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

Treatment	Route	Legal status	Frequency of admin & max dosage
Benzoyl Peroxide 5% gel 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

Treatment	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 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

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

Treatment	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

Treatment	Route	Legal status	Frequency / max dosage
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	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

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)

DIARRHOEA

Definition/Criteria
Increased frequency and fluidity of defecation.

Criteria for INCLUSION
Patients experiencing the above symptoms.

Criteria for conditional EXCLUSION or REFERRAL
Diarrhoea of unexplained cause should not be treated with loperamide
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

Treatment	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
Polyvinyl Alcohol 1.4% eye drops (Liquifilm) (15ml)	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

Definition/Criteria
Infection of the mouth/gums 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

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

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)

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

Treatment	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 +) Follow printed instructions
Isopropyl myristate and cyclomethicone solution (100ml)	Topical	CE device	Short contact treatment Follow printed instructions
Malathion 0.5% aqueous liquid (50ml x 2)	Topical	P	Long contact treatment (8 hours +) 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 Use when a low salt product is needed 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

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 Over 10 years only

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

Treatment	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)

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	topical	GSL	Follow printed instructions
Bepanthen ointment	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

Treatment	Route	Legal status	Frequency of admin & max dosage
Ephedrine Nasal Drops 0.5% (10ml)	Nasal	P	1 – 2 drops, up to4 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

TEMPERATURE ACHES AND PAINS (INCLUDING POST VACCINATION FEVER)

Definition/Criteria for INCLUSION
Children presenting with evidence of a fever requiring relief including headache, earache. Post-vaccination fever for babies aged 2 months or over

Criteria for conditional EXCLUSION or REFERRAL

- **Excludes adults**

SELF CARE ADVICE

- Drink plenty fluids.

Action for excluded patients
Referral to General Practitioner.

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

Product	Route	Legal status	Notes
Paracetamol susp SF 120mg / 5ml (100ml)	Oral	P	• **For Post Vaccination Fever at 2 months only** Babies vaccinated at 2 months with the meningitis vaccine require 3 doses of prophylactic paracetamol. Babies receiving vaccination at 2 months, but not meningitis, should only receive paracetamol in **response to symptoms** and **only for two doses.** • 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 may be given at the normal doses
Paracetamol susp SF 250mg/5ml 200ml	Oral	P	
Paracetamol susp SF 120mg / 5ml (100ml)	Oral	P	

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)

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) 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

Treatment	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. 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

Treatment	Route	Legal status	Frequency
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)