# ACNE

**Definition/Criteria**
Acne is a skin condition that affects the hair follicles and the sebaceous glands in the skin, which secrete an oily substance called sebum. It most commonly occurs in adolescents and young adults, but can occur for the first time later in life.

**Criteria for INCLUSION**
Patient presenting with mild acne – a history of troublesome spots, most commonly affecting the face, shoulders, back and/or chest.

**Criteria for conditional EXCLUSION or REFERRAL**
Hyperandrogenism – clinical features such as irregular periods, alopecia, hirsutism
Patients with a previous history of contact dermatitis caused by benzoyl peroxide.

**SELF CARE ADVICE**
- It is not caused by poor hygiene – excessive washing can aggravate it.
- Do not wash more than twice a day and use a mild soap and lukewarm water.
- Picking spots does not improve it and can cause scarring.
- Diet has no effect on acne – no evidence that chocolate or fatty food aggravates it. However, if the person notices that a particular food triggers the flares then it is reasonable to avoid these.
- Avoid excessive use of cosmetics and remove makeup at night
- Use fragrance free water-based emollients if dry skin is a problem. Avoid ointments as these may clog pores

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Benzoyl Peroxide 5% gel<br>Benzoyl Peroxide 10% gel | topical | P | Apply sparingly once daily at first; increase to twice daily when you get used to using it. |

**Additional Treatment advice**
- Wash the skin 20-30 minutes before using.
- May bleach hair, bed-linen or clothes that come into contact with it.
- Use the lowest strength first. If you wish to increase the strength do it gradually.
- Apply gel to the affected area, not just to each spot.
- Most common reason for treatment failure is because people don't use it regularly for long enough. It can take up to 6 weeks for any noticeable improvement in skin. Commonly causes mild skin irritation. If skin becomes irritated stop using it until irritation goes. Then try again either reducing the strength of preparation or reduce the time it is left on.

**Conditional referral to GP:**
- Moderate or severe acne.
- If Benzoyl Peroxide has been used correctly for >8 weeks without improvement.

**References**
http://cks.nice.org.uk/acne-vulgaris (Sep 2014)

# ATHLETE'S FOOT

**Definition/Criteria**
A fungal infection of the foot which tends to occur between the toes

**Criteria for INCLUSION**
Patient presenting with itching, flaking and peeling of the skin between the toes. The skin may be soggy, cracked, red and inflamed or present as small blisters between the toes.

**Criteria for conditional EXCLUSION or REFERRAL**
- Circulatory disorders.
- Diabetes mellitus.
- Severe and/or extensive infection.
- Evidence of bacterial infection requiring treatment.
- Immunocompromised patients.

**SELF CARE ADVICE**
- Advise the person to modify their footwear and ensure good foot hygiene. They should:
    - Wear footwear that keeps the feet cool and dry.
    - Wear cotton socks.
    - Change to a different pair of shoes every 2–3 days.
    - After washing, dry the feet thoroughly, especially between the toes.
- To reduce the risk of transmission, advise the person:
    - To avoid scratching affected skin, as this may spread the infection to other sites.
    - To avoid going barefoot in public places (they should wear protective footwear, such as flip-flops, in communal changing areas).
    - Not to share towels and to wash them frequently.
- It is not necessary to keep children away from school. However, to ensure that the infection is not transmitted to others, advise parents or carers to carefully follow the recommendations on hygiene and treatment.
- Advise that an over-the-counter product can be used if symptoms recur after treatment.

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Clotrimazole 1% cream | Topical | P | apply 2-3 times daily and continue for 7 days after all signs of infection have cleared. |
| Terbinafine Cream 7.5g* | Topical | P | apply thinly twice daily for 1 week<br>Not be used in children, pregnant and breastfeeding patients |

**Additional Treatment advice**
- None

**Conditional referral to GP:**
- Uncertain diagnosis.
- Treatment used correctly but condition not cleared up.

**References**
http://cks.nice.org.uk/fungal-skin-infection-foot (Sep 2014)

# COLD SORES

**Definition/Criteria**
Infection with herpes simplex virus (HSV) causing pain and blistering on or around the lips (cold sores). After primary infection, the virus lies dormant until triggered by a stimulus such as the common cold, sunlight or impaired immunity.

**Criteria for INCLUSION**
Patients who present with pain or tingling on or around the lips with a previous history of HSV.

**Criteria for conditional EXCLUSION or REFERRAL**
- Immunocompromised individuals.
- Pregnant women
- Recurrent or persistent symptoms

**SELF CARE ADVICE**
- Reassure the person that the condition is self-limiting and that lesions will heal without scarring.
- Give advice to minimize transmission:
    - Avoid touching the lesions, other than when applying medication.
    - Wash hands with soap and water immediately after touching lesions.
    - Topical medications should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions. They should *not* be shared with others.
    - Avoid kissing until the lesions have completely healed.
    - Do not share items that come into contact with lesion area (for example lipstick or lip gloss).
    - Avoid oral sex until all lesions are completely healed.
    - There is a risk of transmission to the eye if contact lenses become contaminated.
- Inform parents or carers that children with cold sores do not need to be excluded from nurseries and schools.

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Aciclovir 5% Cream (2g) | Topical | GSL / P | Apply to the affected area five time a day |

Paracetamol or ibuprofen may also be used for pain relief where required

**Additional Treatment advice**
- **Topical aciclovir** offers very limited benefits and should only be supplied to patients who respond to this treatment. Treatment should only be supplied when the patient is experiencing prodromal symptoms i.e. initial onset. It **should not** be supplied to treat lesions inside the mouth

**Conditional referral to GP:**
- Advise the person to seek medical advice if their condition deteriorates (for example the lesion spreads, new lesions develop after the initial outbreak, persistent fever, inability to eat) or no significant improvement is seen after 7 days

**References**
http://cks.nice.org.uk/herpes-simplex-oral (Sep 2012)

# CONJUNCTIVITIS (ACUTE BACTERIAL)

**Definition/Criteria**
Acute inflammation of the conjunctiva of the eye

**Criteria for INCLUSION**
Conjunctivitis, where a bacterial infection is suspected

**Criteria for conditional EXCLUSION or REFERRAL**

- Users of other eye drops regularly prescribed
- Atypical symptoms of conjunctivitis
- Suspected foreign body in the eye
- Eye injury
- Photophobia
- Where vision has been affected
- Suspected allergic conjunctivitis
- Unusual looking pupils or cloudy cornea
- Feels generally unwell
- Glaucoma
- Eye surgery/laser treatment in last 6 months
- Pregnancy and breastfeeding
- Recent trip abroad
- Severe pain within the eye

**SELF CARE ADVICE**

- That infective conjunctivitis is a self-limiting illness that, for most people, settles without treatment within 1–2 weeks. If symptoms persist for longer than 2 weeks they should re-consult for investigation of the cause.
- To urgently seek medical attention if they develop marked eye pain or photophobia, loss of visual acuity, or marked redness of the eye.
- To remove contact lenses, if worn, until all symptoms and signs of infection have completely resolved and any treatment has been completed for 24 hours.
- That lubricant eye drops may reduce eye discomfort; these are available over the counter, as well as on prescription.
- To clean away infected secretions from eyelids and lashes with cotton wool soaked in water.
- To wash their hands regularly, particularly after touching infected secretions, and to avoid sharing pillows and towels to avoid spreading infection.

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Chloramphenicol 0.5% Eye Drops | topical | P | One drop to the affected eye every 2 hours for the first 48 hours then four hourly for 72 hours |
| Chloramphenicol 1% Eye Ointment | topical | P | Apply four times a day for the first 48 hours then twice a day for 72 hours |

**Additional Treatment advice**

- Transient burning or stinging sensation. Hypersensitivity reactions possible though very rare.

**Conditional referral to GP:**

- See GP if no improvement or condition worsens over 48 hours

**References**
http://cks.nice.org.uk/conjunctivitis-infective (Aug 2015)

# CONSTIPATION

**Definition/Criteria**
Increased difficulty and reduced frequency of bowel evacuation compared to normal.

**Criteria for INCLUSION**
Adults with significant variation from normal bowel evacuation, which has not improved following adjustments to diet and other lifestyle activities (see below).

**Criteria for conditional EXCLUSION or REFERRAL**
Patients currently receiving laxatives as part of their regular medication.
N.B. it is not recommended that laxatives are given for children in the scheme.

**SELF CARE ADVICE**
- Advice about toileting routines
    - Defecation should be unhurried, with time to ensure that defecation is complete.
    - Attempt defecation first thing in the morning, or about 30 minutes after a meal. This may require some planning and time management.
    - Respond immediately to the sensation of needing to defecate.
    - Inadequate (auditory or visual) privacy can also contribute to constipation.
- Advice about diet:
    - In general, the diet should be balanced and contain whole grains, fruits, and vegetables. This is recommended as part of the treatment for constipation. It is also recommended for general health and promoted by the 'five-a-day' policy.
    - Fibre intake should be increased gradually (to minimize flatulence and bloating) and maintained for life. Adults should aim to consume 18–30 g fibre per day.

**Action for excluded patients**
- Referral to General Practitioner.
- Referral to Health Visitor for Children and Babies.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Glycerin 4g Suppositories (Adult) (12) | Rectal | GSL | 1 into the rectum when required |
| Ispaghula Sachets (10) | Oral | GSL | 1 morning and evening mixed in a glass of water |
| Lactulose Solution (300ml) | Oral | P | 15ml twice daily |
| Senna 7.5mg tablets (20) | Oral | GSL | 2 at night initially, consider increasing if no response |

**Additional Treatment advice**
- Start treatment if appropriate with a bulk forming laxative.
- If stools remain hard add or switch to an osmotic laxative
- If stools are soft but patient finds them difficult to pass use a stimulant laxative
- Laxatives should be stopped once the stools become soft and easily passed again.

**Conditional referral to GP:**
- If constipation persists beyond one week, consult the GP; If more than one request per month
- **Rapid referral:** Sickness associated with constipation; Constipation and diarrhoea; Severe abdominal pain

**References**
http://cks.nice.org.uk/constipation (Feb 2015)

# CONTACT DERMATITIS/URTICARIA/PRURITUS/ECZEMA

**Definition/Criteria**
Itchy, red, dry, cracked or flaking, scaly skin precipitated by products such as nickel, cheap jewellery, chemical containing products; Itchy sensation of skin evoked by physical or chemical stimuli; Inflammation of the skin.

**Criteria for INCLUSION**
Evidence of contact dermatitis (commonly on the hands) following exposure to irritant. Troublesome itching and/or urticaria with no specific underlying abnormality that requires short term symptomatic treatment; Superficial inflammation of the skin, causing itching, with a red rash often accompanied by small blisters that weep and become crusted.

**Criteria for conditional EXCLUSION or REFERRAL**
Signs and / or symptoms of infection or infected rash.

**SELF CARE ADVICE**
- Avoid scratching.
- Avoid further contact with the irritant or potential stimuli.
- Use of a barrier between the skin and the irritant e.g. cotton lined rubber gloves when in contact with chemicals.
- Use of an emollient and/or soap substitute products

**Action for excluded patients**

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Cetirizine tabs 10mg (30) | Oral | P | 1 daily |
| Chlorphenamine tabs 4mg (30) | Oral | P | 1 every 4-6 hours<br>NB: brands have different MDD |
| Crotamiton cream 10% (30g) | Topical | GSL | Apply 2-3 times daily (under 3 yrs apply daily) |
| Hydrocortisone 1% cream (15g) | Topical | P | Apply sparingly twice a day for 1 week |
| Oilatum bath emollient (250ml) | Bath additive | GSL | Follow printed instructions as a bath additive |
| ZeroAQS cream (500g) | Topical | CE Device | Apply liberally as emollient and soap substitute |

**Additional Treatment advice**
- Always use emollient therapy first

**Conditional referral to GP:**
- If the area is not healing or symptoms have not resolved after 5-7 days using an appropriate product
- **Consider supply, but patient should be advised to make an appointment to see the GP:** No identifiable cause; Duration of longer than 2 weeks; Pregnancy; Epilepsy.
- **Rapid referral -** Evidence of infection or angio-oedema: Severe condition of the area: badly fissured / cracked skin and/or bleeding : Weight loss: History of liver / kidney disease

**References**
http://cks.nice.org.uk/dermatitis-contact (Mar 2013)
http://cks.nice.org.uk/eczema-atopic (Mar 2013)
http://cks.nice.org.uk/urticaria (Dec 2011)

# COUGH

**Definition/Criteria**
Coughing arises as a defensive reflex mechanism.

**Criteria for INCLUSION**
Troublesome cough requiring soothing.

**Criteria for conditional EXCLUSION or REFERRAL**
Patients under one year
Chronic Bronchitis
Cough productive of blood stained sputum
Asthmatics presenting with wheeze or reduced peak-flow

**SELF CARE ADVICE**
- Maintain fluid intake with chesty cough.
- Smoking cessation advice where appropriate.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Simple Linctus S.F. (200ml) | Oral | GSL | 5-10ml four times a day |
| Simple Linctus Paediatric S.F (200ml) | Oral | GSL | 5-10ml four times a day |

**Additional Treatment advice**
- There is no good evidence for or against the effectiveness of any cough preparations.

**Conditional referral to GP:**
- If cough and other symptoms persist beyond three weeks the patient should consult the GP
- **Consider supply, but patient should be advised to make an appointment to see the GP:**
    - A persistent, dry, night time cough in children.
- **Rapid referral:**
    - Constant chest pain or chest pain on normal inspiration.
    - Difficulty breathing.
    - Pain related to exertion

**References**
http://cks.nice.org.uk/asthma (Dec 2013)
http://cks.nice.org.uk/bronchiectasis (Feb 2013)
http://cks.nice.org.uk/cough (Jun 2015)
http://cks.nice.org.uk/cough-acute-with-chest-signs-in-children (Oct 2012)

# CYSTITIS (MILD URINE INFECTION IN WOMEN)

**Definition/Criteria**
Inflammation of the bladder often caused by infection and usually accompanied by the desire to pass urine frequently and with a degree of burning.

**Criteria for INCLUSION**
Adult females presenting with burning sensation and a desire to pass urine frequently or a previous diagnosis of cystitis who are confident it is a recurrence of the same condition.

**Criteria for conditional EXCLUSION or REFERRAL**
Pregnancy or breast feeding.
Women under 16 and over 50 years.
Urinary tract infection in people with indwelling urinary catheters.
High blood pressure, heart disease, some medications.
Recurrent cystitis despite prophylactic treatment.
Males.

**SELF CARE ADVICE**
- Increase fluid intake but the increased urine flow may be uncomfortable.
- Pass water regularly and do not “hang on” if needing to go to the toilet.
- When cleaning, wipe from front to back to avoid transferring germs.
- Consider chlamydia screening in sexually active women.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Potassium citrate solution (200ml) | Oral | P | 10ml 3 times daily well diluted with water for 2 days |

Paracetamol or ibuprofen may also be used for pain relief where required

**Additional Treatment advice**
- There is poor evidence for urine alkalization
- Potassium citrate can cause hyperkalaemia on prolonged high dosage; mild diuresis.

**Conditional referral to GP:**
- If symptoms do not resolve after 2 days.
- If cystitis becomes a recurring problem consult a doctor.

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

**Rapid referral**
- Suspected diabetes.
- Presence of blood in the urine.
- Cramp like pain in lower abdomen / loin pain persisting after the bladder has been emptied.
- Immunocompromised patients.

**References**
http://cks.nice.org.uk/urinary-tract-infection-lower-women (Jul 2015)

# DANDRUFF

**Definition/Criteria**
Greyish white flakes or scales on the scalp.

**Criteria for INCLUSION**
Troublesome severe dandruff with/without itching scalp that requires treatment.

**Criteria for conditional EXCLUSION or REFERRAL**
Pregnant women.
Patients showing hypersensitivity to any of the ingredients.

**SELF CARE ADVICE**
- Reassure the person that seborrhoeic dermatitis is not caused by lack of cleanliness or excessive dryness of the skin, and is not transmissible.
- Explain that treatment cannot cure seborrhoeic dermatitis but can control it. Symptoms often recur after treatment has stopped.
- Advise the person to avoid:
    - Cosmetic products that contain alcohol.
    - Using soap and shaving cream on the face if they cause irritation. Advise the use of non-greasy emollients or emollient soap substitutes.
    - Stress, if possible.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Ketoconazole 2% shampoo (60ml) | **Topical** | **GSL** | apply twice/week for 2-4 weeks, then use minimum of every 2 weeks |

**Additional Treatment advice**
- Remove thick crusts or scales on the scalp before using an antifungal shampoo. Removal of crusts can be achieved by applying warm mineral or olive oil to the scalp for several hours, then washing with a detergent or coal tar shampoo
- Apply to damp hair, massage well into scalp and leave for 5 mins before rinsing.
- It is the scalp that needs treatment rather than the hair.
- Continue normal shampoo between applications / before application of treatment.
- Hair dyes and perms can irritate the scalp.
- Shampoos should be used twice a week for at least one month.
- Once symptoms are under control, the frequency of shampooing may be reduced, for example to once a week or once every 2 weeks.
- Shampoos can also be applied to the beard area.

**Conditional referral to GP:**
- Patient should consult GP if symptoms have not improved within 4 weeks.

**Rapid referral:**
- Broken and/or weeping scalp.

**References**
http://cks.nice.org.uk/seborrhoeic-dermatitis (Feb 2013)

# DIARRHOEA

**Definition/Criteria**
Increased frequency and fluidity of defecation.

**Criteria for INCLUSION**
Patients experiencing the above symptoms.

**Criteria for conditional EXCLUSION or REFERRAL**
Patients with chronic diarrhoea.
Children under the age of 1 year.
Patients recently returned from abroad.
Weight loss
Blood in stools
Recent hospital discharge or antibiotic treatment

**SELF CARE ADVICE**
- Standard dietary advice for the treatment of diarrhoea should be given
- Resume normal feeding as soon as possible (fasting is of no benefit)
- Increase fluid intake

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Loperamide caps (2x6) | Oral | P | 2 stat then 1 after every loose motion |
| Dioralyte sachets (6) | Oral | GSL | Follow printed instructions |

**Additional Treatment advice**
- Rehydration sachets help if there are signs of dehydration present.
- Loperamide is only useful if patients need to reduce the number of trips to the toilet.
- Loperamide can cause abdominal pain and bloating.

**Conditional referral to GP:**
- 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 diarrhoeal effect.
- Patients with insulin dependent diabetes mellitus.

**Rapid referral:**
- Adults, where symptoms have lasted more than 5 days.
- Children who look ill or dehydrated or where symptoms have lasted more than 48 hours.
- Pregnancy.
- Adults showing signs of severe dehydration

**References**
http://cks.nice.org.uk/diarrhoea-adults-assessment (Mar 2013)

# DRY EYES

**Definition/Criteria**
Chronic soreness of the eyes associated with reduced or abnormal tear secretion.

**Criteria for INCLUSION**
Tear deficiency.

**Criteria for conditional EXCLUSION or REFERRAL**
Unknown cause of dry eyes in younger people.
Associated disease e.g. Sjogren's syndrome.
Children under 10 years.
Diabetes mellitus.
History of trauma to eyes.

**SELF CARE ADVICE**
- Explain that although the condition cannot be cured, symptoms may be relieved and deterioration stopped by simple tear-replacement treatment. Referral for treatment with active medication or surgery is seldom required.
- Advise that by taking suitable precautions, the symptoms of dry eyes can be lessened, and in mild cases, this may be sufficient to avoid the need for treatment. These include:
- Eyelid hygiene to control the blepharitis that most people with dry eye syndrome have — see the CKS topic on Blepharitis.
- Limiting the use of contact lenses, if these cause irritation.
- Stopping medication that exacerbates dry eyes, such as topical and systemic antihistamines.
- Using a humidifier to moisten ambient air.
- If smoking tobacco, stopping smoking may help — see the CKS topic on Smoking cessation.
- If using a computer for long periods, ensure that the monitor is at or below eye level, avoid staring at the screen, and take frequent breaks to close/blink eyes.
- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment.

**Action for excluded patients**
Referral to Optometrist or General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Carbomer '980' 0.2% eye drops (10g) | Eye | P | Instil when required |
| Hypromellose 0.3% (10ml) | Eye | P | Instil when required (every 30mins until symptoms improve) |

**Additional Treatment advice**
- If a preservative free product is required, consider a referral.

**Conditional referral to GP:**
- An optometrist can assess people with dry eye syndrome, for example with a slit lamp examination and Schirmer's test. They can also advise on treatment. It is usually appropriate to advise people to see an optometrist before referring them to an ophthalmologist. If there are no locally agreed NHS arrangements for optometry referral, advise people that optometrists are private practitioners and charge for their services.

**References**
http://cks.nice.org.uk/dry-eye-syndrome (Sep 2012)

# EAR WAX (CERUMEN)

**Definition/Criteria**
The waxy material that is secreted by the sebaceous glands in the external auditory meatus of the outer ear.

**Criteria for INCLUSION**
Presence of earwax which is causing discomfort, hearing loss, or if a proper view of the eardrum is needed.

**Criteria for conditional EXCLUSION or REFERRAL**
Recent ear surgery.
Perforated eardrum or history of perforation.
Use of a hearing aid.
History of chronic middle ear disease, recurrent otitis externa or tinnitus.
Unilateral deafness.

**SELF CARE ADVICE**
- Earwax is normal but may build up. Do not poke or clean the ears with cotton buds or similar objects.

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Olive Oil ear drops (10ml) | **Ear** | **P** | Put 3-4 drops into the affected ear(s) four times a day |
| Sodium bicarbonate 5% ear drops (10ml) | **Ear** | **P** | Put 3-4 drops into the affected ear(s) four times a day |

**Additional Treatment advice**
- The patient should lie with the affected ear uppermost for 5 to 10 minutes following the instillation of a generous amount of the softening agent.
- A week or so of drops, twice a day, often causes wax to break up and come out of the ear by itself.
-

**Conditional referral to GP:**
- There is no improvement after 7 days.

**References**
http://cks.nice.org.uk/earwax (May 2012)

# GINGIVOSTOMATITIS (Mouth or gum swelling)

**Definition/Criteria**
Infection with herpes simplex virus (HSV) causing pain and blistering within the mouth. After primary infection, the virus lies dormant until triggered by a stimulus such as the common cold, sunlight or impaired immunity.

**Criteria for INCLUSION**
Patients who present with pain and blistering within the mouth with a previous history of HSV.

**Criteria for conditional EXCLUSION or REFERRAL**
- Immunocompromised individuals.
- Pregnant women
- Recurrent or persistent symptoms
- Children under 12 years old

**SELF CARE ADVICE**
- Reassure the person that the condition is self-limiting and that lesions will heal without scarring.
- Give advice to minimize transmission:
    - Avoid touching the lesions, other than when applying medication.
    - Wash hands with soap and water immediately after touching lesions.
    - Topical medications should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions. They should *not* be shared with others.
    - Avoid kissing until the lesions have completely healed.
    - Do not share items that come into contact with lesion area (for example lipstick or lip gloss).
    - Avoid oral sex until all lesions are completely healed.
    - There is a risk of transmission to the eye if contact lenses become contaminated.
- Inform parents or carers that children with cold sores do not need to be excluded from nurseries and schools.

**Action for excluded patients**
Referral to General Practitioner

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Benzydamine 0.15% Oral Rinse (200ml) | Topical | P | Use a mouth wash every 1.5-3 hours **Over 12s only**. |
| Chlorhexidine 0.2% Mouthwash (300ml) | Topical | GSL | Rinse mouth with 10ml for about 1 minute twice a day |

Paracetamol or ibuprofen may also be used for pain relief where required

**Additional Treatment advice**
- Chlorhexidine can cause mucosal irritation; reversible brown staining of teeth

**Conditional referral to GP:**
- Advise the person to seek medical advice if their condition deteriorates (for example the lesion spreads, new lesions develop after the initial outbreak, persistent fever, inability to eat) or no significant improvement is seen after 7 days

**References**
http://cks.nice.org.uk/herpes-simplex-oral (Sep 2012)

# HAEMORRHOIDS (PILES)

**Definition/Criteria**
Swollen veins which protrude into the anal canal (may swell and hang down outside the anus).

**Criteria for INCLUSION**
Presence of haemorrhoids requiring soothing relief of itching, burning, pain, swelling and/or discomfort in the perianal area and anal canal.

**Criteria for conditional EXCLUSION or REFERRAL**
Pregnant women.
Children under the age of 18 years.

**SELF CARE ADVICE**
- Provide lifestyle advice to minimize constipation and straining. Advise that lifestyle modifications are an integral part of treatment.
- Increase daily fibre and fluid intake to promote soft, bulky, regular stools. This can help to relieve constipation and reduce straining.
- Aim for a daily intake of 25–30 g of insoluble fibre (e.g. raw fruits and vegetables, cereals, or fibre supplements).
- Consume 6–8 glasses of fluid daily, avoiding excessive caffeine intake.
- Discourage straining during defecation which can exacerbate symptoms of haemorrhoids.
- Advise the person about perianal hygiene as this may be helpful in symptomatic relief and prevention of perineal dermatitis.
  Recommend careful perianal cleansing with moistened towelettes or baby wipes, and to pat (rather than rub) the area dry.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Anusol ointment (25g)<br>Anusol Plus HC Ointment (15g) | Topical | GSL<br>P | apply bd & after bowel movement for up to 7 days |
| Anusol Suppositories (12)<br>Anusol Plus HC Suppositories (12) | Rectal | GSL<br>P | insert 1 bd & after bowel movements for up to 7 days |

**Additional Treatment advice**
- Correct insertion / application of product

**Conditional referral to GP:**
- Patient should consult GP if symptoms have not resolved within 7 days.

**Consider supply, but the patient should be advised to make an appointment to see the GP:**
- Haemorrhoids of more than 3 weeks duration.
- Suspect drug induced constipation.
- Small amount of fresh blood in stool.

**Rapid referral:**
- Associated abdominal pain / vomiting.
- Marked change in bowel habit.
- Weight loss.

**References**
http://cks.nice.org.uk/haemorrhoids (Sep 2012)

# HAY FEVER

**Definition/Criteria**
Seasonal allergy to pollen.

**Criteria for INCLUSION**
Patients with symptoms of hay fever requiring treatment.

**Criteria for conditional EXCLUSION or REFERRAL**
Patients under the age of 2

**SELF CARE ADVICE**
- Pollen avoidance measures.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Cetirizine 10mg tablets (30)<br>Loratadine 10mg tablets (30) | Oral | P | 1 daily |
| Beclometasone nasal spray (200 sprays) | Nasal | P | 2 sprays each nostril bd |
| Cetirizine 1mg/1ml oral solution (100ml) | Oral | P | Follow printed instructions |
| Otrivine Antistin Eye Drops (10ml) | Eye | P | 1 drop each eye 2-3 times a day |
| Sodium Cromoglycate eye drops 2% (10ml) | Eye | P | 1 drop qds |

**Additional Treatment advice**
- Not to exceed maximum doses.
- Chlorphenamine causes sedation and so is no longer included in the recommended products list for the treatment of hay fever.

**Conditional referral to GP:**
- 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.

**References**
http://cks.nice.org.uk/allergic-rhinitis (Jun 2015)
http://cks.nice.org.uk/conjunctivitis-allergic (Aug 2012)

# HEAD LICE

**Definition/Criteria**
Infestation with head lice.

**Criteria for INCLUSION**
Patients who are proven to be infested with live head lice. Confirmed evidence of live lice is a requirement prior to treatment.

**Criteria for conditional EXCLUSION or REFERRAL**
Family / siblings of patient, who are not proven to be infested.
Children under the age of six months.
No evidence of live lice found on head.

**SELF CARE ADVICE**
- Reassure that infestations are common and not a hygiene issue
- Infestations can be eradicated by combing on alternate days over 2-3 weeks
- No treatments offer protection against re-infestation, only combing can prevent that.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Bug Buster kit | | CE Device | Follow printed instructions |
| Detector comb | | | Follow printed instructions |
| Dimeticone 4% lotion (50ml x 2) | Topical | P | Long contact treatment (8 hours +)<br>Follow printed instructions |
| Isopropyl myristate and cyclomethicone solution (100ml) | Topical | CE device | Short contact treatment<br>Follow printed instructions |
| Malathion 0.5% aqueous liquid (50ml x 2) | Topical | P | Long contact treatment (8 hours +)<br>Follow printed instructions |

**Additional Treatment advice**
- All treatments need more than one treatment session.
- No treatment can guarantee success.
- Treatment has the best chance of success if it is performed correctly and if all affected household members are treated on the same day.
- Advise people to check whether treatment was successful by detection combing on day 2 or day 3 after *completing* a course of treatment, and again after an interval of 7 days (day 9 or day 10 after *completing* a course of treatment)
- Products with a short contact time have previously not been recommended because, for traditional insecticides, a short application time is thought to be insufficient to allow the product to exert its effect, which in turn is thought to contribute to insecticide resistance. Although isopropyl myristate (Full Marks Solution®) has a short contact time, its physical mode of action mean that a longer contact time is unlikely to be needed, provided the product is applied correctly.

**References**
http://cks.nice.org.uk/head-lice (Feb 2015)

# INDIGESTION / HEARTBURN / TUMMY UPSET

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

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

**Criteria for conditional EXCLUSION or REFERRAL**
Patients over the age of 40 experiencing first episode with persistent symptoms
Child under 12 years.

**SELF CARE ADVICE**
- Advise people with dyspepsia that symptoms may improve if they:
  - Lose weight (if they are overweight).
  - Stop or reduce smoking (if they are a smoker).
  - Stop or reduce alcohol consumption.
  - Stop or reduce intake of any food or drink associated with worsening symptoms.
- Advise people with reflux symptoms contributing to dyspepsia to:
  - Avoid having meals within 3–4 hours of going to bed.
  - Raise the height of the head of their bed by a few inches.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Alginate raft-forming oral suspension sugar free (500ml) | Oral | GSL | 10-20ml after meals and before bedtime |
| Co-magaldrox SF Suspension (500ml) | Oral | GSL | 10-20ml after meals and before bedtime |
| Esomeprazole 20mg gastro-resistant tablets (7) | Oral | GSL | 1 daily |
| Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free (500ml) | Oral | GSL (PO) | 5-10ml after meals and before bedtime<br>Use when a low salt product is needed<br>500ml pack size only |

**Additional Treatment advice**
- Simple antacid or alginate is first line; PPI is second line

**Conditional referral to GP:**
- 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 NSAIDs; History of recent / recurrent peptic ulcer disease; Second request within a month (unless simple GORD in pregnancy)

**Rapid referral:**
- Bleeding P.R (excluding haemorrhoids) i.e. dark blood; Unexplained recent weight loss; Vomiting.

**References**
http://cks.nice.org.uk/dyspepsia-unidentified-cause (Feb 2015)

# INSECT BITES AND STINGS

**Definition/Criteria**
Small local reactions to insect bites or stings present with localized pain, swelling, and erythema at the site of the bite or sting. Most can be managed symptomatically.

**Criteria for INCLUSION**
Evidence of itching, inflammation or irritation.

**Criteria for conditional EXCLUSION or REFERRAL**
Child under 1 month.
Systemic reactions

**SELF CARE ADVICE**
- If a person has been stung and the stinger is still in place:
    - Remove it as soon as possible by flicking or scraping with a fingernail, piece of card, or knife blade.
    - Never squeeze the stinger or use tweezers, as this will cause more venom to go into the skin.
- Wash the area of the bite or sting with soap and water.
- Apply ice or a cold compress to reduce swelling, if present.
- Do not scratch, as this will cause the site to swell and itch more, and increase the chance of infection.
- Bites from fleas, mites, and bedbugs may be due to an infestation. The source of the infestation should be confirmed and eliminated

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Chlorphenamine 2mg/5ml solution (150ml) | Oral | P | Follow printed instructions |
| Chlorphenamine 4mg tablets (30) | Oral | P | 1 every 4-6 hours<br>Brands have different MDD |
| Crotamiton 10% cream (30g) | Topical | GSL | Apply to the affected area 2 to 3 times a day (Once daily for under 3 years) |
| Hydrocortisone 1% cream (15g) | Topical | P | Apply sparingly twice a day<br>Over 10 years only |

Non-sedating antihistamines may also be considered.
Paracetamol and ibuprofen may be given for pain.

**Additional Treatment advice**
- Chlorphenamine causes drowsiness which suppresses the itch sensation

**Conditional referral to GP:**
- If stung in the mouth, suck an ice cube, or sip cold water and seek medical attention
- Medical attention should be sought if the bite becomes larger in size and redness spreads.

**Rapid Referral:**
- If there are signs of a severe allergic reaction (generalized symptoms, breathing difficulties, and/or hypotension) seek urgent medical help.

**References**
http://cks.nice.org.uk/insect-bites-and-stings (Nov 2011)

# MOUTH ULCERS

**Definition/Criteria**
Ulceration of the oral mucosa occurring in any area of the mouth

**Criteria for INCLUSION**
Mouth ulcers requiring symptomatic treatment to alleviate pain and discomfort.

**Criteria for conditional EXCLUSION or REFERRAL**
Evidence of systemic symptoms.
Patients taking immunosuppressant drugs or who are known to be immunosuppressed.
Ulcer present for more than 3 weeks.

**SELF CARE ADVICE**
- If ulcers are infrequent, mild, and not interfering with daily activities (for example eating), treatment may not be needed.
- Where possible manage precipitating factors:
    - Oral trauma: use a softer toothbrush, and avoid hard foods such as toast.
    - Anxiety or stress: try relaxation techniques (for example yoga, meditation, exercise).
    - Certain foods: if there is an obvious relationship to particular foods these are best avoided.
    - Stopping smoking: explain that smoking cessation may precipitate ulceration, but that this will settle and the overall health benefits are greater than the short-term discomfort; nicotine replacement therapy may provide some relief.
    - Offer symptomatic treatment for pain, discomfort, and swelling, especially when ulcers are causing problems with eating.

**Action for excluded patients**
Referral to Dentist or General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Anbesol liquid (15ml) | Topical | P | Apply up to 8 times a day |
| Choline salicylate gel (15g) | Topical | P | Apply every 3 hours (over 18s only) |
| Hydrocortisone 2.5mg buccal tablets sugar free (20) | Buccal | P | Use 1 pellet qds |

Benzydamine oral rinse may also be considered
Chlorhexidine mouthwash may be offered when Gingivostomatitis is present

**Additional Treatment advice**
- None

**Conditional referral to Dentist or GP:**
- Symptoms persist or ulcer(s) return.

**Rapid referral**
- If ulcer persists for more than 3 weeks the patient should be referred for further investigation.
- Non painful lesions including any lump, thickening or red or white patches.
- Any sore that bleeds easily.

**References**
http://cks.nice.org.uk/aphthous-ulcer (Aug 2012)

# NAPPY RASH

**Definition/Criteria**
Irritant contact dermatitis confined to the nappy area. A painful raw area of skin around the anus and buttocks due to contact with frequent irritant stools, or reddening over the genitals and napkin area due to urine soaked napkins

**Criteria for INCLUSION**
Painful raw area of skin around the anus and buttocks.
Reddening over the genitals.
Red raised areas of skin in the napkin region due to candidiasis.

**Criteria for conditional EXCLUSION or REFERRAL**
Ulceration of affected area.

**SELF CARE ADVICE**
- Nappies should be changed frequently and tightly fitting water-proof pants avoided.
- The rash may clear when left exposed to the air.
- Use fragrance-free, alcohol-free wipes or water
- Bath child once daily, avoid bubble bath, soap and lotion

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Metanium ointment (30g) | topical | GSL | Follow printed instructions |
| Bepanthen ointment (30g) | topical | CE device | Follow printed instructions |
| Clotrimazole 1% cream (20g) | topical | P | Follow printed instructions |

**Additional Treatment advice**
- Treatments can cause local irritation.

**Conditional referral to GP:**
- If no improvement in 48 hours or the rash worsens.
- If rash is recurrent and distressing despite treatment

**References**
http://cks.nice.org.uk/nappy-rash (July 2013)

# NASAL CONGESTION

**Definition/Criteria**
Blocked nose associated with colds and upper respiratory tract infections.

**Criteria for INCLUSION**
Congestion where seasonal allergy has been excluded.

**Criteria for conditional EXCLUSION or REFERRAL**
Recurrent nose bleeds.

**SELF CARE ADVICE**
- Maintain adequate fluid intake
- Benefits of steam inhalation [caution over burns and scalds]

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Pseudoephedrine tabs 60mg (12) | Oral | P | 1 tds-qds (over 12 years only) |
| Ephedrine Nasal Drops 0.5% (10ml) | Nasal | P | 1 – 2 drops, up to 4 times a day (Over 12 years only) |
| Normal Saline Nasal Drops 0.9% (10ml) | Nasal | GSL | 1 – 2 drops in each nostril before feeds (babies) |

N.B. See RPS guidance on supplying Pseudoephedrine and Ephedrine products

**Additional Treatment advice**
- Correct administration of nasal drops
- Do not use decongestants for more than 7 days: rebound congestion
- Sympathomimetics may keep the patient awake if taken at night.
- Consider drug interactions

**Conditional referral to GP:**
- If symptoms become worse and / or sinus pain develops refer to GP.

**References**
http://cks.nice.org.uk/common-cold (Nov 2011)
http://cks.nice.org.uk/sinusitis (Oct 2013)
http://www.rpharms.com/law-and-ethics/pseudoephedrine-and-ephedrine.asp

# SORE THROAT

**Definition/Criteria**
A painful throat which is often accompanied by viral symptoms.

**Criteria for INCLUSION**
Sore throat which requires soothing

**Criteria for conditional EXCLUSION or REFERRAL**
Patients on diseased modifying drugs or other immunosuppressant drugs

**SELF CARE ADVICE**
- Patients should avoid smoky or dusty atmospheres and reduce or stop smoking.
- Patients who find swallowing painful should take a light fluid diet.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Paracetamol susp SF 120mg / 5ml (100ml) | Oral | P | 2.5ml qds (3 – 6 months)<br>5ml qds (6 – 24 months)<br>7.5ml qds (2 – 4 years)<br>10ml qds (4 – 6 years) |
| Paracetamol susp SF 250mg / 5ml (200ml) | Oral | P | 5ml qds (6 – 8 years)<br>7.5ml qds (8 – 10 years)<br>10ml qds (10 – 12 years) |
| Paracetamol 500mg tabs (32) | Oral | P | 1-2 qds prn |
| Ibuprofen susp 100mg/5ml (100ml) | Oral | P | 2.5ml tds (3 – 6 mths weighing over5kg)<br>2.5mlqds (6 – 12 months)<br>5ml tds (1 – 4 years)<br>7.5ml tds (4 – 7 years)<br>10ml tds (7 – 10 years)<br>15ml tds (10 – 12 years) |
| Ibuprofen tablets 400mg (24)<br>Ibuprofen tablets 200mg (24) | Oral | P | 1 tds (Adults and child over 12 years)<br>1-2 tds (Adults and child over 12 years) |
| Paracetamol 500mg tabs (32) | Oral | P | 1-2 qds prn |

**Conditional referral to GP:**
- If symptoms persist for more than 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 oral steroids.
- The condition has persisted more than one week or a second request within one month.

**Rapid referral:**
- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders).
- Throat cancer is suspected (persistent sore throat, especially if there is a neck mass).
- Sore or painful throat lasts for 3 to 4 weeks.
- Red, or red and white patches, or ulceration or swelling of the oral/pharyngeal mucosa persists for more than 3 weeks.
- There is pain on swallowing or dysphagia for more than 3 weeks.

**References**
http://cks.nice.org.uk/sore-throat-acute (Oct 2012)

# TEETHING

**Definition/Criteria**
A selection of symptoms, which can include pain, redness and swelling of gums, excess salivation, dribbling, irritability and restlessness in children aged up to 36 months old

**Criteria for INCLUSION**
Children aged between 3 and 36 months old.

**Criteria for conditional EXCLUSION or REFERRAL**
Over 36 months.

**SELF CARE ADVICE**
- The use of teething rings, which can be cooled in the fridge, can help to reduce the sensation of pain and give the baby something to chew on.
- Recommend registration with an NHS dentist if the child is not already registered

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Paracetamol susp SF 120mg / 5ml (100ml) | Oral | P | 2.5ml qds (3 – 6 months)<br>5ml qds (6 – 24 months)<br>7.5ml qds (2 – 4 years) |
| Ibuprofen susp 100mg/5ml (100ml) | Oral | P | 2.5ml tds (3 – 6 mths weighing over5kg)<br>2.5mlqds (6 – 12 months)<br>5ml tds (1 – 4 years) |

**Additional Treatment advice**
- The use of topical analgesics is no longer recommended as c**ase reports provide evidence that they can cause severe systemic adverse effects when used inappropriately in infants**

**Conditional referral to GP:**

**Consider supply, but patient should be advised to make an appointment to see the GP:**
- Child with fever, digestive tract disorders or rash.

**Rapid referral**
- Fever unresponsive to paracetamol.
- Presence of a rash.

**References**
http://cks.nice.org.uk/teething (May 2014)
http://cks.nice.org.uk/analgesia-mild-to-moderate-pain (April 2015)

# TEMPERATURE ACHES AND PAINS (INCLUDING POST VACCINATION FEVER)

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

**Criteria for INCLUSION**
Patients requiring relief of pain and / or fever, including headache, earache and soft tissue injuries.
Post-vaccination fever for babies aged 2 months or over

**Criteria for conditional EXCLUSION or REFERRAL**

**SELF CARE ADVICE**
- Drink plenty fluids.
- Consider rest, elevation, compression and elevation (RICE) in soft tissue injuries.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

**For Post Vaccination Fever at 2 months only**

| | | | |
|---|---|---|---|
| Paracetamol susp SF 120mg / 5ml (100ml) | Oral | P | • Babies vaccinated at 2 months with the meningitis vaccine require 3 doses of prophylactic paracetamol. The first dose is given at the vaccination. The second and third doses can be supplied under this scheme.<br>• Babies receiving vaccination at 2 months, but not for meningitis, should only receive paracetamol in **response to symptoms** and **only for two doses**.<br>• Until aged 3 months, only the 2 or 3 post vaccination doses should be recommended without GP referral. |

**For all other symptoms of temperatures, aches and pains**
Paracetamol and ibuprofen may be given at the normal doses, see previous monographs for permitted products.

**Additional Treatment advice**
- Take product at full recommended dose.
- If symptoms are relieved but return, repeat at full recommended dose.
- Advise about concurrent analgesic use.
- Overuse of analgesics can cause headaches.

**Conditional referral:**
- If pain worsens or symptoms persist for more than 5 days see GP.

**Consider supply, but patient should be advised to make an appointment to see the GP:**
- Suspected bacterial infection requiring appropriate treatment.

**Rapid referral:**
- Child under 2 years with fever unresponsive to paracetamol.
- Suspected meningitis.

**References**
http://www.nice.org.uk/guidance/cg160/chapter/1-Recommendations (May 2013)
http://cks.nice.org.uk/common-cold (Nov 2011)
http://cks.nice.org.uk/analgesia-mild-to-moderate-pain (Apr 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554011/Green_Book_Chapter_22.pdf

# THREADWORMS

**Definition/Criteria**
Intestinal helminth infection (pin-shaped or thread-like appearance, white/cream coloured between 2-13mm in length

**Criteria for INCLUSION**
Appearance of threadworm in faeces with/without presence of perianal itching (worse at night).

**Criteria for conditional EXCLUSION or REFERRAL**
Pregnant / breastfeeding women.
Children under the age of 2 years.

**SELF CARE ADVICE**
- Hand washing and hygiene advice to prevent re-infection and transmission.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Mebendazole tabs (Ovex) 100mg (1) | Oral | P | 100mg stat dose (adult & child >2yr)<br>Crush the tablet before giving to a child |

**Additional Treatment advice**
- All family members should be treated at the same time.
- Mebendazole can be repeated if necessary after 2 weeks.
- Treatment can cause nausea, vomiting, diarrhoea and abdominal pain.

**Conditional referral:**
- patient should consult GP if symptoms have not resolved within 4 weeks.

**Consider supply, but the patient should be advised to make an appointment to see the GP:**
- presence of diarrhoea.
- broken skin near anus / possible secondary bacterial infection.
- vaginal itch in females.

**Rapid referral**
- Abdominal pain, nausea, vomiting or diarrhoea.
- Recent travel abroad.
- Suspect infection other than threadworm.
- Bleeding pr.
- Fever / muscle pain.
- Perianal itch with no sighting of threadworms in faeces.
- Evidence of hypersensitivity reaction (urticaria, angio-oedema etc.) – urgent medical attention.

**References**
http://cks.nice.org.uk/threadworm (2011)

# THRUSH (ORAL)

**Definition/Criteria**
Fungal infection appearing as white patches on the tongue, palate or inside of the cheeks. May be associated with the use of broad spectrum antibiotics.

**Criteria for INCLUSION**
Patients presenting with symptoms suggestive of oral thrush.
No history of recurrent infection.

**Criteria for conditional EXCLUSION or REFERRAL**
Pregnancy and breast feeding.
Infants under 4 months of age.
People undergoing chemotherapy.

**SELF CARE ADVICE**
- Advice on good oral hygiene.
- Dental prostheses should be removed at night. Brush and soak denture overnight in disinfectant such as chlorhexidine. Allow to air dry.
- If symptoms persist beyond 1 week contact GP.
-

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Miconazole Oral Gel 2% (15g) | Topical; | P | Adults and child over 2yrs: Apply 2.5ml Four times daily after meals and hold in the mouth for as long as possible.<br>Child 4 -24months: Apply 1.25ml (1/4 spoonful) four times daily after meals. |

**Additional Treatment advice**
- Consider and counsel on potential drug interactions.

**Conditional referral:**
- If symptoms persist beyond 1 week.
- Consider potentially hazardous drug interactions.
- Severe, widespread or recurrent episodes.

**Consider supply, but patient should be advised to make an appointment to see the GP:**
- Immunocompromised individuals but see under rapid referral.
- Known diabetes.

**Rapid referral**
- Immunocompromised individuals: seek specialist advice promptly when treating these patients.
- Suspected diabetes.

**References**
http://cks.nice.org.uk/candida-oral (Dec 2013)

# THRUSH (VAGINAL)

**Definition/Criteria**
Itching / irritation/ soreness to vaginal area with or without a creamy white non-odorous discharge.

**Criteria for INCLUSION**
Adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same condition.
Symptomatic male partners of an infected female.

**Criteria for conditional EXCLUSION or REFERRAL**
Patients under 16 and over 60 years.
Pregnancy

**SELF CARE ADVICE**
- Make aware of problems with vaginal deodorants, scented soaps etc.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Fluconazole cap 150mg (1) | Oral; | P | 1 stat |
| Clotrimazole vaginal pessary (500mg) | Vaginal; | P | insert at night |
| Clotrimazole cream 2% (20g) | Topical; | P | apply 2-3 times daily |

**Additional Treatment advice**
- For patients with external (vulval) symptoms, consider using a topical imidazole cream ***in addition*** *to* the oral or intravaginal antifungal.
- Consider and counsel on potential drug interactions
- Make aware of problems with vaginal deodorants, scented soaps etc.

**Conditional referral:**
- If symptoms do not resolve within 7 days to make an appointment to see GP
- On 3rd occurrence within 6 months.

**Consider supply, but patient should be advised to make an appointment to see the GP:**
- Known diabetes mellitus.

**Rapid referral:**
- Presence of loin pain.
- Fever.
- If blood present in discharge.
- Foul smelling discharge.
- Suspicion of diabetes.
- Post-menopausal.

**References**
http://cks.nice.org.uk/candida-female-genital (Dec 2013)

# WARTS AND VERRUCAS

**Definition/Criteria**
A wart is a small (often hard) benign growth on the skin caused by a virus, usually occurring on the face, hands, fingers, elbows and knees. Verruca's (Plantar warts) occur on the sole of the foot, usually painful and may be covered by a thick callus.

**Criteria for INCLUSION**
Symptoms and signs suggestive of a wart or verruca

**Criteria for conditional EXCLUSION or REFERRAL**
Warts on face, anogenital region or large areas affected.
Diabetes mellitus.
Impaired peripheral blood circulation.
Broken skin around area of wart / verruca.
Uncertain diagnosis.
The person is immunocompromised.
The person is bothered by persistent warts which are unresponsive to treatment

**SELF CARE ADVICE**
- Although warts can be cosmetically unsightly, they are not harmful; usually they do not cause symptoms, and resolve spontaneously within months or, at the most, within 2 years. However sometimes in adults it may take 5-10 years for warts to resolve
- Warts are contagious, but the risk of transmission is thought to be low. To reduce the risk of transmission cover the wart with a waterproof plaster when swimming. The Amateur Swimming Association (ASA) states that the use of swimming socks should be discouraged and that a waterproof plaster is sufficient.
- Wear flip-flops or other appropriate foot wear in communal showers.
- Avoid sharing shoes, socks, or towels.
- In order to limit personal spread (auto-inoculation): Avoiding scratching lesions. Avoiding biting nails or sucking fingers that have warts.
- Keeping feet dry and changing socks daily.
- Children with warts or verrucae should not be excluded from activities such as sports and swimming, but should take measures to minimize transmission.

**Action for excluded patients**
Referral to General Practitioner.

**Recommended Treatments, Route, Legal status. Frequency of admin & max dosage**

| | | | |
|---|---|---|---|
| Salactol® liquid (10g) | Topical | P | Apply Topically once daily at night. Soak the affected site in warm water and pat dry. Gently rub the surface with a pumice stone or manicure emery board to remove any hard skin. Using the applicator provided, carefully apply a few drops of Salactol to the lesion, allowing each drop to dry before applying the next one |

**Additional Treatment advice**
- Treatment may cause transient irritation, peeling and stinging.

**Conditional referral:**
-

**References**
http://cks.nice.org.uk/warts-and-verrucae (Dec 2014)