

## **Appendix 3**

# **A Community Pharmacist Service to treat Minor Ailments and Living With and Beyond Cancer 2018-2019**

## **(Locally Commissioned Service)**



## CONTENTS

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 licence.** Outline guidance on each condition is listed on pages 3 – 35.

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# ATHLETES FOOT

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## **Definition/Criteria**

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

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## **Criteria for INCLUSION**

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

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## **Criteria for EXCLUSION**

Children under 1 year.

Patients whose infection has spread to toenails.

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## **Action for excluded patients and non-complying patients**

Referral to General Practitioner.

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

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

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## **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.
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## **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.

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## **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

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## 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(200ml) po P

Paracetamol susp SF 120mg/5ml (200ml) po P

Paracetamol Tablets 500mg (32) po GSL

### Paracetamol Dose

Adults - By mouth, 0.5–1 g every 4–6 hours to a max. of 4 g daily;

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

Piriton 4mg Tablets (30) po P (see below)

Piriton Syrup 2mg/5ml (150ml) po P (see below)

### Piriton Dose

**Adults and children 12 years and over:** 10ml (4mg) every 4 to 6 hourly. Maximum daily dose: 60ml (24mg) in any 24 hours.

**Elderly:** The elderly are more likely to experience neurological anticholinergic effects. Consideration should be given to using a lower daily dose (e.g. a maximum of 12 mg in any 24 hours).

**Children aged 6 - 12 years:** 5ml (2mg) every 4 to 6 hourly. Maximum daily dose: 30ml (12mg) in any 24 hours.

**Children aged 2 - 6 years:** 2.5ml (1mg) every 4 to 6 hourly. Maximum daily dose: 15ml (6mg) in any 24 hours.

**Children aged 1 - 2 years:** 2.5ml (1mg) twice daily. The minimum interval between the doses should be 4 hours. Maximum daily dose: 5ml (2mg) in any 24 hours.

**Not recommended for children below 1 year**

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## 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.

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## Side effects and their management

WSP/Liquid paraffin – Side effects are rare

Paracetamol – Side effects are rare

Piriton – Can cause sedation

# COLD SORES

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## 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.

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## Criteria for INCLUSION

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

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## Criteria for EXCLUSION

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

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

## 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
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.
- Treatment period 5 days
- 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.
- Advice 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.

**Note:-** Most people with infective conjunctivitis get better, without treatment, within 1–2 weeks and the use of a topical ocular antibiotic makes little difference to recovery but increases the risk of antibiotic resistance. Since untreated infective conjunctivitis rarely causes serious complications the pharmacist should only consider offering chloramphenicol when:

- Symptoms are, or likely to become severe.
- Schools and childcare organizations require treatment before allowing a child to return.
- The patient understands the limitations of treatment but still prefers treatment.

When a topical ocular antibiotic is prescribed because of the person's preference for treatment, consider advising them to delay starting treatment for 7 days to see if the condition will resolve spontaneously.

<http://cks.nice.org.uk/conjunctivitis-infective#!scenario>

# CONSTIPATION

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## Definition/Criteria

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

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## Criteria for INCLUSION

Significant variation from normal bowel evacuation which has not improved following adjustments to diet and other lifestyle activities (see below).

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## 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.

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

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## 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

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## 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

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## 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

# **DERMATITIS**

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## **Definition/Criteria**

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

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## **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.

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## **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.

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## **Action for excluded patients and non-complying patients**

Referral to General Practitioner.

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

Zerobase 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

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## **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.
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## **Side effects and their management**

WSP / liquid paraffin is well tolerated.

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

# DIARRHOEA

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## Definition/Criteria

Increased frequency and fluidity of defecation.

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## Criteria for INCLUSION

Patients experiencing the above symptoms.

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## Criteria for EXCLUSION

Patients with chronic diarrhoea problems.

Children under the age of 1 year.

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

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

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## Criteria

Loperamide for adults and children over 12 years.

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## Follow-up and advice

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

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## Side effects and their management

Loperamide can cause abdominal pain and bloating.

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## 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

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## 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.

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## Criteria for INCLUSION

Patients experiencing the above symptoms.

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## 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.

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## Action for excluded patients and non-complying patients

Referral to General Practitioner or ophthalmologist.

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## 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)			
Clinitas Carbomer Gel/Viscotears	topical	P	One drop 3-4 times daily or as required

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## 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.

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## 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.

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# DYSMENORRHOEA

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## 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.

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## Criteria for INCLUSION

Patients presenting with symptoms.

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## 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.
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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

Paracetamol Tablets 500mg (32)      po      GSL      By mouth, 0.5–1 g every 4–6 hours to a max. of 4g daily

Ibuprofen 200mg (24)      po      P      1-2 tds

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## 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.
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## 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

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## Definition/Criteria

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

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## Criteria for INCLUSION

Patients over 16 with previously diagnosed haemorrhoids.

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

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## Criteria for EXCLUSION

Patients under 16.

Patients not previously diagnosed with haemorrhoids.

Patients reporting anal bleeding .

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

Anusol Cream (23g)	Topical	GSL	Apply morning & night & after bowel movements
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## 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.
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## 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.

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## 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

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## Special considerations/Concurrent medication

Store below 25°C

# HAY FEVER

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## 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 (2830)	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 (200ml)	po	GSL	5ml od Child 2 – 6 years
Sodium Cromoglicate eye drops (10ml)	Topical	P	1 drop qds
Beclometasone nasal spray(180/200 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 (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

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## Definition/Criteria

Infestation with head lice.

## Criteria for INCLUSION

The provision of the wet combing method (Bug-Buster Kit or plastic/metal dust comb both with conditioner) is appropriate under the scheme to manage the whole family.

## Criteria for EXCLUSION

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

Bug-Buster Kit plus conditioner - only need one re-usable Kit for the whole family (**First Line**)

Metal or plastic comb plus conditioner

Dimeticone 4% Lotion (Hedrin®) (2 X 50ml)

Topical

P

**Note:** Hedrin® can only be supplied in exception for patients with learning disabilities or physical impairment. Where wet combing has failed Hedrin® may be supplied on presentation in pharmacy of evidence of infestation (dead head louse sellotaped to white paper).

## Wet Comb Method

Wash the hair with ordinary shampoo and apply plenty of conditioner.

Use an ordinary, wide-toothed comb to straighten and untangle the hair.

Once the comb moves freely through the hair without dragging, switch to the louse detection comb.

Make sure the teeth of the comb slot into the hair at the roots, with the edge of the teeth lightly touching the scalp.

Draw the comb down from the roots to the ends of the hair with every stroke, and check the comb for lice each time – remove lice by wiping the comb with tissue paper or rinsing it.

Work through the hair, section by section, so that the whole head of hair is combed through.

Do this at least twice to help ensure you haven't missed any areas and continue until you find no more lice.

**Where infection has been identified - repeat this procedure on days five, nine and 13.**

## Hedrin® Method

Hedrin® should be applied to dry hair and left (as directed by manufacturer). This treatment should be repeated in seven days as recommended by the BNF to prevent lice emerging from eggs that survive the 1<sup>st</sup> time.\*

## 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.
- Hedrin® is 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**

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## **Definition/Criteria**

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

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## **Criteria for INCLUSION**

Patients requiring the relief of pain or fever, These may be associated with upper respiratory tract infections and dental problems. All causes of the symptoms should be assessed to rule out, say, meningitis symptoms.

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## **Criteria for EXCLUSION**

Children under the age of three months.

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## **Action for excluded patients and non-complying patients**

Referral to General Practitioner.

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## **Recommended Treatments, Route and Legal status**

Paracetamol Tablets 500mg (32)	po	GSL
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Paracetamol suspension SF 250mg / 5ml (200ml)	po	P
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Paracetamol suspension SF 120mg / 5ml (200ml)	po	P
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## **Frequency of administration and maximum dosage**

Adults - By mouth, 0.5–1 g every 4–6 hours to a maximum of 4g daily;

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

Ibuprofen 200mg (24)	po	P	1 – 2 tds
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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)
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## **Caution**

Ibuprofen should only be recommended where asthma and GI problems have been excluded.

Caution should be exercised when using Ibuprofen in patients with hypertension or those on ACE inhibitors (increased risk of renal impairment).

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## **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.
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## **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.

# IMMUNISATION OF YOUNG CHILDREN

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## Definition/Criteria

Young children and infants aged 3 months and above who have been recently vaccinated may attend the community pharmacy for the pre-emptive supply of paracetamol suspension under the Minor Ailments Scheme. (Parents/carers must be advised only to give paracetamol if child develops fever or signs of pain post immunisation.)

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## Criteria for INCLUSION

Patients recently attending GP/nurse for childhood vaccinations

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## Criteria for EXCLUSION

Children under the age of three months are excluded unless they have been referred to the pharmacy by a healthcare professional and the child is aged between 2 and 3 months. Not more than two doses of 2.5ml may be administered, the second dose given after 4-6 hours if necessary.

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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## Recommended Treatments, Route and Legal status

Paracetamol suspension SF 250mg / 5ml (200ml) po P

Paracetamol suspension SF 120mg / 5ml (200ml) po P

## Frequency of administration and maximum dosage

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

Children - Aged 2-3 months referred by a healthcare professional may be administered an initial 60 mg (2.5ml) dose followed by a second dose after 4-6 hours if required,

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## Follow-up and advice

- Parents/carers must be advised NOT to give paracetamol prophylactically but only if child develops fever or signs of pain post immunisation.
  - Enquire about concurrent analgesic usage:
    - Paracetamol daily dose - other products containing Paracetamol
  - Pharmacists should be aware of the NICE guidance on Feverish Children
  - NB overuse of analgesics can cause headaches.
- 

## Side effects and their management

Side effects are rare with occasional use of Paracetamol.

# **INDIGESTION /HEARTBURN / TUMMY UPSET**

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## **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.**

Peptac Liquid (500ml)	po	GSL	10-20mls PC & Nocte
Gaviscon Tablets Peppermint (60)	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.
- Peptac Liquid/ Gaviscon Tablets 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

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## Definition/Criteria

Bites or Stings received from insects.

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## Criteria for INCLUSION

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

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## 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

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## 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)	po	GSL	1od
Loratadine tabs 10mg (7)	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.

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## Special considerations/Concurrent medication

Glaucoma (antihistamines contra-indicated).

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

# MOUTH ULCERS

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## 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.

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## Criteria for INCLUSION

Patients requiring symptomatic treatment

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## Criteria for EXCLUSION

Children under the age of 16

Ulcer lasting more than three weeks

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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## 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.

# MUSCULAR PAIN

## Definition/Criteria

Musculoskeletal conditions which may involve pain and swelling due to strains, sprains, backache, etc.

## Criteria for INCLUSION

Patients requiring symptomatic relief of pain.

## Criteria for EXCLUSION

Pregnant and breastfeeding mothers.

Previous sensitivity to ingredients.

## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

### Topical Preparation

Ibuprofen Gel 5%	30g	GSL	Topical	Apply with gentle massage only up to 3 times a day <b>Not for use in children under the age of 12</b> <b>Not to be applied to large areas in asthmatic patients or those with renal impairment.</b>
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)	

## Cautions

### Topical Ibuprofen Gel 5%

- Avoid contact with eyes. Mucous membranes, and inflamed or broken skin; discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. Patients should be advised against excessive exposure to sunlight of area treated in order to avoid possibility of photosensitivity.

### Oral Ibuprofen 200mg Tablets

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

## Side effects and their management

Side effects with the use of topical ibuprofen are usually minor, there may be occasional stinging

Oral ibuprofen should be taken after food to avoid GI side effects.

## 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 or immunosuppressant medication

# 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. Patients with a known hypersensitivity to benzalkonium chloride (rare).

## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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

Conotrane Cream 100g

GSL

Topical

The cream should be applied to the affected area several times a day, as necessary or after every napkin change.

## 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

Local hypersensitivity to benzalkonium chloride is rare. Cetostearyl alcohol may cause local skin reactions (e.g. contact dermatitis).

## 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

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## Definition/Criteria

Blocked nose associated with colds and upper respiratory tract infections.

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## Criteria for INCLUSION

Congestion where seasonal allergy has been excluded.

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## Criteria for EXCLUSION

Recurrent nose bleeds.

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## Action for excluded patients and non-complying patients

Referral to General Practitioner.

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## 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.

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## 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

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## 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)
Loratadine 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

Paracetamol suspension SF 250mg / 5ml(200ml)

po P

Paracetamol susp SF 120mg / 5ml(200ml)

po P

Adults - By mouth, 0.5–1 g every 4–6 hours to a maximum of 4g daily;

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

Aspirin 300mg soluble tablets (32)

po P (over 16 years only) 1 qds

Benzydamine 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

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## 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 Suspension SF 120mg / 5ml (200ml)	po	P
Paracetamol Suspension SF 250mg / 5ml (200ml)	po	P

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

Ibuprofen Suspension 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

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## Definition/Criteria

Threadworm infection.

## Criteria for INCLUSION

Patients with intense perianal or perivaginal night time itching who can confirm a threadworm infection. Other household members will need to be treated as there's a high risk of the infection spreading. This includes those who don't have any symptoms of an infection.

## Criteria for EXCLUSION

Patients under 2 years.

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)
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## 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.
- 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	4 mths to 6 years – apply small amount To affected area BD
Miconazole Oral Gel 15g		P	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 3<sup>rd</sup> 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

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## Definition/Criteria

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

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## Criteria for INCLUSION

Patients presenting with symptoms.

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## Action for excluded patients and non-complying patients

Referral to Dental Practitioner.

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## Recommended Treatments, Route and Legal status

Ibuprofen 200mg (24)	po	P	1 – 2 tds
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Paracetamol 500mg tabs (32)	po	P	
Paracetamol susp SF 120mg/5ml (200ml)	po	GSL	
Paracetamol susp SF 250mg/5ml (200ml)	po	P	

## Frequency of administration and maximum dosage:

Adults - By mouth, 0.5–1 g every 4–6 hours to a maximum of 4g daily;

Children - 3–6 months 60 mg, 6 months–2 years 120 mg, 2–4 years 180 mg, 4–6 years 240 mg, 6–8 years 240–250 mg, 8–10 years 360–375 mg, 10–12 years 480–500 mg, 12–16 years 480–750 mg; these doses may be repeated every 4–6 hours when necessary (max. of 4 doses in 24 hours)

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)
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## 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.
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## 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.

## **Living With And Beyond Cancer**

The following monographs are to be used to manage some of the side effects resulting from chemotherapy and radiotherapy:-

- **Living With And Beyond Cancer - Constipation**
- **Living With And Beyond Cancer - Dry Mouth**
- **Living With And Beyond Cancer - Dry Skin**
- **Living With And Beyond Cancer - Eye Irritation**
- **Living With And Beyond Cancer - Skin Inflammation**
- **Living With And Beyond Cancer - Sore Mouth**

To support these new conditions the following products have now been included in the formulary:-

- **BioXtra® Gel Spray (50ml)**
- **BioXtra® Moisturising Gel (40ml)**
- **Bisacodyl 5mg Tablets (10/20)**
- **Docusate Sodium 100mg Capsules (30) (Diocetyl®)**
- **Docusate Sodium 50mg/5ml (300ml)(Docusol®)**
- **Glycerol Suppositories 4g (12 Suppositories)**
- **Salivix® Pastilles (50)**
- **Xerotin® Oral Spray (100ml)**

Patients may self-refer once they become familiar with this support though initially referral will be from Weston Park Hospital (WPH).

Any treatments provided to these patients should be in line with the following monographs. Pharmacists should note any warning symptoms and, where these arise, should not hesitate from advising patients to contact their cancer team or radiotherapy department (**226 5282**) at WPH or the Cancer Information and Support Centre (**226 5391**).

Patients reporting the following side effects should be referred:-

- **Temperatures of 37.5° or more**
- **Symptoms of infection**
- **Feeling generally unwell**
- **Bleeding or bruising**
- **Nausea and vomiting**
- **Diarrhoea**
- **Chest pains**
- **Breathlessness**
- **Neuro-sensory changes**

# Living With and Beyond Cancer – CONSTIPATION

## Definition/Criteria

Patients undergoing, or who have recently undergone chemotherapy or radiotherapy who are experiencing increased difficulty and reduced frequency of bowel evacuation compared to normal.

## Criteria for INCLUSION

Adults only (18+). Following chemotherapy or radiotherapy, 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.

## Action for excluded patients and non-complying patients

Referral to Weston Park Hospital.

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

Laxido Orange Sachets (20)	po	P	1-3 sachets daily in divided doses, according to individual response. For extended use, the dose can be adjusted down to 1 or 2 sachets daily.
Lactulose Solution (300ml)	po	P	15ml bd
Docusate Sodium 100mg Caps (30) (Diocyt <sup>®</sup> ) Docusate Sodium 50mg/5ml (300ml) (Docusol <sup>®</sup> )	po	P	Up to 500 mg should be taken daily in divided doses. Treatment should be commenced with large doses, which should be decreased as the condition of the patient improves.
Bisacodyl Tablets 5mg (10/20)	po	GSL	5-10mg at night, increased to max. 20mg at night. Tablets act in 10-12 hours.
Glycerol Suppositories 4g (12 Suppository) (NEW)	Pr	GSL	1prn. (Moisten with water before insertion)

**Contraindications for Diocyt<sup>®</sup>:**- The capsules should not be administered when abdominal pain, nausea, vomiting or intestinal obstruction is present. This product should not be given to patients with a known hypersensitivity to Diocyt<sup>®</sup> capsules or any of the components. Patients with rare hereditary problems of fructose intolerance should not take this medicine.

## Side effects and their management

If dosage is too large, griping and diarrhoea may result

Lactulose intolerance

Note (Laxido Orange):- There have been isolated reports of decreased efficacy with some concomitantly administered medicinal products, e.g. anti-epileptics. Therefore, other medicines should not be taken orally for one hour before and for one hour after taking Laxido Orange.

## When and how to refer

### Conditional referral:

- If constipation persists beyond 72 hours, consult Weston Park Hospital if there are any other abdominal symptoms such as abdominal pain, nausea or vomiting.
- If constipation persists beyond 96 hours, refer the patient to Weston Park Hospital
- If more than one request per month

### Consider supply, but patient should be advised to make an appointment to attend Weston Park Hospital or to see the GP:

- Patients taking medication with recognised constipating effects

# **Living With and Beyond Cancer - DRY MOUTH**

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## **Definition/Criteria**

For patients experiencing dry mouth following radiotherapy or chemotherapy.

Dry mouth may be relieved by simple measures such as frequent sips of cool drinks, sucking pieces of ice or sugar-free pastilles. Sugar free chewing gum stimulates salivation in patients with residual salivary function.

**(See BNF 12.3.5 - Treatment of Dry Mouth)**

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## **Criteria for INCLUSION**

Adults only (18+). Following radiotherapy or chemotherapy,

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## **Criteria for EXCLUSION**

Children under 18

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## **Action for excluded patients and non-complying patients**

Referral to Weston Park Hospital or General Practitioner.

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

BioXtra Gel Spray (50ml)	po	GSL	Spray as required
BioXtra Moisturising Gel (40ml)	po	GSL	Apply to oral mucosa as required
Xerotin Oral Spray (100ml)	po	GSL	Spray as required
Salivix Pastilles (50)	po	GSL	Suck one pastille when required

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## **Side effects and their management**

None known

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## **When and how to refer**

### **Conditional referral:**

- If condition not resolved within 5 days, consult the Macmillan Nurses, Weston Park, GP, etc.
- If more than one request per month

# **Living With and Beyond Cancer - DRY SKIN**

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## **Definition/Criteria**

Patients presenting with redness, itch and scaly skin following radiotherapy and chemotherapy.

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## **Criteria for INCLUSION**

Patients presenting with red, rough or flaky skin (although dry skin can look normal) following radiotherapy and chemotherapy. There may also be cracks in the skin or slight bleeding between the lines of skin covering joints such as knuckles or elbows.

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## **Criteria for EXCLUSION**

Development of very rough, red, or painful skin. Showing signs of infection, such as pus or tenderness near broken skin

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## **Action for excluded patients and non-complying patients**

Referral to the cancer team at Weston Park Hospital or to the GP.

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

(Note that the patient may have been supplied with E45 or Diprobase by WPH. If so, please advise them to make use of these products.)

Zerobase Cream (50g)	Topical	GSL	Apply frequently when required
WSP/Liquid Paraffin (50:50) (250g)	Topical	GSL	Apply frequently when required

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## **Follow-up and advice**

- Patient should be advised to consult their doctor or the cancer team if symptoms do not improve within 48 hours, or if symptoms worsen at any time.
- Add mineral or baby oil to warm bath water, or put it on after showering while skin is still damp. (This can make you and the floor slippery, so hold onto something when you're moving around barefoot.)
- Wash with cool or warm water, not hot water.
- Avoid scrubbing the skin during showers or baths. Gently pat skin dry after bathing.
- Put on moisturizing, alcohol-free creams twice a day, especially after baths.
- Avoid colognes, after-shaves, and after-bath splashes that contain alcohol.
- Use an electric razor.
- Drink plenty fluids
- Protect your skin from cold and wind. Avoid hot water and heat, especially dry heat.

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## **Side effects and their management**

WSP / liquid paraffin is well tolerated.

## **Caution - Fire Hazard**

Patients should be made aware that bandages, dressings and clothing in contact with paraffin-based products, for example white soft paraffin, white soft paraffin plus 50% liquid paraffin or emulsifying ointment are easily ignited with a naked flame or cigarette.

(See NRLS/NPSA Alert - Fire hazard with paraffin-based skin products)

# **Living With and Beyond Cancer - EYE IRRITATION**

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## **Definition/Criteria**

During and after chemotherapy the eyes may burn, and become dry or red. In some people, the eyelids get red, tender, and swollen, and the lashes may become crusty.

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## **Criteria for INCLUSION**

Patients experiencing the above symptoms.

## **Suggested Questions**

1. How long has this been a problem?
  2. Is the patient still undergoing radiotherapy treatment
  3. Are the eyelids distorted
  4. Are the eyelids crusty
- 

## **Criteria for EXCLUSION**

The eyelids may turn inward or outward resulting in distorted eyelids

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## **Action for excluded patients and non-complying patients**

Referral to Weston Park Hospital or the GP

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## **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) Clinitas Carbomer Gel/Viscotears	topical	P	One drop 3-4 times daily or as required

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## **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.

Please remind the patient to discard the product after 4 weeks.

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## **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.

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# **Living With and Beyond Cancer - SKIN INFLAMMATION**

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## **Definition/Criteria**

Red or scaly skin following radiotherapy treatment where the symptoms include extreme itching.

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## **Criteria for INCLUSION**

Patients who present with very itchy skin within the treated area which appears red, sore or scaly after exposure to radiation. There may be peeling (similar to sunburn) which usually heals within a couple of weeks. Symptoms are usually in the area being treated but can involve the opposite side of the torso. Side effects may occur a few days or weeks into a course of radiotherapy, or for up to a couple of weeks following treatment.

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## **Criteria for EXCLUSION**

- Secondary bacterial infection.
  - If the symptoms occur on the face or for use on broken skin then it can be treated with emollient but **not** hydrocortisone. (see Cancer Survivorship - Dry Skin)
  - Children under 10 years
- 

## **Action for excluded patients and non-complying patients**

Referral to cancer team or General Practitioner.

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

Hydrocortisone Cream 1%	Topical	P	Apply sparingly to affected area BD
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## **Follow-up and advice**

Patient should be advised to:-

- consult Weston Park Hospital if symptoms do not improve within 48 hours, or if symptoms worsen at any time;
  - avoid shaving and using perfumed soap in the affected area;
  - protect the skin from cold winds and wear a high-factor sunscreen (SPF 15 or above) to protect from the sun;
  - use an electric razor instead of wet shaving;
  - wear loose-fitting clothes made of natural fibres, and avoid tight collars, ties or shoulder straps;
  - consult the cancer team or GP about swimming in chlorinated water.
- 

## **Side effects and their management**

Hydrocortisone cream is well tolerated when used sparingly for short periods of time although it can cause thinning of skin and worsening of dermatitis if due to untreated infection. Some brands of hydrocortisone creams contain lanolin which may cause contact dermatitis,

# Living With and Beyond Cancer - SORE MOUTH

## Definition/Criteria

Mouth sores are like little cuts or ulcers in the mouth. The sores may be very red, or may have small white patches in the middle. They may bleed or become infected. They can appear 1 to 2 weeks after some kinds of chemotherapy and can also be caused by radiation treatments to the head and neck area. Healing may take 2 to 4 weeks. Mouth sores can be very painful and lead to dehydration, poor eating, and weight loss.

## Criteria for INCLUSION

- Small ulcers or sores in mouth, on gums, or on or under tongue
- Soreness or pain in the mouth or throat
- Feeling of dryness, mild burning, or pain when eating hot and cold foods

## Criteria for EXCLUSION

See below - Rapid Referral to Weston Park Hospital\*

## Action for excluded patients and non-complying patients

Referral to cancer team or General Practitioner

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

Benzydamine Oral Rinse 300ml (Difflam)	P	every 1½ - 3 hours Use for up to 7 days
Benzydamine Mouth & Throat spray 30ml (Difflam)	P	Adults, adolescents and elderly: 4 to 8 puffs every 1½-3 hourly
Choline Salicylate Dental Gel BP 15g		Apply ½ inch of gel before meals but not more often than 3 hourly to numb the mouth

## Follow-up and advice

- Ask the patient what treatment they have been (or are still) on and whether they have stopped discontinued any previously supplied pain relief
- Suggest using a flashlight to check the patient's mouth for red areas or white patches, which often become sores. If the patient wears dentures, remove them before looking.
- Patients can use a straw for liquids, which may help bypass the sores in the mouth.
- Mash or puree foods in a blender to make them easier to eat.
- Try coating mouth sores with Anbesol® or Orajel® before meals to numb them during eating.
- Offer pain medicines 30 minutes before mealtime.

## Side effects and their management

There are unlikely to be any side effects. However, due to the alcohol content there may be some transient stinging. Patients should be advised to dilute the product with water before use.

## When and how to refer to GP/Cancer Team

**Conditional referral:-** If symptoms persist beyond one week the patient should consult the GP or cancer team.

### \*Rapid referral to Weston Park Hospital:

- Has redness or shininess in their mouth that lasts for more than 48 hours
- ANY local or systemic signs or symptoms of infection
- Has bleeding gums
- Notices any type of "cut" or sore in the mouth
- Has a temperature of 37.5° Celsius or higher when taken by mouth
- Has white patches on the tongue or inside the mouth
- Has taken in little food or fluid for 2 days
- Can't take medicines because of mouth sores