



# **Milton Keynes Community Pharmacy Minor Ailment Scheme Protocols**

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March 2018/updated March 2021**

*With acknowledgement to Hartlepool Primary Care Trust & Sheffield Health Authority and Primary Care Trusts for permission to build on the packs produced by them following similar schemes across Hartlepool & Sheffield.*

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# ***Minor Ailment Scheme Guidance for the Pharmacy Team***

## **Requirements**

The **MK Pharmacy First** Minor Ailment Scheme (MAS) is designed to provide an alternative for patients seeking a GP appointment for certain minor illnesses and conditions. It is available to patients registered with a GP practice in Milton Keynes who fulfil one of the following criteria.

- 18 years of age or under and in full time education or
- named on a current HC2 charges certificate or
- In receipt of one of the following benefits –
  - Income Support or income-related Employment and Support Allowance
  - gets income-based Jobseekers Allowance
  - is entitled to, or named on, a valid NHS Tax Credit exemption certificate
  - Pension Credit guarantee credit (PCGC)
  - Universal Credit, in line with national criteria

Pharmacists will be familiar with all products on the MAS formulary as they are available over the counter as P or GSL medicines. It is therefore expected that the MAS should be provided at all times during a pharmacy's opening hours, so long as there is a pharmacist on the premises. A suggested Standard Operating Procedure (SOP) has been provided within this guide.

Patients seeking treatment through the scheme should present themselves at the pharmacy for a consultation with the pharmacist or a suitably trained member of the pharmacy team. Third party consultations are not allowed, except in the case of threadworm infestation (see protocol for further information).

The consultation should consist of:

- Taking the patient's previous medical history
- Diagnosis of the presenting condition, ensuring patient has no red flag symptoms requiring attention from GP or another healthcare professional
- Provision of advice and a suitable medication from the formulary
- Support to develop knowledge, skills and confidence in managing minor ailments
- Recording of the consultation on the FPPHarm (pharmacist prescription)
- Entry in the PMR as an appropriate clinical record
- Referral/signposting to other healthcare professionals where appropriate

Final sign off on the supply of a medicine under MAS must be undertaken by a pharmacist. However, consultations may be delegated to a member of the pharmacy team, provided they have satisfied the competence criteria required by their designated responsible professional in:

- Knowledge of the clinical situation the protocol applies to
- Knowledge of medicines listed and their effects
- Continuing Education requirements

## Documentation for payment & audit purposes

- FPPharm – all aspects should be completed, as outlined in the suggested SOP. These do not need to be submitted to the CCG but must be kept on the pharmacy premises for 18 months after the end of financial year
- Summary claim form – service quality measures to be submitted each month, along with claim for payment. Claims older than three months will not be processed

**The guidance in the MAS protocols is not designed to be exhaustive. Pharmacists should use their professional judgement; further guidance can be sought from product literature, the BNF or any other suitable professional resource.**

## **Further Guidance**

Pharmacists should use their professional judgement to determine whether it is clinically appropriate to supply a medicine under the scheme - don't supply through the scheme if you wouldn't sell the product. Referral to a GP or 111 may be more appropriate in certain circumstances. There may be occasions where supply is considered with the advice to see a GP – this should be documented in the PMR.

Recommended treatment & dose should be patient specific, bearing in mind product specific contraindications, cautions for OTC product license & drug interactions. Patients should be counselled on potential adverse effects associated with drug therapy, self-care methods & in which instances to seek further medical attention. Consider providing written advice or direct to appropriate sources of information such as [www.nhs.uk](http://www.nhs.uk).

For most conditions, there are no real limits on the frequency of supply; professional judgment should be utilised. Generally, if the medication has been supplied on two previous occasions in the last month, referral may be required. Obvious exemptions include hay fever medicines.

Patients may present with multiple symptoms during one consultation. The appropriate products should be supplied and only ONE consultation fee may be claimed.

## **Action for excluded patients**

Advise patient to contact their GP practice. In some circumstances it may be more appropriate to advise the patient to either contact NHS 111 or attend the Milton Keynes Urgent Care Service or to attend A&E.

## **Telephone: 111**

The patient may prefer to buy a product OTC that is not included in the scheme, in which case usual counter sale protocols may be followed.

## ***Suggested SOP***

This suggested process can be amended to take account of workflow within your individual pharmacy however, **items in bold must be recorded at some stage** in the process.

1. Patient must be present, even if they are a child (as they would a GP appointment)
2. Ensure the patient fits the criteria for the scheme
3. Undertake a consultation with the patient, taking account of previous medical history and presenting symptoms (the Summary Care Record may be helpful and can be accessed with the patients' consent)
4. Determine appropriate treatment and advice, including referral or signposting as necessary
5. **Ensure all aspects of the FPPharm are completed**
  - **Patient details & GP surgery** (Patient and GP details may be completed by the patient or their representative, or a 'bag' label may be affixed)
  - **Pharmacy stamp**
  - **Symptoms**
  - **Items supplied**
  - **Confirm that self-care advice has been given and /or signposting to other sources of information**
  - **Pharmacist signature and date**
  - **Patient exemption**
  - **Patient declaration**
  - **Evidence of exemption seen** (exemption may not need to be physically checked every time for regular patients, however it should be checked periodically)
  - **Ensure the three service quality questions are answered by the patient/representative**
  - **Date that claim is submitted to CCG**
6. **The FPPharm should be dispensed in a similar manner to other NHS prescriptions by entering on to the PMR.**
7. **If the option exists on the pharmacy system, a 'minor ailment' prescription should be selected to dispense against. Otherwise, it should be stated in the dosage that the medication was dispensed under the minor ailment scheme.**
8. Concerns regarding frequent users of the scheme should be escalated to the pharmacist.

# ATHLETE'S FOOT

## Definition/Criteria

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

## Criteria for INCLUSION

Itching, scaling and inflammation of the skin between the toes

## Recommended Treatments

Miconazole 2% cream (30g)      Apply twice a day to the rash area and surrounding 4-6cm of normal skin

## Follow up and advice

- Treatment should be continued for 10 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
- Shower shoes should be worn at swimming pools, sports hall locker rooms and showers

## Refer to GP practice

- Diabetics

# BACTERIAL CONJUNCTIVITIS

## Definition/Criteria

Inflammation of the conjunctiva caused by a bacterial infection

## Criteria for INCLUSION

Redness and swelling of the conjunctiva, producing a pus-containing discharge.  
Where allergic conjunctivitis is identified, refer to the *Hayfever/Allergies* protocol.

## Recommended Treatments

Chloramphenicol 0.5% eye drops (10ml) One drop every 2 hours for the first 48 hours  
and four times a day for the next 3 days

Chloramphenicol 1% eye ointment (4g) Apply 3-4 times a day for 5 days

## Follow up and advice

- Avoid sharing towels and face cloths
- Bathe the eyelids with tepid water to remove any discharge
- Seek medical attention if no improvement after 48 hours
- Contact lenses should not be worn during or for 48 hours after treatment

## Refer to GP practice

- Pain within the eye or upon eye movement
- Sensitivity to light (photophobia)
- Disturbed vision
- Intense redness in one or both of the eyes

# CONSTIPATION

## Definition/Criteria

Increased difficulty and reduced frequency of bowel evacuation compared to normal

## Criteria for INCLUSION

Adults and children over 6 years with significant variation from normal bowel evacuation which has not improved following adjustments to diet and other lifestyle activities

## Recommended Treatments – product choice and recommended dose should be patient specific

Senna 7.5mg tabs (20)  
Fybogel sachets (10)

## Follow up an advice

- Regular doses of laxatives are rarely required and can cause a “lazy bowel”
- Consider alteration to diet to prevent the occurrence of further events e.g. increased fibre and fluid intake
- Increased physical activities if appropriate
- If constipation persists beyond one week, consult the GP

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

- Patients taking medication with recognised constipating effects
- An adult requesting more than one supply per month
- Patient is on existing laxative medication – dosage alteration of current laxative may be more appropriate

## Refer to GP practice

- Rectal bleeding
- Abdominal distention in a child with or without vomiting
- Second request for a child or young person in one month

# CONTACT DERMATITIS

## Definition/Criteria

Inflammation of the skin caused by an outside agent

## Criteria for INCLUSION

Treatment for red, dry, cracked or flaking scaly skin

## Recommended Treatment

Hydrocortisone 1% cream (15g)      Apply twice a day for up to 7 days

Zeroderm ointment (125g)              Can be used as a soap substitute & an emollient

## Follow up and advice

- Avoid scratching
- Emollients should be applied 3-4 times a day
- Avoid future contact with irritant
- Use of barriers between skin and irritant e.g. cotton lined rubber gloves
- Advise to see GP if no improvement after one week

## Consider supply but advise to see GP

- No identifiable cause
- Allergic dermatitis
- Severe condition of the area e.g. badly fissured/cracked and/or bleeding

## Refer to GP practice:

- Skin that is secondarily infected

# COUGH

## **Definition/Criteria**

Coughing arises as a defensive reflex mechanism

## **Criteria for INCLUSION**

Troublesome cough requiring soothing, with or without attendant mucous production

## **Recommended Treatments - product choice and recommended dose should be patient specific**

Pholcodine Linctus SF 5mg/5ml (200ml)

Guaphenesin Linctus 66.67mg/5ml (150ml)

## **Follow up and advice**

- Cough medicines merely soothe symptoms of a cough, most cases are self-limiting within 3 weeks
- Maintain fluid intake with chesty cough
- Smoking cessation advice where appropriate
- When to seek further medical attention

## **Consider supply, but patient should be advised to contact the GP practice**

- If cough and other symptoms persist beyond 21 days
- A persistent, dry, night time cough in children
- A dry cough in a patient prescribed an ACE inhibitor

## **Refer to GP practice**

- Constant chest pain or chest pain on normal inspiration
- Difficult breathing (e.g. shortness of breath at rest)
- Rusty sputum
- Pain relating to exertion

# CYSTITIS

## Definition/Criteria

Inflammation of the bladder, usually caused by an infection

## Criteria for INCLUSION

Women requiring relief from the symptoms of cystitis

## Recommended Treatment

Potassium citrate sachets (6)

One sachet mixed with water, to be taken three times a day

## Follow up and advice

- Drink plenty of water
- Advise to see GP if symptoms persist beyond 2 days
- Patients should be advised to empty the bladder as completely as possible and to avoid delay in emptying the bladder
- Perianal hygiene measures
- Tight underclothes made of synthetic material should be avoided

## Consider supply but advise to see GP

- First episode
- More than 3 episodes within 12 months

## Refer to GP practice

- Loin pain
- Vomiting
- Fever
- Blood in the urine

# DIARRHOEA

## Definition/Criteria

Increased frequency and fluidity of defecation

## Criteria for INCLUSION

Adults and children over 1 year experiencing the above symptoms

## Recommended Treatments – dose will be age dependent

Rehydration Sachets (6)

## Follow up and advice

- Adult patients should take clear fluids for 24-48 hours until the symptoms resolve
- Children under 12 should be given a bland diet (plain toast) and plenty of fluids for 24-48 hours until the condition improves
- Avoid carbonated drinks and fruit juices; although dilute squash/juice may be appropriate if water is repeatedly refused
- In infants, breast feeding or normal formula feeds should be offered between oral rehydration drinks
- Advise patient on appropriate hygiene measures
- Diarrhoea usually lasts for 5-7 days, improving during that time; although symptoms may persist for up to 10 days

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

- Patients taking medication with recognised diarrhoea effect
- Adults at risk of dehydration e.g. frequent stools or where symptoms are not improving

## Refer to GP practice

- Children, pregnant women and the elderly, where symptoms are not improving or who look ill or dehydrated
- Weight loss
- Recent travel abroad
- Food handlers
- Rectal bleeding or blood/mucus in the stool
- Symptoms & medical history where C Difficile infection is suspected

## Rapid referral to A&E

- Patients displaying signs of clinical shock

# EAR WAX BUILD UP

## Definition/Criteria

Accumulation of cerumen within the ear canal

## Criteria for INCLUSION

Relief from a blocked ear canal which may be associated with mild pain and/or hearing loss

## Recommended Treatment

Sodium bicarbonate 5% ear drops (10ml)

Use 3-4 drops in each ear twice a day for up to 7 days

## Follow up and advice

- It can take a few days for the drops to take effect
- Patients should contact the GP practice if there is no improvement after one week
- Drops should be discontinued and the GP practice contacted if there is pain or irritation on application

## Refer to GP Practice

- Persistent pain
- Deafness
- Vertigo
- Suspected ear drum perforation

# FEVER

## Definition/Criteria

Raised body temperature

## Criteria for INCLUSION

Patients requiring relief of symptoms e.g. feeling hot or cold or shivery and general unwell N.B. Nice CG 160 – Do not routinely give antipyretic drugs to a child with fever with the sole aim of reducing body temperature.

## Recommended Treatments – product choice and recommended dose should be patient specific

Paracetamol 250mg/5ml SF suspension (100ml)

Paracetamol 120mg/5ml SF suspension (100ml)

Ibuprofen 100mg/5ml suspension (100ml)

## Follow up and advice

- 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 persists or if it recurs before the next dose is due
- Tepid sponging of feverish children is not recommended (NICE Clinical Guideline 160)
- Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose (NICE Clinical Guideline 160)
- Warning symptoms to be aware of that warrant further medical attention

## Refer to GP practice

- Temperature over 39 deg C
- Patients recently returned from foreign travel (particularly in malarious regions)
- Patients that appear very unwell or have symptoms that suggest an infection that may need other medical input.

## Rapid referral to AE

- Suspected meningitis – vomiting, fever, stiff neck, light aversion, drowsiness, joint pain fitting and non-blanching rash

# HAYFEVER/ALLERGIES

## **Definition/Criteria**

Treatment of allergic reactions e.g. hayfever and urticaria

## **Criteria for INCLUSION**

Allergic rhinitis (hayfever)

Allergic reactions resulting in a rash or inflammation and itchiness

## **Recommended Treatments – product choice and recommended dose should be patient specific**

Beclomethasone nasal spray (180 sprays)

Cetirizine tabs 10mg (30)

Cetirizine 1mg/1ml oral solution SF (100ml)

Chlorphenamine syrup (150ml)

Chlorphenamine tabs 4mg (30)

Loratadine 10mg (30)

Loratadine 5mg/5ml oral solution (100ml)

Sodium Cromoglicate eye drops (10ml)

## **Follow up and advice**

- Pollen avoidance measures including showering and washing hair more regularly and increased frequency of changing clothes and bedding
- Smoking cessation where appropriate
- Advise patients on methods to identify trigger for an allergic reaction e.g. food diary

## **Refer to GP practice**

- Patient should consult the GP if different treatments have been ineffective or symptoms of hayfever persist beyond the end of hayfever season

# INSECT BITES AND STINGS

## Definition/Criteria

Skin reactions to bites or stings received from insects

## Criteria for INCLUSION

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

## Recommended Treatments – product choice and recommended dose will depend on age and location of bite/sting

Chlorphenamine 4mg tabs (30)

Chlorphenamine syrup 2mg/5ml (150ml)

Hydrocortisone Cream 1% (15g) Apply twice a day, for no more than 7 days

## Follow up and advice

- Treatment is only usually required for up to 3 days
- Patients without improvement after 3 days treatment should seek medical attention
- Wash the affected area frequently with soapy water to prevent infection

## Consider supply but advise to see GP

- Major swelling, redness and pain

## Refer to GP practice

- Patients exhibiting signs of tracking back

## Rapid Referral to A&E

- Patients exhibiting systemic reactions including severe allergic reactions

# MILD TO MODERATE 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

## Recommended Treatments – product choice and recommended dose should be patient specific

Paracetamol 250mg/5ml SF suspension (100ml)

Paracetamol 120mg/5ml SF suspension (100ml)

Ibuprofen 100mg/5ml suspension (100ml)

## Follow up and advice

- Patients should be advised to avoid any factors that aggravate headache e.g. stress, bright light.
- Overuse of analgesics can cause headaches
- Paracetamol and Ibuprofen should not be administered to children at the same time, but the alternative agent may be considered if the child does not respond to the first drug
- Patients experiencing pain due to a sprain or strain should be advised to protect, rest, ice, compress and elevate the injury (PRICE) for the first 48hours. Painkillers and heat therapy may be used after that time

## Refer to GP practice

- A child under 6 with a headache of no specific cause e.g. a knock to the head

## Rapid referral to A&E

- Headache with the accompanying symptoms – slurred speech, ataxia, altered vision, vomiting, severe symptoms of sudden onset

# 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

## Recommended Treatments

Chlorhexidine mouthwash (300ml)	Rinse or gargle with 10mls twice daily for up to 7 days
Bonjela Adult gel (15g)	Apply ½ inch gel with gentle massage onto affected area every 3 hours, no more than 6 times a day for up to 5 days

## 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.
- Occasional stinging – oral rinse can be diluted with water if stinging occurs
- Advise re smoking cessation where appropriate

## Consider supply but advise to see GP

- Common mouth ulcers lasting longer than 7 days
- Systemic illness
- Untreated oral infection
- Nutritional deficiencies/eating disorders
- Gastro-intestinal disease
- Drug therapy side effects

## Refer to GP practice

- Mouth ulcers lasting longer than 21 days
- Drug therapy side effects & systemic illness presenting together

# ORAL THRUSH

## Definition/Criteria

A yeast infection of the mouth and throat; generally caused by the fungus *Candida albicans*. It is also known as oral candidiasis.

## Criteria for INCLUSION

Patients over four months old requiring treatment for oral thrush

## Recommended treatments

Miconazole 2% oral gel SF	Apply the required amount (dependant on age) four times a day, after meals
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## Follow up and advice

- For infants, each dose should be divided into smaller portions and the gel should be applied to the affected area(s) with a clean finger. The gel should not be applied to the back of the throat due to possible choking
- The gel should not be swallowed immediately, but kept in the mouth as long as possible
- Brush teeth twice a day and rinse your mouth after eating or taking medicine
- Sterilise bottles and dummies regularly
- Review inhaler technique if appropriate
- Smoking cessation advice where appropriate
- Dental prostheses should be removed at night and brushed with the gel
- The treatment should be continued for at least a week after the symptoms have disappeared
- Patients without improvement after 7 days should see their GP

## Consider supply but advise to see GP

- Taking antibiotics over a long time
- Getting cancer treatment such as chemotherapy

## Refer to GP practice

- Breastfeeding mother with nipple thrush

# 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. Associated fungal infection is characterised by a bright red rash which extends into the folds of the skin.

## Criteria for INCLUSION

Infants with uncomplicated nappy rash or nappy rash involving a fungal infection

## Recommended treatments

Sudocrem (125g)	Apply sparingly after nappy change. Cream should not be visible after application.
Clotrimazole 1% cream (20g)	Apply 2-3 times per day for two weeks

## Follow up and advice

- Leave the baby's nappy off for one hour a few times a day
- It helps to change the baby's nappy often
- Don't use a barrier cream on nappy rash with a fungal infection
- Patients without improvement after 7 days should see their GP

## Refer to GP Practice

- Suspected bacterial infection
- The rash has spread to outside of the area covered by the nappy
- Concurrent oral thrush

# NASAL CONGESTION

## Definition/Criteria

Blocked nose associated with colds and upper respiratory tract infections (URTI)

## Criteria for INCLUSION

Congestion where seasonal allergy has been excluded (see *Hayfever/Allergies* protocol)

## Recommended Treatments

Sodium chloride nasal drops (10ml)	1-2 drops twice a day and before a baby's feed if necessary
Xylometazoline 0.1% nasal spray (10ml)	One spray in each nostril 2-3 times a day for a maximum of 7 days
Xylometazoline 0.05% nasal drops (10ml)	1-2 drops in each nostril once or twice a day for a maximum of 5 days

## 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
- Creating a humid environment by placing a bowl of hot water in the room can ease congestion
- Congestion associated with URTI can last 2-3 weeks

# SORE THROAT

## Definition/Criteria

A painful throat which is usually accompanied by viral symptoms (e.g. aches and pains in joints/muscles)

## Criteria for INCLUSION

Sore throat which requires soothing

## Recommended Treatments – product choice and recommended dose should be patient specific

Ibuprofen 100mg/5ml suspension (100ml)

Paracetamol SF suspension 120mg/5ml (100ml)

Paracetamol SF suspensión 250mg/5ml (100ml)

Paracetamol 500mg soluble tablets (24)

## Follow up and advice

- Patients should be advised to dissolve the soluble tablets in half a tumbler of water and swallow the suspension after gargling (unless aspirin causes dyspepsia). N.B. Aspirin should be used with or after food
- Patients should avoid smoky or dusty atmospheres
- Smoking cessation advice where appropriate
- Sucking sugar-free lozenges and regular sips of warm drinks

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

- Symptoms suggesting oral candidiasis
- Sore throat accompanied by signs of systemic illness
- Patients on immunosuppressants/oral steroids/drugs causing bone marrow suppression
- The condition has persisted more than 10 days

## Refer to GP practice

- Patients known to be immunosuppressed where a sore throat is accompanied by other clinical symptoms of blood disorders

## Rapid referral to A&E

- Quinsy-large lesion/blisters in throat, pain/difficulty swallowing, swelling around face & neck
- Non-blanching rash

# TEETHING

## Definition/Criteria

Teething is the emergence of the primary (baby) teeth through a baby or child's gums.

## Criteria for INCLUSION

Any baby or child presenting with symptoms including sore gums, a flushed cheek, excess dribbling, gnawing and chewing on things that are likely to be linked to teething

## Recommended Treatments - analgesic choice and recommended dose should be patient specific

Dentinox Teething Gel (15g)

Place a small quantity on a pad of cotton wool or a clean finger and rub gently on the gum. Repeat after 20 minutes if necessary.

Paracetamol 250mg/5ml SF suspension (100ml)

Paracetamol 120mg/5ml SF suspension (100ml)

Ibuprofen 100mg/5ml suspension (100ml)

## Follow up and advice

- The gel can be used when necessary during the teething period
- Teething rings may ease discomfort and distract infants from any pain
- If the baby is six months or older, they can be given healthy things to chew on, such as raw fruit and vegetables. Pieces of apple or carrot are ideal
- Gently wipe their face to help prevent facial rashes due to excessive dribbling
- Start brushing a baby's teeth with fluoride toothpaste as soon as their first milk tooth breaks through
- Register the child with a dentist

# THREADWORM

## Definition/Criteria

Threadworm infection

## Criteria for INCLUSION

Intense perianal or perivaginal night time itching & can confirm a threadworm infection

## Recommended Treatments

Mebendazole 100mg chewable tablets (1) 1 tablet as a single dose. If re-infection occurs a second dose may be required after 2-3 weeks

## Follow up and advice

Family members should be treated simultaneously

For 14 days after treatment hygiene measures should be taken which include:

- Wearing underpants at night
- Having a bath or wash around the anus (back passage) each morning with immediate 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

## 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

## Conditional Referral

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

## Further information

It may not be practical for every family member to present themselves. Therefore one family member may act as a representative for the whole family. However, the pharmacy would have to confirm that all are eligible for treatment under the scheme.

# VAGINAL THRUSH

## Definition/Criteria

Vaginal candidiasis (thrush)

## Criteria for INCLUSION

Vaginal candidiasis (thrush) occurring in adult females with a previous diagnosis of thrush, who are confident it is a recurrence of the same condition

**Recommended Treatments – product choice will depend on nature of symptoms and patient choice. Pessary and capsule should not be used together**

Clotrimazole Cream 2% (20g)	Apply to anogenital area 2-3 times daily
Clotrimazole pessary 500mg (1)	Insert one high into the vagina at night
Clotrimazole 500mg/2% Combi pack	Supply if both products are required
Fluconazole 150mg capsule	Take a single dose

## Follow up and advice

- Make aware that sexual partners should be treated concurrently if symptomatic
- If symptoms do not resolve within 7 days make an appointment to see a GP
- Perianal hygiene measures
- Tight underclothes made of synthetic material should be avoided

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

- 3<sup>rd</sup> occurrence with 6 months
- Post-menopausal women

## Refer to GP practice

- Presence of abdominal or loin pain
- Fever
- Blood present in discharge and not associated with normal menstrual cycle

# WARTS & VERUCCAE

## Definition/Criteria

Benign growth of skin; warts are well defined and firm; verrucae are flat with a white exterior ring and a central black point and can be painful

## Criteria for INCLUSION

Treatment for warts on non-sensitive areas of the body or verrucae on the feet

## Recommended Treatment

Bazuka gel (5g)                      Apply once daily, following instructions as outlined in product leaflet

## Follow up and advice

- If warts or verrucae are not causing symptoms consider whether treatment is needed; most cases resolve in time, without treatment.
- Advise patient to see GP if condition is troublesome and has not resolved after 12 weeks treatment

## Refer to GP practice

- Diabetics