



Minor Ailments Formulary 2006
For use in community pharmacy

October 2006

MINOR AILMENTS FORMULARY

BACKGROUND

AIM

The aim of the Minor Ailments Formulary is to promote safe and effective treatment of minor ailments in community pharmacy.

The Minor Ailments Formulary is a revision of the Dundee and Ayrshire and Arran Minor Ailment Formularies and is designed to complement the Lothian Joint Formulary published in May 2001. The Minor Ailments Formulary will continue to evolve and be a dynamic document. Although it has been produced initially in paper form, the most up to date version will be accessible and maintained in an electronic form. This computerised version is accessible via the NHS Lothian website at www.ljf.scot.nhs.uk.

DEVELOPMENT

The Minor Ailments Formulary was developed by a working group (see acknowledgements) and following wide consultation, has been approved by the Lothian Formulary Committee and endorsed by the Lothian Area Drug and Therapeutics Committee.

Criteria for including treatments within the Minor Ailments section of the Lothian Joint Formulary are:

1. they are already in the national formulary and will be reimbursed through the scheme
2. they are appropriate for the management of minor ailments
3. there is evidence that they are effective
4. where possible, they match recommendations in other sections of the Lothian Joint Formulary

WHAT IS THE MINOR AILMENTS FORMULARY?

The Minor Ailments Formulary provides recommendations for preparations that there is evidence of effectiveness, which match recommendations that are made in other parts of the Lothian Joint Formulary and are available to community pharmacists to supply through the minor ailment scheme.

The national formulary for the minor ailment scheme includes:

- all Pharmacy (P) and General Sales List (GSL) medicines that are not blacklisted;
- dressing and appliances from Part 2 of the Drug Tariff
- selected items from Part 3 of the Tariff; and
- a number of Prescription Only Medicines (POMs), which are underpinned by a series of core Patient Group Direction (PGDs).

Community pharmacists should use any local joint formulary to help ensure treatments provided are both evidence based and cost effective. However, community pharmacies will be reimbursed for any item supplied if they meet the requirements of the national formulary.

The Minor Ailments Formulary is more than a selective list of medicines because it also contains prescribing notes that highlight key messages about the drugs and/or conditions being treated. We have tried to achieve a balance between helpful information and the need to keep the content as concise as possible.

Alternative choices of drugs or requests for additions to the Minor Ailments Formulary will be considered by the Formulary Committee, which meets regularly. Requests from practitioners should be made in writing to the committee, providing reasons for inclusion with any necessary evidence (contact: Lothian Formulary Pharmacist, c/o Medicines Management Team, Stevenson House, 555 Gorgie Road, Edinburgh, EH11 3LG).

QUANTITIES SUPPLIED

The issue quantities shown are for guidance.

Items marked PGD (Patient Group Direction) indicate that a PGD is in place to augment the formulary in order to include selected Prescription Only Medicines (POMs); to allow supply outwith the OTC licence and/or to allow dispensing from the dispensary POM packs in order to maintain parity with the existing Drug Tariff prices. Supply of items that exist in part 7 of the Drug Tariff will be reimbursed at the stated Drug Tariff price.

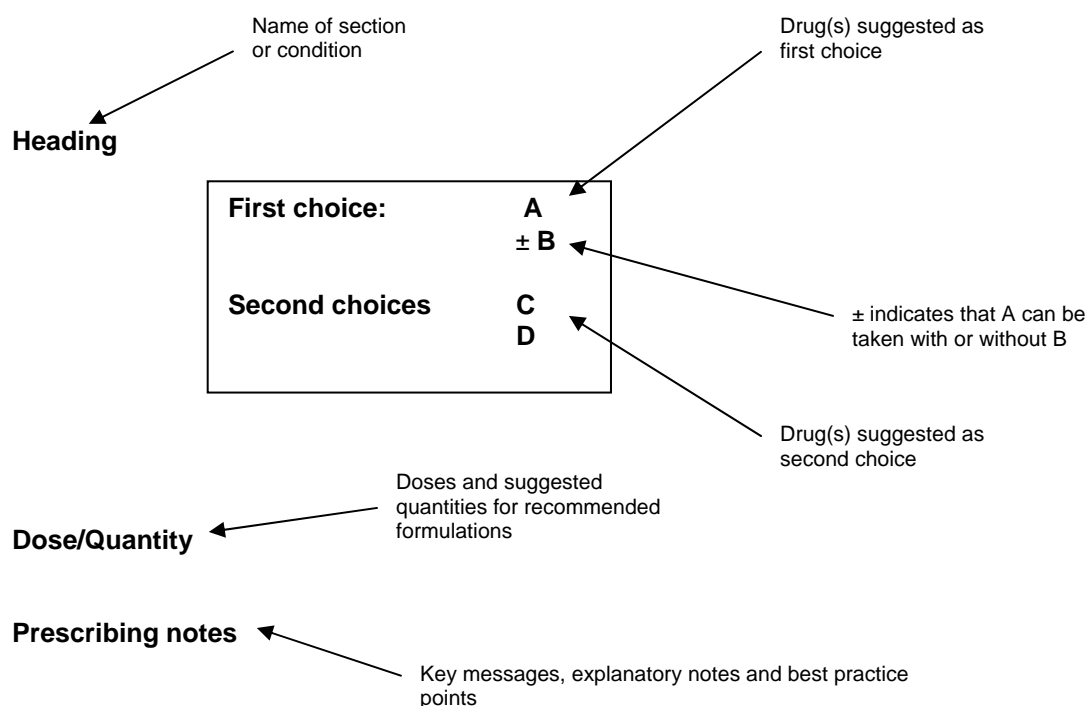
SUGAR-FREE PRESCRIBING

Sugar-free formulations should be prescribed wherever possible.

USE OF THE MINOR AILMENTS FORMULARY

Strenuous efforts have been made to check the accuracy of the Minor Ailments Formulary but it is in the interests of practitioners to ensure that it is adequate for their purposes. It highlights the most likely medicines to be used in managing minor ailments in community pharmacy practice but is not exhaustive nor does it have any legal status. It is the responsibility of practitioners to ensure that any medicine selected and prescribed within the Minor Ailments Service is the most appropriate for the individual patient, the dose and duration of therapy are correct and it is licensed.

KEY TO SYMBOLS AND LAYOUT IN MINOR AILMENTS FORMULARY



ACKNOWLEDGEMENTS

The working group responsible for the Minor Ailments Formulary is as follows:

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The Minor Ailments Formulary working group would appreciate feedback on all aspects of the Minor Ailments Formulary.

Contact:

Lothian Formulary Pharmacist
c/o Medicines Management Team
Stevenson House
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GASTROINTESTINAL

(a) Indigestion

ADULT

| | |
|-----------------------|---|
| First choice: | co-magaldrox (Mucogel [®]) |
| Second choice: | compound alginic acid preparations (Peptac [®] suspension or Topal [®] tablets) |

Dose/Quantity

- **Mucogel[®] 500mL suspension** (*magnesium hydroxide 195mg, dried aluminium hydroxide 220mg/5mL*): 10-20mL, 20 minutes-1 hour after meals, and at bedtime or when required.
- **Peptac[®] 500mL suspension** (*sodium alginate 250mg, sodium bicarbonate 133.5mg, calcium carbonate 80mg per 5mL*): 10-20mL after meals and at bedtime.
- **Topal[®] 42 tablets** (*alginic acid 200mg, dried aluminium hydroxide 30mg, light magnesium carbonate 40mg with lactose 220mg, sucrose 880mg, sodium bicarbonate 40mg*): 1-3 tablets chewed 4 times daily after meals and at bedtime.

Prescribing notes

- Liquid formulations of antacids are more effective than tablets or capsules.
- Compound alginic acid preparations are less powerful antacids than co-magaldrox but may be more effective for heartburn.
- If pregnant refer to pregnancy section.

CHILD

Gastric regurgitation, gastro-oesophageal reflux, and reflux associated with hiatus hernia

| | |
|----------------------|---|
| First choice: | compound alginic acid preparations (Gaviscon [®] Infant oral powder or Peptac [®] suspension) |
|----------------------|---|

Dose/Quantity

- **Gaviscon[®] Infant 15 twin oral powder sachets** (*sodium alginate 225mg, magnesium alginate 87.5mg, with colloidal silica and mannitol/dose*)
 - ▶ 1-2 years (under 4.5kg), 1 dose given with or after feeds when required, up to 6 times daily.
 - ▶ 1-2 years (over 4.5kg), 2 doses given with or after feeds when required, up to 6 times daily.
- **Peptac[®] 500mL suspension** (*sodium alginate 250mg, sodium bicarbonate 133.5mg, calcium carbonate 80mg per 5mL*)
 - ▶ 2-12 years, 5-10mL after meals and at bedtime.
 - ▶ 12-18 years, 10-20mL after meals and at bedtime.

Prescribing notes

- The common indication for antacids and alginates is for gastro-oesophageal reflux.
- None of the remedies available for the management of infantile colic (gripe water, simethicone) are proven to provide any benefit.
- Gaviscon[®] Infant oral powder is not to be used with other feed thickening agents or infant milk preparations to which thickening agents have been added.

When to advise patient to contact GP

Symptoms are persistent (longer than 5 days) or recurrent
Pain is severe or radiating
Blood in vomit or stools
Pain worsens on effort
Persistent vomiting
Treatment has failed (no improvement in symptoms after 5 days)
Adverse drug reaction is suspected
Associated weight loss

Children
Alarm symptoms: Difficulty in swallowing

(b) Constipation

ADULT

| | |
|-----------------------------|---|
| <i>Acute Constipation</i> | |
| First choice: | senna |
| Second choice: | glycerol (glycerin) or bisacodyl suppositories |
| <i>Chronic Constipation</i> | |
| First choice: | ispaghula husk |
| Second choice: | senna |

Dose/Quantity

- **Senna 7.5mg 30 tablets; 7.5mg/5mL 100mL syrup:** 2-4 tablets or 10-20mL syrup at night.
- **Glycerol 4g 12 suppositories:** 4g suppository, moistened with water before use, as required.
- **Bisacodyl 10mg 12 suppositories:** 10mg suppository in the morning.
- **Ispaghula husk 3.5g 30 sachets:** 1 sachet in water twice daily preferably after meals.

Prescribing notes

- Ispaghula may take several days to act.
- Stimulant laxatives become less effective with long-term use.
- If bulk-forming and stimulant laxatives are unsuitable, consider at least 30mL daily of lactulose; this may take 48 hours to act.
- If pregnant refer to pregnancy section.

CHILD

| | |
|----------------------|---------------------|
| First choice: | no treatment |
|----------------------|---------------------|

Dose/Quantity

Prescribing notes

- The use of laxatives in children should be discouraged unless recommended by a doctor.
- After an episode of acute constipation, maintenance therapy may be required for several months or longer until regular bowel habit is established.

When to advise patient to contact GP

Persistent change in bowel habit
Presence of abdominal pain, vomiting, bloating
Blood in stools
Prescribed medication suspected of causing symptoms
Failure of OTC medication (no relief of symptoms within 7 days)

(d) Haemorrhoids

ADULT

First choice: Anusol Plus HC[®]

Dose/Quantity

- **Anusol Plus HC[®], 15g ointment with rectal nozzle, 12 suppositories** (*containing benzyl benzoate, bismuth oxide, bismuth subgallate, hydrocortisone, Peru balsam, zinc oxide*): apply (or insert 1 suppository) at night, morning and after defaecation, for up to 7 days.

Prescribing notes

- Anusol Plus HC[®] can be used to provide symptomatic relief of haemorrhoids and pruritus ani .
- If pregnant refer to pregnancy section.

When to advise patient to contact GP

Duration of longer than 3 weeks
Presence of blood in the stools
Change of bowel habit (persisting alteration from normal bowel habit)
Suspected drug-induced constipation
Associated abdominal pain/vomiting

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OROPHARYNX

(a) Oral ulceration and inflammation

ADULT

| | |
|-----------------------|--|
| First choice: | benzylamine hydrochloride ± chlorhexidine gluconate |
| Second choice: | hydrocortisone sodium succinate lozenge or triamcinolone in adhesive base |

Dose/Quantity

- **Benzydamine hydrochloride 0.15% 200mL oral rinse:** rinse or gargle with 15mL (diluted with water if stinging occurs) every 1½ - 3 hours as required, usually for not more than 7 days.
- **Benzydamine hydrochloride 0.15% 30mL spray:** 4-8 sprays onto affected area every 1 ½ - 3 hours.
- **Chlorhexidine gluconate 0.2% 300mL mouthwash:** rinse mouth with 10mL for about 1 minute twice daily.
- **Chlorhexidine gluconate 0.2% 60mL oral spray:** apply as required to tooth and gingival surfaces using up to a maximum of 12 actuations (approximately 0.14mL/actuation) twice daily.
- **Hydrocortisone sodium succinate 2.5mg 20 lozenges:** 1 lozenge 4 times daily, allowed to dissolve slowly in the mouth in contact with the ulcer.
- **Triamcinolone acetonide 0.1% 5g oral paste:** apply a thin layer 2-4 times daily.

Prescribing notes

- There is some evidence that chlorhexidine gluconate may reduce the duration and severity of each episode of ulceration. Benzylamine mouthwash can be used 10 minutes before meals to relieve pain in patients suffering from mouth ulcers.

CHILD

First choice: choline salicylate dental gel, BP

Second choice: lidocaine dental gel

Dose/Quantity

- **Choline Salicylate Dental Gel, BP 8.7% 15g gel:** CHILD over 4 months apply $\frac{1}{4}$ - inch of gel with gentle massage not more often than every 3 hours; max 6 applications daily.
- **Dentinox[®] Teething Gel, 15g gel** (containing lidocaine hydrochloride 0.33% w/w and cetylpyridium chloride 0.1% w/w): place a small quantity of gel on a clean finger tip or cotton wool pad and rub gently onto the baby's gums. Can be repeated after 20 minutes if necessary. Use as necessary during teething period.

Prescribing notes

- CSM warning on aspirin and Reye's syndrome does not apply to non-aspirin salicylates or to topical preparations such as teething gels.
- Oral analgesics (paracetamol +/- ibuprofen) might be helpful in managing the pain associated with teething, see CNS section for detail.

When to advise patient to contact GP or Dental Practitioner

Duration of longer than 3 weeks
Associated weight loss
Involvement of other mucous membranes
Rash
Suspected adverse drug reaction
Diarrhoea

(b) **Oral fungal infection (thrush)**

ADULT

| |
|--|
| First choice: miconazole |
|--|

Dose/Quantity

- **Miconazole 24mg/mL 15gm oral gel:** prevention and treatment of oral fungal infections, place 5-10mL in the mouth after food and retain near lesions 4 times daily. Localised lesions, smear small amount on affected areas with clean finger 4 times daily for 5-7 days.

Prescribing notes

- Miconazole is contra-indicated in patients on warfarin and potentially serious interactions may occur with other drugs
- Dental prostheses should be removed at night and brushed with gel.

CHILD

| |
|--|
| First choice: miconazole |
|--|

Dose/Quantity

- **Miconazole 24mg/mL 15gm oral gel:** prevention and treatment of oral fungal infections,
 - ▶ Under 2 years, 2.5mL twice daily
 - ▶ 2-6 years, 5mL twice daily
 - ▶ over 6 years, 5mL 4 times daily.

Place in the mouth after food and retain near lesions 4 times daily. Localised lesions, smear small amount on affected areas with clean finger 4 times daily for 5-7 days

Prescribing notes

- Treatment is continued for 48 hours after lesions have resolved.

When to advise patient to contact GP

Duration of longer than 3 weeks
Associated weight loss
Involvement of other mucous membranes
Rash
Suspected adverse drug reaction
Diarrhoea

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RESPIRATORY & NASAL

(a) Hay fever/rhinitis

ADULT

| | |
|------------------------------------|-----------------------|
| <i>Nasal steroid</i> | |
| First choice: | beclometasone |
| <i>Non sedating antihistamines</i> | |
| First choice: | cetirizine |
| Second choice: | loratadine |
| <i>Sedating antihistamines</i> | |
| First choice: | chlorphenamine |

Dose/Quantity

- **Beclometasone dipropionate, 50micrograms/puff 200 dose nasal spray:** 100 micrograms (2 sprays) into each nostril twice daily or 50 micrograms (1 spray) into each nostril 3-4 times daily; max total 400 micrograms (8 sprays) daily; when symptoms controlled, reduce dose to 50 micrograms (1 spray) into each nostril twice daily.
- **Cetirizine 10mg 30 tablets**
Cetirizine 5mg/5mL 100mL oral solution
 - 10mg daily or 5mg twice daily.
- **Loratadine 10mg 30 tablets:** 10mg daily.
- **Chlorphenamine 4mg 30 tablets**
Chlorphenamine 2mg/5mL 150mL syrup
 - orally, 4mg every 4-6 hours, max 24mg daily.

Prescribing notes

- First choice preparation for allergic rhinitis is beclometasone nasal spray but this would require a consultation with a doctor.
- For seasonal allergic rhinitis, prophylaxis should begin 1 week before the start of the pollen season and continue throughout.
- Non-sedating antihistamines may be of value in the treatment of nasal allergies, especially hay fever, and vasomotor rhinitis. They reduce rhinorrhoea and sneezing but are usually less effective for nasal congestion.
- Sedating antihistamines are of value in preventing urticaria and are used to treat urticarial rashes, pruritus, and insect bites and stings; they are also used in drug allergies.
- Cetirizine causes less sedation than chlorphenamine but is more expensive.
- See also section Eyes (b) Hayfever symptoms.
- If pregnant refer to pregnancy section.

CHILD

Non sedating antihistamines

First choice: cetirizine

Sedating antihistamines

First choice: chlorphenamine

Dose/Quantity

– **Chlorphenamine 4mg 30 tablets; 2mg/5mL 150mL syrup**

(*syrup*: not licensed for use in children under 1 year; *tablets*: not licensed for use in children under 6 years)

- ▶ 1-2 years, 1mg twice daily.
- ▶ 2-6 years, 1mg every 4-6 hours, max 6mg daily.
- ▶ 6-12 years, 2mg every 4-6 hours, max 12mg daily.
- ▶ 12-18years, 4mg every 4-6 hours, max 24mg daily.

– **Cetirizine 10mg 30 tablets; 5mg/5mL 100mL oral solution**

- ▶ 2-6 years, 5mg daily or 2.5mg twice daily.
- ▶ over 6 years, 10mg daily or 5mg twice daily.

Prescribing notes

- see prescribing notes for adults

When to advise patient to contact GP

Wheezing or shortness of breath, Tightness of chest
Suspected drug allergy
Persisting painful ear or sinuses
Purulent conjunctivitis
Failed medication (no improvement in symptoms after 10 days)

(b) Cough/nasal congestion

ADULT

Cough suppressants

First choice: no treatment

Expectorants and demulcents

First choice: no treatment

Second choice: simple linctus, BP

Topical nasal decongestant

First choice: sodium chloride 0.9%

Second choice: ephedrine

Systemic nasal decongestant

First choice: pseudoephedrine

Dose/Quantity

- **Simple Linctus, BP 100mL sugar-free oral solution** (*contains citric acid monohydrate 2.5%*): 5mL 3 – 4 times daily.
- **Sodium chloride 0.9% 10mL nasal drops**: instil 1-2 drops into each nostril when necessary.
- **Ephedrine 0.5%, 1% 10mL nasal drops**: instil 1-2 drops into each nostril up to 3 or 4 times daily when required.
- **Pseudoephedrine hydrochloride, 60mg 12 tablets**: 1 tablet 4 times daily
- **Pseudoephedrine hydrochloride, 30mg/5mL 100mL**: 10mL every 4 – 6 hours (up to 4 times daily)

Prescribing notes

- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions.
- None of the remedies available for the management of cough (cough suppressants, expectorants or demulcents) are proven to provide any benefit.
- For persistent cough lasting 4-6 weeks, the underlying cause should be established.
- Sodium chloride 0.9% nasal drops may relieve nasal congestion by helping to liquefy mucous secretions.
- Topical nasal decongestants are of limited value because they can give rise to rebound congestion on withdrawal. These products should not be used for more than 7 days.
- Ephedrine nasal drops are the safest sympathomimetic preparation.
- Systemic decongestants provide short term (3–10 hour) relief of congestive symptoms
- Systemic decongestants should be used with caution in diabetes.
- Antihistamines may improve runny nose and sneezing but provide no significant difference in overall symptoms.
- If pregnant refer to pregnancy section.

CHILD

Cough suppressants

First choice: **no treatment**

Expectorants and demulcents

First choice: **no treatment**

Second choice: **simple linctus, paediatric, BP**

Topical nasal decongestant

First choice: **sodium chloride 0.9%**

Second choice: **ephedrine**

Systemic nasal decongestant

First choice: **pseudoephedrine**

Dose/Quantity

- **Simple Linctus, Paediatric, BP 100mL sugar-free oral solution** (*contains citric acid monohydrate 2.5%*): CHILD to 12 years, 5 – 10mL 3 – 4 times daily. Children over 12 years use adult preparation, see adult section.
- **Sodium chloride 0.9% 10mL nasal drops:**
 - ▶ INFANTS instil 1-2 drops into each nostril before feeds.
 - ▶ CHILD instil 1-2 drops into each nostril when necessary.
- **Ephedrine 0.5% 10mL nasal drops:** 3 months – 18 years instil 1-2 drops (0.5% strength) into each nostril up to 3 - 4 times daily (for max. 7 days).
- **Pseudoephedrine hydrochloride, 60mg 12 tablets:**
 - ▶ 12 – 18 years 1 tablet 4 times daily
- **Pseudoephedrine hydrochloride, 30mg/5mL 100mL:**
 - ▶ 2 – 5 years 2.5mL every 4 – 6 hours (up to 4 times daily)
 - ▶ 6 – 12 years 5mL every 4 – 6 hours (up to 4 times daily)
 - ▶ 12 – 18 years 10mL every 4 – 6 hours (up to 4 times daily)

Prescribing notes

- see prescribing notes for adults

When to advise patient to contact GP

Cough lasting 2 weeks or more
Sputum yellow, green, rusty or blood stained
Chest pain
Shortness of breath
Wheezing
Whooping cough or croup
Recurrent nocturnal cough
Suspected adverse drug reaction (e.g. ACE inhibitors)
Failed medication (no improvement in symptoms after 5 days)

CENTRAL NERVOUS SYSTEM

(a) Pain/inflammation

ADULT

Mild pain

First choice: **paracetamol**
 or ibuprofen

Mild to moderate pain

First choice: **co-codamol 8/500**
 ± ibuprofen

Dose/Quantity

- **Paracetamol 500mg 32 tablets; 16 soluble tablets; 10 suppositories**
Paracetamol 250mg/5mL 100mL oral suspension
 - 0.5-1g every 4-6 hours; max 4g daily
- **Co-codamol 8/500 32 tablets (codeine 8mg with paracetamol 500mg):** 1-2 tablets every 4-6 hours; max 8 tablets daily.
- **Ibuprofen 200mg 24/48 tablets**
Ibuprofen 400mg 24/48 tablets
Ibuprofen 100mg/5mL 100mL syrup
 - initially 1.2g daily in 3-4 divided doses; maintenance dose of 0.6-1.2g daily may be adequate.

Prescribing notes

- Relative contra-indications to NSAIDs include heart failure, hypertension, renal impairment, peptic ulceration; absolute contra-indications include proven hypersensitivity to aspirin or any NSAID.
- NSAIDs may worsen asthma; they are contra-indicated if aspirin or any other NSAID has precipitated attacks of asthma.
- Compound analgesics containing an opioid may produce opioid side-effects and can complicate treatment of overdose.
- Codeine is an inefficient analgesic in approximately 10% of patients who are unable to convert it to morphine.
- If pregnant refer to pregnancy section.

CHILD

Mild pain

First choice: **paracetamol**
 or ibuprofen

Mild to moderate pain

First choice: **paracetamol**
 ± ibuprofen

Dose/Quantity

- **Ibuprofen 200mg 24/48 tablets, 12 self dissolving tablets**
Ibuprofen 100mg/5mL 100mL syrup;
 - ▶ 3-12 months (5-10kg), 50mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 1-3years (10-16kg), 100mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 4-6years (17-22kg), 150mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 7-9years (23-29kg), 200mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 10-12years (30-39kg), 200-300mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 13-14years (40-50kg), 200-400mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ Over 15years (above 50kg), 200-600mg every 6-8 hours preferably after food, max 3 doses in 24 hours.

- **Paracetamol 60mg 10 suppositories**
Paracetamol 125mg 10 suppositories
Paracetamol 250mg 10 suppositories
Paracetamol 120mg/5mL 100mL oral suspension
Paracetamol 250mg/5mL 100mL oral suspension
Paracetamol 500mg 32 tablets; 16 soluble tablets, 10 suppositories
 - ▶ 3-6months (5.5-7kg), 60mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 6-12months (7-10kg), 120mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 1-3years (10-16kg), 180mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 4-6years (17-22kg), 240mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 7-9years (23-29kg), 375mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 10-12years (30-39kg), 500mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 13-14years (40-50kg), 750mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ Over 15years (above 50kg), 1gram every 4-6 hours; max. 4 doses in 24 hours.

Prescribing notes

- Relative contra-indications to NSAIDs include renal impairment, history of gastro-intestinal bleeding, heart failure, hypertension, coagulation defects; absolute contra-indications include proven hypersensitivity to aspirin or any NSAID.
- Assess the hydration status of the patient before prescribing NSAIDs. There is a risk of precipitating renal failure if NSAIDs are administered to patients who are dehydrated.
- NSAIDs may worsen asthma; they are contra-indicated if aspirin or any other NSAID has precipitated attacks of asthma, although this occurs rarely in children.
- Paracetamol doses may need to be increased and given at longer time intervals when given rectally to achieve the same plasma levels as the oral route.
- Aspirin should not be given to children 15 years and under because of the risk of Reye's syndrome.

When to advise patient to contact GP

Headache associated with injury/trauma
Severe headache of more than 4 hours duration
Suspected adverse drug reaction
Headache in children under 12 years old
Severe occipital headache (across the back of the head)
Headache which is worse in the morning then improves
Associated drowsiness, visual disturbances or vomiting
Neck stiffness

(b) Pyrexia

CHILD

Pyrexia

First choice: **paracetamol
± ibuprofen**

Dose/Quantity

- **Ibuprofen 200mg 24/48 tablets, 12 self dissolving tablets**
Ibuprofen 100mg/5mL 100mL syrup;
 - ▶ 2-3 months (post immunisation). 50mg repeated after 6 hours if required, max 2 doses.
 - ▶ 3-12 months (5-10kg), 50mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 1-3years (10-16kg), 100mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 4-6years (17-22kg), 150mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 7-9years (23-29kg), 200mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 10-12years (30-39kg), 200-300mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ 13-14years (40-50kg), 200-400mg every 6-8 hours preferably after food, max 3 doses in 24 hours.
 - ▶ Over 15years (above 50kg), 200-600mg every 6-8 hours preferably after food, max 3 doses in 24 hours.

- **Paracetamol 60mg 10 suppositories**
Paracetamol 125mg 10 suppositories
Paracetamol 250mg 10 suppositories
Paracetamol 120mg/5mL 100mL oral suspension
Paracetamol 250mg/5mL 100mL oral suspension
Paracetamol 500mg 32 tablets; 16 soluble tablets, 10 suppositories
 - ▶ 2-3 months (post immunisation). 60mg repeated after 6 hours if required, max 2 doses.
 - ▶ 3-6months (5.5-7kg), 60mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 6-12months (7-10kg), 120mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 1-3years (10-16kg), 180mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 4-6years (17-22kg), 240mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 7-9years (23-29kg), 375mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 10-12years (30-39kg), 500mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ 13-14years (40-50kg), 750mg every 4-6 hours; max. 4 doses in 24 hours.
 - ▶ Over 15years (above 50kg), 1gram every 4-6 hours; max. 4 doses in 24 hours.

Prescribing notes

- Relative contra-indications to NSAIDs include renal impairment, history of gastro-intestinal bleeding, heart failure, hypertension, coagulation defects; absolute contra-indications include proven hypersensitivity to aspirin or any NSAID.

When to advise patient to contact GP

Severe pyrexia (temp >39 Celsius)
Persistent pyrexia (>24 hours 3-6 months or 72 hours > 6 months)
Associated drowsiness, lethargy, "floppy", visual disturbances, vomiting or neck stiffness
Rash which does not go white when pressed

INFECTION

(a) Fungal – Vaginal candidiasis (thrush)

ADULT

| | |
|-----------------------|--|
| First choice: | clotrimazole pessary ± clotrimazole cream |
| Second choice: | fluconazole* |

Dose/Quantity

- **Clotrimazole 500mg 1 pessary:** insert 1 at night as a single dose
- **Clotrimazole 2% 20g cream:** apply to anogenital region 2 – 3 times daily
- **Fluconazole 150mg 1 capsule:** 1 capsule as a single dose

*national PGD in place to allow supply of 1 capsule POM pack

Prescribing notes

- There is no evidence that treating the partner of women suffering from candidiasis is helpful.
- Patients who are inserting intravaginal cream or pessaries into the vagina, may also apply topical clotrimazole cream to the vulva.
- If pregnant refer to pregnancy section.

When to advise patient to contact GP

Recurrent episodes of infection
Signs of bacterial infection
Unresponsive to appropriate treatment
Diabetic patients
Pregnancy

(b) Fungal – skin

ADULT

First choice: clotrimazole

Second choice: terbinafine

Dose/Quantity

- **Clotrimazole 1% 20g cream:** apply 2 – 3 times daily continuing for at least 14 days after disappearance of infection.
- **Terbinafine 1% 7.5g cream (Lamisil AT[®] cream):** apply thinly 1-2 times daily for up to 1 week in tinea pedis and 1-2 weeks in tinea cruris.
- **Terbinafine 1% 15mL spray (Lamisil AT[®] spray):** spray 1-2 times daily for up to 1 week in tinea pedis and 1-2 weeks in tinea cruris and tinea corporis.
- **Terbinafine 1% 15g gel (Lamisil AT[®] gel):** apply thinly 1-2 times daily for up to 1 week in tinea pedis and 1-2 weeks in tinea cruris and tinea corporis.

Prescribing notes

- The licences for OTC terbinafine differ depending on the preparation. All versions are licensed to treat tinea pedis (athlete's foot) and tinea cruris (Jock itch) and the spray and gel are licensed for tinea corporis (ringworm).

CHILD

First choice: clotrimazole

Dose/Quantity

- **Clotrimazole 1% 20g cream:** CHILD apply 2 – 3 times daily continuing for at least 14 days after disappearance of infection.

Prescribing notes

- The licences for OTC terbinafine differ depending on the preparation. All versions are licensed to treat tinea pedis (athlete's foot) and tinea cruris (Jock itch) and the spray and gel are licensed for tinea corporis (ringworm).
- Terbinafine is not licensed for children 15 years old and younger.

When to advise patient to contact GP

Severe, affecting other parts of the foot
Recurrent episodes of infection
Signs of bacterial infection
Unresponsive to appropriate treatment
Diabetic patients
Involvement of toenails

(c) Viral – cold sores (herpes simplex)

ADULT

| |
|---------------------------------------|
| First choice: aciclovir |
|---------------------------------------|

Dose/Quantity

- **Aciclovir 5% 2g cream:** apply to lesions every 4 hours (5 times daily) for 5-10 days, starting at first sign of attack.

Prescribing notes

- It is best applied at the earliest possible stage, when prodromal changes of sensation are felt in the lip and before vesicles appear.

CHILD

| |
|---------------------------------------|
| First choice: aciclovir |
|---------------------------------------|

Dose/Quantity

- **Aciclovir 5% 2g cream:** CHILD apply to lesions every 4 hours (5 times daily) for 5-10 days, starting at first sign of attack.

Prescribing notes

- It is best applied at the earliest possible stage, when prodromal changes of sensation are felt before vesicles appear.

When to advise patient to contact GP

Babies and young children
Child with fever
Failure of an established sore to resolve
Severe or worsening sore
History of frequent cold sores
Sore lasting longer than 2 weeks
Painless sore
Patients with atopic eczema
Eye affected
Uncertain diagnosis
Immunocompromised patient

(d) Viral – warts (verruucas)

ADULT

| | |
|-----------------------|-----------------------|
| First choice: | salicylic acid |
| Second choice: | formaldehyde |

Dose/Quantity

- **Occlusal[®] 10mL application with applicator** (*salicylic acid 26% in a polyacrylic solution*): apply daily.
- **Salactol[®] 10mL paint with applicator** (*salicylic acid 16.7%, lactic acid 16.7% in flexible collodion*): apply daily.
- **Veracur[®] 15g gel** (*formaldehyde 0.75% in a water-miscible gel basis*): apply twice daily.

Prescribing notes

- These preparations are contra-indicated in facial or genital warts.
- The skin surface should be rubbed with a file or pumice stone, and the surrounding skin protected, before each application. If application becomes painful, treatment should be withheld for a few days then recommenced.

CHILD

| | |
|-----------------------|---|
| First choice: | no treatment |
| Second choice: | salicylic acid or formaldehyde |

Dose/Quantity

- **Occlusal[®] 10mL application with applicator** (*salicylic acid 26% in a polyacrylic solution*): CHILD 2 years and older apply daily.
- **Salactol[®] 10mL paint with applicator** (*salicylic acid 16.7%, lactic acid 16.7% in flexible collodion*): CHILD 2 years and older apply daily.
- **Veracur[®] 15g gel** (*formaldehyde 0.75% in a water-miscible gel basis*): CHILD apply twice daily.

Prescribing notes

- These preparations are contra-indicated in facial or genital warts.
- The skin surface should be rubbed with a file or pumice stone, and the surrounding skin protected, before each application. If application becomes painful, treatment should be withheld for a few days then recommenced.
- Avoid application to broken skin

When to advise patient to contact GP

Changed appearance of lesions: size, colour
Bleeding
Itching
Genital warts
Facial warts
Immunocompromised patients

(e) Parasitic – threadworm

ADULT

| | |
|----------------------|--------------------|
| First choice: | mebendazole |
|----------------------|--------------------|

Dose/Quantity

- **Mebendazole 100mg 1 tablet** (Ovex[®], Boots Threadworm Tablets 2 Years Plus[®], Pripsen[®] Mebendazole, Vermox[®]): 1 tablet as a single dose

Prescribing notes

- Anthelmintics should be used in combination with hygienic measures to break the cycle of auto-infection. All members of the family should be treated.
- One dose of mebendazole is usually sufficient for treatment of threadworms. If reinfection is suspected, a second dose can be given after 2 weeks.
- If pregnant refer to pregnancy section.

CHILD

| | |
|----------------------|--------------------|
| First choice: | mebendazole |
|----------------------|--------------------|

| | |
|-----------------------|--|
| Second choice: | piperezine (with sennosides) |
|-----------------------|--|

Dose/Quantity

- **Mebendazole 100mg 1 tablet** (Ovex[®], Boots Threadworm Tablets 2 Years Plus[®], Pripsen[®] Mebendazole, Vermox[®]): CHILD 2 years and older 1 tablet as a single dose
- **Piperazine 4g 2 sachet** (*piperazine phosphate 4g, total sennosides (calculated as sennoside B) 15.3mg per sachet*): *stir into milk or water and drink immediately*
 - ▶ CHILD 1 - 6 years 1 level 5mL spoonful as a single dose in the morning repeated after 14 days
 - ▶ CHILD 6 - 18 years content of 1 sachet as a single dose in the morning repeated after 14 days

Prescribing notes

- Anthelmintics should be used in combination with hygienic measures to break the cycle of auto-infection. All members of the family should be treated.
- One dose of mebendazole is usually sufficient for treatment of threadworms. If reinfection is suspected, a second dose can be given after 2 weeks.
- Mebendazole is not licensed for children under 2 years; piperazine salts are less effective but licensed for this age group.

When to advise patient to contact GP

Infection other than threadworm suspected
Recent travel abroad
Medication failure

(f) Parasitic – head lice

ADULT

| |
|---|
| First choice: malathion or phenothrin |
|---|

Dose/Quantity

- **Malathion 0.5% 50mL liquid in an aqueous basis** (*Derbac-M[®]* or *Quellada M[®] liquid*) or **50mL alcoholic basis** (*Prioderm[®]* or *Suleo-M[®] lotion*): rub into dry hair and scalp, allow to dry naturally, remove by washing after 12 hours, repeat application after 7 days
- **Phenothrin 0.5% 50mL liquid in an aqueous basis** (*Full Marks[®] Liquid*): apply to dry hair, allow to dry naturally, shampoo after 12 hours or next day, comb wet hair, repeat application after 7 days.
- **Phenothrin 0.2% 50mL in an alcoholic basis** (*Full Marks[®] Lotion*): apply to dry hair, allow to dry naturally, shampoo after 2 hours, comb wet hair, repeat application after 7 days.

Prescribing notes

- Refer to Public Health guidelines for the treatment of head lice.
- Refer to Drug Tariff Part 3 - Head Lice Devices for information on combs that can be supplied.
- Head lice should be treated with lotion, liquid or cream rinse formulations; shampoos are diluted too much during use to be effective and should not be used.
- Alcohol formulations are preferred because of improved success rates except in asthmatic patients and patients with severe eczema where aqueous formulations are safer.
- A rotational policy for insecticides is outmoded; a mosaic strategy is suggested whereby if a course of treatment fails then a different insecticide is used for the next course.
- Malathion should not be applied at intervals of less than 1 week or for more than 3 consecutive weeks since effectiveness is not increased.
- If pregnant refer to pregnancy section.

CHILD

| |
|---|
| First choice: malathion or phenothrin |
|---|

Dose/Quantity

- **Malathion 0.5% 50mL liquid in an aqueous basis** (*Derbac-M[®]* or *Quellada M[®] liquid*) or **50mL alcoholic basis** (*Prioderm[®]* or *Suleo-M[®] lotion*): CHILD 6 months and older rub into dry hair and scalp, allow to dry naturally, remove by washing after 12 hours, repeat application after 7 days.
- **Phenothrin 0.5% 50mL liquid in an aqueous basis** (*Full Marks[®] Liquid*): CHILD apply to dry hair, allow to dry naturally, shampoo after 12 hours or next day, comb wet hair, repeat application after 7 days.
- **Phenothrin 0.2% 50mL in an alcoholic basis** (*Full Marks[®] Lotion*): CHILD apply to dry hair, allow to dry naturally, shampoo after 2 hours, comb wet hair, repeat application after 7 days.

Prescribing notes

- see prescribing notes for adults above

(h) Parasitic – crab lice

ADULT

| |
|---------------------------------------|
| First choice: malathion |
|---------------------------------------|

Dose/Quantity

- **Malathion 0.5% 200mL aqueous liquid** (*Derbac-M[®]* or *Quellada M[®] liquid*): apply over whole body, allow to dry naturally, wash off after 12 hours or overnight, repeat application after 7 days.

Prescribing notes

- An aqueous preparation should be applied to all parts of the head and body for 12 hours or overnight; a second treatment is needed after 7 days to kill lice emerging from surviving eggs.
- Alcoholic lotions are not recommended due to irritation of excoriated skin and genitalia.

(i) Urinary – cystitis

ADULT

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|---|
| First choice: potassium citrate |
|---|

Dose/Quantity

- **Potassium citrate 200mL mixture BP** (*potassium citrate oral solution containing potassium citrate 30%, citric acid monohydrate 5% in a suitable vehicle with a lemon flavour*): 10mL 3 times daily well diluted with water.

Prescribing notes

- Many patients obtain good relief from the symptoms of cystitis following alkalinisation of the urine.

When to advise patient to contact GP

All men, children
Fever, nausea/vomiting
Loin pain and tenderness
Haematuria
Vaginal discharge
Duration longer than 2 days
Pregnancy
Recurrent cystitis
Failed medication

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SKIN

(a) Acne

ADULT

| |
|--|
| First choice: benzoyl peroxide |
|--|

Dose/Quantity

- **Benzoyl peroxide 2.5% 40g aquagel:** apply 1-2 times daily.
- **Benzoyl peroxide 5% 40g aquagel:** apply 1-2 times daily.
- **Benzoyl peroxide 10% 40g aquagel:** apply 1-2 times daily.

Prescribing notes

- Topical treatment takes at least 30 days to become effective.
- Benzoyl peroxide should be used in increasing strengths regularly to the entire acne-prone area.
- May bleach clothing.

CHILD

| |
|--|
| First choice: benzoyl peroxide |
|--|

Dose/Quantity

- **Benzoyl peroxide 2.5% 40g aquagel:** CHILD 12 – 18 years apply 1-2 times daily.
- **Benzoyl peroxide 5% 40g aquagel:** CHILD 12 – 18 years apply 1-2 times daily.
- **Benzoyl peroxide 10% 40g aquagel:** CHILD 12 – 18 years apply 1-2 times daily.

Prescribing notes

- Topical treatment takes at least 30 days to become effective.
- Benzoyl peroxide should be used in increasing strengths regularly to the entire acne-prone area.
- May bleach clothing.

When to advise patient to contact GP

Acne in the very young
Severe acne
Acne causing scarring
Failed medication (no improvement in 2 months)
Suspected drug-induced acne

(b) Eczema

ADULT

| | |
|--|--|
| <i>Emollient</i> | |
| First choice: | <i>ointment base</i> white soft paraffin 50% / liquid paraffin 50% (preservative-free) <i>or</i> Epaderm[®] ointment (preservative-free) <i>or</i> emulsifying ointment (preservative-free) |
| Second Choice: | <i>cream base</i> aqueous cream BP <i>or</i> Diprobase[®] cream <i>or</i> Aveeno[®] cream |
| <i>Emollient bath/shower products without antiseptic</i> | |
| First choice: | Oilatum[®] |
| Second choice: | Balneum[®] <i>or</i> E45[®] |
| <i>Topical corticosteroids</i> | |
| First choice: | hydrocortisone 1% |

Dose/Quantity

Emollients

- **White soft paraffin 50%/liquid paraffin 50% 250g pot:** apply as often as required.
- **Epaderm[®] ointment 125g pot** (*emulsifying wax 30%, yellow soft paraffin 30%, liquid paraffin 40%*): massage into skin as often as required; may be used as a soap substitute.
- **Emulsifying ointment 100g pot** (*emulsifying wax 30%, white soft paraffin 50%, liquid paraffin 20%*): massage into skin as often as required; may be used as a soap substitute
- **Aqueous cream BP 100g tube, 500g pot** (*emulsifying ointment 30%, phenoxyethanol 1% in freshly boiled and cooled purified water*): massage into skin 2-3 times daily; may be used as a soap substitute.
- **Diprobase[®] cream 50g tube** (*cetomacrogol 2.25%, cetostearyl alcohol 7.2%, liquid paraffin 6%, white soft paraffin 15%*): apply as often as required.
- **Aveeno[®] cream 100mL tube** (*colloidal oatmeal in emollient basis*): apply as often as required.

Emollient bath/shower products

- **Oilatum[®] 250mL Emollient bath additive** (*acetylated wool alcohols 5%, liquid paraffin 63.4%*): add 5-15 mL/bath.
- **Oilatum[®] Shower 125g emollient** (*light liquid paraffin 70%*): apply to wet skin as a shower gel as frequently as necessary.
- **Balneum[®] 200mL bath oil** (*soya oil 84.75%*): add 20mL/bath.
- **E45[®] 250mL Emollient bath oil** (*cetyl dimeticone 5%, liquid paraffin 91%*): add 15mL/bath.

Topical corticosteroids

- **Hydrocortisone 1% 15g tube cream:** apply thinly 1-2 times daily

Prescribing notes

- The choice of emollient is guided by individual patient tolerance, preference and ease of use.
- Emollients soothe, smooth and hydrate the skin and are indicated for all dry scaling disorders.
- Emollients should be applied regularly to maintain improvement; most are best applied after a shower or bath.
- Aqueous cream and emulsifying ointment are preferred as soap substitutes. Most emollients may be used as soap substitutes by firstly wetting the skin, washing with the cream or ointment, then rinsing off.
- A convenient way of applying emulsifying ointment and Epaderm[®] ointment is as “soap balls”, which are made by putting a scoop of the ointment into tubinette or stockinette.
- Topical corticosteroids are not recommended in urticaria, rosacea, acne or undiagnosed, possibly infective, disorders.
- With topical corticosteroids, to minimise the risk of side-effects, the smallest effective amount should be used; reduce strength and frequency of application as the condition settles. The risk of systemic side-effects increases with prolonged use.

CHILD

Emollient

First choice: *ointment base*

white soft paraffin 50% / liquid paraffin 50%
(preservative-free)
or Epaderm[®] ointment (preservative-free)
or emulsifying ointment (preservative-free)

Second Choice: *cream base*

aqueous cream BP
or Diprobase[®] cream
or Aveeno[®] cream

Emollient bath/shower products without antiseptic

First choice: **Oilatum[®]**

Second choice: **Balneum[®]**
or E45[®]

Topical corticosteroids

First choice: **hydrocortisone 1% cream**

Dose/Quantity

Emollients

- **White soft paraffin 50%/liquid paraffin 50% 250g pot:** apply as often as required.
- **Epaderm® ointment 125g pot** (*emulsifying wax 30%, yellow soft paraffin 30%, liquid paraffin 40%*): massage into skin as often as required; may be used as a soap substitute.
- **Emulsifying ointment 100g pot** (*emulsifying wax 30%, white soft paraffin 50%, liquid paraffin 20%*): massage into skin as often as required; may be used as a soap substitute
- **Aqueous cream BP 100g tube, 500g pot** (*emulsifying ointment 30%, phenoxyethanol 1% in freshly boiled and cooled purified water*): massage into skin 2-3 times daily; may be used as a soap substitute.
- **Diprobase® cream 50g tube** (*cetomacrogol 2.25%, cetostearyl alcohol 7.2%, liquid paraffin 6%, white soft paraffin 15%*): apply as often as required.
- **Aveeno® cream 100mL tube** (*colloidal oatmeal in emollient basis*): apply as often as required.

Emollient bath/shower products

- **Oilatum® 250mL Emollient bath additive** (*acetylated wool alcohols 5%, liquid paraffin 63.4%*): add 5-15 mL/bath (2.5-10mL if an infant).
- **Oilatum® Shower 125g emollient** (*light liquid paraffin 70%*): apply to wet skin as a shower gel as frequently as necessary.
- **Balneum® 200mL bath oil** (*soya oil 84.75%*): add 20mL/bath (5mL, if an infant).
- **E45® 250mL Emollient bath oil** (*cetyl dimeticone 5%, liquid paraffin 91%*): add 15mL/bath (child, 5-10mL).

Topical corticosteroids

- **Hydrocortisone 1% 15g tube cream:** CHILD 10 years and older apply thinly 1-2 times daily

Prescribing notes

- see prescribing notes for adults above

When to advise patient to contact GP

Once only trial of emollient, if no improvement refer to GP

(c) Allergy/Itch

ADULT

| |
|---|
| First choice: calamine cream or lotion <i>or</i> crotamiton cream |
|---|

Dose/Quantity

- **Calamine 100g aqueous cream, 200mL lotion or oily lotion:** apply as often as required.
- **Crotamiton 10% 30g or 100g cream, 100mL lotion (Eurax[®]):** apply 2–3 times daily.

Prescribing notes

- Emollient preparations may be useful for pruritus due to dry skin; sedating oral antihistamines may also be helpful for itch.
- Crotamiton is useful for pruritus persisting after treatment of scabies.

CHILD

| |
|---|
| First choice: calamine cream or lotion <i>or</i> crotamiton cream |
|---|

Dose/Quantity

- **Calamine 100g aqueous cream, 200mL lotion or oily lotion:** apply as often as required.
- **Crotamiton 10% 30g or 100g cream, 100mL lotion (Eurax[®]):** CHILD over 3 years, apply 2–3 times daily.

Prescribing notes

- Emollient preparations may be useful for pruritus due to dry skin; sedating oral antihistamines may also be helpful for itch.
- Calamine is useful for itch associated with chickenpox.
- Crotamiton is useful for pruritus persisting after treatment of scabies.

(e) Scalp disorders

ADULT

| | |
|----------------------|--|
| First choice: | coconut oil containing shampoo/scalp ointment <i>or Polytar[®] liquid</i> <i>or ketoconazole shampoo</i> |
|----------------------|--|

Dose/Quantity

- **Coconut oil containing shampoo 250mL** (Capasal[®]): apply according to product information.
- **Coconut oil containing shampoo 40g scalp ointment** (SeboCo[®]): apply according to product information.
- **Polytar[®] 250mL liquid** (*arachis (peanut) oil extract of crude coal tar 0.3%, cade oil 0.3%, coal tar solution 0.1%, oleyl alcohol 1%, tar 0.3%*): scalp disorders, including psoriasis, seborrhoea, eczema, pruritus and dandruff, apply 1–2 times weekly.
- **Ketoconazole 2% 100mL shampoo** : for seborrhoeic dermatitis and dandruff apply twice weekly for 2–4 weeks.

Prescribing notes

- Treatment depends on the severity of the condition. Shampoo formulations are preferred for moderate scaly scalp conditions whereas more severe conditions may require an ointment.
- Ketoconazole shampoo is often helpful for seborrhoeic dermatitis of the scalp.

CHILD

| | |
|-----------------------|---|
| First choice: | ketoconazole shampoo <i>or Polytar[®] liquid</i> |
| <i>Cradle Cap</i> | |
| First choice: | no treatment |
| Second choice: | olive oil <i>or coconut oil containing shampoo</i> |

Dose/Quantity

- **Ketoconazole 2% 120mL shampoo**: for seborrhoeic dermatitis and dandruff apply twice weekly for 2–4 weeks; for pityriasis versicolor, once daily for up to 5 days.
- **Polytar[®] 250mL liquid** (*arachis (peanut) oil extract of crude coal tar 0.3%, cade oil 0.3%, coal tar solution 0.1%, oleyl alcohol 1%, tar 0.3%*): scalp disorders, including psoriasis, seborrhoea, eczema, pruritus and dandruff, apply 1–2 times weekly.
- **Olive oil 25mL**: massage a small amount into the scales and then shampoo.
- **Coconut oil containing shampoo 250mL** (Capasal[®]): apply according to product information.

Prescribing notes

- Cradle cap is often a self limiting condition and causes no discomfort.
- Frequent shampooing (unless medicated) and harsh brushing should be avoided.

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EYES

(a) Tear deficiency/ocular lubricants

ADULT

| | |
|-----------------------|--|
| <i>Eye drops</i> | |
| First choice: | hypromellose 0.3% |
| Second choice: | polyvinyl alcohol (Liquifilm Tears [®]) <i>or</i> carbomer 980 (Viscotears [®]) |
| <i>Eye ointments</i> | |
| First choice: | Lacri-Lube[®] |

Dose/Quantity

- **Hypromellose 0.3% 10mL eye drops:** may need to be instilled frequently e.g. hourly, for adequate relief.
- **Polyvinyl alcohol 15mL** (Liquifilm Tears[®]) **1.4% eye drops:** may need to be instilled frequently e.g. hourly, for adequate relief.
- **Carbomer 980 10g eye drops** (Viscotears[®]): apply 3-4 times daily or as required.
- **Lacri-Lube[®] 3.5g eye ointment:** usually applied at night. All available lubricant eye ointments contain lanolin.

Prescribing notes

- The severity of the condition and patient preference will often guide the choice of preparation.
- Chronic soreness of the eyes due to reduced / abnormal tear secretion often responds to tear replacement therapy.
- Frequent instillation of drops (e.g. hourly hypromellose) may cause a sensitivity reaction to the preservative in the drops.

When to advise patient to contact GP

If condition lasts longer than 2 weeks
Pain or signs of infection i.e. purulent discharge

(b) Hayfever (eye) symptoms

ADULT

| |
|--|
| First choice: sodium cromoglicate 2% (prophylaxis) <i>or</i> Otrivine-Antistin[®] (acute) |
|--|

Dose/Quantity

- **Sodium cromoglicate 2% 10mL eye drops:** apply 4 times daily.
- **Otrivine-Antistin[®] 10mL** (*antazoline 0.5%, xylometazoline 0.05%*) eye drops: apply 2-3 times daily.

Prescribing notes

- Sodium cromoglicate is used to treat allergic conjunctivitis. It has a prophylactic action and must be used regularly even when symptoms improve.
- Otrivine-Antistin[®] eye drops may be used to treat acute allergic conjunctivitis as a short-term measure. Long-term use should be avoided because of rebound hyperaemia.
- See also section Respiratory & Nasal (a) Hay fever/rhinitis.

CHILD

| |
|--|
| First choice: sodium cromoglicate 2% (prophylaxis) <i>or</i> Otrivine-Antistin[®] (acute) |
|--|

Dose/Quantity

- **Sodium cromoglicate 2% 10mL eye drops:** CHILD apply 4 times daily.
- **Otrivine-Antistin[®] 10mL eye drops** (*antazoline 0.5%, xylometazoline 0.05%*): CHILD 5 years and older apply 2-3 times daily.

Prescribing notes

- Sodium cromoglicate is used to treat allergic conjunctivitis. It has a prophylactic action and must be used regularly even when symptoms improve.
- Otrivine-Antistin[®] eye drops may be used to treat acute allergic conjunctivitis as a short-term measure. Long-term use should be avoided because of rebound hyperaemia.
- See also section Respiratory & Nasal (a) Hay fever/rhinitis.

(c) Bacterial Conjunctivitis

ADULT

Eye drops

First choice: no treatment

Second choice: chloramphenicol*

Dose/Quantity

- **Chloramphenicol 0.5% 10mL eye drops:** 1 drop usually every 2 hours for 2 days then 4 times daily for up to 1 week.

*national PGD in place to allow supply of 10mL POM pack

Prescribing notes

- Most cases of acute bacterial conjunctivitis are self-limiting. Treatment should be given if the condition has not resolved spontaneously after 5 days.

CHILD

Eye drops

First choice: no treatment

Second choice: chloramphenicol*

Dose/Quantity

- **Chloramphenicol 0.5% 10mL eye drops:** CHILD 2 years and older, for conjunctivitis, 1 drop usually every 2 hours for 2 days then 4 times daily for up to 5 days.

*national PGD in place to allow supply of 10mL POM pack

Prescribing notes

- Most cases of acute bacterial conjunctivitis are self-limiting. Treatment should be given if the condition has not resolved spontaneously after 5 days.

When to advise patient to contact GP

See Royal Pharmaceutical Advice

<http://www.rpsgb.org/pdfs/otcchlorampheneyedropsguid.pdf>

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EAR

(a) Ear wax

ADULT

| |
|--|
| First choice: sodium bicarbonate <i>or</i> Exterol[®] |
|--|

Dose/Quantity

- **Sodium bicarbonate 5% 10mL ear drops:** Allow the drops to warm to room temperature before use. Put 3 to 4 drops into the affected ear(s) 3 to 4 times a day for 3 to 5 days.
- **Exterol[®] 8mL ear Drops (*thick solution containing urea hydrogen peroxide 5%, 8-hydroxyquinoline and glycerol*):** Allow the drops to warm to room temperature before use. Instil up to 5 drops into the ear. Retain drops in ear for several minutes by keeping the head tilted and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required.

Prescribing notes

- Earwax needs to be removed only if it causes symptoms of discomfort or hearing loss.
- The ear is a self-cleaning system and cotton buds should not be used to try to clear the ear canal, as wax is likely to be pushed back against the eardrum and become more impacted.
- After instilling the ear drops, the person should lie with the affected ear uppermost for 5-10 minutes.

CHILD

| |
|--|
| First choice: sodium bicarbonate <i>or</i> Exterol[®] |
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Dose/Quantity

- **Sodium bicarbonate 5% 10mL ear drops:** CHILD over 5 years put 3 to 4 drops into the affected ear(s) 3 to 4 times a day for 3 to 5 days. Allow the drops to warm to room temperature before use.
- **Exterol[®] 8mL ear Drops (*thick solution containing urea hydrogen peroxide 5%, 8-hydroxyquinoline and glycerol*):** CHILD Allow the drops to warm to room temperature before use. Instil up to 5 drops into the ear. Retain drops in ear for several minutes by keeping the head tilted and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required.

Prescribing notes

- Earwax needs to be removed only if it causes symptoms of discomfort or hearing loss.
- The ear is a self-cleaning system and cotton buds should not be used to try to clear the ear canal, as wax is likely to be pushed back against the eardrum and become more impacted.
- After instilling the ear drops, the person should lie with the affected ear uppermost for 5-10 minutes.

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PREGNANCY

(a) Morning Sickness

- There are no OTC medicines that are licensed specifically for the treatment of morning sickness.
- Although there is no research-based evidence, it is common practice to recommend:
 - Small, frequent meals high in carbohydrate and low in fat
 - Eating cold meals rather than hot meals, which may prevent any smell-related nausea, as cold food does not seem to give off as much smell as hot food
 - Eating plain (or ginger) biscuits about 20 minutes before getting up
 - Glucose tablets to possibly help prevent blood sugar levels from dropping (low blood sugar levels may cause nausea)
 - Avoiding any foods or smells that trigger symptoms
 - Avoiding drinking cold, tart, or sweet beverages
 - Avoiding caffeine and alcohol, to prevent dehydration

(b) Heartburn

ADULT

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|-----------------------|---|
| First choice: | co-magaldrox (Mucogel [®]) |
| Second choice: | compound alginic acid preparations (Peptac [®] suspension or Topal [®] tablets) |

Dose/Quantity

- **Mucogel[®] 500mL suspension** (*magnesium hydroxide 195mg, dried aluminium hydroxide 220mg/5mL*): 10-20mL, 20 minutes-1 hour after meals, and at bedtime or when required.
- **Peptac[®] 500mL suspension** (*sodium alginate 250mg, sodium bicarbonate 133.5mg, calcium carbonate 80mg per 5mL*): 10-20mL after meals and at bedtime.
- **Topal[®] 42 tablets** (*alginic acid 200mg, dried aluminium hydroxide 30mg, magnesium light magnesium carbonate 40mg with lactose 220mg, sucrose 880mg, sodium bicarbonate 40mg*): 1-3 tablets chewed 4 times daily after meals and at bedtime.

Prescribing notes

- Liquid formulations of antacids are more effective than tablets or capsules.
- Compound alginic acid preparations are less powerful antacids than co-magaldrox but may be more effective for heartburn.
- **Topal[®] tablets should be avoided in early pregnancy.**

(c) Constipation

| | |
|-----------------------|-----------------------|
| First choice: | ispaghula husk |
| Second choice: | senna |

Dose/Quantity

- **Ispaghula husk 3.5g 30 sachets**: 1 sachet in water twice daily preferably after meals.
- **Senna 7.5mg 30 tablets; 7.5mg/5mL 100mL syrup**: 2-4 tablets or 10-20mL syrup at night.

Prescribing notes

- Encourage more fluids and an increased level of fibre in the diet.
- Ispaghula may take several days to act.
- Stimulant laxatives become less effective with long-term use.
- **In the later stages of pregnancy avoid senna as; theoretically, it could cause uterine contractions.**
- If bulk-forming and stimulant laxatives are unsuitable, consider at least 30mL daily of lactulose; this may take 48 hours to act.

(d) Haemorrhoids

| |
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| First choice: Anusol[®] |
|--|

Dose/Quantity

- **Anusol[®] 25g ointment with rectal nozzle, 12 suppositories** (*containing bismuth oxide, bismuth subgallate, Peru balsam, zinc oxide*): apply (or insert 1 suppository) night, morning and after defaecation, for up to 7 days.

Prescribing notes

- Anusol[®] or an ice pack can be used to provide symptomatic relief of haemorrhoids.

(e) Coughs/colds

Cough suppressants

First choice: **no treatment**

Expectorants and demulcents

First choice: **no treatment**

Second choice: **simple linctus, BP**

Topical nasal decongestant

First choice: **sodium chloride 0.9%**

Dose/Quantity

- **Simple Linctus, BP 100mL sugar-free oral solution** (*contains citric acid monohydrate 2.5%*): 5mL 3 – 4 times daily.
- **Sodium chloride 0.9% 10mL nasal drops**: instil 1-2 drops into each nostril when necessary.

Prescribing notes

- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions.
- None of the remedies available for the management of cough (cough suppressants, expectorants or demulcents) are proven to provide any benefit.
- For persistent cough lasting 4-6 weeks, the underlying cause should be established.

(f) Vaginal candidiasis (thrush)

- OTC antifungal treatments cannot be supplied to pregnant women – refer to GP.

(g) Headaches/backache

Mild pain

First choice: non-pharmacological measures

Second choice: paracetamol

Dose/Quantity

- Paracetamol 500mg 32 tablets; 16 soluble tablets; 10 suppositories
- Paracetamol 250mg/5mL 100mL oral suspension:
 - 0.5-1g every 4-6 hours; max 4g daily

Prescribing notes

- Where possible, non-pharmacological measures (e.g. reassurance, rest, stress management, ice, massage) should be tried before paracetamol.
- Paracetamol is generally regarded as being safe for use in pregnancy.
- Frequency and intensity of migraines may diminish during pregnancy.

(h) Hayfever

Nasal symptoms

First choice: sodium cromoglicate 4% (prophylaxis)

Ocular symptoms

First choice: sodium cromoglicate 2% (prophylaxis)

Dose/Quantity

- Sodium cromoglicate 4% 15mL aqueous nasal spray: apply 1 squeeze into each nostril 2–4 times daily
- Sodium cromoglicate 2% 10mL eye drops: apply 4 times daily.

Prescribing notes

- Nasal steroids and oral antihistamines may be used in pregnancy but only on medical advice.
- Intranasal sodium cromoglicate is a safe choice for pregnant women.

(i) Parasitic infection - threadworm

- During pregnancy, hygiene methods alone are preferred. Mebendazole and piperazine are best avoided during pregnancy.
- Threadworm infection can be treated solely by meticulous attention to hygiene for 6 weeks. The worms in the intestine will die within this time, and, if no eggs are swallowed, no new worms will replace them.

(j) Parasitic infection – head lice

- During pregnancy, malathion in an aqueous basis is preferred. See advice in the Infection section (f) parasitic - head lice.

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