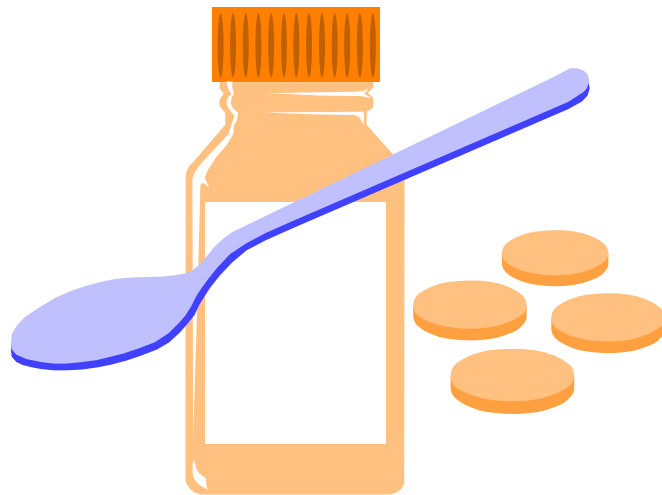


**Sheffield Primary Care Trust
A Community Pharmacist Service
to Treat Minor Ailments
(Enhanced Service)**



Compiled by the Community Pharmacy Development
Unit of Sheffield PCT

April 2010 (Revised June 2011)

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Enhanced Service – Minor Ailment Service

1. Service description

- 1.1 The pharmacy will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.
- 1.2 Where appropriate the pharmacy may sell OTC medicines to the person to help manage the minor ailment.
- 1.3 The pharmacy will operate a triage system, including referral to other health and social care professionals, where appropriate.

2. Aims and Intended Service Outcomes

- 2.1 To improve access and choice for people with minor ailments by:
 - ◆ Promoting self care through the pharmacy, including provision of advice and where appropriate medicines and/or appliances without the need to visit the GP practice;
 - ◆ Operating a referral system from local medical practices or other primary care providers; and
 - ◆ Supplying appropriate medicines at NHS expense.
- 2.2 To improve primary care capacity by reducing general practice workload related to minor ailments.

3. Service Outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.4 The pharmacy will maintain appropriate records of the consultation and any medicines supplied, to ensure effective ongoing service delivery and audit.
- 3.5 The local minor ailments formulary (**Appendix 4**) which has been agreed with local stakeholders will be used in conjunction with the monographs.
This Enhanced Service (the service) may be offered to all patients, who are exempt from prescription charges and are registered with a Sheffield GP.
- 3.6 The pharmacist or competent staff will:
 - provide advice on the management of the ailment, or;
 - provide advice and a medicine from the local formulary, supported by advice on its use, or;
 - provide advice on the management of the ailment plus a referral to an appropriate health care professional.
- 3.7 The pharmacy has a system to check the person's eligibility for receipt of the service.

- 3.8 The Community Pharmacy Development Unit (CPDU) will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.9 The CPDU will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- 3.10 The CPDU will ensure the provision of details of relevant referral points that pharmacy staff can use to signpost service users who require further assistance.

4. Transfer of Care

- 4.1 Patients presenting with identified symptoms at the GP surgery may be offered transfer into this service.
- 4.2 Patients presenting at the Community Pharmacy with a minor ailment who are confirmed, as exempt from prescription charges, may receive the service as laid out in this specification.
- 4.3 If the Pharmacist cannot confirm the patient's registration with a Sheffield General Practice, the patient will not be eligible for this Scheme at that time and they will be advised to access medical care through the normal channels (eg Sheffield City GP Health Centre, Broad Lane).

5. Duties of General Practices

- 5.1. Sheffield registered patients requesting appointments (either immediately or on an appointment basis) for symptoms matching criteria identified in this service may be offered transfer to this service.
- 5.2. GP Surgeries are encouraged to co-operate and liaise with Community Pharmacists in the operation of the Minor Ailments service.
- 5.3. On some occasions the Pharmacist may consider that the patient needs to be seen by a doctor. The urgency will depend on the symptoms. In these circumstances the Pharmacist will refer the patient back to the surgery. A Referral Form (**Appendix 5**) may be given to the patient, together with the advice to seek an appointment at the surgery. Sometimes if the surgery is closed the Pharmacist may refer the patient to the Sheffield City GP Health Centre (Broad Lane), the Minor Injuries Unit (RHH), the Walk in Centre (NGH) or in extreme cases advise the patient to call the emergency number or go straight to A & E. **Utilise Signposting Guide for addresses and telephone numbers as required.**
- 5.4. GP surgeries may display official posters and provide leaflets promoting the service.
- 5.5. For patients under the age of 16 the parent/guardian can accept transfer into the service on behalf of the patient.

6. Duties of Participating Community Pharmacies

- 6.1. Patients exempt from prescription charges should only be accepted into the service if the Pharmacist is satisfied of the patient's registration with a Sheffield General Practice.
- 6.2. All participating Pharmacies will provide a professional consultation service for eligible patients, presenting with one of the specified conditions.

- 6.3. The patient's condition will be assessed by the pharmacist or, if done by a suitably trained and competent member of the pharmacy team, the assessment will be confirmed by the pharmacist. The consultation will consist of:
- 6.3.1 Patient assessment (NB in the case of absence eg a sick child, clinical judgement should be used in deciding the appropriateness of supply);
 - 6.3.2 Provision of advice;
 - 6.3.3 Provision of a medication, only if necessary, from the agreed formulary appropriate to the patient's condition;
 - 6.3.4 A record of the consultation will be made through the completion of the Pharmacist Consultation Record (**Appendix 1**) which must be signed by the pharmacist and it is best practise to make an entry on the PMR system. The Pharmacy will retain these details for their own records and audit purposes. Alternatively, records may be maintained purely on the PMR, but a signed declaration must be submitted (**Appendix 6**) and these records will be audited by NHS Sheffield.
 - 6.3.5 The pharmacist will complete the monthly summary form (**Appendix 2**) and send this to CPDU via Admin Support, by the 10th working day of each month or the payment date will be missed.

NB In the event of the consultation under the Scheme not leading to the supply of a product, the Pharmacist should indicate this on the Pharmacist Consultation Record and the patient should sign the form to confirm validity.

- 6.4 Normal rules of patient confidentiality apply.
- 6.5 The Pharmacist should ensure that the patient has completed and signed the declaration of exemption of Prescription charges (on the reverse of the Pharmacist Consultation Record).
- 6.6 If, in the opinion of the pharmacist, the patient presents with symptoms outside the service, they should be referred back to their GP or other relevant service.
- 6.7 If a patient presents more than twice within any 4 weeks with the same symptoms and there is no indication for urgent referral, the patient should be referred to their surgery. The referral form should be completed and given to the patient to take back to the surgery. (**Appendix 5**).
- 6.8 If the patient presents with symptoms indicating the need for an immediate consultation with the GP, they are outside the service and should be advised to refer back to their GP (within surgery hours) or to contact the on-call doctor, or to attend the Walk-in Centre, Minor Injuries Unit, Sheffield City GP Health Centre (Broad Lane) or A & E immediately (as appropriate, outside surgery hours). **Utilise Signposting Guide for addresses and telephone numbers as required.**
- 6.9 If the pharmacist suspects that the patient and/or parent is abusing the service they should contact the Pharmacy Development Manager to discuss options.
- 6.10 The pharmacist will provide feedback to the patient's GP where appropriate.
- 6.11 The pharmacist will be reimbursed a fee per consultation. **A consultation is the management of a patient's minor ailment(s) through the provision of advice and treatment(s) as appropriate.**

7. Service Funding and Payment Mechanism

7.1 The Pharmacy will be paid according to the following schedule:

Fee: £6.76(per consultation)

The fee incorporates the provision of advice and the cost of treatment(s) supplied.

Number of consultations: The number of consultations commissioned from each pharmacy is stated in the individual Service Level Agreement.

7.2 Monthly summary form (**Appendix 2**) should be submitted to the CPDU via Admin support by the 10th working day of the month to enable payment at the end of the month.

8. Quality Indicators

8.1 The pharmacy is making full use of the promotional material made available for the service.

8.2 The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake.

8.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

8.4 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

8.5 The pharmacy participates in NHS audit of service provision.

8.6 The pharmacy co-operates with any locally agreed NHS led assessment of service user experience.

9. Role of the Pharmacy Development Manager

9.1 Overall responsibility for co-ordinating and managing the project

- Managerial leadership
- Processing forms for payments
- Co-ordinating evaluation
- Maintaining contact with the participating pharmacies

Pharmacist Consultation Record
(Sheffield Minor Ailments Scheme)

Pharmacy Details / Label

Date of Consultation:

Patient Details:

Name

Address

Telephone Number

Date of Birth

NHS No (if known)

GP's Name

GP's Address

Medical Information:

Symptoms:

How long has the person had these symptoms?

Has the person tried taking any medication yet?

If so, what medication has been tried?

Does the person suffer from any existing medical conditions?

If so, what are they?

What medication is being prescribed by the doctor for these conditions?

Details of Consultation:

Advice Given

Product(s) Supplied or Recommended (if any)

Dose Recommended

Was the patient signposted to another health care professional?

If yes, to who?

Exemption Information:		Evidence Seen?	YES / NO
I am exempt from paying prescription charges for the following reason:			
A. is under 16		G. has a valid War Pension exemption certificate	
B. is 16, 17, 18 and in full time education		H. gets Income Support (IS)	
C. is 60 or over		K. gets Income-Based Job Seekers Allowance (JSA(IB))	
D. has a valid Maternity Exemption Certificate		L. is named on a current HC2 charges certificate	
E. has a valid Medical Exemption certificate		M. is entitled to, or named on, a valid NHS Tax Credit Exemption certificate	
F. has a valid Prescription Prepayment certificate		S. has a partner who gets Pension Credit guarantee credit (PCGC)	
		X. was prescribed free-of-charge contraceptives	N/A
I am the patient		I am the patient's representative	

Patient Declaration (please tick which applies):

<input type="checkbox"/>	I have received the above medicine(s) and am exempt from charges for the reason specified above. I understand this is an NHS service and that NHS will retain data relating to my use of the service and may contact me for my views.
<input type="checkbox"/>	I have consulted the pharmacist under the Minor Ailments Scheme, am exempt from charges and confirm that no medicines have been issued to me on this occasion. I understand this is an NHS service and that the NHS will retain data relating to my use of the service and may contact me for my views.
Signature	
Name	
Date	
I am the patient	I am the patient's representative

Pharmacist Information:

Name	
Signature	
Date	

IMPORTANT: Your pharmacist is providing treatment and/or advice under the Minor Ailments Scheme in line with the symptoms you have described. If your symptoms persist you should seek further advice from your doctor. Please advise the doctor which pharmacy you have attended and what advice/treatment you have already received from the pharmacist.

NB One form represents a consultation which may include advice and treatment for more than one condition as necessary.

Summary Sheet – Sheffield Minor Ailments Scheme

Name and Address of Pharmacy: (Please attach label or insert details)

--

Month

Quantity (Required by PCT)	Medicine Supplied	Calculations / Notes (Pharmacy use only if required)
	Aciclovir Cream (2g)	
	Anusol Cream (23g)	
	Aspirin 300mg Soluble (16/32)	
	Beclometasone Nasal Spray (180 sprays)	
	Benzydamine Oral Rinse 300ml (Diffiam)	
	Calamine Lotion BP (200ml)	
	Carbomer 980 liquid gel eye drops 0.2% 10g (Viscotears)	
	Cetirizine Tablets 10mg (7/30)	
	Cetirizine Syrup 5mg/5ml (70ml)	
	Chloramphenicol Eye Drops 0.5% (10ml)	
	Chloramphenicol Eye Ointment 1% (4g)	
	Chlorhexidine Mouthwash (300ml)	
	Chlorphenamine 4mg tablets (30)	
	Chlorphenamine Syrup (150ml)	
	Choline Salicylate Dental Gel BP 15g	
	Clotrimazole Cream 1% (20g)	
	Clotrimazole Cream 2% (20g)	
	Clotrimazole Pessary (500mg)	
	Crotamiton Cream 10% (30g)	
	Dioralyte Sachets (6)	
	Diprobace Cream (50g)	
	Gaviscon Liquid (300ml)	
	Gaviscon Extra Strength Tablets (12)	
	Hedrin (50ml)	
	Hydrocortisone Cream 1% (15g)	
	Hypromellose 0.3% eye drops (10ml)	
	Ibuprofen 200mg tablets (24)	
	Ibuprofen Suspension SF 100mg/5ml (100ml)	
	Ispaghula Husk Sachets (10)	
	Lactulose Solution (300ml)	
	Loperamide Capsules (12)	
	Loratadine Syrup 5mg (100ml)	

Quantity (Required by PCT)	Medicine Supplied	Calculations / Notes (Pharmacy use only if required)
	Loratadine Tablets 10mg (7/30)	
	Malathion Aqueous Liquid (50ml)	
	Mebendazole 100mg chewable tablet (1 tablet)	
	Menthol & Eucalyptus Inhalation (100ml)	
	Miconazole Oral Gel (15g)	
	Non insecticidal head lice - metal comb	
	Non insecticidal head lice - plastic comb	
	Paracetamol 500mg tablets (32)	
	Paracetamol Suspension SF 120mg/5ml (100ml)	
	Paracetamol Suspension SF 250mg/5ml (100ml)	
	Phenothrin Solution (100ml)	
	Pripsen Sachets 4g	
	Senna Tablets (20)	
	Senokot High Fibre Sachets (10)	
	Simple Linctus (200ml)	
	Simple Linctus Paediatric (200ml)	
	Sodium Chloride Nasal Drops (10ml)	
	Sodium Cromoglicate Eye Drops (10ml)	
	Sudocrem (125g)	
	WSP/Liquid Paraffin (50:50) (250g)	
A	No. of Patients / Forms: Consultation Only	
B	No. of Patients / Forms: Provided with Treatment	
A+B=C	Total No. of Patients / Forms (C)	

Declaration: I, _____, declare that I have provided the items listed on this summary sheet to patients in accordance with the Sheffield PCT Minor Ailments Service (as set out in the Service Specification and Service Level Agreement). ***NB One Pharmacist Consultation Record – ‘green form’ represents a consultation which may include advice and treatment for more than one condition as necessary.***

PLEASE RETURN THE COMPLETED FORM TO: HELEN WRAGG, NHS SHEFFIELD, 1st FLOOR, 722 PRINCE OF WALES ROAD, SHEFFIELD S9 4EU AS SOON AS POSSIBLE AFTER THE 10TH OF EACH MONTH. PLEASE RETAIN THE ‘GREEN FORMS’ IN YOUR PHARMACY FOR TWO YEARS FROM PRODUCTION.

KEY

Patient with symptoms of the following conditions may be referred into this scheme and provided with advice and treatment. **Pharmacists should ensure that they are thoroughly familiar with prescribing for these conditions before providing any advice or treatment under this scheme. Products should be used in line with product license.** Outline guidance on each condition is listed on pages 12 – 31.

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Dermatitis	18
Diarrhoea	19
Dry Eye Syndrome	20
Dysmenorrhoea	21
Haemorrhoids	22
Hay Fever	23
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Headache / Earache / Temperature / Dental Pain	25
Indigestion / Heartburn / Tummy Upset	26
Insect Bites and Stings	27
Mouth Ulcers	28
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Thrush (inc Oral Thrush)	35
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ATHELETES FOOT

Definition/Criteria

Fungal skin infection affecting the foot, most commonly the area between the toes.

Criteria for INCLUSION

Patients experiencing the symptoms of itching, scaling and inflammation of the skin between the toes.

Criteria for EXCLUSION

Children under 1 year.

Patients whose infection has spread to toenails.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Clotrimazole Cream 1% 20g for topical administration 2 or 3 times daily

Follow-up and advice

- The treatment should be continued for 14 days after relief of symptoms.
 - To prevent re-infection feet should be washed daily and particular attention given to drying thoroughly – especially between the toes. Tight footwear should be avoided, socks should be changed frequently and shower shoes should be worn at swimming pool and sports hall locker rooms and showers, as these are places where the infection is often picked up.
-

Side effects and their management

Sensitivity to Imidazoles; local irritation and hyper-sensitivity reactions including mild burning sensation, erythema and itching. Treatment should be discontinued if these are severe.

When and how to refer to GP

Where the condition has spread, affecting other areas of the body, in particular the nails.
Diabetic patients.

CHICKEN POX

Definition/Criteria

Patient presenting with chicken pox.

Criteria for INCLUSION

Patients presenting with symptoms of chicken pox: Chicken pox rash, itch, fever and pain.

Criteria for EXCLUSION

Babies under 4 weeks, patients who are pregnant, immuno-compromised, including those on long-term steroids and where complications are suspected e.g. dehydration, shortness of breath, sudden rise in temperature, decreased consciousness.

Action for excluded patients and non-complying patients

Referral to General Practitioner or in cases of suspected dehydration, decreased consciousness and shortness of breath refer to Hospital.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

WSP/Liquid Paraffin (50:50) (250g)	Topical	GSL	Apply frequently when required
Paracetamol suspension SF 250mg/5ml(100ml)	po	P	5-10ml qds (6 to 12 years)
Paracetamol susp SF 120mg/5ml (100ml)	po	P	2.5 - 5ml qds (3mths to 1 year) 5 – 10ml qds (1 to 5 years)
Ibuprofen Susp SF 100mg/5ml (100ml)	po	P	2.5ml 3-4 times/day (1-2 years) 5ml 3-4 times a day (3-7 years) 10ml 3-4 times a day (8-12 years)
Chlorphenamine Syrup (150ml)	po	P	2.5ml BD (1-2 years) 2.5ml every 4-6 hours, max 6mg / day (2-6 years) 5ml every 4-6 hours, max 12mg /day (6-12 years)
Paracetamol Tablets 500mg (32)	po	GSL	1-2 qds
Ibuprofen 200mg (24)	po	P	1-2 tds
Cetirizine tabs 10mg (7/30)	po	GSL	1 od Adult & Child over 6 years
Loratadine tabs 10mg (7/30)	po	P	1 od Adult & Child over 6 years
Chlorphenamine 4mg tablets (30)	po	P	1 tds Adult & Child over 6 years

Follow-up and advice

- Patient should be advised to consult their doctor if symptoms worsen at any time.
 - Encourage adequate fluid intake and dress appropriately to avoid shivering or overheating.
 - Keep nails short to minimise damage from scratching
 - Patients are infectious before the rash comes out and until all the lesions have crusted over, during this time patients should avoid contact with people who are immuno-compromised, pregnant women and infants under 4 weeks old.
 - Patients should not return to school until all the lesions are crusted over.
-

Side effects and their management

WSP/Liquid paraffin – Side effects are rare

Paracetamol – Side effects are rare

Ibuprofen – Take with or after food to reduce GI side effects

Chlorphenamine – Can cause sedation

COLD SORES

Definition/Criteria

Initially patients may experience prodromal symptoms: tingling, itching or numb feeling, this is followed by eruption of red fluid filled vesicles which may coalesce, burst and crust over.

Criteria for INCLUSION

Patients presenting with symptoms of cold sores at the first sign of attack (prodromal phase)/early stages of blistering.

Criteria for EXCLUSION

Patients who are immuno-compromised.
Suspected secondary bacteria infection.
Any lesion near the eyes or in the mouth.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Aciclovir Cream (2g)	Topical	GSL	Apply to lesions every 4 hours (5 times a day) For 5-10 days, starting at first sign of attack
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Follow-up and advice

- Patient should be advised to consult their doctor if symptoms do not improve within 48 hour, or if symptoms worsen at any time.
 - Cold sores are highly infectious, wash hands before and after applying the cream and avoid touching the eyes. Do not share face cloths and towels until lesions have healed over.
-

Side effects and their management

Side effects are rare, may experience transient stinging or burning, erythema, itching or drying of the skin.

CONJUNCTIVITIS (ACUTE BACTERIAL)

Definition/Criteria

Acute inflammation of the surface of the eye and inside of the eyelid, due to bacterial infection.

Criteria for INCLUSION

Patients presenting with symptoms of infective conjunctivitis: eyes are inflamed and red or pink; eye discomfort (described as gritty or burning); sticky, purulent discharge from the eyes.

Criteria for EXCLUSION

Children under the age of 2 years
Contact lens wearers
Associated pain or swelling within or around the eye or face.
Suspected foreign body in the eye
Eye injury
Photophobia
Vision affected
Pupil is torn, irregular, dilated or non-reactive to light
Cornea looks cloudy
Eye movement restricted
Copious yellow-green purulent discharge that reaccumulates after being wiped away
Eye inflammation associated with a rash on the scalp or face
Recent conjunctivitis
Glaucoma
Patient feels unwell
Dry eye syndrome (keratoconjunctivitis sicca)
Eye surgery or laser treatment in previous six months
Personal or family history of bone marrow problems
Patient is pregnant or breast-feeding
Patient recently returned from abroad

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Chloramphenicol 0.5% (10ml) eye drops	Topical	P	1 drop 2-hourly for 48 hours then 4-hourly Usual course 5 days
Chloramphenicol 1% (4g) eye ointment	Topical	P	Apply a small amount 3-4 times daily

Follow-up and advice

- Patient should be advised to consult their doctor if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
 - Do not share bottle/tube if more than one family member is affected.
 - Try not to touch the eye or lashes with the nozzle of the bottle/tube as this may cause contamination.
 - Advise patients to wash hands before and after touching the eyes and avoid sharing towels, facecloths etc. Dispose of any cosmetics that may be affected.
 - Advise patient to store eye drops in the fridge.
-

Side effects and their management

Side effects are usually minor, such as a transient burning or stinging sensation in the eye when applying the drops. Transient blurring of vision can occur and patients should be advised not to drive or operate machinery unless vision is clear.

CONSTIPATION

Definition/Criteria

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

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

Patients currently receiving laxatives as part of their regular medication. Pharmacists should exercise their professional judgement to implement dosage alteration to existing laxative regime.
Suspicion of abuse.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Referral to Health Visitor for Children and Babies – Offer dietary advice.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Lactulose Solution (300ml)	po	P	15ml bd (Adult) 10ml bd (Child 5 - 10 years) 5ml bd (Child 1 – 5 years)
Ispaghula Husk Sachets (10)	po	P	1 bd
Senna tabs (20)	po	P	2 on

Side effects and their management

If dosage is too large, griping and diarrhoea may result

Senna may colour the urine yellow or red

Lactulose intolerance

When and how to refer to GP

Conditional referral:

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

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

- Patients taking medication with recognised constipating effects

COUGH

Definition/Criteria

Coughing arises as a defensive reflex mechanism.

Criteria for INCLUSION

Troublesome cough requiring soothing.

Criteria for EXCLUSION

Patients under one year

Chronic Bronchitis

Cough productive of green / yellow / blood stained sputum

Asthmatics presenting with wheeze or reduced peak-flow

Shortness of breath

Any cough that persists for more than 14 days

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Simple Linctus (200ml)	po	GSL	5-10 ml qds (Over 12 years)
Simple Linctus Paediatric (200ml)	po	GSL	5-10 ml qds (1month – 12 years)

Follow-up and advice

Maintain fluid intake with chesty cough

When and how to refer to GP

Conditional referral:

- If cough and other symptoms persist beyond one week the patient should consult the GP.

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

- A persistent, dry, night time cough in children
- A dry cough in a patient prescribed an ACE inhibitor

Rapid referral:

- Constant chest pain or chest pain on normal inspiration
- Difficulty breathing
- Green or rusty sputum
- If pain related to exertion

DERMATITIS

Definition/Criteria

Patients presenting with redness, itch and scaly skin after exposure to irritant/allergen.

Criteria for INCLUSION

Acute allergic contact dermatitis - Patients presenting with redness, itch and scaly skin after exposure to contact – this reaction may occur hours or days after exposure to the allergen. The dermatitis usually occurs where the contact to the allergen occurred however it may also affect other areas.

Irritant contact dermatitis – Patients complains of burning, stinging and soreness usually within 28 hours of exposure to irritant. The dermatitis only occurs on areas exposed to the irritant.

Criteria for EXCLUSION

Secondary bacteria infection.

If the dermatitis is on the face, for a child under 10 or for use on broken skin then it can be treated with emollient but not hydrocortisone.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Diprobase Cream (50g)	Topical	GSL	Apply frequently when required
WSP/Liquid Paraffin (50:50) (250g)	Topical	GSL	Apply frequently when required
Hydrocortisone Cream 1%	Topical	P	Apply to affected area BD

Follow-up and advice

- Patient should be advised to consult their doctor if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
 - Remove / avoid contact with irritant; use gloves, wash hands with soap and water as soon as possible after exposure to irritant.
-

Side effects and their management

WSP / liquid paraffin is well tolerated.

Hydrocortisone is well tolerated when used sparingly for short periods of time. Can cause contact dermatitis, thinning of skin and worsening of dermatitis if due to untreated infection.

DIARRHOEA

Definition/Criteria

Increased frequency and fluidity of defecation.

Criteria for INCLUSION

Patients experiencing the above symptoms.

Criteria for EXCLUSION

Patients with chronic diarrhoea problems.

Children under the age of 1 year.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Loperamide caps (10/12)	po	P	2 stat then 1 after every loose motion
Dioralyte Sachets (6)	po	GSL	reconstitute with water

Criteria

Loperamide for adults and children over 12 years.

Follow-up and advice

Patient should have adequate fluid replacement for 24 – 48 hours until the symptom resolves.

Side effects and their management

Loperamide can cause abdominal pain and bloating.

When and how to refer to GP

Conditional referral:

- If symptoms persist beyond 48 hours, consult the GP.

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

- Patients taking medication with recognised diarrhoea effect.

Rapid referral:

- Adults, where symptoms have lasted more than 5 days
- Children, where symptoms have lasted more than 48 hours or who look ill or dehydrated
- Pregnancy

DRY EYE

Definition/Criteria

For the treatment of dry eyes syndrome, a relatively common condition, especially in older patients. It is characterized by inadequate tear film protection of the cornea because of either inadequate tear production or abnormal tear film constitution, which results in excessively fast evaporation or premature destruction of the tear film.

Criteria for INCLUSION

Patients experiencing the above symptoms.

Criteria for EXCLUSION

There is no experience regarding the safety of either Viscotears Liquid Gel or hypromellose eye drops in human pregnancy or lactation. Administration during pregnancy and lactation is therefore not recommended, except for compelling reasons.

Action for excluded patients and non-complying patients

Referral to General Practitioner or ophthalmologist.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage

Hypromellose 0.3% eye drops (10ml)	topical	P	One drop 3-4 times daily or as required
Carbomer 980 liquid gel eye drops 0.2% (10g)	topical	P	One drop 3-4 times daily or as required

Follow-up and advice

Contact lenses should not be worn during instillation of the drug. After instillation there should be an interval of at least 30 minutes before reinsertion. Hypromellose eye drops contains benzalkonium chloride and should not be used if soft contact lenses are worn.

For Viscotears, where any additional local ocular treatment (eg glaucoma therapy) are being used there should be an application interval of at least 5 minutes between the two medications, Viscotears Liquid Gel should always be the last medication instilled.

Side effects and their management

Use of these products may cause transient mild stinging or temporarily blurred vision. If irritation persists or worsens, or headache, eye pain, vision changes or continued redness occur, patients should discontinue use and consult a physician. Use of these products may temporarily influence the visual acuity and patients with blurred vision driving a vehicle or operating machines should be alerted to the possibility of impaired reactions.

DYSMENORRHOEA

Definition/Criteria

Painful menstrual periods with symptoms that include cramping lower abdominal pain, sharp pains that come and go, aching pains, or possibly back pain.

Criteria for INCLUSION

Patients presenting with symptoms.

Criteria for EXCLUSION

- Increased or foul smelling vaginal discharge.
 - Fever.
 - Where pain is significant and the period is more than one week late (sexually active patient).
 - Self-care measures don't relieve your pain after 3 months.
 - IUD that was placed more than 3 months ago.
 - Passage of blood clots or other symptoms with the pain.
 - Pain is severe or sudden.
 - Pain occurs at times other than menstruation, begins more than 5 days before period, or continues after the period is over.
-

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Paracetamol Tablets 500mg (32)	po	GSL	1-2 qds
Ibuprofen 200mg (24)	po	P	1-2 tds

Follow-up and advice

- Patient should be advised to consult their doctor if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
-

Side effects and their management

Side effects are rare with occasional use of Paracetamol.
Ibuprofen should be taken after food to avoid GI side effects.

HAEMORRHOIDS

Definition/Criteria

Swollen blood vessels which occur inside or outside the back passage (anus).

Criteria for INCLUSION

Patients over 16 with previously diagnosed haemorrhoids.

N.B. One issue only may be made for this condition.

Criteria for EXCLUSION

Patients under 16.

Patients not previously diagnosed with haemorrhoids.

Patients reporting anal bleeding .

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Anusol Cream (23g)

Topical

GSL

Apply morning & night & after bowel movements

Follow-up and advice

- Patients should be given advised that the most common cause of haemorrhoids is straining during bowel movements – often associated with constipation.
-

Side effects and their management

Sensitivity reactions such as a rash.

Mild irritation or burning on application.

These are mild side effects, which will usually stop when you stop using the Cream.

When and how to refer to GP

Patients should be advised that only one issue is available under the scheme – in the event that the problem does not resolve they should consult their GP

Special considerations/Concurrent medication

Store below 25°C

HAY FEVER

Definition/Criteria

Seasonal allergy to plant pollen.

Criteria for INCLUSION

Patients with previously diagnosed hay fever requiring symptomatic treatment.

Criteria for EXCLUSION

Patients under the age of 2.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Chlorphenamine tabs 4mg (30)	po	P	1 tds Adult & Child over 12 years
Cetirizine tabs 10mg (7/30)	po	GSL	1 od Adult & Child over 6 years
Cetirizine syrup 5mg/5ml (70ml)	po	GSL	5ml od Child 2 – 6 years
Sodium Cromoglicate eye drops (10ml)	Topical	P	1 drop qds
Beclometasone nasal spray(180 sprays)	Topical	P	2 sprays each nostril bd (Adults aged 18 and over only)
Chlorphenamine syrup (150ml)	po	P	5ml (2mg) 4-6 hourly (6 – 12 years) 2.5ml (1mg) 4-6 hourly (2 – 6 yrs)
Loratadine tabs 10mg (7/30)	po	P	1od Adult & Child over 6 years
Loratadine syrup 5mg/5ml (100ml)	po	P	5ml od Child 2 – 6 years

Follow-up and advice

- Pollen avoidance measures.
 - Not to exceed maximum doses.
 - Possible interactions with Loratadine – Patient must inform GP if prescribed further medication.
-

Side effects and their management

Chlorphenamine causes sedation

When and how to refer to GP

Conditional referral:

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

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

- Pregnancy – sodium cromoglicate may be considered, antihistamines and beclomethasone should be prescribed by a GP.

Special considerations/Concurrent medication

Glaucoma patients or those on anti-arrhythmic drugs (antihistamines contra-indicated).

HEAD LICE

Definition/Criteria

Infestation with head lice.

Criteria for INCLUSION

Patients who are proven to be infested with live head lice, and their sleeping contacts.

Criteria for EXCLUSION

Family/siblings of patient, who are not proven to be infested (note: infestation is **not** indicated by the presence of nits [hatched and empty egg shells]).

Children under the age of six months.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status

Non-insecticidal treatment (hair conditioner) supplied with metal or plastic comb (**First Line**)

Dimeticone 4% Lotion (Hedrin)	Topical	P
Malathion aqueous liquid (50ml / treatment)	Topical	P
Phenothrin solution (100ml / treatment)	Topical	P

Dosage and Criteria

To be administered to dry hair and left as directed by manufacturer.

Patients may be issued with non-insecticidal bug busting kit (lice comb & conditioner) & verbal advice

Frequency of administration and maximum dosage

Treatment to be repeated in seven days. The BNF recommends repeating after 7 days to prevent lice emerging from eggs that survive the 1st time.*

The same chemical should not be used for the next re-infestation (i.e. alternate treatments).

Follow-up and advice

- Hair should be allowed to dry naturally – avoid flames. Do not use hair dryers.
 - Broad comb, then wet comb well conditioned hair to remove dead lice & eggs.
 - Regular detection combing as treatment will not prevent re-infection from classmates.
 - Not suitable for prophylaxis.
-

Side effects and their management

Side effects are experienced rarely.

** Please ensure the repeat treatment is provided at the initial consultation, rather than asking the patient to return in 7 days for further treatment.*

HEADACHE / EARACHE / TEMPERATURE / DENTAL PAIN

Definition/Criteria

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

Criteria for INCLUSION

Patients requiring relief of pain / fever associated with upper respiratory tract infections and dental problems.

Criteria for EXCLUSION

Children under the age of three months.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Paracetamol Tablets 500mg (32)	po	GSL	1 – 2 qds
Paracetamol suspension SF 250mg / 5ml (100ml)	po	P	5 – 10 ml qds (6 to 12 years)
Paracetamol susp SF 120mg / 5ml (100ml)	po	P	2.5 – 5 ml qds (3mths to 1 year) 5 – 10ml qds (1 to 5 years)
Ibuprofen 200mg (24)	po	P	1 – 2 tds
Ibuprofen Susp SF 100mg/5ml (100ml)	po	P	2.5ml 3 – 4 times/day (1 to 2 years) 5ml 3 – 4 times/day (3 to 7 years) 10ml 3 – 4 times/day (8 - 12 years)

Criteria

Ibuprofen where asthma and GI problems have been excluded. Caution using Ibuprofen in patients with hypertension or those on ACE inhibitors (increased risk of renal impairment).

Follow-up and advice

- Enquire about concurrent analgesic usage:
 - Paracetamol daily dose - other products containing Paracetamol
 - Other NSAIDs – prescribed or OTC
 - Rest, warming, cooling or changing position, may obtain relief from pain. Patients should be advised to avoid any aggravating factors.
 - Pharmacists should be aware of the NICE guidance on Feverish Children and can advise on alternating ibuprofen with paracetamol if neither work individually.
 - NB overuse of analgesics can cause headaches.
-

Side effects and their management

Side effects are rare with occasional use of Paracetamol.
Ibuprofen should be taken after food to avoid GI side effects.

INDIGESTION /HEARTBURN / TUMMY UPSET

Definition/Criteria

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

Criteria for INCLUSION

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

Criteria for EXCLUSION

Patients over the age of 40 experiencing first episode.
Patients bleeding PR (excluding haemorrhoids).
Unexplained weight loss.
Vomiting of significant amounts of blood.
Children under 12.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Gaviscon Liquid (300ml)	po	GSL	10-20mls PC & Nocte
Gaviscon Extra Strength Tablets (12)	po	GSL	1 – 2 PC & Nocte

Follow-up and advice

- Symptoms can be aggravated by stress and anxiety.
 - Advise patients to stop smoking, moderate alcohol intake and lose weight.
 - Eat small meals slowly and regularly and avoid foods which aggravate the problem.
 - Not to take products at the same time as other medication.
 - Gaviscon should be taken 20 min – 1 hr after meals and at bedtime.
 - The sodium content of some antacids may be important when a highly restricted salt diet is required in some renal and cardiovascular diseases.
-

When and how to refer to GP

Conditional referral:

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

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

- Patients taking aspirin or NSAIDs.
- Recent / recurrent peptic ulcer disease.
- Second request within a month.

Rapid referral:

- Bleeding PR (excluding haemorrhoids) ie dark blood.
- Unexplained recent weight loss.
- Vomiting significant amounts of blood.

INSECT BITES AND STINGS

Definition/Criteria

Bites or Stings received from insects.

Criteria for INCLUSION

Patients bitten or stung by small insects, displaying localised minor irritation to the skin.

Criteria for EXCLUSION

Children under 10 years old

Patients exhibiting systemic effects, eg wheezing, shortness of breath, major swelling & redness.

Bites or stings around the eyes or on the face

Bites or stings which have become infected

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Hydrocortisone Cream 1%	Topical	P	Apply to affected area BD
Cetirizine tabs 10mg (7/30)	po	GSL	1od
Loratadine tabs 10mg (7/30)	po	GSL	1od

Follow-up and advice

- Wash the affected area frequently with soapy water to prevent infection.
 - Possible interactions with Loratadine - Patient must inform GP if prescribed further medication.
-

Side effects and their management

Sensitivity to hydrocortisone cream – discontinue treatment.

When and how to refer to GP

Patients exhibiting systemic reactions, including severe allergic reactions.

Special considerations/Concurrent medication

Glaucoma (antihistamines contra-indicated).

Patients on anti-arrhythmic drugs (antihistamines contra-indicated).

MOUTH ULCERS

Definition/Criteria

Mouth ulcers, also called aphthous stomata and aphthous stomatitis, 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.

Criteria for INCLUSION

Patients requiring symptomatic treatment.

Criteria for EXCLUSION

Children under the age of 12.
Ulcer lasting more than three weeks.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Chlorhexidine mouth wash 300ml	GSL	Rinse with 10 mls twice daily for one minute
Choline Salicylate Dental Gel BP 15g	Topical	Apply ½ inch of gel not more often than 3 hourly (for adults and children over 16)

Follow-up and advice

- Good oral hygiene may help in the prevention of some types of mouth ulcers or complications from mouth ulcers. This includes brushing the teeth at least twice per day and flossing at least daily.
-

Side effects and their management

Side effects are usually minor, there may be occasional stinging.

When and how to refer to GP

Conditional referral:

- Consider supply, but patient should be advised to make an appointment to see the GP if taking methotrexate/immunosuppressants.

NAPPY RASH

Definition/Criteria

Nappy rash is a red irritation of the skin, most commonly caused by a wet nappy in contact with the skin for too long.

Criteria for INCLUSION

Infants with uncomplicated nappy rash.

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.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Sudocrem 125g	Topical	GSL	Apply thinly after nappy change
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Follow-up and advice

- It is a good idea to leave the baby's nappy off for one hour a few times a day.
 - It also helps to change the baby's nappy often.
-

Side effects and their management

Advise to apply thinly. A thick application will reduce fluid absorbing properties of nappy resulting in increased wetness.

When and how to refer to GP

Conditional referral:

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

NASAL CONDITIONS

Definition/Criteria

Blocked nose associated with colds and upper respiratory tract infections.

Criteria for INCLUSION

Congestion where seasonal allergy has been excluded.

Criteria for EXCLUSION

Recurrent nose bleeds.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Menthol and eucalyptus inhalation (100ml)	Inhalation	GSL	To be inhaled* prn
Sodium chloride nasal drops (OP) (10ml)	Nasal	GSL	bd

Follow-up and advice

- * Patients should be advised to put 1 tsp. of menthol and eucalyptus in a pint of hot (not boiling) water and use a cloth/towel over the head to trap the steam.
-

Side effects and their management

Side effects are rare.

When and how to refer to GP

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

Special Considerations/Concurrent Medication

Caution in hypertensive patients.

PRURITUS

Definition/Criteria

Pruritus is itching which can be due to a number of causes, including allergic and atopic dermatitis, scabies and a number of underlying systemic disease states (e.g. Jaundice).

Criteria for INCLUSION

Localised Itching of the skin where underlying systemic disease is not suspected as the cause.

Criteria for EXCLUSION

In cases where the Pruritus is due to underlying systemic disease.

Acute exudative dermatoses.

For crotamiton - children below 3 years old ; avoid use near eyes and broken skin.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

WSP/Liquid Paraffin (50:50) 250g	Topical application		PRN
Calamine Lotion BP (200ml)	Topical application		PRN
Crotamiton Cream (10%) 30g	Topical application		Apply 2 to 3 times daily
Cetirizine tabs 10mg (7/30)	po	P	1 od (Adults and Children 6 – 18 yrs)
Loratadine tabs 10mg (7/30)	po	P	1od (Adults and Children 6 – 18 yrs)
Loratidine Syrup 5mg/5ml (100ml)	po	P	5ml od (Children 2 – 12 years)

Follow-up and advice

Patients should be advised to avoid excessive bathing, frequent use of soap, dry environments, topical irritants and topical anaesthetics.

Side effects and their management

There are unlikely to be any side effects.

When and how to refer to GP

Conditional referrals:

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

Special considerations/Concurrent medication

Glaucoma (antihistamines contra-indicated).

Patients on anti-arrhythmic drugs (antihistamines contra-indicated).

SORE THROAT

Definition/Criteria

A painful throat which is often accompanied by viral symptoms.

Criteria for INCLUSION

Sore throat which requires soothing.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Paracetamol 500mg tabs (32)	po	P	1 – 2 qds
Paracetamol suspension SF 250mg / 5ml(100ml)	po	P	5 – 10ml qds (6 to 12 years)
Paracetamol susp SF 120mg / 5ml(100ml)	po	P	5 – 10ml qds (1 to 5 years)
Aspirin 300mg soluble tablets (16/32)	po	P	(over 16 years only) 1 QDS
Benzylamine Oral Rinse 300ml (Difflam)	Gargle/Rinse	P	Rinse or gargle with 15mls every 1½ - 3 hours Use for up to 7 days

Follow-up and advice

- Patients should be advised to swallow the aspirin suspension after gargling (unless aspirin causes dyspepsia).
 - Patients should avoid smoky or dusty atmospheres and reduce or stop smoking.
 - Patients who find swallowing painful should take adequate hydration.
 - Paracetamol daily dose - other products containing Paracetamol.
-

Side effects and their management

There are unlikely to be any side effects.

When and how to refer to GP

Conditional referral:

- If symptoms persist beyond one week the patient should consult the GP.

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

- Symptoms suggesting oral candidiasis/tonsillitis.
- Patients on immunosuppressants/oral steroids/drugs causing bone marrow suppression.
- The condition has persisted more than one week.
- A second request within one month.

Rapid referral:

- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders).

TEETHING

Definition/Criteria

Pain and discomfort associated with teething, often associated with disturbed sleep, swollen gums, hot red cheeks, excessive salivation, nappy rash and an increased tendency to chew objects.

Criteria for INCLUSION

Patients presenting with symptoms.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Paracetamol susp SF 120mg / 5ml (100ml)	po	P	2.5 – 5ml qds (3 mths – 1 year) 5 – 10ml qds (2 - 5 years)
Paracetamol susp SF 250mg / 5ml (100ml)	po	P	5 – 10ml qds (6 – 12 years)
Ibuprofen Susp SF 100mg/5ml (100ml)	po	P	2.5ml 3 – 4 times/day (1 – 2 years) 5ml 3 – 4 times /day (3 – 7 years) 10ml 3-4 times/day (8 – 12 years)

Follow-up and advice

- Patient should be advised to consult their doctor if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
-

Side effects and their management

Side effects are rare with occasional use of Paracetamol.
Ibuprofen should be taken after food to avoid GI side effects.

THREADWORM

Definition/Criteria

Threadworm infection.

Criteria for INCLUSION

Patients with intense perianal or perivaginal night time itching who can confirm a threadworm infection.

Criteria for EXCLUSION

Patients under 3 months.

Pregnancy.

Breastfeeding.

Action for excluded patients and non-complying patients

Non-drug therapy (hygiene measures).

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Mebendazole 100mg chewable tablets	po	P	1 tablet as a single dose (Adults & Children over 2 years)
Pripsen Sachets 4g (repeat after 14 days)	po	P	5ml dissolved in water om (1 – 6 years) 2.5ml dissolved in water om (3mths – 1 year)

Follow-up and advice

- Family members should be treated simultaneously.
 - For 14 days after treatment hygiene measures should be taken which include:
 - Wear underpants at night;
 - Have a bath or wash around the anus (back passage) each morning immediately on rising;
 - Change and wash underwear, nightwear and bed linen (if possible) each day;
 - Keep fingernails short;
 - Wash hands and scrub under the nails first thing every morning, after using the toilet or changing nappies, and before eating or preparing food;
 - Vacuum all carpets and clean bathroom surfaces daily.
 - For Mebendazole - a second dose may be required after 2-3 weeks if re-infection occurs.
-

Side Effects and their Management

Side effects are rare but transient abdominal pain or diarrhoea may occur.

Very occasionally there may be hypersensitivity reactions.

When and how to refer to GP

Conditional referral:

- Pregnant women and breastfeeding mothers who have failed to eradicate after 6 weeks of hygiene measures.

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

- If there is a risk of a secondary infection due to intense scratching of the perianal skin.
- In persistent or heavy cases of infection where patient has suffered loss of appetite, weight loss, insomnia and irritability.

THRUSH (inc. ORAL THRUSH)

Definition/Criteria

Vaginal candidiasis (Thrush)/Oropharyngeal candidiasis (Oral Thrush).

Criteria for INCLUSION

Vaginal candidiasis – occurring in adult females with a previous diagnosis of Thrush who are confident it is a recurrence of the same condition.

Oropharyngeal candidiasis – acute pseudomembranous candidiasis in adults and children over 1 year

Criteria for EXCLUSION

Vaginal candidiasis – Patients under 16 years, patients over 60 years Patients unsure if it is Thrush.

Oropharyngeal candidiasis – Children under 4 months.

Action for excluded patients and non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Clotrimazole Cream 1% 20g	Topical	P	Apply to affected area BD
Clotrimazole Cream 2% 20g	Topical	P	Apply to affected area BD
Clotrimazole Pessary 500mg	Insert into the vagina	P	
Miconazole Oral Gel 15g		P	4 mths to 6 years – apply small amount To affected area BD 6 years and over – apply small amount to Affected area QDS

Follow-up and advice

Vaginal candidiasis

- Make aware sexual partners should be treated concurrently.
 - Advise if symptoms do not resolve within 7 days to make an appointment to see a GP.
 - Make aware of problems with vaginal deodorants scented soap etc.
-

Side Effects and their Management

Sensitivity to Imidazoles.

Drug Interactions

Pharmacist should consider interactions, for example with anti-coagulants, some antihistamines, tranquillisers, statins etc.

When and how to refer to GP

Conditional referral:

Vaginal candidiasis

On 3rd occurrence

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

Vaginal candidiasis

Post-menopausal women

Rapid referral

Vaginal candidiasis

Presence of loin pain.

Fever

If blood present in discharge

TOOTHACHE

Definition/Criteria

A dull, persistent (usually moderately intense) pain in or near a tooth.

Criteria for INCLUSION

Patients presenting with symptoms.

Action for excluded patients and non-complying patients

Referral to Dental Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration and maximum dosage.

Ibuprofen 200mg (24)	po	P	1 – 2 tds
Paracetamol 500mg tabs (32)	po	P	1 – 2 qds
Paracetamol susp SF 120mg/5ml (100ml)	po	GSL	5 – 10ml qds (2 to 5 years)
Paracetamol susp SF 250mg/5ml (100ml)	po	P	5 – 10 ml qds (6 to 12 years)
Ibuprofen Susp SF 100mg/5ml (100ml)	po	P	5ml 3 – 4 times a day (3 to 7 years) 10ml 3 – 4 times a day (8 to 12 years)

Follow-up and advice

- Patient should be advised to consult their dentist if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
-

Side Effects and their Management

Side effects are rare with occasional use of Paracetamol.

Ibuprofen should be taken after food to avoid GI side effects.

Drugs List /Formulary

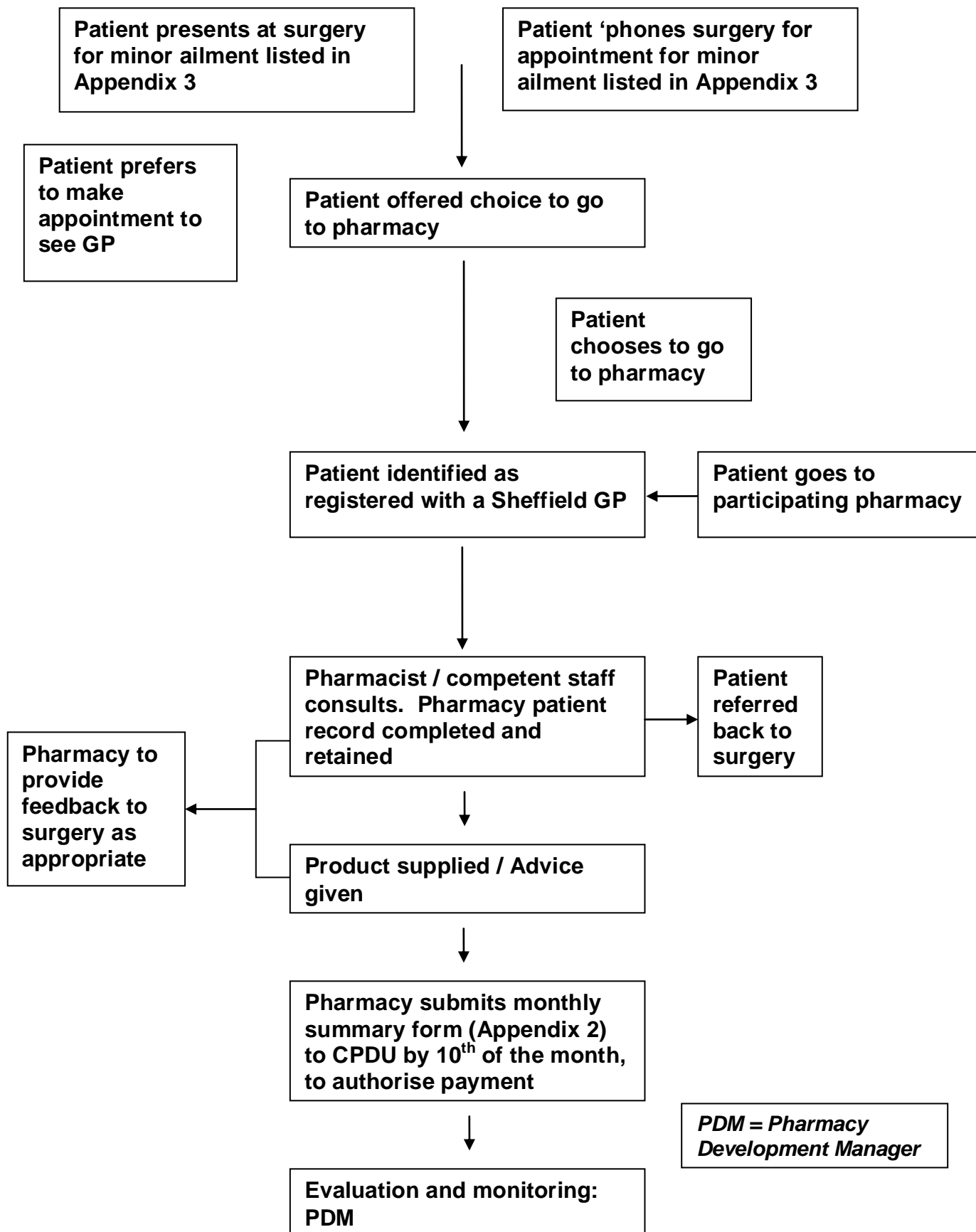
Product
Aciclovir Cream (2g)
Anusol Cream (23g)
Aspirin 300mg Soluble (16/32)
Beclometasone Nasal Spray (180 sprays)
Benzydamine Oral Rinse 300 ml (Difflam)
Calamine Lotion BP (200ml)
Cetirizine 10mg (7/30)
Cetirizine Syrup 5mg/5ml (70ml)
Chloramphenicol Eye Drops 0.5 % (10ml)
Chlorhexidine Mouthwash (300ml)
Chlorphenamine 4mg (30)
Chlorphenamine Syrup (150ml)
Choline Salicylate Dental Gel BP 15g
Clotrimazole Cream 1% (20g)
Clotrimazole Cream 2% (20g)
Clotrimazole Pessary (500mg)
Crotamiton Cream 10% (30g)
Dioralyte Sachets (6)
Diprobace Cream (50g)
Gaviscon Liquid (300ml)
Gaviscon Extra Strength Tablets (12)
Hedrin (50ml)
Hydrocortisone 1% Cream (15g)
Ibuprofen 200mg (24)
Ibuprofen Suspension SF 100mg/5ml (100ml)
Ispaghula Husk Sachets (10)
Lactulose (300ml)
Loperamide Capsules (12)
Loratadine Syrup 5mg (100ml)
Loratadine Tablets 10mg (7/30)
Malathion Aqueous Liquid (50ml)
Mebendazole 100mg chewable tablet (1 tablet)
Menthol & Eucalyptus Inh (100ml)
Miconazole Oral Gel (15g)
Non insecticidal head lice - metal comb
Non insecticidal head lice - plastic comb

Product
Paracetamol 500mg (32)
Paracetamol Suspension 120mg/5ml (100ml)
Paracetamol Suspension 250mg/5ml (100ml)
Phenothrin Solution (100ml)
Priksen Sachets (4g)
Senna Tablets (20)
Senokot High Fibre Sachets (10)
Simple Linctus (200ml)
Simple Linctus Paediatric (200ml)
Sodium Chloride Nasal Drops (10ml)
Sodium Cromoglicate Eye Drops (10ml)
Sudocrem (125g)
WSP/Liquid Paraffin (50:50) (250mg)

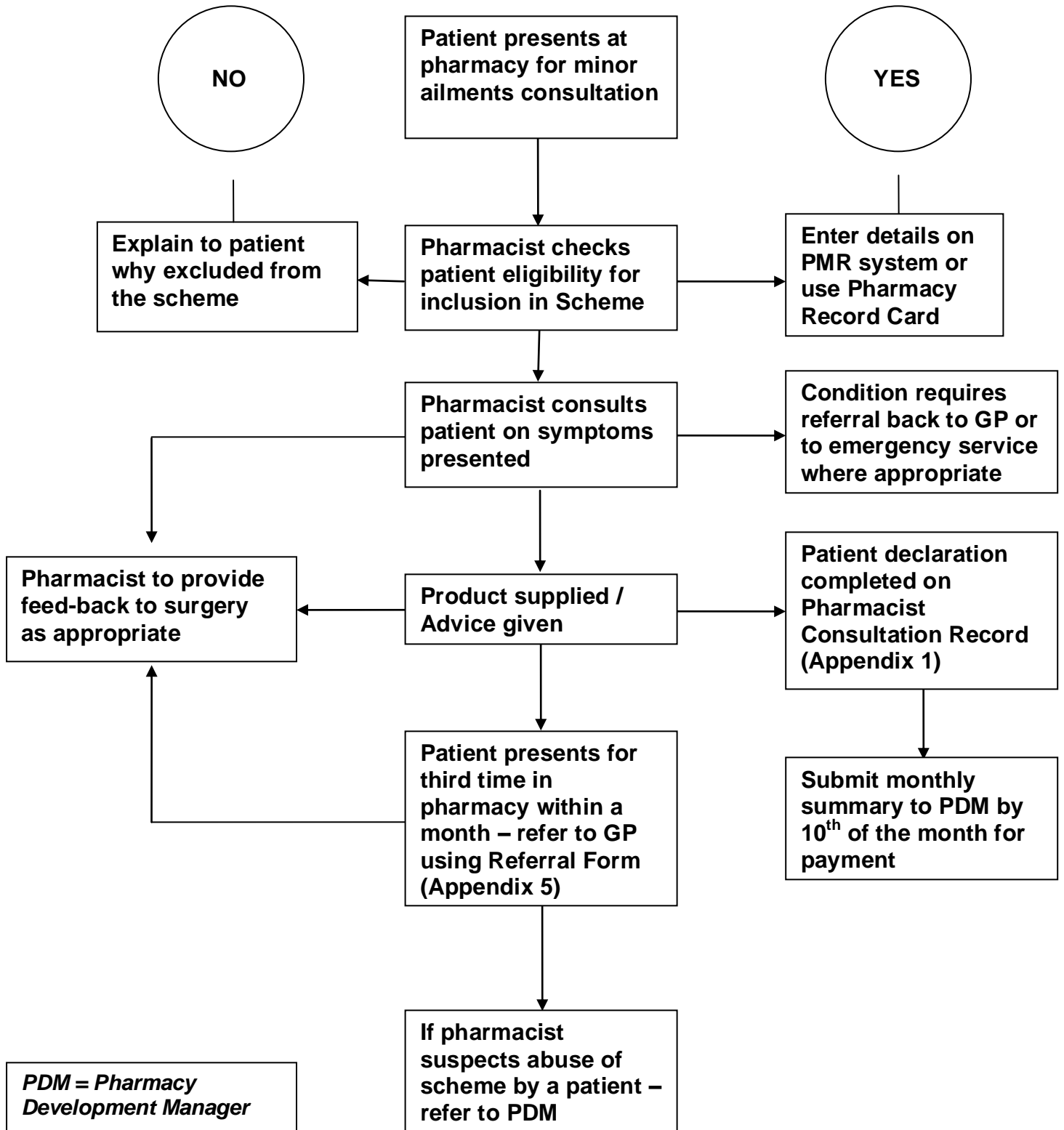
Referral Form from Community Pharmacy

<p>Date:</p> <p>Patient's Name:</p> <p>Date of Birth:</p> <p>Presenting Condition:</p> <p>Reason for referral back to surgery:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Pharmacy Stamp or Label</p>

Flow Chart for Minor Ailment Enhanced Service



Flow Chart for Minor Ailment Enhanced Service – Pharmacist



Will the pharmacist always be able to help me?

Your pharmacist is a highly trained healthcare professional who can provide expert, confidential advice on common health problems and the best medicines to treat them.

As part of this programme he/ she will be following set guidelines to ensure you get the best possible care for your condition. This means sometimes he/ she may recommend that you need to see a GP rather than receive the treatment you require from him/ her.

When you see your Pharmacist for one of the highlighted ailments, he/ she is providing treatment and/or advice for the symptoms you have described.

If your symptoms persist you should seek further advice from your GP. **Take this leaflet with you to your doctor** so that he/she knows which pharmacy you have attended.

Please note you may be contacted for your views on this Scheme by NHS personnel.



Pharmacy Stamp or Label (where appropriate)

Advice may also be obtained from:

NHS DIRECT

☎ 0845 4647 or at

www.nhsdirect.nhs.uk

For any queries regarding this Scheme, please contact:-

Mrs Susie Coates
Pharmacy Development Manager
NHS SHEFFIELD
722 Prince of Wales Road, Darnall
SHEFFIELD S9 4EU Tel: 305 1132



Are your prescriptions free?

If so, when you suffer from ailments, such as:

Athletes Foot, Chicken Pox, Cold Sores, Constipation, Cough, Diarrhoea, Hay fever, Head Lice, Headache, Indigestion, Insect bites, Nappy rash, Sore throat, Toothache, Thrush*

your pharmacist can offer advice and free treatment



2010

* See inside for full list of ailments covered

Pharmacy - Minor Ailments Scheme

If you get free prescriptions, you don't need to wait to see the doctor when you have any of the following ailments.

You can get advice and treatment from your pharmacist for free:

Athletes Foot
Chicken Pox
Cold Sores
Conjunctivitis: Acute bacterial
Constipation
Cough
Dermatitis
Diarrhoea
Dysmenorrhoea
Haemorrhoids
Hay Fever
Head Lice
**Headache / Earache / Temperature/
Dental Pain**
Indigestion / Heartburn / Tummy Upset
Insect Bites and Stings
Mouth Ulcers
Nappy Rash
Nasal Congestion
Pruritus
Sore Throat
Teething
Threadworm
Thrush (inc Oral Thrush)
Toothache

Am I eligible for the Scheme?

Yes - if you

- are registered with a Sheffield GP;
- have current exemption from prescription charges;
- are suffering from one of the conditions listed.

Can I go to any Pharmacy?

Almost every pharmacy in Sheffield provides this service, you'll probably see these leaflets and posters on display in there to show you that they do.

What do I have to do next?

Go straight to your pharmacy. The Pharmacist will see you without an appointment (but remember they're busier when GP practices are open).

The Pharmacist will need the name of your Sheffield GP and to see proof that you are exempt from prescription charges.

If you do not show this evidence the Pharmacist will still see you and will check your exemption at a later time.

What will the Pharmacist ask?

You will be asked questions about your

symptoms. These will include details about other medication you are currently taking and details about your illness.

This is to make sure that the medicines you are given are suitable for you. All details given to the Pharmacist are confidential.

Will I always get medicine?

You may not need any medicines. If this is the case the Pharmacist will give you advice on how best to deal with your symptoms.

If it is appropriate the Pharmacist will give you medicine. This medicine is only for you, it may not be right for anybody else even if they have similar symptoms.

The Pharmacist will also tell you the best way to take the medicine and other ways to help manage your ailments.

You will be required to sign the back of the Pharmacist's prescription form.

Minor Ailment Scheme - Declaration 2010

In line with the Service Specification for the above scheme, I confirm that I am choosing to record the required data for both patient safety and PCT auditing purposes on this pharmacy's Patient Medication Record (PMR) system, rather than utilise the Pharmacist Consultation Record (PCR) 'green form' provided by the PCT.

I confirm that the PMR system in this pharmacy is able to produce the necessary information in the form of a report, to provide the following data to the PCT on request:

Patient Name Patient Address Telephone Number

Date of Birth NHS No GP Name & Address

Date of Consultation Symptoms Duration of Symptoms

Any previous medication for this condition? Medication Details

Existing medical conditions? Prescribed medication?

Advice given Products supplied Dose recommended

Signposted to another health care professional? Who?

I will record the patient's exemption category proving entitlement to the benefits of the scheme.

Pharmacy Name:

Address:

.....

Signed:

Please Print Name:.....

Date:.....

Please complete and return this form where deemed appropriate, to Susie Coates, Pharmacy Development Manager, NHS Sheffield, 722 Prince of Wales Road, Sheffield S9 4EU