between the commissioner and service provider) for completion and return. Service providers are requested to return a signed copy to mlcsu.pharmacyservicequeries@nhs.net by 31st July 2018.

For assistance with completing this survey, please contact mlcsu.pharmacyservicequeries@nhs.net

For technical assistance with this survey please contact the Midlands and Lancashire CSU Research Services.

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

Appendix Two – Patient Consent Form

Violet Patch Pharmacy
678 A Street in a Town Narrow EF45 6GH 0789 123456

Patient Details	
Name	Mickey Mouse
Address	123 Alphabet Road Broad way AB12 3CD
Date of Birth	2003-02-01
Gender	Male
NHS Number	1111111111
Consent to share	Consent to share given

Provision Details	
Provision Date	22 May 2018
GP Practice	Selection of *GP Practice* (Healthcare Providers (was Surgeries) lookup list)

Scheme eligibility and consent	
Scheme eligibility	*Scheme eligibility*: One of: Medical card Prescription request sheet PMR records or other pharmacy records Confirmation of registration document Surgery confirmed registration
Consent form printed	*Consent form printed*: Yes

Declarations

Patient Signature: ..... Date: .....

Appendix Three – Patient Declaration Form

Violet Patch Pharmacy
678 A Street in a Town Narrow EF45 6GH
0789 123456

Patient Details	
Name	Mickey Mouse
Address	123 Alphabet Road Broad way AB12 3CD
Date of Birth	2003-02-01
Gender	Male
NHS Number	1111111111
Consent to share	Consent to share given

Provision Details	
Provision Date	22 May 2018
[Layout question 50760]	Condition result of layout question
GP Practice	Selection of *GP Practice* (Healthcare Providers (was Surgeries) lookup list)
NHS Number	Answer to *NHS Number* single line input
Consultation details	
Time of consultation	
Visit number	

Medicines supply - If no medicine supply leave these fields blank

Presenting symptom 1	
Medicine supply necessary	*Medicine supply necessary*:
Medicine 1 supplied	Selection of *Medicine 1 supplied*
Second symptom?	*Second symptom?* One of: Yes No
Presenting Symptom 2	
Medicine supplied	*Medicine supplied*:
Medicine 2 supplied	Selection of *Medicine 2 supplied*
if supply made	*No supply made - select N/A if supply made*: One of: Not Fourth visit within 6 months Inappropriate referral - condition not in service Patient referred to GP - e.g. Red flag symptom
Relevant notes	Answer to *Relevant notes* text box
Service Audit	
Without pharmacy service would you	*Without pharmacy service would you*: One of: Go to GP Go to Walk in Centre Go to A and E Go to Badger clinic Purchased medicine Gone without Other
Final Check-list	
Please ensure - Tick to indicate complete	*Please ensure - Tick to indicate complete*: Patient signs declaration before leaving pharmacy

Patient Signature:..... Date:.....

Appendix Four

Formulary Medicine	DT Price
Acute Cough U16	
Simple Linctus BP s/f (200mls) For Acute Cough	£1.05
Simple Linctus paediatric s/f (200ml pack) For Acute Cough	£1.25
Acute Cough O16	
Simple Linctus BP s/f (200mls) For Acute Cough	£1.05
Pholcodine 5mg/5ml linctus s/f (200ml pack) For Acute Cough	£1.25
Acute Fever U16	
Ibuprofen 100mg/5ml s/f suspension (100ml pack) For Acute Fever / Earache	£1.64
Ibuprofen 200mg tabs (24 pack) For Acute Fever / Earache	£0.92
Paracetamol 500mg tablets (32 pack) For Acute Fever / Cold and Flu	£0.70
Paracetamol 250mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu	£1.12
Paracetamol 120mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu/ Teething	£1.29
Acute Bacterial Conjunctivitis U16	
Chloramphenicol 0.5% Eye Drops (10ml pack) for Acute Bacterial Conjunctivitis	£3.75
Acute Bacterial Conjunctivitis O16	
Chloramphenicol 0.5% Eye Drops (10ml pack) for Acute Bacterial Conjunctivitis	£3.75
Acute Pain/Earache/Headache/Temperature O16	
Paracetamol 500mg tablets (32) Ibuprofen 200mg tablets (24)	£0.70 £0.92
Athletes Foot U16	
Clotrimazole 1% cream (20g)	£1.12
Athletes Foot O16	
Clotrimazole 1% cream (20g)	£1.12
Bites and Stings and Allergies U16	
Hydrocortisone 1% cream (15g pack) For Bites and Stings	£0.90
Mepyramine maleate 2% cream 20g (Antisan)	£2.13
Chlorphenamine syrup s/f 2mg/5ml (150ml) For Hay Fever	£2.62
Chlorphenamine 4mg tabs (28 pack) for Hay fever	£0.76
Bites and Stings and Allergies O16	
Crotamiton 10% cream (30g) Hydrocortisone 1% cream (15g) Chlorphenamine 4mg tablets (30) Cetirizine 10mg tablets (30)	£2.50 £1.43 £0.76 £0.73
Coldsores U16	
Aciclovir 5% cream (2g)	£4.28
Coldsores O16	
Aciclovir 5% cream (2g)	£4.28
Cold and Flu U16	
Paracetamol 120mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu/ Teething	£1.29

Paracetamol 250mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu	£1.12
Paracetamol 500mg 32 tablets	£0.70
Pseudoephedrine linctus 30mg/5ml 100ml (Sudafed decongestant liquid)	£2.60
Cold and Flu O16	
Paracetamol 500mg tablets (32)	£0.70
Ibuprofen 200mg tablets (24)	£0.92
Menthol and Eucalyptus inhalation (100ml)	£1.36
Xylometazoline 0.1% Nasal Spray (10ml)	£2.62
Constipation U16	
Lactulose Liquid (300ml pack) For Constipation	£2.61
Constipation O16	
Ispaghula 3.5g sachets (10)	£2.26
Senna 7.5mg tablets (20)	£1.61
Lactulose solution (300ml)	£2.61
Glycerol suppositories (12)	£1.16
Cystitis O16	
Potassium Citrate sachets (6)	£3.41
Sodium Citrate sachets (6)	£3.22
Diarrhoea U16	
Dioralyte sachets (6)	£2.25
Diarrhoea O16	
Dioralyte sachets (6)	£2.25
Dry Skin (Simple Eczema) U16	
Zerobase (500g pack) For Dry Skin / Simple Eczema	£5.26
Zeroderm (125g pack) for Dry Skin / Simple Eczema	£2.41
Zeroderm (500g pack) For Dry Skin / Simple Eczema	£4.10
Dermatitis/Allergic type rashes U16	
Zeroderm ointment (500g)	£4.10
Hydrocortisone 1% Cream (15g)	£0.90
Crotamiton cream 10% (30g)	£2.50
Dermatitis/Allergic type rashes U16	
Zeroderm ointment (500g)	£4.10
Hydrocortisone 1% Cream (15g)	£0.90
Crotamiton cream 10% (30g)	£2.50
Earache U16	
Ibuprofen 100mg/5ml s/f suspension (100ml pack) For Acute Fever / Earache	£1.64
Ibuprofen 200mg tabs (24 pack) For Acute Fever / Earache	£0.92
Paracetamol 500mg tablets (32 pack) For Acute Fever / Cold and Flu	£0.70
Paracetamol 250mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu	£1.12
Paracetamol 120mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu/ Teething	£1.29
Earwax U16	
Olive Oil Ear Drops (10ml pack) For Ear Wax	£1.40
Earwax O16	

Olive Oil Ear Drops (10ml pack) For Ear Wax	£1.40
Hay Fever U16	
Cetirizine liquid (70ml pack) For Hay Fever	£2.46
Chlorphenamine syrup s/f 2mg/5ml (150ml) For Hay Fever	£2.62
Cetirizine 10mg tabs (30 pack)	£0.73
Chlorphenamine 4mg tabs (28 pack) for hayfever	£0.76
Loratadine 5mg/5ml syrup 100ml	£1.86
Loratadine 10mg tablets 30	£0.82
Sodium cromoglicate 2% eye drops 5ml (Opticrom Aqueous 2% eye drops 5ml)	£2.74
Hay Fever U16	
Cetirizine liquid (70ml pack) For Hay Fever	£2.46
Chlorphenamine syrup s/f 2mg/5ml (150ml) For Hay Fever	£2.62
Cetirizine 10mg tabs (30 pack)	£0.73
Chlorphenamine 4mg tabs (28 pack) for hayfever	£0.76
Loratadine 5mg/5ml syrup 100ml	£1.86
Loratadine 10mg tablets 30	£0.82
Sodium cromoglicate 2% eye drops 5ml (Opticrom Aqueous 2% eye drops 5ml)	£2.35
Hay Fever O16	
Chlorphenamine 4mg tabs (28 pack) for hayfever	£0.76
Cetirizine 10mg tabs (30)	£0.73
Beclometasone 50mcg nasal spray (100 doses) (Beconase Pollenase aqueous spray)	£3.49
Sodium cromoglicate 2% eye drops 5ml (Opticrom Aqueous 2% eye drops 5ml)	£2.74
Heartburn/Indigestion O16	
Gaviscon Advance tabs (24)	£3.07
Gaviscon Advance liquid (150mls)	£3.23
Ranitidine 75mg (12)	£5.16
Haemorrhoids O16	
Anusol Ointment (25g)	£2.45
Anusol suppositories (12)	£2.26
Anusol Plus HC ointment (15g)	£3.34
Anusol Plus HC suppositories (12)	£1.74
Infant Decongestant U16	
Normal Saline Nose Drops 0.9% (10ml pack) For Infant Decongestant	£0.99
Mouth Ulcers and Teething U16	
Anbesol Teething Gel	£1.33
Paracetamol 120mg/5ml s/f susp100ml	£1.29
Mouth Ulcers O16	
Bonjela gel (15g)	£2.58
Chlorhexidine 0.2% mouthwash (300ml)	£2.44
Nappy Rash U16	
Clotrimazole 1% cream (20g pack) for Athletes Foot/ Infected Nappy Rash	£1.12
Conotrane 100g cream	£0.88
Oral Thrush U16	
Miconazole Oral gel 2% (15g)	£3.23
Oral Thrush O16	
Miconazole Oral gel 2% (15g)	£3.23

Scabies U16	
Permethrin 5% Dermal Cream (30g pack) For Scabies	£7.46
Chlorphenamine 4mg tabs (30) for hayfever	£0.76
Chlorphenamine syrup s/f 2mg/5ml (150ml) For Hay Fever	£2.62
Scabies O16	
Permethrin 5% Dermal Cream (30g pack) For Scabies	£7.46
Chlorphenamine 4mg tabs (30) for hayfever	£0.76
Crotamiton 10% cream (30g)	£2.62
Sore Throat O16	
Paracetamol 500mg tabs (32)	£0.70
Ibuprofen 200mg tablets (24)	£0.92
Difflam throat spray (1)	£4.24
Sprains and Strains O16	
Paracetamol 500mg tabs (32)	£0.70
Ibuprofen 200mg tablets (24)	£0.92
Ibuprofen 10% gel (30g)	£3.38
Sunburn U16	
Calamine cream (aqueous) (100g pack) For Sunburn	£1.38
Paracetamol 120mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu/ Teething	£1.29
Paracetamol 250mg/5ml s/f suspension (100ml pack) For Acute Fever/ Cold and Flu	£1.12
Paracetamol 500mg 32 tablets	£0.70
Threadworm U16	
Mebendazole 100mg tablet (1 pack) For Threadworm	£2.16
Threadworm O16	
Mebendazole 100mg tablet (1 pack) For Threadworm	£2.16
Vaginal Thrush O16	
Clotrimazole 2% cream (20g)	£4.76
Clotrimazole 500mg pessary (1)	£6.41
Fluconazole 150mg oral cap (1)	£1.99
Warts and Verruca's U16	
Salactol Topical Paint (10ml pack) For Warts and Verrucas	£1.71

Appendix Five

ACUTE COUGH U16

Definition	**Coughing arising from a defensive reflex mechanism. The cough may be productive (chesty) where phlegm is produced or non-productive (dry), with no phlegm.**
Criteria for Inclusion	Child presenting with onset of cough within the last seven days. Children under 1 year can be treated at the pharmacist's discretion.
Exclusion Criteria	Severe pain when coughing - including chest or shoulder pain Presence of blood in phlegm Presence of green/rusty phlegm Asthmatic patients reporting wheeze or shortness of breath or those with severe disease. Check for worsening symptoms of asthma. If cough symptoms have persisted beyond 3 weeks, No sign of improvement after 3 - 4 weeks or continual worsening of symptoms Breathing difficulty Pain related to exertion Moderate to severe hepatic or renal impairment. Unexplained weight loss – Presenting over the previous 6 weeks Voice changes – Hoarseness lasting from more than 3 weeks or continuing after the cough has settled New lumps or swellings – Located anywhere in the neck or above the collarbone Wheezing Recurrent night time cough
Action for Excluded patients:	Refer to GP

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Simple linctus s/f paediatric (200ml) 1-5 years	**PO**	**GSL**	**5-10ml three times daily when required**
Simple linctus BP (200ml) 6-16 years	**PO**	**GSL**	**5mls three times daily when required**

Follow Up and Advice	**Side effects and Management**
Maintain good fluid intake Try simple home remedies, such as 'honey and lemon' – just add freshly squeezed juice from one lemon and a teaspoon of honey to a mug of hot water. Avoid a smoky atmosphere. Take paracetamol for associated symptoms e.g. temperature, aches and pains Supply patient information leaflet Advise on likely course of cough, i.e. it should get better over a few days but sometimes it may take longer No need for antibiotics- antibiotics do not work against viral infections, which cause most acute coughs, and so they may do more harm than good.	

RED FLAG SYMPTOMS (When to refer)

Conditional referral

General aches and pain, sore throat, sneezing or runny nose – probably a viral infection
If cough persists beyond 3
weeks
Tender swellings around the jaw and neck – probably swollen glands (analgesic and plenty of cool drinks)
Fever (refer to acute fever protocol)
If the cough does not improve over a few days, gets worse, or they develop warning symptoms such as coughing up green/rusty phlegm or blood in the phlegm then they should seek further advice from NHS 111 or GP.

Rapid Referral

Severe shortness of breath or a blue tinge to the lips or severe pain in the chest – Dial 999
Toxic fumes such as ammonia or industrial chemicals have recently been breathed in – call NHS 111 or contact the GP
Very high temperature or shortness of breath along with a cough should be referred to rule out a diagnosis of pneumonia
Fit of coughing due to obstruction of the airways (e.g. after swallowing food) – call NHS 111 or contact the GP

Acute Cough O16

Definition	Coughing arises as a defensive reflex mechanism
Criteria for Inclusion	Adults and children over 1 year experiencing a troublesome cough requiring soothing. The cough may be productive (chesty) where phlegm is produced or non-productive (dry), with no phlegm.
Recommended Treatments and Quantity to supply	
Chesty cough:	**Simple Linctus S.F (200mls) 5mls four times a day**
Dry Cough	**Pholcodine 5mg/5ml SF (200mls) 5-10mls three-four times a day**
Criteria for Exclusion RED FLAG SYMPTOMS (When to refer)	· Cough productive with green or yellow sputum · Asthmatics presenting with wheeze or reduced peak flow · Chest pain or shortness of breath · COPD · Chronic bronchitis · Recurrent nocturnal cough · Failed medication
Rapid Referral	· Difficulty breathing · Shortness of breath · Chest pain · Pain related to exertion · Rusty or blood-stained sputum · Very high temperature or shortness of breath along with a cough should be referred to rule out a diagnosis of pneumonia · Whooping cough or croup
Follow-up Advice	Conditional referral: • Refer to GP if cough persists beyond two weeks • Consider supply but advise patient to make a GP appointment: • A dry cough in patients prescribed an ACE Inhibitor Counselling Points: • A cough is commonly associated with an upper respiratory infection and is usually mild and self-limiting, often resolving in around two weeks • There is no good evidence for or against the effectiveness of cough preparations • Avoid smoking or smoky atmospheres. If a smoker - counsel or • Signpost to smoking cessation service • Maintain adequate fluid intake with a chesty cough
References	Clinical Knowledge Summaries. Cough management. September 2010. Available at: http://www.cks.nhs.uk/cough/management/scenario_management_cough_less_than_3_weeks#-477498 <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

ACUTE FEVER U16

Definition	**Feeling of hotness in the body and temperature more than the normal (over 38°C /100.4F). Symptoms may include flushing and feeling sweaty.**
Criteria for Inclusion	Child presenting with feeling of hotness, flushing or feeling sweaty. Children under 1 yr can be treated at the pharmacist's discretion. Children under 5 years – refer to NICE guidance **SEE BELOW FOR FURTHER GUIDANCE FOR FEVER IN CHILDREN**
Exclusion Criteria:	Shortness of breath or difficulty in breathing Concomitant rash that does fade on pressing, e.g. with glass Severe headache or continuous vomiting Ibuprofen contra-indicated in patients with hypersensitivity to NSAIDs Worsening of asthma symptoms with NSAID previously A body temperature over 38°C in children age 0-3 months or over 39°C in children age 3-6 months. A child brings up dark-green vomit. If a child looks pale, ashen, mottled or blue. Premature child - Child born prematurely and less than 3 months of age Response - Child does not respond normally and wakes only with difficulty, appears ill or does not smile Unusual crying - Cries in an unusual way – weak, high pitched or continuous cry Breathing - Breathing much faster than usual, flared nostrils, skin between the ribs or the area just below the rib cage moves abnormally during breaths Abnormal grunting Hydration - Child does not eat or drink much and does not pass much urine, nappies remain dry, fontanelle is bulging or sunken Non-blanching rash – rash that does not fade on pressure Other signs - Neck stiffness (not being able to touch chin to chest), cold limbs or fitting, other unexplained or unusual symptoms As per NICE guidelines enclosed for children under 5 years
Action for Excluded patients:	**Refer to GP or NHS 111**

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Paracetamol suspension s/f 120mg/5ml (100ml)	**PO**	**P**	
3 months – 6 months **6-24 months** **2-4 years** **4-6 years**			**60mg qds prn** **120mg qds prn** **180mg qds prn** **240mg qds prn**
Paracetamol suspension s/f 250mg/5ml	**PO**	**P**	
6-8 years **8-10 years** **10-15 years**			**250mg qds prn** **375mg qds prn** **500mg qds prn**
Paracetamol tablets 500mg (32 tabs)	**PO**	**GSL**	
12-15 years			**500mg qds prn**
Ibuprofen oral suspension s/f 100mg/5ml (100ml)	**PO**	**P**	
1-3 years **4-6 years** **7-9 years** **10-12 years**			**100mg 3 times daily** **150mg 3 times daily** **200mg 3 times daily** **300mg 3 times daily**

Ibuprofen tabs 200mg (32)	PO	P	
12-16 years			200-400mg 3 times daily

Follow Up and Advice	Side effects and Management
Use regular analgesic to reduce the temperature Increase fluid intake Wear light clothing Make sure that the room temperature is not too warm Check your child at night for signs of serious illness	Very rare with paracetamol but rashes and blood disorders reported. If affected patients should stop paracetamol immediately and contact their GP. Ibuprofen – avoid ibuprofen in children with chickenpox. the use of NSAIDs in children with varicella is associated with an increased risk of necrotizing soft-tissue infections and infections with invasive group A beta-haemolytic streptococci Side effects include GI irritation, hypersensitivity reactions (rashes, bronchospasm or angiooedema), fluid retention. If side effects occur advise patient to stop ibuprofen and contact their GP or pharmacist.

RED FLAG SYMPTOMS (When to refer)

Conditional referral

General aches and pain, sore throat, sneezing or runny nose – probably a viral infection
Earache (refer to management of earache protocol)
Diarrhoea (refer to management of acute diarrhoea protocol)
Tender swellings around jaw and neck – probably swollen glands (analgesic + plenty of cool drinks)

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

Patient is difficult to wake, not keeping fluids down or light hurts the eyes
Fever has lasted more than 5 days
Difficulty in breathing
Patient has recently travelled abroad
Severe headache or continuous vomiting
New symptoms develop, or existing symptoms worsen

Rapid Referral

Concomitant rash that does not fade on pressing, e.g. with glass

Feverish illness in children

Drug interventions to reduce body temperature

Consider using either paracetamol or ibuprofen in children with fever who appear distressed.
Do not use antipyretic agents with the sole aim of reducing body temperature in children with fever.
When using paracetamol or ibuprofen in children with fever: continue only as long as the child appears distressed consider changing to the other agent if the child's distress is not alleviated.
Do not give both agents simultaneously, only consider alternating these agents if the distress persists or recurs before the next dose is due.
Advise parents or carers looking after a feverish child at home:
-Check the child's temperature In children aged between four weeks and five years, use either an electronic or chemical dot thermometer in the child's arm pit, or an infra-red tympanic thermometer in the ear canal.
-To offer the child regular fluids (where a baby or child is breastfed the most appropriate fluid is breast milk)

-How to detect signs of dehydration by looking for the following features:

sunken fontanelle
dry mouth
sunken eyes
absence of tears
poor overall appearance
to encourage their child to drink more fluids and consider seeking further advice if
they detect signs of dehydration

How to identify a non-blanching rash

To check their child during the night for signs of serious illness
To keep their child away from nursery or school while the child's fever persists but to notify the school or nursery of the illness.

Following contact with a healthcare professional, parents and carers who are looking after their feverish child at home should seek further advice if:

The child has a fit

The child develops a non-blanching rash

The parent or carer feels that the child is less well than when they previously sought advice

The parent or carer is more worried than when they previously sought advice

The fever lasts longer than 5 days

The parent or carer is distressed or concerned that they are unable to look after their child.

A summary of prescribing recommendations from NICE guidance

Feverish illness in children

NICE CG160: 2013

This guideline covers the assessment and initial management of children <5 years old with feverish illness.

Definition of terms

Fever	a rise in body temperature above the normal daily variation
BP	blood pressure
RR	respiratory rate

Detection of fever

- Do **NOT** routinely use oral and rectal routes to measure body temperature in children aged 0 to 5 years.
- To measure body temperature in children:
  - < 4 weeks old: use an electronic thermometer in the axilla (armpit),
  - aged 4 weeks to 5 years: use an electronic or chemical dot thermometer in the axilla **OR** an infra-red tympanic thermometer.
- Parental reports of fever should be considered valid and taken seriously by health professionals.

Clinical assessment

- Assessment should consist of three stages:
  - first check for any immediately life-threatening features (compromised Airways, Breathing or Circulation, and Decreased level of consciousness).
  - use the traffic light system to assess the presence or absence of any signs/symptoms of serious illness,
  - look for a source of fever and check for symptoms and signs that are associated with specific diseases – see NICE pathway.
- Measure and record temperature, heart rate, respiratory rate and capillary refill time as part of routine assessment.
- Recognise that a capillary refill time of ≥3 seconds is an intermediate-risk marker for serious illness ('amber').
- Measure BP if the heart rate or capillary refill time are abnormal and facilities to measure BP are available.
- Do **NOT** use height of body temperature alone to identify those with serious illness in children >6 months old.
- Do **NOT** use duration of fever to predict the likelihood of serious illness. Children with a fever lasting >5 days should be assessed for Kawasaki disease.
- Recognise that children:
  - <3 months old with a temperature of ≥38°C are at high-risk for serious illness,
  - aged 3 to 6 months with a temperature of ≥39°C are at least at intermediate-risk for serious illness,
  - with tachycardia are at least at intermediate-risk for serious illness.
- Assess for signs of dehydration – see Box 1 (over page)

Traffic light system – see Table 1

- **High risk**: children with fever and any of the signs or symptoms in the RED column.
- **Intermediate risk**: children with fever and any of the signs or symptoms in the AMBER column and **NONE** in the RED column.
- **Low risk**: children with fever and any of the signs or symptoms in the GREEN column and **NONE** in the AMBER/RED column.

See NICE pathway: Feverish illness in children

Table 1: Traffic light system

	GREEN Low-risk	AMBER Intermediate risk	RED High risk
Colour	♦ Normal colour	♦ Pallor reported by parent/carer	♦ Pale/mottled/ashen/blue
Activity	♦ Responds normally to social cues ♦ Content/smiles ♦ Stays awake or awakens quickly ♦ Strong normal cry/not crying	♦ Not responding normally to social cues ♦ No smile ♦ Wakes only with prolonged stimulation ♦ Decreased activity	♦ No response to social cues ♦ Appears ill to a healthcare professional ♦ Does not wake or if roused does not stay awake ♦ Weak, high-pitched or continuous cry
Respiratory		♦ Nasal flaring ♦ Tachypnoea: RR >50 breaths/minute age 6 to 12 months, RR >40 breaths/minute age >12 months ♦ Oxygen saturation ≤95% in air ♦ Crackles in the chest	♦ Grunting ♦ Tachypnoea: RR >60 breaths/minute ♦ Moderate or severe chest indrawing
Circulation and hydration	♦ Normal skin and eyes ♦ Moist mucous membranes	♦ Tachycardia: >160 beats/minute age <12 months,>150 beats/minute age 12 to 24 months, >140 beats/minute age 2 to 5 years, ♦ Capillary refill time ≥3 seconds ♦ Dry mucous membranes ♦ Poor feeding in infants ♦ Reduced urine output	♦ Reduced skin turgor
Other	♦ None of the amber or red symptoms or signs	♦ Age 3 to 6 months, temperature ≥39°C ♦ Fever for ≥5 days ♦ Rigors ♦ Swelling of a limb or joint ♦ Non-weight bearing limb/not using an extremity	♦ Age <3 months, temperature ≥38°C ♦ Non-blanching rash ♦ Bulging fontanelle ♦ Neck stiffness ♦ Status epilepticus ♦ Focal neurological signs ♦ Focal seizures

Acute Bacterial Conjunctivitis U16

Definition	Acute inflammation of the conjunctiva. An infectious condition usually affecting both eyes. Patients with bacterial conjunctivitis may present with the following symptoms; Creamy white or yellow discharge, swelling, redness, watering eyes, irritated and/or a gritty feeling.
Criteria for Inclusion	Patients presenting with symptoms of bacterial conjunctivitis.
Criteria for Exclusion	**Children under 2 years of age** Patients presenting with symptoms of conjunctivitis, which are accompanied by pain, and/or disturbance of vision and patients with allergic conjunctivitis. Patients with glaucoma, dry eye syndrome or those patients who have had eye surgery or laser treatment in the past six months. Patients with symptoms for more than 2 weeks. Foreign body in the eye, pupil looks unusual, associated pain, swelling or redness around the eye Patients with contact lenses are prone to infections and should be referred to an optometrist or doctor. Contact lenses should not be worn during an eye infection and soft contact lenses should not be worn for 24 hours after the course of chloramphenicol drops is complete. Known hypersensitivity to chloramphenicol
Action for Excluded patients:	Patients may be referred to their GP if considered necessary by the pharmacist.

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Chloramphenicol 0.5% eye drops	**Topical**	**P**	One drop to be instilled every two hours for the first 48 hours, then one drop every four hours for a further three days.

Follow Up and Advice	Side effects and Management
Inform the patient about how to instil the eye drops. Provide a PIL. The importance of good hygiene should be stressed including the following; washing the hands before and after touching an infected eye, not to share towels, facecloths or make-up as this will help to minimise the spread of this infectious condition. Discard the remaining chloramphenicol after the 5-day treatment course. If the symptoms do not improve within two days of treatment, the patient should be referred to an optometrist or doctor. The patient should be advised to wash their hands before and after administration of the eye drops.	Serious side effects include hypersensitivity reactions, and treatment must be discontinued in such cases.

RED FLAG SYMPTOMS (When to refer)

Conditional referral

If the symptoms do not improve within two days of treatment, the patient should be referred to an optometrist or doctor

Rapid referral

If the symptoms do not improve within two days of treatment, the patient should be referred to an optometrist or doctor
Patients with pain in their eyes
Patients with sensitivity to light (photophobia)
Patients with intense redness in one or both eyes
Patients with associated vesicular rash which may indicate herpes zoster infection
Patients with affected vision or severe pain in the eye
Patients with glaucoma or dry eye syndrome
Patients who have had eye surgery or laser treatment in the past 6 months
Features of a serious cause of “Red eye” e.g. photophobia, irregular pupil shape, severe pain

Copious discharge (that re-accumulates after being wiped away), which may indicate hyperacute conjunctivitis.

Acute Bacterial Conjunctivitis O16	
Definition	Acute inflammation of the conjunctiva (membrane covering the white of the eye and the inside of the eyelid) of the eye. 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
Criteria for Inclusion	Adults and children over 2 years old where a bacterial infection is suspected. No history of recent episode of conjunctivitis.
RED FLAG SYMPTOMS	· Contact lens wearers (without approval of an optometrist)
When to refer	· Users of other prescribed eye drops or ointment · Dry eye syndrome or Glaucoma or Eye Injury/Eye Surgery in the last 6 months · Atypical symptoms of conjunctivitis · Suspected foreign body in the eye · Photophobia · Where vision has been affected · Severe pain within the eye / swelling around the eye / restricted eye movement · Unusual looking pupils or cloudy cornea · Pregnancy / Breastfeeding · Recent trip abroad · Patient feels generally unwell · Previous conjunctivitis in the recent past · Hypersensitivity to chloramphenicol or to any other ingredients to the eye drops · Pupil fixed and mid-dilated or distorted from previous attacks · Family history of blood dyscrasias · Patients who have experienced myelosupression during previous exposure to chloramphenicol · Copious discharge that re-accumulates after being wiped away · Patient taking bone marrow suppressant drugs · Enlarged lymph nodes in front of the ears (associated with Chlamydia / adenoviral type) · Eye inflammation associated with a rash on the scalp or face.
Recommended Treatments and Quantity to supply	**Chloramphenicol 0.5% eye drops (10mls) One drop to be instilled every two hours for the first 48 hours, then one drop every four hours for a further three days** **Chloramphenicol 1.0% eye ointment (4g) 1 drop four times a day and at night**
Follow-up Advice **Counselling Points**	· Consult GP if no signs of improvement after 48 hrs or symptoms worsen · Correct administration of eye drops · Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious · Course of eye drops is for 5 days even if symptoms improve · The ointment is a viscous option possibly preferable when treating the young or elderly · Patients may experience a transient burning or stinging sensation with treatment · Hypersensitive reactions possible though rare · A cold compress may soothe the eye · Store the eye drops in a refrigerator and discard the drops/ointment after 5 days use · Blurred vision can occur, do not drive or operate machinery unless vision is clear.
References	Clinical Knowledge Summaries. Conjunctivitis – Infective –Management. December 2007. Available at: http://cks.library.nhs.uk/conjunctivitis_infective <accessed 20.06.17>

	Refer to SPC for individual product information http://emc.medicines.org.uk

Acute Pain / Earache/ Headache /Temperature O16

Definition	Pain is a subjective experience, its nature and location may vary considerably. Acute pain is often transient and with treatment directed at the cause and/or short-term pain relief, pain will usually disappear
Criteria for Inclusion	· Patients requiring relief of acute pain for e.g. dental pain, earache, migraine, tension headache, soft tissue injuries · Patients requiring relief of pain/fever associated with upper respiratory tract infections for e.g. head cold
RED FLAG SYMPTOMS (When to refer)	· Symptoms persisting for longer than 48 hours
	· Patients who appear to be abusing analgesics or chronic daily headache caused by analgesic dependence · Newly suspected migraine · Pregnancy / Breast feeding · Discharge from ear · Evidence of foreign body
Rapid Referral	· Suspected meningitis – vomiting, fever, stiff neck, light aversion, drowsiness, joint pain, fitting and rash · Rapid referral for any neurological symptoms and headache associated with any recent head trauma
Recommended Treatments and Quantity to supply	**Paracetamol 500mg tablets (32) 1-2 tablets up to four times a day** **Ibuprofen 200mg tablets (24) 1-2 tablets up to four times a day**
Follow-up Advice	Conditional referral to GP: · Pain that does not respond to treatment · Patients experiencing pain more severe than that experienced previously or pain which is increasing in severity over several days with no apparent reason
Counselling Points	If a supply is made, the following information should be provided where applicable: · A maximum of four doses of Paracetamol can be administered in any 24 hour period to any age group · Ibuprofen should be taken with or immediately after food. If food cannot be eaten, a glass of milk should be consumed before the medication Other patient advice: · Normal body temperature is 37°C or 98.6°F · Fever is a natural defence mechanism to an infection by a virus or bacteria · Fever should be treated with temperature reducing methods such as tepid bathing and patients should be advised to drink plenty of non-alcoholic fluids · Various non-pharmacological measures that can be used to aid pain relief, depending on the cause, for e.g. rest, heat, cold, massage · Consider rest, ice, compression and elevation (RICE) for soft tissue injuries · Avoidance of aggravating factors, for e.g. tyramine containing foods in cases of migraine

References	Clinical Knowledge Summaries. Analgesia - mild-to-moderate pain https://cks.nice.org.uk/analgesia-mild-to-moderate-pain <accessed 20.06.17>

Athlete's Foot U16

Definition	**Athlete's foot is a cutaneous fungal infection caused by tinea Pedis on the skin. It is characterized by itching, flaking and fissuring of the skin, often between the toes**
Criteria for Inclusion	A suspected symptomatic fungal infection of the foot which is characterised by macerated skin between the toes. Often this is associated with itchiness. Children aged under 1 year can be treated at the Pharmacists discretion.
Criteria for Exclusion	If toenails are black and discoloured If fungal infection has spread under the nails If the fungal infection has spread to other parts of the body If unsure if it is athlete's foot (e.g. possibility of eczema, psoriasis etc) Diabetes
Action for Excluded patients:	Patients may be referred to a to a GP practice if considered necessary by the pharmacist.

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Clotrimazole 1% cream 20g	**Topical**	**P**	Apply twice daily and continue for 2 weeks after infection clears

Follow Up and Advice	**Side effects and Management**
Make an appointment to visit the GP Practice if symptoms do not resolve within 7 days Cream may sting on application To be applied thinly Advise patient to use dusting powder in shoes and socks as an additional measure Wash and dry feet thoroughly, especially between the toes. Wearing clean wool or cotton socks allows the skin to breathe and can reduce the moisture that is kept in contact with the skin.	Redness, itching and scaling. Rarely allergic reaction. If this occurs discontinue treatment

RED FLAG SYMPTOMS (When to refer)

Conditional referral:

On 3rd occurrence

Consider supply, but advise patient to make an appointment with the GP if the patient has or is suspected of having any of the following:

Eczema/Psoriasis
Diabetes
Candidiasis
Bacterial Infection

Rapid referral:

Signs of generalised infection especially if immunocompromised
Toenails becoming black or discoloured
If fungal infections start to spread under the nails or to other areas of the body

Athlete's foot O16	
Definition	Tinea Pedis – fungal infection of the foot
Criteria for Inclusion	· Patients requiring relief of red itchy broken skin at first, later turning white with maceration and soreness between toes. Transmission occurs by walking barefoot on floors or carpets contaminated with infectious desquamated skin scales, always involves the interdigital space of the foot but may spread to sole and upper foot.
RED FLAG SYMPTOMS (When to refer)	• Toenails becoming black or discoloured. Fungal infection starts to spread under the nails or to other areas of the body • If Infection is severe and extensive • Evidence of bacterial infection/history of eczema • Diabetic patients • Persistent infection not responsive to treatment • Pregnancy and breastfeeding
Rapid Referral	· Any patients presenting with symptoms of cellulitis (i.e. spreading redness, pain and tenderness)
Recommended Treatments and Quantity to supply	**Clotrimazole cream 1% (20g) Apply twice daily to affected areas of feet**
Follow-up Advice	· Advise if symptoms do not begin to resolve within 2 weeks to make an appointment to see a GP
Counselling Points	• Feet should be washed and dried thoroughly, especially between toes, before applying the cream. • Advise patient to use dusting powders in shoes and socks as a preventative measure, since boiling socks will not kill fungal spores. • Wear footwear that keeps the feet cool and dry. • Wear cotton socks. • Change to a different pair of shoes every 2–3 days. • After washing, dry the feet thoroughly, especially between the toes. • Do not share towels and wash them frequently. • Avoid scratching affected skin as this may spread the infection to other sites. • Avoid going barefoot in public places (for example use protective footwear such as flip-flops in communal changing areas).
References	Refer to SPC for individual product information http://emc.medicines.org.uk Clinical Knowledge Summaries. Fungal skin infection – foot - management. May 2009. Available at: http://cks.library.nhs.uk/ <accessed 20.06.17>

Bites and Stings U16

Definition	Irritation and inflammation where the skin has been bitten, small extremely itchy popular lesions usually seen
Criteria for Inclusion	Patients bitten or stung by small insects, displaying localised minor irritation to the skin
Criteria for Exclusion	Children under 2 years old Bites or stings around the eyes or on the face Bites or stings which have become infected Pregnancy Patients exhibiting systemic effects, e.g. wheezing, shortness of breath, major swelling & redness
Action for Excluded patients:	Refer to GP

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Hydrocortisone 1% cream (15g)	Topical	P	**Children over 10 years**- apply sparingly once or twice a day for seven days
Chlorphenamine 4mg tabs (x28)	PO	P	**Children over 12 years old**: 1 tablet QDS
Chlorphenamine syrup 2mg/5mls s/f 150mls	PO	P	**Child 1 –2 years:** 1 mg BD **Child 2–6 years:** 1 mg QDS **Child 6–12 years** 2 mg QDS
Mepyramine maleate 2% cream (20g)	Topical	GSL	**Children over 2 years**: Apply three times a day for 3 days

Follow Up and Advice	Side effects and Management
A cold compress can reduce pain and swelling Repeated application of mepyramine cream 2% to the same area for longer than three days is not recommended. Anthisan can cause localised skin reactions. Anthisan contains Ceto-stearyl alcohol and castor oil. These may cause local skin reactions (such as "contact dermatitis" which may include the following symptoms: skin redness, swelling and itching, pain or burning sensation). Methyl hydroxybenzoate in Anthisan may cause an allergic reaction. Wash the affected area frequently with soapy water to prevent infection Avoid insect bites by wearing loose clothing with long arms and legs Educate children to avoid unknown insects For bee stings, scrape out the sting	Hydrocortisone cream should not be applied to the face, anogenital region, broken or infected skin. Sensitivity to hydrocortisone cream - discontinue treatment

RED FLAG SYMPTOMS (When to refer)

If symptoms persist for more than 7 days
Patients exhibiting systemic reactions.
Patients experiencing severe allergic reactions must be referred to A&E.
Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen

Bites and Stings O16	
Definition	Itching, inflammation or irritation around the site of an insect bite or sting requiring symptomatic treatment.
Criteria for Inclusion	Evidence of local itching, erythema and swelling at the site of the insect bite/sting
RED FLAG SYMPTOMS (When to Refer)	· 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. · Pregnancy / Breastfeeding · Insect bite with fever · Affected area is face or anogenital region
Rapid Referral	· If the patient experiences shortness of breath or fever or symptoms of shock · If sting or bite is in the mouth, suck an ice cube or sip cold water and seek medical attention · 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.
Recommended Treatments and Quantity to supply	**Crotamiton 10% cream (30g) Apply to the affected areas up to three times a day** **Hydrocortisone 1% cream (15g) Apply to the affected areas up to twice times a day** **Chlorphenamine 4mg tablets (30) Take 1 tablet up to four times a day when needed** **Cetirizine 10mg tablets (30) Take 1 tablet once a day as needed**
Follow-up Advice	Conditional referral to GP: · Refer to the GP if bite becomes larger in size and redness spreads Consider supply but advise patient to make an appointment with GP · Known allergy to bites or stings
Counselling Points	Advise patient on side-effects caused by the drug(s). Wash the area with soap and water 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) Do not scratch the area, as this will make itch worse and increase risk of infection Apply a cold compress to reduce swelling If present Use of insect repellent products for future potential exposure Bites from fleas, mites and bedbugs may be due to an infestation – source should be confirmed and eliminated
References	Clinical Knowledge Summaries. Insect bites and stings - Management. November 2011 Available at: http://cks.library.nhs.uk/insect_bites_and_stings <accessed 20.06.17> Refer to SPC for individual product information at http://emc.medicines.org.uk

Cold Sores U16	
Definition	Infection with Herpes Simplex Virus (HSV) causing pain and blistering (fluid filled blisters) on or around the lips After primary infection, the virus lies dormant until triggered by a stimulus such as sunlight, impaired immunity, stress, upper respiratory infections.
Criteria for Inclusion	Patients who present with painful fluid filled blisters or tingling on or around the lips with a previous history of HSV (first suspected cold sore included).
RED FLAG SYMPTOMS (When to Refer)	· Children under age of 2 · Immunocompromised individuals · Sores not present on or around the lips · Severe frequent recurrence · Evidence of secondary bacterial infection for e.g. weeping pustules
Recommended Treatments and Quantity to supply	**Aciclovir 5% cream (2g) Apply to affected sore five times a day for 5 days**
Follow-up Advice **Counselling Points**	Consult GP if lesion is spreading or complicated with a secondary bacterial infection · Hands should be washed before and after each application of the cream to reduce the chance of spreading the infection · Cold sores are caused by a virus. It remains in the nerve between cold sores and cannot be cured The recommendation that children with oral herpes simplex infection should not be excluded from nursery or school is based on the PHE document Guidance on infection control in schools and other childcare settings Primary herpes labialis lesions usually resolve within 10-14 days of symptom onset without scarring · It is advisable not to share face cloths and towels · Cold sores should not be touched as this can spread infection · 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). · Treatment should begin as soon as possible, recovery can take 10-14 days · Cold sores are infectious for about four days after symptoms start and can be transmitted by close personal contact
References	Clinical Knowledge Summaries. Herpes Simplex Oral – management. December 2007. Available at: http://cks.library.nhs.uk/herpes_simplex_oral <accessed 20.06.17> Pinewood Healthcare. Summary of Product Characteristics. Aciclovir cream 2%. April 2011. Available at: http://www.medicines.org.uk/EMC/medicine/24479/SPC/Aciclovir +5++w+w+Cream/

COLD AND FLU U16

Definition	**Nasal congestion, sneezing, mild temperature, sore throat, general aches and pains are associated with the common cold. Refer to other relevant protocols as appropriate.**
Criteria for Inclusion	Children presenting with cold or flu-like symptoms. Children under 1 yr can be treated at the pharmacist's discretion.
Criteria for Exclusion	Concomitant rash that does not fade under pressing e.g. with glass symptoms don't improve after three weeks or suddenly get worse Patient is breathless Light hurts the eyes It is painful to bend the neck Raised temperature - Persistent raised temperature - (39°C and above) for longer than 3 days Severe headache with vomiting or severe earache Hearing - Problems develop with hearing Confusion - Experiencing confusion or is disorientated Coughing blood - Coughing up blood/blood stained mucus on more than one occasion Patients with a long-term condition Patients finding it hard to breath or develop Chest pain Severe difficulty swallowing or breathing difficulties Swelling of lymph nodes in neck and/or armpits Particular care should be taken in those who have diabetes, heart disease, respiratory problems including COPD, kidney disease, and those with a compromised immune system
Action for Excluded patients:	**Refer to GP**

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Paracetamol suspension s/f 120mg/5ml (100ml)	**po**	**P**	
3 months – 6 months **6-24 months** **2-4 years** **4-6 years**			**60mg qds prn** **120mg qds prn** **180mg qds prn** **240mg qds prn**
Paracetamol suspension s/f 250mg/5ml	**po**	**P**	
6-8 years **8-10 years** **10-15 years**			**250mg qds prn** **375mg qds prn** **500mg qds prn**
Pseudoephedrine Linctus 30mg/5ml (100ml)	**po**	**P**	
6-12 years **12 - 15 years**	**Not to be used for more than 5 days**		**5ml tds -qds prn** **10ml tds-qds prn**

Paracetamol tablets 500mg (32 tabs)	**po**	**GSL**	**1 tab qds prn**
12-15 years			**500mg qds prn**

Follow Up and Advice	**Side effects and Management**
Simple analgesics to bring temperature down Maintain a good fluid intake Encourage rest (if possible) Continue but note pseudoephedrine is from 6 years + and maximum qds dosage Warm soothing drinks Common cold does not require antibiotics for effective treatment Remind high risk patients of influenza vaccination programmes Protect yourself and others against cold and flu by taking the following actions: Wash your hands regularly and properly especially after touching your nose or mouth and before handling food Always sneeze and cough into tissues, use disposable paper towels to dry your hands and face rather than shared towels Clean surfaces regularly Drink – Drink plenty of fluids and get plenty of rest Avoid smoking or being around smoky atmospheres	Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP.

RED FLAG SYMPTOMS (When to Refer)
Conditional referral
If symptoms worsen or sinus pain develops Patient becoming breathless Painful to bend the neck or light hurts the eyes
Rapid Referral
Development of a rash that does not fade when you press a glass tumbler against the rash

Colds/Flu-like symptoms O16	
Definition	Runny/blocked nose associated with colds and upper respiratory tract infections
Criteria for Inclusion	Congestion where seasonal allergy has been excluded
RED FLAG SYMPTOMS (When to Refer)	· Recurrent nose bleeds · Pregnancy / Breastfeeding · Patients with heart or lung disease e.g. chronic bronchitis · Patients with persistent fever and productive cough
Recommended Treatments and Quantity to supply	**Paracetamol 500mg tablets (32) 1-2 tablets up to four times a day** **Ibuprofen 200mg tablets (24) 1-2 tablets up to four times a day** **Xylometazoline 0.1% Nasal Spray (10mls) One spray into EACH nostril up to three times a day** **Menthol and Eucalyptus inhalation (100mls) Add 5mls into hot (not boiling) water and inhale the vapour**
Follow-up Advice Conditional referral:	· If symptoms worsen or sinus pain develops, consult GP · Steam inhalation with or without menthol & eucalyptus inhalation Counselling Points · Topical decongestants must only be used for a maximum of 7 days due to the risk of causing rebound congestion upon withdrawal · Saline nasal drops may help thin and clear nasal secretions in infants who are having difficulty with feeding and should be administered immediately before feeding
References	Clinical Knowledge Summaries. Common cold - Management. November 2011. Available at: http://www.cks.nhs.uk/common_cold/management/scenario_management#-257414 <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Constipation U16

Definition	**A reduced frequency of stools compared to the patient's normal bowel habits/ difficulty in passing stools or a sense of incomplete emptying after a bowel movement and abdominal discomfort**
Criteria for Inclusion	Significant variation from normal bowel evacuation which has not improved following adjustments to diet and other lifestyle activities (see below)
Criteria for Exclusion	New or worsening constipation with no explanation Nausea/vomiting Constipation associated with drugs Rectal bleeding with change in bowel habit Severe abdominal pain Unintentional weight loss Co-existing diarrhoea Tenesmus (cramping rectal pain, giving the feeling that you need to have a bowel movement) Patients currently taking regular laxatives. Failure of previous medicines
Action for Excluded patients:	**Refer to GP**

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

If constipation is confirmed, and underlying conditions are reasonably excluded, the first step in the management of constipation should be appropriate dietary and lifestyle changes. If this is ineffective or impractical, a short course of laxatives may relieve symptoms and restore normal bowel function.

Drug	Route	Class	Dose
Lactulose (300ml) Under 12 months old 1 year - 6 years 7 years - 14 years	**PO**	**P**	 **2.5ml - 5ml daily** **5 - 10ml daily** **10 - 15 ml daily**

Follow Up and Advice	Side effects and Management
Drink plenty of water Eat food rich in fibre e.g. fruit, vegetables, Take regular exercise	Advise patient that Lactulose may take up to 48hrs to work Flatulence may occur initially

RED FLAG SYMPTOMS (When to Refer)

Pregnancy and breastfeeding
Laxative dependence
Non-responsive to treatment

Conditional referral

If constipation persists beyond one week, consult the GP
If more than one request per month

Rapid Referral

New or worsening constipation without explanation
Symptoms of blood in the stools, unexplained weight loss and nausea and vomiting, severe abdominal pain

Cystitis O16	
Indication	Uncomplicated lower urinary tract infection (UTI) in non- pregnant women.
Criteria for Inclusion	Non-pregnant women aged 16 and over and under 65 with typical symptoms of uncomplicated urinary tract infection which include: burning sensation or pain in passing urine, and passing urine frequently
Recommended Treatments and Quantity to supply	**Potassium Citrate sachets (6) Take 1 sachet three times a day** **Sodium Citrate sachets (6) 1 sachet three times a day for 2 days** · Sodium agents are best avoided with cardiac disease or hypertension · Potassium agents may cause hyperkalaemia with potassium-sparing diuretics, aldosterone antagonists, ACE inhibitors
RED FLAG SYMPTOMS (When to Refer)	· Young girls under the age of 16 * Symptoms that don't start to improve within a few days · Women aged 65 and over · Male patients · Pregnant or Breast-feeding women · Elderly patients with confusion suggestive of UTI · Patients with indwelling catheters · Suspected diabetes · Presence of blood in the urine · Cramp like pain in lower abdomen · Vaginal discharge · Fever or vomiting · Recurrent cystitis
Follow-up Advice **Counselling Points**	· Patients can be referred to their GP or nurse if symptoms do not improve after course of treatment. · Increase fluid intake · Wipe front to back after going to the toilet to avoid transferring germs · Try to empty the bladder when urinating · Attacks may be precipitated by use of fragranced products · Passing water following intercourse may also prevent recurrent attacks · Paracetamol or ibuprofen may help to alleviate the pain or discomfort
References	Clinical Knowledge Summaries. Urinary tract infection (lower) - women - Management. October 2009. Available at: http://cks.nice.org.uk/urinary-tract-infection-lower-women#azTab <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Dermatitis/Allergic Type Skin Rash U16	
Definition	Three main types: · **Atopic** – is an inflammation of the skin that tends to flare up from time to time and usually starts in childhood. This may occur in conjunction with asthma, hay fever or rhinitis · **Irritant** – occurs due to lack of natural oil in the skin caused by soaps, disinfectants, detergents or chemicals at work or at home · **Allergic** – mediated by an immune reaction to a substance which has made contact with the skin. The reaction occurs on subsequent exposures after the initial exposure. Examples of allergens include cosmetics, hair dyes, nickel, chromium and some plant.
Criteria for Inclusion	Superficial inflammation of the skin, causing itching, with a red rash.
RED FLAG SYMPTOMS (When to Refer)	· Signs of weeping, crusty skin or thickening of the skin · Seborrhoeic eczema or other types of eczema · If psoriasis is suspected or confirmed · Affected areas on the face, genitalia and armpits Infected eczema No improvement after 10 days or sooner Rashes caused by prescribed medicines Condition is severe and widespread (>20% of the body affected) · Untreated bacterial, fungal or viral skin lesions If condition is worsening with increased oozing, crusting and redness · Where there is associated scabies
Rapid Referral	· Evidence of infection or angio-oedema · Severe condition of the area: badly fissured / cracked skin and/or bleeding · Weight loss – history of liver/kidney disease
Recommended Treatments and Quantity to supply	**Zeroderm ointment (500g) Apply to affected area when needed** **Hydrocortisone cream 1% (15g) Apply to the affected area up to three times a day** Hydrocortisone cream can only be provided for patients aged 10 and over. Not for use on the face, broken skin or genital areas, only licenced for 7 days use OTC **Crotamiton 10% cream (30g) Apply to the affected areas up to three times a day** Crotamiton 10% cream can only be provided for patients aged 3 and over.
Follow-up Advice **Counselling Points**	Advise if symptoms do not start to resolve within 7 days to make an appointment to see a GP · Avoid scratching (if possible), keep nails short (use anti-scratch mittens in babies) and rub with fingers to alleviate itch · Avoid trigger factors known to exacerbate eczema such as clothing (do not wear synthetic fibres), soaps or detergents (use emollient substitutes), animals, and heat (keep rooms cool)

	· Provide education on the correct use of emollients and steroids: advise to apply the emollient first, wait 30 minutes before applying the topical corticosteroid. Also advise on the use of fingertip units. · Advise to use the emollient even if the condition improves
References	Clinical Knowledge Summaries. Eczema – atopic – management. July 2008. Available at: http://www.cks.nhs.uk/eczema_atopic <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Dermatitis/Allergic Type Skin Rash O16	
Definition	Three main types: · Atopic – an inherited condition. This may occur in conjunction with asthma, hay fever or rhinitis · Irritant – occurs due to lack of natural oil in the skin caused by soaps, disinfectants, detergents or chemicals at work or at home · Allergic – mediated by an immune reaction to a substance which has made contact with the skin. The reaction occurs on subsequent exposures after the initial exposure. Examples of allergens include cosmetics, hair dyes, nickel, chromium and some plant.
Criteria for Inclusion	Superficial inflammation of the skin, causing itching, with a red rash.
RED FLAG SYMPTOMS (When to Refer)	· Signs of weeping, crusty skin or thickening of the skin · Seborrhoeic eczema or other types of eczema · If psoriasis is suspected or confirmed · Affected areas on the face, genitalia and armpits · Untreated bacterial, fungal or viral skin lesions · In cases of severe eczema in children under 12 years of age or pregnant women · Where there is associated scabies
Rapid Referral	· Evidence of infection or angio-oedema · Severe condition of the area: badly fissured / cracked skin and/or bleeding · Weight loss – history of liver/kidney disease
Recommended Treatments and Quantity to supply	**Zeroderm ointment (500g) Apply to affected area when needed** **Hydrocortisone cream 1% (15g) Apply to the affected area up to three times a day** **Crotamiton 10% cream (30g) Apply to the affected areas up to three times a day**
Follow-up Advice **Counselling Points**	Advise if symptoms do not start to resolve within 7 days to make an appointment to see a GP · Avoid scratching (if possible), keep nails short (use anti-scratch mittens in babies) and rub with fingers to alleviate itch · Avoid trigger factors known to exacerbate eczema such as clothing (do not wear synthetic fibres), soaps or detergents (use emollient substitutes), animals, and heat (keep rooms cool) · Provide education on the correct use of emollients and steroids: advise to apply the emollient first, wait 30 minutes before applying the topical corticosteroid. Also advise on the use of fingertip units. · Do not use hydrocortisone for more than 7 days · Advise to use the emollient even if the condition improves
References	Clinical Knowledge Summaries. Eczema – atopic – management. July 2008. Available at: http://www.cks.nhs.uk/eczema_atopic <accessed 20.06.17>

	Refer to SPC for individual product information http://emc.medicines.org.uk

DIARRHOEA U16

Definition	**Loose and/or watery motions occurring more than three times over 24 hours with or without fever or abdominal pain**
Criteria for Inclusion	Children presenting with signs and symptoms of diarrhoea. Children under 1 yr can be treated at the pharmacist's discretion.
Criteria for Exclusion	Dehydration, Recent travel drowsiness or confusion, passing little urine Sickness/Vomiting, Loss of appetite dry mouth and tongue, sunken eyes weakness, cool hands or feet cool hands or feet sunken fontanelle in babies/young infants Child appears very poorly with or without high fever Bloody diarrhoea with or without mucus Frequent episodes of diarrhoea
Action for Excluded patients:	Refer to GP or NHS 111 Where applicable, continue breast feeding Continue to offer as much fluids or oral rehydration fluids as possible For older children, avoid solid foods until appetite returns Avoid cow's milk until diarrhoea settles down Refer to GP where new medicines have been started in last two weeks and are suspected to be causing diarrhoea

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Dioralyte sachets	PO	GSL	
3 months to under 2 years	PO (freshly boiled and cooled water)	GSL	1 - 1.5 times usual feed volume
2 years - under 12 years	PO	GSL	1 sachet in 200mls boiled and cooled water every loose motion. Max 12 in 24 hours.
12 years - 16 years	PO	GSL	1- 2 sachets in 200 ml boiled and cooled water after every loose motion. Max 16 in 24 hours.

Follow Up and Advice	**Side effects and Management**
Simple analgesics to bring temperature down Maintain a good fluid intake, Encourage rest (if possible) If a high temperature develops and persists, or there is dehydration, or the condition deteriorates then refer to GP or contact NHS 111 Avoid cow's milk until diarrhoea settles down Eat as normally as possible. Ideally include fruit juices and soups, which will provide sugar and salt, and also foods that are high in carbohydrate, such as bread, pasta, potatoes, or rice. There is little evidence to support the advice which used to be the given to avoid solid food for 24 hours. Always wash your hands after going to the toilet (or changing nappies).	

RED FLAG SYMPTOMS (When to Refer)
Conditional referral
Bloody diarrhoea with or without mucus
Consider supply, but patient should be advised to make an appointment to see a GP if:
Where patient is becoming dehydrated, showing high temperature, provide Dioralyte sachets and advise on additional fluids and rest If diarrhoea has lasted over 48 hours and appears to be getting worse Poorly child
Rapid Referral
If child is very ill, then refer to GP or Paediatric Assessment Unit

Diarrhoea O16	
Definition	The frequent passing of watery stools Symptoms may include abdominal cramps and flatulence
Criteria for Inclusion	Symptoms of sudden onset (acute diarrhoea)
RED FLAG SYMPTOMS (When to Refer)	· Patients with chronic diarrhoea or persisting for more than 6 weeks. · Diarrhoea accompanied with fever, severe vomiting, signs of dehydration *Rectal bleeding/blood in the stool/ Anaemia *Patients with abdominal/rectal masses · Patients recently returned from abroad Family history of bowel or ovarian cancer · Patients with symptoms of passing blood or mucus · Patients with history of cycling constipation and diarrhoea · History of change in bowel habit · Patient taking/recently completed a course of antibiotics · Pregnancy / Breastfeeding
Rapid Referral	· Adults with symptoms lasting more than 5 days · Children who appear ill or dehydrated or where symptoms have lasted more than 48 hrs · Signs of shock such as decreased level of consciousness, pale or mottled skin and cold extremities.
Recommended Treatments and Quantity to supply	**Dioralyte sachets (6) 1- 2 sachets in 200 ml boiled and cooled water after every loose motion.** **Max 16 in 24 hours.**
Follow-up Advice	Conditional referral: · Elderly are more susceptible to dehydration. Advise to consult the doctor if symptoms persist beyond 48 hrs. · Advise all other patients to consult their doctor if symptoms have not improved within 7 days. Consider supply but patient advised to make appointment to see GP: · Patients taking medication with recognised diarrhoeal effect · Patients with insulin dependent diabetes mellitus
Counselling Points	· Condition is usually self-limiting; replacement of lost fluids is normally the only treatment required · Eat as normally as possible. Ideally include fruit juices and soups to provide salt and sugar and foods high in carbohydrates · Drink plenty of fluids to prevent dehydration

	· Take care with hygiene, in particular hand washing after going to the toilet and before preparing food · Oral rehydration therapy is useful to prevent dehydration
References	Clinical Knowledge Summaries. Gastroenteritis management. September 2017. Available at: http://cks.library.nhs.uk/gastroenteritis <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

DRY SKIN / SIMPLE ECZEMA U16

Definition	Common dry skin conditions include simple eczema (dermatitis). Eczema is used to describe an inflammation of the skin, which causes dry, flaky skin. There is often itching which causes scratching leading to redness, breaking of the skin and soreness. Severe eczema may begin to weep where the epidermis is severely damaged. Emollients reduce water loss from the epidermis and make the skin softer and suppler. Regular use of emollients may reduce flare-ups of eczema and the need for topical cortisosteroids.		
Criteria for Inclusion	Children presenting with symptoms of dry skin or simple eczema. Children under 1 yr can be treated at the pharmacist's discretion.		
Criteria for Exclusion	Cracking, weeping and painful skin may suggest infection.		
Action for Excluded patients:	Refer to GP		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	**Route**	**Class**	**Dose**
Zerobase 50g,500g	**topical**	**GSL**	The cream should be applied to the dry skin areas as often as is required.
Zeroderm 125g,500g	**topical**	**GSL**	As an emollient: Apply to the affected area as often as required. Smooth gently into the skin, following the direction of the hair growth. As a bath additive: Melt about 4g in hot water in a suitable container then add to the bath. As a soap substitute: Take a small amount of the ointment and lather it under warm water and use as required when washing or in the shower. Pat skin dry.
Follow Up and Advice		**Side effects and Management**	
Emollients should be applied as liberally and as frequently as possible Emphasise regular emollient use after skin washing and instead of soap Avoid or minimise the use of soap and detergents as they remove lipids from the skin and may exacerbate dry skin conditions Advise patients to avoid irritants if possible - common irritants include water (e.g. wet work), soaps, detergents, solvents, metal-working fluids, dust and friction. Advise patients to avoid allergens if possible - common allergens include metal (e.g. nickel, chromate), perfumes, rubber, latex and preservatives. Advise patients to keep nails short and avoid scratching		Certain ingredients found in emollients can rarely cause problems for individual patients – see BNF for list. Preservatives are more likely to be present in creams than in ointments. The actual preservative used may differ If allergy to an excipient is suspected advise the patient to stop using the emollient concerned and contact their GP. Patients should be made aware of the potential dangers of slipping in the bath if emulsifying ointment is used as a bath emollient – the use of a bath mat may reduce this risk.	

§ Further information can be obtained from the National Eczema Society(www.eczema.org) § Also see NICE guidance on Atopic Eczema in Children (www.nice.org.uk)	
RED FLAG SYMPTOMS (When to Refer)	
Conditional referral	
Patients with physical signs of infection such as sore pus spots (Staph. Aureus may trigger or complicate eczema flare-up and may require a short course or oral antibiotics e.g. flucloxacillin) Exacerbations of eczema – may require topical corticosteroids on an acute basis (3-7 days for acute eczema and up to 2-3 weeks to gain remission in chronic eczema)	
Consider supply, but patient should be advised to make an appointment to see a GP if:	
Dry skin or simple eczema is not responding to emollients or condition is worsening. Investigate and encourage regular use of emollients.	
Rapid Referral	
The development and rapid spread of vesicles, blisters and erosions- suggests eczema herpeticum (caused by dissemination of herpes virus in the skin) and requires treatment with a systemic antiviral agent.	

EARACHE U16

Definition	**Common problem particularly in children caused by a viral or bacterial infection of the middle ear. Children can become irritable, experience pain or pressure in the ear and have problems sleeping, feeding and hearing. Other symptoms similar to those of a cold or runny nose may also occur.**
Criteria for Inclusion	Children presenting with symptoms of earache. Children under 1 yr can be treated at the pharmacist's discretion.
Criteria for Exclusion	Pain in the teeth or jaw Pain after attempt to clean wax with finger or similar object Discharge from the ear Pain not helped by analgesics such as paracetamol when taken for 1-2 days Children under the age of 3 months
Action for Excluded patients:	Refer to GP or NHS 111

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Paracetamol suspension s/f 120mg/5ml (100ml)	**PO**	**P**	
3 months – 6 months **6-24 months** **2-4 years** **4-6 years**			**60mg qds prn** **120mg qds prn** **180mg qds prn** **240mg qds prn**
Paracetamol suspension s/f 250mg/5ml	**PO**	**P**	
6-8 years **8-10 years** **10-15 years**			**250mg qds prn** **375mg qds prn** **500mg qds prn**
Paracetamol tablets 500mg (32 tabs)	**PO**	**GSL**	
12-15 years			**500mg qds prn**
Ibuprofen oral suspension s/f 100mg/5ml (100ml)	**PO**	**P**	
1-3 years **4-6 years**			**100mg 3 times daily** **150mg 3 times daily**

7-9 years **10-12 years**			**200mg 3 times daily** **300mg 3 times daily**
Ibuprofen tabs 200mg (32)	**PO**	**P**	
12-16 years			**200-400mg 3 times daily**

Follow Up and Advice	**Side effects and Management**
Maintain good fluid intake Continue to encourage children to eat adequately. Give doses after food Rest (if possible) Dress children in light clothes (avoid overheating) Keep children away from smoky environments Encourage simple hygiene measures – wash hands regularly, use tissues and dispose of them after use **Avoid sticking anything into the ear -** Do not 'clean' the ear out by sticking anything in it, i.e. cotton buds, pencils, fingers etc. as this may damage the ear further Antibiotics only help in a few patients and overuse leads to build up of resistance. Recent evidence suggests that children with high temperature or vomiting were more likely to benefit from antibiotics, although it is still reasonable to wait 24-48 hours as many children will settle anyway (BMJ 2002;325:22)	Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP.

RED FLAG SYMPTOMS (When to Refer)
Conditional referral
Children with symptoms not responding to analgesics – within 1-2 days for children over 2 years Children or adults with worsening symptoms Children with high temperature or vomiting after 48 hours of symptomatic relief Neck stiffness Tinnitus (ringing) or vertigo (disrupted sense of movement**)**
Consider supply, but patient should be advised to make an appointment to see a GP if:
New symptoms develop (could also contact pharmacist or NHS 111) Hearing becomes dull
Rapid Referral
Pain in teeth or jaw – could be dental abscess or a bad tooth Pain after attempt to clean ear – may have damaged lining of ear or possibly the eardrum Very severe pain, vomiting or yellow discharge – could be middle ear infection

Earwax U16			
Definition	Build-up of the natural protective oily/waxy substance in the ear causing hearing loss		
Criteria for Inclusion	Child presenting with Blocked ears and hearing loss.		
Criteria for Exclusion	Patients with a temperature and/or severe pain Symptoms lasting over 5 days Past history of ear surgery If ear is badly blocked and hearing is impaired Otitis Externa Foreign bodies within ear canal		
Action for Excluded patients:	Patients may be referred to their GP if considered necessary by the pharmacist.		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	**Route**	**Class**	**Dose**
Olive Oil ear drops + Dropper – 10mL	**Aural**	**GSL**	Fill your ear with (room temperature) oil and stay in that position for 5-10 minutes. Do not put any cotton wool in your ear, as this will absorb the oil and stop it from working into the wax. After 5-10 minutes, sit up, holding a tissue to your ear to catch the oil as it runs out of your ear
Follow-up and Advice		**Side effects and Management**	
Use at room temperature If ears are still blocked, ear irrigation (syringing) may be needed. Advise that earwax is normal but sometimes builds up causing symptoms Advise not to poke or clean ears with cotton buds or similar objects (using cotton buds to clean the ear canal can force wax further down the canal to form a plug against the ear drum) Syringing may be necessary if treatment fails to break up wax			
RED FLAG SYMPTOMS (When to Refer)			
Consider supply, but patient should be advised to make an appointment to see their GP if:			
Symptoms are severe			
Rapid referral:			

Foreign body in the ear canal

Earwax O16			
Definition	Build up of the natural protective oily/waxy substance in the ear causing hearing loss		
Criteria for Inclusion	Adult presenting with Blocked ears and hearing loss.		
Criteria for Exclusion	Patients with a temperature and/or severe pain Symptoms lasting over 5 days The person has (or is suspected to have) a chronic perforation of the tympanic membrane. There is a past history of ear surgery. Ear drops have been unsuccessful and irrigation is contraindicated. If ear is badly blocked and hearing is impaired Otitis Externa Foreign bodies within ear canal		
Action for Excluded patients:	Patients may be referred to their GP if considered necessary by the pharmacist.		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	**Route**	**Class**	**Dose**
Olive Oil ear drops + Dropper – 10mL	**Aural**	**GSL**	Fill the ear with (room temperature) oil and stay in that position for 5-10 minutes. Do not put any cotton wool in your ear, as this will absorb the oil and stop it from working into the wax. After 5-10 minutes, sit up, holding a tissue to your ear to catch the oil as it runs out of your ear
Follow-up and Advice		**Side effects and Management**	
Use at room temperature If ears are still blocked, ear irrigation (syringing) may be needed. Advise that earwax is normal but sometimes builds up causing symptoms Advise not to poke or clean ears with cotton buds or similar objects (using cotton buds to clean the ear canal can force wax further down the canal to form a plug against the ear drum) Syringing may be necessary if treatment fails to break up wax			

RED FLAG SYMPTOMS (When to Refer)
Consider supply, but patient should be advised to make an appointment to see their GP if:
Symptoms are severe
Rapid referral:
Foreign body in the ear canal

HAY FEVER U16

Definition	Seasonal allergic rhinitis characterised by nasal congestion, excessive sneezing, watery and itchy eyes. Itching can also occur in the nose, throat, mouth and ears. Congestion may interfere with sleep.
Criteria for Inclusion	Children over 1 years or adults presenting with symptoms of hay fever requiring symptomatic treatment
Criteria for Exclusion	Children under 1 years If symptoms occur in a particular place e.g. workplace or near animals (consider allergy to dust, animal droppings, plants, etc) If symptoms develop when patient is at home (consider allergy to house dust mites
Action for Excluded patients:	**Refer to GP**

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Chlorphenamine s/f syrup 2mg/5ml (150ml)	**PO**	**P**	**1-2 years –** 1mg twice daily **2-5 years** 1mg every 4-6 hours – Maximum 6mg daily **6-12 years** 2mg every 4-6 hours – Maximum 12mg daily
Chlorpheniramine tablets 4mg (30 tabs)	**PO**	**P**	**12 years and over** 4mg every 4-6 hours – Maximum 24mg daily
Cetirizine tablets 10mg	**PO**	**P**	**Over 6 years** 10mg daily or 5mg bd
Cetirizine s/f liquid 5mg/5ml	**PO**	**P**	**2-6 years** 5mg daily or 2.5 mg bd
Loratidine tablets 10mg	**PO**	**P**	**Over 6 years** 10mg daily or 5mg bd
Loratidine liquid 5mg/5mls	**PO**	**P**	**2-6 years** 5mg daily or 2.5 mg bd
Sodium Cromoglycate 2% eye drops	**Gutte**	**P**	**Child and adults -** 1-2 drop(s) four times a day

Follow Up and Advice	Side effects and Management
Not to exceed maximum doses Pollen avoidance measures – watch out for pollen counts e.g. newspapers, TV weather reports	Drowsiness. More so with chlorphenamine – Drowsiness may diminish after a few days of treatment. Other side-effects include antimuscarinic effects (urinary retention, dry mouth, blurred vision and GI disturbance)

Possible drug interactions – check for any concomitant medication Advise patient not to exceed recommended dose.	If patients experience side-effects, discontinue treatment immediately and contact their GP Side -effects can be reduced by dividing the dose.
RED FLAG SYMPTOMS (When to Refer)	
Conditional referral	
If treatment is ineffective or persists after the end of September (please note that hay fever can sometimes persist beyond September)	
Consider supply, but patient should be advised to make an appointment to see a GP if:	
If new symptoms develop (could also contact NHS 111 or their pharmacist) that are worrying to the patient, e.g. epistaxis	
Rapid Referral	
If the patient has difficulty in breathing	

Hay Fever O16	
Definition	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
Criteria for Inclusion	Adults and children with symptoms of hay fever requiring symptomatic treatment
RED FLAG SYMPTOMS (When to Refer)	· Pregnancy / Breast feeding
Rapid Referral	· Patients experiencing symptoms of wheezing and / or shortness of breath
Recommended Treatments and Quantity to supply	**Chlorphenamine 4mg tablets (30) take 1 tablet four times a day** **Cetirizine 10mg tablets (30) Take 1 tablet once daily** **Beclometasone nasal spray (180 doses) Inhale 2puff into nostrils twice a day** **Sodium cromoglycate 2% eye drops (10mls) 1 drop four times a day into both eyes**
Follow-up Advice	Conditional referral: · Patient should consult the GP if treatment is ineffective or symptoms persist after the end of September
Counselling Points	· Pollen avoidance measures · Pollen count can be found at www.bbc.co.uk/weather · Patient choice will play a role in treatment selection · Chlorphenamine should only be supplied if sedation will not be cause for concern; patients should be counselled about driving/operating machinery if sedation occurs · Intranasal corticosteroids are effective where rhinitis is the main symptom; they have a relative slow onset of action with maximum efficacy achieved over a few days
References	Clinical Knowledge Summaries. Allergic rhinitis – management. January 2008. Available at: http://cks.library.nhs.uk/allergic_rhinitis <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Heartburn / Indigestion O16	
Definition	Dyspepsia – upper abdominal discomfort, pain associated with food/hunger relieved by antacids, nausea and bloating Gastro-oesophageal reflux – heartburn, acid regurgitation, epigastric pain, belching
Criteria for Inclusion	· Patients who require relief from some of the above symptoms · Previous diagnosis of minor GI problem · A new GI problem that has lasted less than 10 days
RED FLAG SYMPTOMS (When to Refer)	· Patients whose symptoms of indigestion/heartburn have recently changed or · Pregnancy unless heartburn and indigestion are related to pregnancy · Breastfeeding
Rapid Referral	· Bleeding PR (excluding haemorrhoids) or blood in the stools · Unexplained weight loss · Vomiting with amounts of blood · Difficulty in swallowing · Pain in the chest indicative of another aetiology · Severe acute epigastric pain
Recommended Treatments and Quantity to supply	**Gaviscon Advance liquid (150mls) 5mls three times a day after each meal** **Gaviscon Advance tabs (24) 1 tablet three times a day after each meal** **Ranitidine 75mg (24) take 1 tablet twice daily**
Follow-up Advice	Conditional referral: · Consult GP if symptoms persist beyond 1 week · Consult GP if symptoms are not relieved by medication · Patients taking NSAIDs · Second request within one month · Recent peptic ulcer disease
Counselling Points	· Symptoms can be aggravated by stress and anxiety · Advise patients to stop smoking, moderate alcohol intake and lose weight where appropriate

	· Eat small meals slowly and regularly and avoid foods which aggravate the problem · The sodium content of some antacids may be important when a salt restricted diet is required in patients with renal or cardiovascular disease · 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.
References	Clinical Knowledge Summaries. Dyspepsia unidentified cause management. June 2008. Available at: http://cks.library.nhs.uk/dyspepsia_symptoms <accessed23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Haemorrhoids O16	
Definition	Swollen veins which protrude into the canal) may swell and hang down outside the anus).
Criteria for Inclusion	· Presence of haemorrhoids requiring soothing relief of itching, burning, pain, swelling and/or discomfort in the perianal area and anal canal. · Adults over 18 years · Consider supply, but the patient should be advised to make an appointment to see the GP: - Haemorrhoids of more than 3 weeks duration Suspected drug-induced constipation Small amount of fresh blood in stool
RED FLAG SYMPTOMS (When to Refer)	· Children under the age of 18 · Pregnancy or breast feeding · Change in bowel habit (persisting alteration from normal bowel habit)
Rapid Referral	· Associated abdominal pain/vomiting · Profuse bleeding
Recommended Treatments and Quantity to supply	**Anusol ointment (25g) Apply after every bowel movement** **Anusol suppositories (12) Insert after every bowel movement** **Anusol Plus HC ointment (15g) Apply after every bowel movement** **Anusol Plus HC suppositories (12) Insert after every bowel movement**
Follow-up Advice	· Patients should consult their GP if symptoms have not started to improve within 7 days.
Counselling Points	· Relieve constipation and ensure soft stools: 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)

	Consider fibre supplements (bulk-forming agents) to enhance the dietary fibre (see protocol for constipation) · Correct insertion /application of the product · Cleansing of anal area with soap and warm water will give relief from pruritus ani
References	Clinical Knowledge Summaries. Haemorrhoids – management. May 2008. Available at: http://cks.library.nhs.uk/ <accessed 13.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Infant Congestion U16

Definition	Blocked stuffy nose with difficulty breathing through the nose		
Criteria for Inclusion	Child presenting with blocked nose		
Criteria for Exclusion	Saline solutions can be used safely by anyone		
Action for Excluded patients:	Refer to GP if problem persists		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	**Route**	**Class**	**Dose**
Normal saline Nose drops 0.9% 10ml	**nasal**	**GSL**	1 or 2 drops in each nostril
Follow Up and Advice		**Side effects and Management**	
Saline nasal drops may help thin and clear nasal secretions in infants who are having difficulty with feeding and should be administered immediately before feeding			
RED FLAG SYMPTOMS (When to Refer)			
If symptoms worsen or sinus pain develops, consult GP			

Mouth Ulcers & Teething U16

Definition	A mouth ulcer is any ulcerative lesion affecting the oral mucosa, mostly occur on the inner cheek, inner lip, tongue, soft palate, floor of the mouth, and sometimes the throat. They are usually about 3-5mm in diameter. Teething is a normal physiological process in which deciduous teeth (milk teeth or baby teeth) emerge through the gums starting around 6 months of age (although the onset of teething may be earlier or later, usually between 4 and 12 months). A full set of milk teeth is usually present by the time the child reaches 2–3 years of age.
Criteria for Inclusion	Patients requiring symptomatic relief
Criteria for Exclusion	Ulceration that has persisted for more than 3 weeks or is very red, painful and swollen. Immunocompromised patients Temperature above 38^0C - - Oral Candiasis - - Recurrent or multiple ulcers Any sore that bleeds easily Consider referral to GP for babies/children with oral problems
Action for Excluded patients:	Refer to GP

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Paracetamol suspension s/f 120mg/5ml (100ml)	**PO**	**P**	
3 months – 6 months			**60mg qds prn**
6-24 months			**120mg qds prn**
2-4 years			**180mg qds prn**

4-6 years			**240mg qds prn**
Anbesol teething gel (10g)	**Topical**	**P**	**Apply a small amount to the affected area with a clean fingertip. Two applications immediately will normally be sufficient to obtain pain relief. Use up to four times a day. Use up to four times a day.**

Follow Up and Advice	**Side effects and Management**
Suggest the patient limits the use of sharp foods (e.g. crisps), spicy foods, hot fluids and carbonated drinks Try not to touch the oral mucosa with the nozzles of topically applied products as this may cause contamination Advise patients to wash hands before and after each application Good oral hygiene may help in the prevention of some types of mouth ulcers or complications from mouth ulcers. Avoid precipitating factors, for example, by use of a softer toothbrush.	

RED FLAG SYMPTOMS (When to Refer)
If ulcer persists for more than 3 weeks, then the patient should be referred to their doctor or dentist for further investigation. Difficulty in swallowing or chewing not associated with a sore lesion Any sore that bleeds easily

Mouth Ulcers O16	
Definition	A mouth ulcer (aphthous ulcer) is an ulcerative lesion affecting the oral mucosa
Criteria for Inclusion	Mouth ulcers requiring symptomatic treatment to alleviate pain and discomfort and aid healing
RED FLAG SYMPTOMS (When to Refer)	· Evidence of systemic symptoms · Patients taking immunosuppressant drugs or who are known to be immunocompromised/ immunosuppressed · Ulcer present for more than 3 weeks · History of frequent previous episodes · Recurrent or multiple ulcers · Any sore that bleeds easily · Non-painful lesions including any lump, thickening or red / white patches · Pregnancy / Breast feeding · Ulcers affecting extra-oral sites (i.e. genitalia) · Ulcers affecting atypical sites in the mouth (i.e. palate) · Suspected adverse drug reaction
Rapid Referral	· Difficulty with swallowing
Recommended Treatments and Quantity to supply	**Bonjela gel (15g) Massage into sore area every 3 hours as needed**

	Chlorhexidine 0.2% mouthwash (300mls) Gargle with 10mls twice a day
Follow-up Advice	Conditional referral: · If symptoms persist or ulcer(s) returns, consult GP · Consider referral to GP for babies/children with oral problems
Counselling Points	· Good oral hygiene to avoid risk of secondary infection · Where possible manage precipitating factors: oral trauma, stress and anxiety, certain foods (crisps, spicy food, hot fluids, carbonated drinks), smoking · Use a softer toothbrush. · Advise patient to visit the dentist regularly · If recommending Chlorhexidine mouthwash, counsel and advise the patient about teeth staining and advise not use it for more than 1 month.
References	http://cks.library.nhs.uk/aphthous_ulcer Refer to SPC for individual product information http://emc.medicines.org.uk

Nappy Rash U16

Definition	Nappy rash is an irritant contact dermatitis confined to the nappy area. A painful and raw area of skin around the anus and buttocks due to contact with frequent irritant stools or reddening over the genitals and napkin area due to urine-soaked napkins.		
Criteria for Inclusion	Mild to moderate red rash or sore skin confined to the nappy area		
Criteria for Exclusion	Infants with a fungal infection (characterised by a bright red rash which extends into the folds of the skin). Infants with a bacterial infection of the skin – may be accompanied by fever. Broken skin. Severe, prolonged or recurrent fungal infection Nappy rash accompanied by oral thrush Ulceration of affected area Nappy rash that is causing discomfort		
Action for Excluded patients:	**Refer to GP**		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	Route	Class	Dose
Conotrane 100g	**Topical**	**GSL**	**Apply after nappy change**
Clotrimazole 1% cream 20g	**Topical**	**P**	**Apply thinly twice daily and continue for 2 weeks after infection clears for children aged 1 year and over. At Pharmacist discretion to treat if candidal infection is suspected or refer to GP.**

Follow Up and Advice	Side effects and Management
If candidal infection: not to use a barrier cream until after infection has settled Increase frequency of nappy changes Expose skin to fresh air	Sensitivity to Imidazoles- discontinue use and refer to GP
RED FLAG SYMPTOMS (When to Refer)	
Signs of infection Infant with rash and satellite lesions Nappy rash that is a bright shade of red, very warm or swollen Baby has a high temperature or seems distressed, in addition to the nappy rash.	

Oral Thrush U16

Definition	Oral thrush is an infection of yeast fungus, Candida albicans, in the mucous membranes of the mouth.
Criteria for Inclusion	Child presenting with associated symptoms 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.
Red Flag Symptoms/Exclusion Criteria	Children under 4 months Children under 6 months that were born pre-term Immunocompromised patients Bleeding events have been reported with concurrent use of miconazole oral gel and warfarin Patients looking ill History of recurrent infection
Action for Excluded patients:	Patients may be referred to a dentist, GP or midwife as appropriate if considered necessary by the pharmacist

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Miconazole (Daktarin) oral gel 15g	**Oral**	**P**	**Children over 4 months:** Apply miconazole gel four times a day, after meals. Space your doses out evenly throughout the day.
Follow Up and Advice		**Side effects and Management**	

Treatment with miconazole gel should continue for 48 hrs after clearance Oral thrush can be a sign of a serious underlying systemic disease Recommend registration with an NHS dentist if the child is not already registered Highlight the potential for drug induced oral thrush, broad spectrum antibiotics are the most common cause Breastfeeding mothers may apply miconazole to their nipples to prevent re-infection	Occasional exacerbation of local infection Strange taste in mouth.
RED FLAG SYMPTOMS (When to Refer)	
Consider supply, but patient should be advised to make an appointment to see the GP: Suspected differential diagnosis If symptoms persist beyond one week	
Rapid referral:	
Suspected oral neoplasia Suspected systemic condition	

Oral Thrush O16	
Definition	An infection of yeast fungus, Candida Albicans, in the mucous membrane of the mouth
Criteria for Inclusion	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.
RED FLAG SYMPTOMS (When to Refer)	· Patients undergoing chemotherapy or immunocompromised individuals Bleeding events have been reported with concurrent use of miconazole oral gel and warfarin · Patients taking DMARDs · Patients looking ill · History of recurrent infection · Pregnancy and Breast feeding
Recommended Treatments and Quantity to supply	**Miconazole Oral gel 2% (15g) Apply miconazole gel four times a day, after meals. Space your doses out evenly throughout the day.**
Follow-up Advice	Oral thrush can be a sign of a serious underlying systemic disease

Conditional referral:	· If symptoms persist beyond 1 week - Consider supply, but advise patient to make appointment with GP · Diabetes
Counselling Points	· Hold gel in the mouth for as long as possible before swallowing · Treatment with Miconazole gel should continue for 48hrs after clearance · If possible address the cause: Dentures Diabetes control Rinse mouth after using steroid inhalers
References	Clinical Knowledge Summaries. Candida - oral - Management. September 2009. Available at: http://cks.library.nhs.uk/candida_oral <accessed 20.06.17> Refer to SPC for individual product information http://www.medicines.org.uk/EMC/medicine/7301/SPC/Daktarin+Oral+Gel/

Scabies U16

Definition	Contagious and intensely itchy skin infestation caused by a mite. Sites usually affected include; finger webs, wrists and palms of hands, soles of feet and external genitalia in both sexes which can lead to severe itching
Criteria for Inclusion	Intense itching and/or rash, generally symmetrical on the body. The skin develops thick crusts which are highly contagious Patients infested with scabies and symptomatic close contacts
Criteria for Exclusion	Immunocompromised patients. Infants and children below two years old.
Action for Excluded patients:	Patients may be referred to their GP if considered necessary by the pharmacist

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Permethrin 5% dermal cream	**Topical**	**P**	**Children aged 2 and over:** apply to the whole body and wash off after 8-12 hours; if hands are washed with soap within 24 hours, they should be

			retreated. Larger patients may need 2 x 30g packs
Chlorphenamine s/f syrup 2mg/5ml (150ml)	**PO**	**P**	**2-5 years:** 1mg every 4-6 hours – Maximum 6mg daily **6-12 years:** 2mg every 4-6 hours – Maximum 12mg daily
Chlorpheniramine tablets 4mg (30 tabs)	**PO**	**P**	**12 years and over:** 4mg every 4-6 hours – Maximum 24mg daily

Follow Up and Advice	**Side effects and Management**
All members of the affected household should be treated simultaneously. Family members aged over 16 to be treated outside of this NHSE Pharmacy First scheme Attention should be paid to the webs of the fingers and toes and lotion brushed under the ends of nails. It is now recommended that permethrin should be applied twice, one week apart Washing clothing and bed linen in hot water is not essential. Infected patients should be warned about the mite's contagious nature Pruritis may continue for days after successful scabies eradication. Consider symptomatic treatment for itching. Incubation is usually 4-6 weeks in patients without previous exposure The patient should be referred to GP if treatment fails after two courses	Discontinue if hypersensitivity occurs Drowsiness. More so with chlorphenamine – Drowsiness may diminish after a few days of treatment. Other side-effects include antimuscarinic effects (urinary retention, dry mouth, blurred vision and GI disturbance)
RED FLAG SYMPTOMS (When to Refer)	
Signs of bacterial infection Previous treatment failures	

Scabies O16

Definition	Scabies is an intensely itchy skin infestation caused by the human parasite Sarcoptes scabiei
Criteria for Inclusion	· Intense itching and/or rash, generally symmetrical on the body. · A definite diagnosis can be made on finding burrows in the skin, usually on the hands. However, these are not often seen. Burrows are very small (0.5 cm or less) curving white lines, sometimes with a vesicle at one end. · The skin develops thick crusts which are highly contagious
RED FLAG SYMPTOMS (When to Refer)	Signs of bacterial infection
Recommended Treatments and Quantity to supply	**Crotamiton 10% cream (30g) Apply to the affected areas up to three times a day** **Chlorphenamine 4mg tablets (30) take 1 tablet four times a day**

	Permethrin 5% dermal cream (2x30g) apply to the whole body and wash off after 8-12 hours; if hands are washed with soap within 24 hours, they should be retreated. Larger patients may need 2 x 30g packs
Follow-up Advice	· Apply the insecticide twice, with applications one week apart · Itching may persist for 2-3 weeks after successful treatment. During this time no new lesions should develop. · If treatment fails, patients should be advised to refer to their GP.
Counselling Points	· Simultaneously (within 24h) treat all members of the household, close contacts, and sexual contact with a topical insecticide (even in the absence of symptoms) · Consider symptomatic treatment for itching · Machine wash (at 50°C or above) clothes, towels, and bed linen, on the day of application of the first treatment · Advise to avoid close body contact with others until their partners and close contact have been treated · Infection only spreads through direct skin-to-skin contact with another human being · Incubation is usually 4-6 weeks in patients without previous exposure
References	Clinical Knowledge Summaries. Scabies – management. December 2011. Available at: http://cks.library.nhs.uk/ <accessed 13.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Sore Throat O16	
Definition	A painful throat often accompanied by viral symptoms
Criteria for Inclusion	A sore throat requiring soothing
RED FLAG SYMPTOMS (When to Refer)	· Difficulty in swallowing · Patients on disease modifying drugs or other immunosuppressant drugs · Pregnancy/ Breastfeeding · Sore throat lasting more than a week · Recurrent bouts of infection · Hoarseness of more than 3 weeks' duration Patients with a weakened immune system · Failed medications
Rapid Referral	· Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders)

	Patients with a suspected serious but not immediately life-threatening cause for sore throat (such as cancer or HIV). · Patients presenting with severe symptoms (inability to swallow, acute onset, high temperature, difficulty in breathing)
Recommended Treatments and Quantity to supply	**Paracetamol 500mg tablets (32) 1-2 tablets up to four times a day** **Ibuprofen 200mg tablets (24) 1-2 tablets up to four times a day** **Difflam Throat spray (1) Spray 4-8 puffs to the throat every 1.5-3 hours**
Follow-up Advice	Conditional referral: · If symptoms persist for more than one week, consult GP Consider supply, but advise patient to make an appointment with GP: · Symptoms suggesting oral candidiasis/tonsillitis
Counselling Points	· Sore throats are usually a self-limiting illness (whether caused by viral or bacterial infection) and will resolve in 7-10 days gargle with warm salty water drink plenty of water – but avoid hot drinks avoid smoking or smoky places suck ice cubes, ice lollies or hard sweets · Patients should avoid smoky or dusty atmospheres and reduce or stop smoking
References	Clinical Knowledge Summaries. Sore throat - acute - Management. April 2008. Available at: http://www.cks.nhs.uk/sore_throat_acute#-326918 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Sprains and Strains O16

Definition	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. 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.
Criteria for Inclusion	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).
RED FLAG SYMPTOMS (When to Refer)	Children under 12 years of age

	Moderate to severe sprain or strain Bruising and/or swelling Arthritis
Rapid Referral	Possible fracture or dislocation
Recommended Treatments and Quantity to supply	**Paracetamol 500mg tablets (32) 1-2 tablets up to four times a day** **Ibuprofen 200mg tablets (24) 1-2 tablets up to four times a day** **Ibuprofen gel 10% (30g) Apply up to three times a day to affected area**
Counselling Points	Advise the person to manage their injury using PRICE: o Protection — protect from further injury (for example by using a support or high-top, lace-up shoes). o Rest — avoid activity for the first 48–72 hours following injury and consider the use of crutches. o Ice — apply ice wrapped in a damp towel for 15–20 minutes every 2–3 hours during the day for the first 48–72 hours following the injury. Do not leave ice on while asleep. o Compression — with a simple elastic bandage or elasticated tubular bandage, which should be snug, but not tight. Remove before going to sleep. o Elevation — 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. Advise the person to avoid HARM in the first 72 hours after the injury: - Heat (for example hot baths, saunas, heat packs). - Alcohol (increases bleeding and swelling and decreases healing). - Running (or any other form of exercise which may cause further damage). - Massage (may increase bleeding and swelling). § For sprains: - Do not immobilize the joint. Begin flexibility (range of motion) exercises as soon as they can be tolerated without excessive pain. § For strains: - Immobilize the injured muscle for the first few days after the injury. Consider the use of crutches in severe injuries. - 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.
References	Clinical Knowledge Summaries. Sprains and strains – management. June 2008. Available at: http://cks.library.nhs.uk/ <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Sunburn U16

Definition	After exposure to too much UV light, skin becomes red and painful and may later peel or blister		
Criteria for Exclusion	Severe sunburn in children and babies		
Action for Excluded patients:	**Refer to GP**		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	Route	Class	Dose
Calamine aqueous cream 100g	**Topical**	**GSL**	**Apply as necessary**
Paracetamol suspension s/f 120mg/5ml (100ml)	**PO**	**P**	
3 months – 6 months **6-24 months**			**60mg qds prn** **120mg qds prn**

2-4 years **4-6 years**			**180mg qds prn** **240mg qds prn**
Paracetamol suspension s/f 250mg/5ml	**PO**	**P**	
6-8 years **8-10 years** **10-15 years**			**250mg qds prn** **375mg qds prn** **500mg qds prn**
Paracetamol tablets 500mg (32 tabs)	**PO**	**GSL**	
12-15 years			**500mg qds prn**
RED FLAG SYMPTOMS (When to Refer)			
Severe burns/ sunburn in babies and children Suspected melanomas			

Threadworm U16	
Definition	Infestation by the threadworm parasite resulting in symptoms of peri-anal itching, especially at night. Confirmed by presence of cotton-like threadworms in the faeces or around the anus
Criteria for Inclusion	Sore, itchy bottom (anus) which is worse at night Worms may be visible (about 10mm long) in stools and/or around anus. Re-infection following treatment within the previous 2-3 weeks Close family contacts of the patient presenting with the infestation
Criteria for Exclusion	Children under 2 years old Pregnant or breastfeeding women Consult GP if signs of bacterial infection (mucus discharge, red and inflamed skin around the anus)

	Patients who have recently returned from tropical travel Loss of appetite, weight loss, insomnia
Action for Excluded patients:	Patients may be referred to their GP if considered necessary by the pharmacist

Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage

Drug	Route	Class	Dose
Mebendazole (Ovex) 100mg – 1 tablet	**Oral**	**P**	**Patients over 2 years old:** Take 1 single tablet. (If re-infection occurs, a second dose can be taken after 14 days via a follow up consultation).

Follow Up and Advice	Side effects and Management
All members of the family over 2 years old, should be treated at the same time to obtain maximum benefit even if they are asymptomatic. Treatment needs to include hygiene measures to prevent ova being transferred from anus to mouth and re-infection for 14 days after treatment. Wash hands and scrub nails before meals and after going the toilet Bathing immediately after rising will remove the eggs laid during the night Wash bed-linen and towels frequently and change night and under wear daily	Rarely abdominal pain, diarrhoea, hypersensitivity reactions. Re-assure patient

RED FLAG SYMPTOMS (When to Refer)

Recent tropical travel

Other type of worm infection

Rapid referral:

Heavy cases or persistent cases.

Threadworms O16

Definition	Intestinal helminth infection (pin-shaped, white/cream coloured approximately 100mm long and less than 0.5mm wide)
Criteria for Inclusion	Threadworms may cause itching around the perianal region, particularly at night. Threadworms appear in faeces but can sometimes be difficult to see.
RED FLAG SYMPTOMS (When to Refer)	· Loss of appetite, weight loss, insomnia · Pregnant women / Breast feeding · Consult GP if there are signs of bacterial infection (mucus discharge/ red and inflamed skin around the anus)
Recommended Treatments and Quantity to supply	Mebendazole 100mg chewable tab: Take 1 single tablet. (If re-infection occurs, a second dose can be taken after 14 days via a follow up consultation).

Follow-up Advice	Conditional referral: · If re-infection suspected, repeat treatment after 14 days – a new consultation will be needed
Counselling Points	· All members of the family should be treated at the same time to obtain maximum benefit even if they are asymptomatic · Treatment needs to include hygiene measures to prevent ova being transferred from anus to mouth and re-infection · Wash hands and scrub nails before meals and after going the toilet · Bathing immediately after rising will remove the eggs laid during the night · Wash bed-linen and towels frequently and change night and under wear daily
References	Clinical Knowledge Summaries. Threadworm management. December 2011. Available at: http://cks.library.nhs.uk/threadworm <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Vaginal Thrush O16	
Definition	Vaginal candidiasis caused by yeast infection
Criteria for Inclusion	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 Symptomatic male partners of an infected female (a separate consultation form must be completed)
RED FLAG SYMPTOMS (When to Refer)	· Patients under 16 and over 60 years · First time symptoms · More than 2 episodes in 6 months · Personal history of or recent STD
Rapid Referral	· Irregular or abnormal vaginal bleeding · Foul smelling discharge

	· Fever · Associated lower abdominal pain or dysuria
Recommended Treatments and Quantity to supply	**Clotrimazole 2% cream (20g) apply to affected area twice a day for 5 days** **Clotrimazole 500mg pessary (1) Insert 1 pessary at night** **Fluconazole 150mg oral cap (1) Take 1 capsule immediately with glass of water**
Follow-up Advice	Refer patients to GP, FP Clinic or GUM
Conditional referral:	· If symptoms are unresolved 7 days after treatment Consider supply but advise patient to make appointment with GP: · Diabetic · Post-menopausal women
Counselling Points	· Advise patient to wear cotton underwear and loose-fitting clothes · Avoid perfumed products · Remind GP that they are prone to thrush if they are prescribed oral antibiotics or other medication · Clotrimazole may affect condom durability
References	Clinical Knowledge Summaries. Candida - female genital - Management. September 2007. Available at: http://cks.library.nhs.uk/candida_female_genital <accessed 20.06.17> Refer to SPC for individual product information http://emc.medicines.org.uk

Warts and Verrucas U16			
Definition	**Warts** are small (often hard) benign growth on the skin caused by a virus, usually occurring on the face, hands, fingers, elbows and knees. **Verruca's** (plantar warts) occur on the sole of the foot, usually painful and may be covered by a thick callus.		
Criteria for Inclusion	Symptoms and signs suggestive of a wart or verruca.		
RED FLAG SYMPTOMS (When to Refer)	Warts on face, ano-genital region or large areas Diabetes mellitus Impaired peripheral blood circulation Broken skin or redness around area of wart / verruca		
Action for Excluded patients:	Refer to GP		
Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage			
Drug	**Route**	**Class**	**Dose**

Salactol topical paint 10ml	**Topical**	**P**	Salactol apply topically daily.
Follow Up and Advice		**Side effects and Management**	
Plantar warts should be covered with an adhesive plaster			
Before applying the treatment to your wart, use an emery board or pumice stone to file it down a little (avoid sharing the board or pumice stone with others). Repeat this about once a week while you are treating your warts. Each time you treat your wart, soak it in water for about five minutes first to soften it, then follow the instructions that come with the medication. You may need to apply the treatment every day for 12 weeks or longer. You should stop the treatment if your skin becomes sore.		Stinging, dryness and peeling	
When to refer			
See exclusion criteria			