

Commissioning Support

Enhancing Self-Care Medicines use



This is an **interactive PDF**. To navigate, use the arrow buttons on each page or locate a specific section using the tabs and buttons within the document.

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Conditions for which over-the-counter (OTC) items should not routinely be prescribed in primary care

The 2018 NHS England national guidance aims to reduce the routine prescribing of products for conditions that:

- Are considered to be self-limiting, and therefore do not need treatment as they will get better on their own accord
- Lend themselves to self-care i.e. the person suffering does not normally need to seek medical advice and can simply and effectively manage the condition by purchasing over-the-counter items from their local pharmacy
- Can be treated with over-the-counter products in a more cost effective manner than via a NHS prescription
- Have little evidence of clinical effectiveness.

Each section contains...

- ✓ Guidance
- ✓ Contacts for individuals requiring further advice or information
- ✓ Resources and further reading for those who want to expand their knowledge and understanding

This implementation tool has been developed to aid GPs, pharmacists, other healthcare professionals and supporting organisations to implement the national guidance for conditions that can be treated over-the-counter.

- The tool aims to provide a shared perspective and support for the implementation of NHS England's national self-care agenda and accelerate uptake, enabling commissioners, healthcare professionals and patients to understand and apply national advice
- The tool has been designed to guide clinicians and organisations through the decisions that need to be made and provide easy access to a variety of support materials to increase the uptake of selfcare treatments and strategies by patients, enabling improved use of NHS resources
- Over-the-counter medicines are those that can be sold by local pharmacies, some but not all can be sold by local supermarkets and other shops. We promote the use of local pharmacies as a wider range of products are avaailable and this is supported by professional advice
- Some of the information contained has been gathered from organisations where previous introduction of self-care strategies has gone well to share learning and reduce duplication across the NHS
- This tool should be read in conjunction with the national guidance
- Any information contained within this tool should be used as a guide and tailored to local practice and patient needs as required.

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Why is the NHS promoting self- care?

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In the 12 months prior to June 2017, the NHS spent approximately £569 million¹ on prescriptions for medicines, which could be purchased over-the-counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

By reducing spend on treating conditions that are self-limiting, manageable with self-care or for which there is little evidence of clinical effectiveness, resources can be used for other higher priority areas that have a greater impact on patient care and ensure the long-term sustainability of the NHS.

NHS England Chief Executive Simon Stevens said:

Across the NHS our aim is to:
'Think like a patient, act like a
taxpayer'. The NHS is probably the
most efficient health service in the
world, but we're determined to
keep pushing further. Every pound we
save from cutting waste is another
pound we can then invest in better
A&E care, new cancer treatments and
much better mental health services.

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¹ Refined BSA data to June 2017



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Key facts about the treatment of self-care conditions in the NHS.

The NHS each year spends:



£22.8m

on treating constipation - enough to fund around 900 community nurses

£5.5m on mouth ulcers





£4.5m on dandruff shampoos

£7.5m on indigestion and heartburn





£3m

on athlete's foot and other fungal infections – enough to fund 810 hip operations



£2.8m on diarrhoea - enough to fund 2912 cataract operations

What is self-care and why does it matter?

People can play a central role to protect themselves from ill health, by improving or maintaining healthy lifestyles, choosing the most appropriate treatment and best managing their long-term conditions.

The term self-care is defined as 'Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, which gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long term'.

Self-Care Forum

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Key NHS England resources

Guidance on conditions for which over the counter items should not routinely be prescribed in primary care

Conditions for which over the counter items should not be routinely prescribed in primary care: Consultation report of findings

Quick ref guide

FAQs

Other documents

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NHS Choices



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The 2018 guidance 'Conditions for which over-the-counter items should not routinely be prescribed in primary care' defines conditions that are suitable for treatment via self-care and with products that can be purchased over-the-counter.

A condition that is suitable for selfcare, can be treated with items that can easily be purchased over-thecounter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae.

All practice front line staff have a role in the promotion of self-care to patients. GPs should refer staff to the **further support section** in this guide, for a wider range of support materials.

Support for patients from healthcare professionals is critical, patients need to feel they have permission to self-care. Among doctors and NHS managers there is a belief that patients require clear and explicit guidance regarding when to selfcare and when to seek their advice. When appropriate, self-care should be encouraged in every consultation, allowing patients to determine whether they feel confident, or not, to implement care for themselves.

Clinicians should advise patients of availability of over-the-counter products noting OTC licensing, as detailed in the product information table under each condition. Clinicians should use their clinical judgement to decide whether it is acceptable or appropriate to ask patients to purchase their medication.

Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow school and nursery staff to administer them.



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When considering this guidance, clinicians will need to continue to rely on their clinical judgement for each individual patient. There are a number of **exceptions** that need to be considered.

NHS England has written to general practitioners providing reassurance that the commissioner will not find practices in breach of the GP contract if they follow the CCG guidance on routine prescribing of over-the-counter items. To view the letter please **click here**.

Please <u>click here</u> for further guidance regarding GMMMG formulary.



What treatment and preparations are included?

- Pharmacy Only (P) and General Sales Lists (GSL) treatments that can be purchased over-thecounter from a pharmacy with or without advice
- GSL treatments (including a patient information leaflet) that can be purchased from other retail outlets such as supermarkets, petrol stations, convenience or discount stores
- Treatments for a condition that is considered to be self-limiting and so does not need treatment as it will heal/resolve by itself
- Treatments for a condition which lends itself to self-care, i.e. for which the person suffering does not normally need to seek medical care and/or treatment

Treatments available over-the-counter which should no longer be prescribed are outlined in this section with printable patient information.

When directing patients to self-care, consider using a non-prescription pad or print out the GP non-prescription leaflet.

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This national guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined below:

- For patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability; these patients will continue to receive prescriptions for over-the-counter items subject to the item being clinically effective
- Patients prescribed an over-the-counter treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease)
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over-the-counter medicines)
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain)
- Treatment for complex patients (e.g. immunosuppressed patients)
- Patients on prescription-only treatments
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription-only medications should continue to have these products prescribed on the NHS
- Circumstances where the product licence doesn't allow the product to be sold overthe-counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breastfeeding. Refer to conditions page for further information regarding licence restrictions.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

Scenarios of some exceptional circumstances



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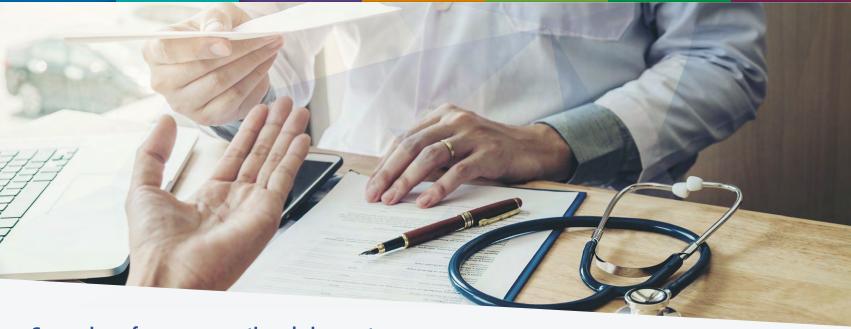
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Scenarios of some exceptional circumstances:

A cancer patient has flu and is advised to purchase over-the-counter medication, but the GP doesn't believe they will and not having the medication will affect their general health and wellbeing.

If the GP believes that their patient who has a learning disability needs some vitamins following a recommendation by a dietitian but they don't fully understand the option of going to purchase medication, then they can prescribe this for them.

A patient goes to see their GP with indigestion problems. As this is the first occasion, they should be advised to buy an indigestion remedy over-the-counter. However, if the problem persists the issue will be investigated further and medication can be prescribed. Patients with long-term indigestion problems will not be affected.

The GP does not believe an individual has the money to purchase an over-the-counter medicine that in their clinical opinion is required and could not be obtained through the locally commissioned schemes to support the financially vulnerable.

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There are many resources available to support with the use of over-the-counter medicines and promotion of self-care in adults residing in supported living.

Particularly relevant links are:

- CQC recommendations Adult Social Care and supported living advice and Treating minor ailments and promoting self-care in adult social care
- The NICE guideline SC1 Managing medicines in care homes
- RMOC guidance Homely remedies

Recommendations include:

- A GP may recommend the person, relatives or care staff to purchase a product to treat a minor ailment with an over-thecounter product for a particular person. Providers and clinicians need to work closely to ensure verbal or written instructions are recorded in the individual care plan
- Healthcare professionals can use their clinical judgement with regards to products that are available OTC but are prescribed for the treatment or prevention of long-term or serious conditions. These should be monitored and reviewed at appropriate intervals
- A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over-the-counter and does not require a prescription. They are kept as stock in the care home to allow access to products that would commonly be available in any household. When offering residents treatment for minor ailments with homely remedies, providers should have a supporting policy and documented process for how to do this safely

- It is good practice on admission to the care home or when a domiciliary service is commissioned to discuss health needs and medicines with the person and their family. This should also include the use of OTC products
- There should be a clear care plan, including how reviews will be triggered, to ensure that medicines given are safe and still appropriate. All purchased medicines must be checked for potential interactions with prescribed medicines with an appropriate healthcare professional before use
- People (or their relatives) may provide their own OTC products following consultation with the GP or pharmacist. In a care home setting these are not for general use and must remain specific to that person. In all care settings receipt should be documented. If the care staff are responsible for administration, this should be recorded on a MAR chart and good practice should be followed
- All OTC products purchased on behalf of the service user or brought into a care setting should be checked, to make sure they are suitable for use, in date and stored according to the manufacturer's guidance.

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Self-care in care homes

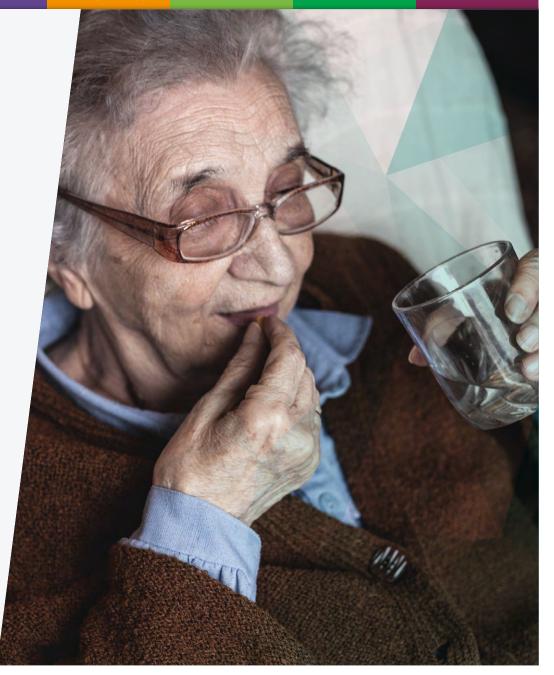
CQC advise that it is important for people living in care homes to maintain their independence. This may mean they are able to look after and take their own medicines.

People have the right to choose to manage their own medicines and staff should consider a person's choice and whether there is a risk to them or others.

NICE guidance SC1

NICE says that staff should assume a person can self-administer (unless a risk assessment indicates otherwise).

When people are receiving short-term respite, or intermediate care, they need to keep their skills. This includes keeping the skills they need to take their own medicines when they return home.



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Managing medicines for adults receiving social care in community

NICE Guidance NG67

Medicines support is defined as any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

When social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider.

All medication policies should include guidance on how service users are supported to self-medicate with over-the-counter medicines and to self-care.

Prescribers should assess individuals on their clinical need, considering their ability to self-manage. If there are concerns that this is compromised as a consequence of medical, mental health or significant social vulnerability, then these patients will continue to receive prescriptions for over-the-counter items subject to the item being clinically effective.

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Over-the-counter Medicines in Schools and Nurseries

Use of non-prescription (over-the-counter) medication in nurseries and schools

Non-prescription/over-the-counter (OTC) medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it.

Practices are reminded that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school.

Further information regarding the use of medicines in schools can be found here:

<u>Supporting pupils at school with medical conditions</u>
<u>Statutory framework for the early years foundation stage</u>



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The following points should be considered by community pharmacists when supporting patients to self-care though over-the-counter medication.

- Establish a good communication system between the pharmacy and the GP practice especially if a supply cannot be given for whatever reason
- Be aware of patients repeatedly purchasing medication for the same condition. They may require a referral to their GP. Check patient for red flag symptoms and signpost as appropriate
- Always provide safety netting advice, making sure patients understand when to seek further medical advice
- Ensure all community pharmacy staff are aware of this guidance and promote self-care strategies where possible and appropriate.
 Only refer patients to their GP where it is clinically indicated, without raising patient expectations regarding obtaining a prescription
- Reassure patients with long-term chronic conditions that their doctor will continue to prescribe medication for their condition
- Advise patients that they should keep commonly used over-thecounter products such as painkillers, at home to help deal with most minor ailments. Refer patients to the <u>NHS list</u> compiled by the Royal Pharmaceutical Society

- Promote non-drug options where appropriate and available
- Where patients are purchasing medication, recommend evidence based products and ensure that the patient is aware of the least costly option
- Check the licence indications for OTC drugs to ensure you as a pharmacist are providing a legal supply
- If patients are referred to pharmacy to self-care, but the pharmacist believes this is inappropriate, liaise directly with the referring healthcare professional to ensure patient needs are addressed
- Pharmacy staff need to check for red flags when assessing the patient. All staff undertaking this activity should be properly trained and aware of what the red flags are for each condition
- Where a patient is housebound, and poses concerns over their ability to self-care, the pharmacist should liaise with the patient's GP and agree the best approach for that patient.

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Items of Limited Clinical Effectiveness

> Probiotics

Vitamins and Minerals

Items of Limited Clinical Effectiveness

Some medicines available on prescription are not considered to be clinically effective due to a lack of evidence. These products are no longer recommended for use within the NHS.

Probiotics

Rationale:

There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause.

Example products that could be restricted:

Probiotics e.g. sachets, liquid, acidophilus, (Yakult®).

Supporting guidance:

<u>Public Health England's 'C.difficile in adults' guidance</u>

NICE CG 84: Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management

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Items of Limited Clinical Effectiveness

Some medicines available on prescription are not considered to be clinically effective due to a lack of evidence. These products are no longer recommended for use within the NHS.

Vitamins and Minerals

Rationale:

There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals supplementation. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.

Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.

Prescribing not in line with recognised exceptions should be discontinued. This guidance does not apply to prescription-only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.

Example products that are restricted:

Supplements and vitamins with minerals e.g. maintenance dose vitamin D, vitamin C, multivitamins, zinc, cod liver oil, (I-Caps®, Berocca®, Sanatogen®, Seven Seas®).

Exceptions:

- Medically diagnosed deficiency, including for those patients who
 may have a lifelong or chronic condition or have undergone
 surgery that results in malabsorption. Continuing need should,
 however, be reviewed on a regular basis. Note: maintenance or
 preventative treatment is not an exception
- Calcium and/or vitamin D for osteoporosis
- Malnutrition including alcoholism
- Patients suitable to receive Healthy Start vitamins for pregnancy or children aged from 6 months to their fourth birthday. (NB: this is not on prescription but commissioned separately).

Supporting guidance:

NHS Choices: Supplements, Who Needs Them?

A behind the Headlines Report, June 2011

NHS Choices: Do I need vitamin supplements?

Healthy Start Vitamins

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A number of common conditions are considered to be self-limiting and so do not need treatment as they will heal of their own accord.

These conditions include:

- > Acute Sore Throat
- > Infrequent Cold Sores of the Lip
- > Conjunctivitis
- Coughs, Colds and Nasal Congestion

- Cradle Cap (Seborrhoeic Dermatitis Infants)
- > <u>Haemorrhoids</u>
- > Infant Colic
- > Mild Cystitis

Please note:

OTC restrictions = over-the-counter products that cannot be purchased if the patient meets any of the criteria. Further information can be found from the product information leaflet.

For further advice on over-the-counter medications, **click here**.

The brands listed are not exhaustive and other brands may be available which the community pharmacist may recommend to the patient. Prices listed in this tool are correct at the time of writing and are subject to change.



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Acute Sore Throat

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A prescription for treatment of acute sore throat should not routinely be offered to patients as in most cases, the condition is self-limiting and will clear up on its own without the need for further treatment.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- Take simple analgesia e.g. paracetamol or ibuprofen. See OTC restrictions
- Drink adequate fluids
- Salt water gargling may help
- There is some evidence that medicated lozenges (containing a local anesthetic and NSAID or an antiseptic agent) can help reduce pain in adults. No evidence was found for non-medicated lozenges, mouthwashes, or local anesthetic mouth spray on its own. NICE NG 84
- Hot drinks should be avoided as these can exacerbate pain
- Ice or ice lollies can be cooling and soothing
- In the exceptional cases where antibiotics have been prescribed, children can return to school or daycare 24hours after starting treatment if they no longer feel unwell.

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- Most sore throats are caused by a virus and most people get better on their own supported by self-care measures. However, where the sore throat is caused by bacterial infecton, antibiotics may be required and careful consideration should be made to avoid overuse of antibiotics and promote self-care where appropriate
- 'Red flag' symptoms.

'Red flag' symptoms

- People with severe recurrent tonsillitis should be referred to an ear, nose, and throat specialist
- Persistent sore throat for > 6 weeks
- Excessive drooling
- Trismus
- Unilateral facial swelling
- Dysphagia
- Dyspnoea
- Immunosuppressant medication such as carbimazole
- Persistent unilateral tonsillar enlargement
- Neck stiffness
- Photophobia
- Non-blanching rash.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions	
Benzydamine 0.15% mouthwash	 Difllam® Oral rinse Difflam® Spray → 	£££	• Children under 12 years (oral rinse)
Benzydamine oromucosal spray		£££	Pregnancy, breastfeeding	
Benzocaine 0.71% throat spray	Ultra Chloraseptic®	£££	Children under 6 yearsEpiglottitis	MethaemoglobinaemiaPregnancy, breastfeeding
2,4-dichlorobenzyl alcohol, amylmetacresol lozenges	Strepsils®	££	DiabetesChildren under 6 years	Pregnancy, breastfeedingFructose intolerance, glucose-
Benzocaine, tyrothricin lozenges	• Tyrozets® 🚹	££	(Strepsils®) • Children under 3 years (Tyrozets®)	galactose malabsorption or sucrose-isomaltose insufficiency
Paracetamol 500mg tablets and capsules (25p / 16 tablets) Paracetamol 500mg soluble tablets	Anadin paracetamol®	££	 Long-term conditions requiring regular pain relief Children under 12 years Severe renal or severe hepatic impairment 	
lbuprofen 200mg, 400mg capsules and tablets (£ / 16 tablets)	 Anadin® lbuprofen Nurofen® Calprofen® Cuprofen® 	£ £ £ £ £ £	Stomach ulcer, perforation or bleeding (active or history of) Renal impairment	 Long-term conditions requiring regular pain relief Asthma Unstable high blood pressure
lbuprofen 100mg/5ml liquid/ suspension sugar free	Nurofen® for Children 3 months to 12 years	££	Hepatic impairmentCardiac impairment	 Taking anticoagulants Pregnancy, breastfeeding
Paracetamol liquid 120mg/5ml (infant suspension +2months) Paracetamol liquid 250mg/5ml (six plus suspension)	• Calpol®	£ £ /100ml £ £ /80ml	Children under 2 months	

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A prescription for treatment of cold sores should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. The patient should be reassured that oral herpes simplex infections are usually self-limiting, and that lesions should heal without scarring.

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- Apply an anti-viral cream at first sign of symptoms and before appearance of cold sore
- Topical anaesthetics or analgesics, mouthwash and lip barrier preparations are available over-the-counter, which some people may find helpful
- Paracetamol and/or ibuprofen should be taken to relieve pain and fever, if required and there are no contraindications
- Ensure adequate fluid intake to reduce the risk of dehydration
- Take care if using contact lenses, as there is a risk of transmission to the eye if lenses become contaminated
- Defer elective dental treatment until all lesions have fully healed
- Herpes simplex virus is easily transmitted to other people and patients should be advised how to reduce the risk of transmission:

- > Avoid kissing and oral sex until all lesions have fully healed
- > Do not share items that come into contact with lesions (for example lipstick)
- > Avoid touching the lesions, other than when applying topical preparations, which should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions
- > Wash hands with soap and water immediately after touching lesions
- Patients should try to avoid triggers, if possible. If sunlight is a trigger, advise the use of sunscreen or sunblock lip balm (sun protection factor 15 or greater)
- Patients should seek further medical advice if their symptoms worsen or no significant improvement is seen after 5–7 days.

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- Immunocompromised patients
- Consider seeking specialist advice or referral if the person:
- > Is pregnant (particularly near term)
- > Has frequent or persistent and/or severe episodes of recurrent oral herpes simplex infection
- 'Red flag' symptoms.

'Red flag' symptoms

Assess for any red flags that may suggest more serious underlying disease such as oral cancer, including:

- Unexplained ulceration in the oral cavity lasting for more than 3 weeks
- A suspicious lump on the lip or in the oral cavity
- A red, or red and white, patch in the oral cavity consistent with erythroplakia or erythroleukoplakia
- Patient is unable to swallow due to pain and is at risk of dehydration (especially in children).

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Example OTC medications (generic)	Brand	Price	OTC restrictions	
Aciclovir cream 5% (£)	• Zovirax®	£££	Immunocompromised andOnly for face and lips	terminally ill
Docosanol 10%	Blistex® Cold Sore Cream	££	 If you are allergic to the ingredients Immunocompromised	 If blister has already formed Only for face and lips Children under 12 years
Paracetamol 500mg tablets and capsules (£ / 16 tablets) Paracetamol 500mg soluble tablets	 Anadin paracetamol[®] Mandanol[®] Panadol[®] 	£ £ £	 Long-term conditions requiring regular pain relief Children under 12 years Severe renal or severe hepatic impairment 	
lbuprofen 200mg, 400mg capsules and tablets (£ / 16 tablets)	 Anadin® lbuprofen Nurofen® Calprofen® Cuprofen® 	£ £ £ £	 Long-term conditions requiring regular pain relief Asthma Unstable high blood pressure Taking anticoagulants 	 Pregnancy, breastfeeding Stomach ulcer, perforation or bleeding (active or history of) Renal impairment Hepatic impairment Cardiac impairment

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A prescription for treatment of conjunctivitis should not routinely be offered to patients as the condition is frequently due to viral infections, is self-limiting and will clear up on its own without the need for antimicrobial treatment.

Supporting resources



NHS Choices

NICE CKS - Conjunctivitis

NICE CKS - Dry eye syndrome

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Self-care measures

Viral conjunctivitis usually resolves within one to two weeks and bacterial conjunctivitis usually resolves within 5-7 days without the use of antimicrobials.

- Bathing/cleaning the eyelids with cotton wool soaked in sterile saline or boiled and cooled water to remove any discharge
- Cool compresses applied gently around the eye area
- Use of **lubricating drops or artificial tears**
- Avoid wearing contact lenses
- Inform the person that infective conjunctivitis is contagious and they should try to prevent spread of infection to their other eye and other people by:
- > Washing hands frequently with soap and water
- > Using separate towels and flannels
- > Avoiding close contact with others especially if they are a healthcare professional or child care provider they may be infectious for up to 14 days from onset. Public Health England does not recommend an exclusion period from school, nursery or childminders except if an outbreak or cluster of cases occurs.

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- Severe cases of bacterial conjunctivitis may require topical antibiotics
- 'Red flag' symptoms.

'Red flag' symptoms

- Reduced visual acuity
- Marked eye pain, headache or photophobia
- Red sticky eye in a neonate (within 30 days of birth)
- History of trauma or possible foreign body
- Copious rapidly progressive discharge
- Infection with a herpes virus
- Soft contact lens use with corneal symptoms (such as photophobia and watering).

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Chloramphenicol 0.5% eye drops	• Optrex® •	3 3 3	 Children under 2 years Pregnancy, breastfeeding Please check eye drops are suitable if you wear contact lenses
Sodium cromoglicate 2% eye drops (mast cell stabiliser)	• Opticrom® 🚦	3 3 3	 Children under 6 years Pregnancy, breastfeeding Please check eye drops are suitable if you wear contact lenses
Chloramphenicol 1% eye ointment	Golden eye®	333	Children under 2 years Pregnancy, breastfeeding

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of coughs, colds and nasal congestion should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment.

Antibiotics and antihistamines are ineffective and may cause adverse effects.

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- Symptom relief and rest are the most appropriate management. During the course of the illness ensure the patient has adequate fluid intake, eats healthy food and gets adequate rest
- Paracetamol or ibuprofen should be taken if needed to relieve symptoms as follows:
- > Adults and children aged 5 years and over, if the person has a headache, muscle pain, or fever
- > Children aged under 5 years, if the child has a fever and appears distressed
- Vapour rubs may soothe respiratory symptoms in infants and small children when applied to the chest and back
- Gargling with salt water or sucking menthol sweets may help to relieve sore throat or nasal congestion
- Nasal saline drops may help relieve nasal congestion

- For adults and children over 6 years of age various products that combine analgesics with other drugs, such as decongestants, are available through a pharmacy. While these may relieve some symptoms, people should be aware of their limited benefit and potential for adverse effects before using them. For example:
 - > Intranasal or oral decongestants may relieve nasal congestion in the short term
- Cough medicines have limited benefit on cold symptoms in general, but may be useful in children over 6 years of age and adults
- A major route of transmission of the common cold is direct bodily contact.
 Hand washing should be promoted to reduce the risk of transmission.

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• 'Red flag' and sepsis symptoms.

'Red flag' symptoms

- Where symptoms are worsening (for example after 3–5 days) or where symptoms are persisting (for example after 7–14 days)
- Young children and babies with symptoms of dehydration, laboured breathing, or prolonged fever
- Persistent cough for more than three weeks
- Pleuritic chest pain
- Dyspnoea
- Haemoptysis
- Persistent nocturnal cough
- Wheeze
- Recurrent chest infections
- Coughing up phlegm every morning for more than three months of the year
- Unintentional weight loss
- History of night sweats
- Persistent, palpable neck lumps

Sinus and Nasal Congestion

- Nasopharyngeal cancer is rare 460 cases diagnosed per year in the UK.
 Symptoms include:
- > Unilateral symptoms of obstruction with blood stained discharge
- > Persistent (>3weeks) unilateral symptoms of obstruction
- > Unilateral or bleeding polyps
- > Polyps in children
- > Objective facial swelling
- > Paraesthesia of cheek
- > Persistent unexplained epistaxis
- > Loosening of teeth
- > Orbital pathology e.g. proptosis

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Paracetamol 1000mg/ Pholcodine 10mg/ Pseudoephedrine HCL 60mg in 30ml oral solution	• Day Nurse® Oral Solution ♣	£ £ £	Children under 16 yearsPregnancy, breastfeedingHigh blood pressure
Paracetamol 500mg/ Pholcodine 5mg/ Pseudoephedrine HCL 30mg capsules	• Day Nurse® Capsules • Day Nurse®	£££	Heart diseaseKidney disease

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of cradle cap should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. The parent/carer of the patient should be reassured that the condition is not serious, does not usually trouble the infant and typically resolves spontaneously within a few months.

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- Regular washing of the scalp with a baby shampoo, followed by gentle brushing with a soft brush to loosen scales and improve the condition of the skin
- Soaking the crusts overnight with white petroleum jelly or a slightly warmed vegetable or olive oil, and shampooing in the morning. If these methods do not achieve softening, a greasy emollient or soap substitute, such as emulsifying ointment, can be used, which helps to remove the scales more easily
- Cradle cap shampoos are widely available to purchase.

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- If the condition is causing distress to the infant and is not improving
- 'Red flag' symptoms.

'Red flag' symptoms

- Consider referral to a dermatologist/paediatrician if there is:
- Severe or widespread seborrhoeic dermatitis.
 Consider possible serious underlying conditions such as immunodeficiency
- > Failure to respond to routine treatment
- > Worsening of symptoms despite treatment
- > Signs of infection (for example crusting, oozing, and bleeding).

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Sodium lauryl ether sulfate, sodium lauryl ether sulfo-succinate	Dentinox® Cradle Cap Treatment Shampoo	££	 If the cradle cap has spread to the face Do not use on broken skin or infected skin
White soft paraffin, olive oil (£ £) or greasy emollients	Hydromol® (125g)Vaseline® (100ml)	£ £ £	

Pharmacy only medication

£ Less than £1

£ £ £1-£5

£ £ £ More than £5

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A prescription for treatment of minor haemorrhoids should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. Self-care treatment and lifestyle advice is to aid healing of minor symptoms. Clinical judgment is required to assess if severity of symptoms warrants further investigation or referral.

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- Gradually increase the amount of fibre in your diet
- Drink plenty of fluid
- Take simple analgesia e.g. paracetamol or ibuprofen for pain relief (see <u>OTC restrictions</u>). Avoid non-steroidal anti-inflammatory drugs (NSAIDS) if rectal bleeding is present
- Ensure good hygiene and keep anal region clean and dry to reduce irritation and aid healing
- Avoid stool withholding and undue strain during bowel movements
- Avoid medication that causes constipation such as painkillers that contain codeine
- Exercise regularly this can help prevent constipation
- Use creams, ointments or suppositories for symptomatic relief
- Dietary and lifestyle measures can reduce the risk of recurrence.

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- People who do not respond to conservative treatment
- People with recurrent symptoms who do not respond to primary care management
- 'Red flag' symptoms.

'Red flag' symptoms

- Consider the need for admission or onward referral for:
- > Extremely painful, large thrombosed internal or external haemorrhoids
- > Suspected perianal sepsis (a rare but life-threatening complication)
- > Suspected anal or colorectal cancer. Gastrointestinal tract (lower) cancers recognition and referral
- > When another serious pathology, such as inflammatory bowel disease or a sexually transmitted infection, is suspected
- Weight loss
- Change in bowel habit, especially diarrhoea and/or increased frequency
- Iron-deficiency anaemia
- Abdominal mass
- Rectal/anal mass
- Faecal occult blood.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
palsam peru, bismuth oxide, zinc oxide	• Anusol® cream	££	Not recommended for children (Anusol®)
palsam peru, bismuth oxide, bismuth subgallate, zinc oxide	• Anusol® ointment	E E	 Children under 12 years (Germoloids®) Pregnancy, breastfeeding Rectal bleeding or blood in stools
palsam peru, benzyl benzoate, pismuth oxide, bismuth subgallate, nydrocortisone acetate, zinc oxide	• Anusol® HC Ointment <mark>↑</mark>	3 3 3	
palsam peru, benzyl benzoate, pismuth oxide, bismuth subgallate, nydrocortisone acetate, zinc oxide	 Anusol® Plus HC Suppositories 	£££	
idocaine hydrochloride, zinc oxide	 Germoloids® Cream, Germoloids® Ointment, Germoloids® Suppositories 	££	•

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A prescription for treatment of infant colic should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. Parents or carers should be reassured that infantile colic is a common problem that should resolve by 6 months of age.

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• Strategies that may help to soothe a crying infant, such as:

- > Hold and rock baby gently over the shoulder during a crying episode
- > Gentle motion (such as pushing the pram or rocking the crib)
- > 'White noise' (for example from a vacuum cleaner or hairdryer)
- > Bathing the infant in a warm bath
- > Ensuring an optimal winding technique is used during and after feeds, if needed
- Keep feeding the baby as usual. If breastfeeding, continue wherever possible. Hold the baby upright during feeding to stop them swallowing air
- Ensure you get sufficient rest when the baby is asleep
- Put the baby down in a safe place, such as their cot, if you feel unable to cope with the crying for a few minutes, to allow 'time out'

Available Treatments

- There is insufficient good-quality evidence to recommend the use of the following:
- > Simeticone (such as Infacol®) or lactase (such as Colief®) drops
- > Maternal diet modification if breastfeeding, or changing the infant milk formula preparation
- > Probiotic supplements or herbal supplements
- Manipulative strategies, such as spinal manipulation or cranial osteopathy
- Seek information and support from:
- > The self-help support group **Cry-sis** for families with excessively crying or sleepless children. Telephone Helpline (0845 122 8669)
- > Your local pharmacist, health visitor or nursery nurse
- > Family and friends, if possible
- > Meeting other parents/carers with babies of the same age, to share experiences and access peer support.

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- Consider seeking specialist advice from a paediatrician, if:
- > Parents/carers feel unable to cope with the infant's symptoms despite reassurance and advice in primary care
- > Symptoms are severe or persist after 4 months
- > The infant is not thriving, or symptoms are not starting to improve or are worsening after 4 months of age
- > There is a suspected underlying cause for symptoms which cannot be managed in primary care.

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A prescription for treatment of mild cystitis should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

<u>Treating your infection –</u>
<u>Urinary tract infection (UTI)</u>
<u>Leaflet</u>

<u>Urinary tract infections:</u>
<u>A leaflet for older adults</u>
and carers

Self-care measures

- Take over-the-counter painkillers, such as paracetamol or ibuprofen (see OTC restrictions)
- Drink enough fluid to avoid dehydration
- No evidence found for cranberry products or urine alkalinising agents to treat lower UTI.

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- Consider the need for antibiotics depending on severity of symptoms, risk of complications, and previous urine culture results
- 'Red flag' and sepsis symptoms.

'Red flag' symptoms

- Seek urgent medical review if:
- > Symptoms worsen rapidly or significantly at any time or fail to improve within 48 hours. Consider alternative treatment or a more serious diagnosis such as pyelonephritis or sepsis
- Cystitis in men.

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- > Diarrhoea (Adults)
- > Dry Eyes/Sore (Tired) Eyes
- > Earwax
- > Excessive Sweating (Hyperhidrosis)
- > Head Lice
- > Indigestion and Heartburn
- > Infrequent Constipation
- > Infrequent Migraine
- > Insect Bites and Stings
- > Mild Acne
- > Mild Dry Skin
- > Sunburn
- > Sun Protection

- > Hay Fever/Seasonal Rhinitis
- > Minor Burns and Scalds
- > Mild General Aches and Pains
- > Mouth Ulcers
- > Nappy Rash
- > Oral Thrush
- > Prevention of Dental Caries
- > Ringworm/Athletes Foot/ Fungal Nail Infection
- > Teething/Mild Toothache
- > Threadworms
- > <u>Travel Sickness</u>
- > Warts and Verrucae

Please note:

OTC restrictions = over-the-counter products that cannot be purchased if the patient meets any of the criteria. Further information can be found from the product information leaflet.

For further advice on over-the-counter medications, **click here**.

The brands listed are not exhaustive and other brands may be available which the community pharmacist may recommend to the patient. Prices listed in this tool are correct at the time of writing and are subject to change.



GPs should issue a 'nonprescription' sheet to patients being referred to purchase over-the-counter medication at end of each consultation.

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Mild Irritant Dermatitis

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Available Treatments

A prescription for treatment of mild irritant dermatitis should not be routinely offered to patients as the condition is appropriate for self-care.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- Use emollients frequently and apply liberally
- Use of aqueous cream is not recommended as it is thought to cause a disproportionate amount of skin reaction
- Use soap substitutes wherever possible
- Avoidance of known irritants is required to support treatment and prevent recurrent episodes of contact dermatitis. If contact is made with a known irritant, wash the area with warm water and an emollient. Use gloves to protect hands when in contact with irritants, but remove them occasionally as sweating can make symptoms worse. Cotton gloves under rubber gloves may be helpful if rubber gloves irritate the skin
- Check the ingredients on make-up and soap to make sure they do not contain any irritants or allergens; in some cases, you may need to contact the manufacturer or check online to get this information.

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- If the dermatitis is severe, chronic, recurring or persistent and not responding to primary care treatments
- Previously stable dermatitis has become difficult or impossible to control with standard treatments
- Allergy to prescribed or over-the-counter topical treatments is suspected
- More serious conditions such as eczema and psoriasis may require topical corticosteroids as part of the treatment strategy
- 'Red flag' symptoms
- See earlier for **general exceptions**

'Red flag' symptoms

Infected dermatitis.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Crotamiton	• Eurax®	E E	Children under 12 years (certain brands)
Crotamiton, hydrocortisone	• Eurax HC® 🛨	££	 Eurax® licensed for children over 3 years Hc45® Hydrocortisone Cream licensed
Hydrocortisone acetate 1%	• Hc45 Hydrocortisone Cream® ••	£ £	for children over 10 years Pregnancy, breastfeeding Broken or inflamed skin Use on the eyes and face Ano-genital region

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of dandruff will not be routinely offered to patients as the condition is appropriate for self-care.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- 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
- Shampoo with a keratolytic preparation (for example salicylic acid) or coal tarkeratolytic preparation
- Selenium sulphide shampoo may be used as an alternative
- Shampoos should be used twice a week for at least one month
- Shampoos should be left on for at least 5 minutes before rinsing off
- Shampoos can also be applied to the beard area
- Once symptoms are under control, the frequency of shampooing may be reduced, for example to once a week or once every 2 weeks
- Symptoms may return if stopped completely
- Topical corticosteroids are not appropriate for continuous long-term use, and their use as maintenance treatment is not recommended.

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- Seek specialist advice if symptoms have not resolved after 4 weeks, or sooner if response to treatment is poor
- See earlier for **general exceptions**.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Coal tar shampoo	 Alphosyl® 2in1 shampoo Capasal™ Therapeutic shampoo Polytar® scalp shampoo 	E E E	 Pregnancy, breastfeeding Children under 12 years Infected open skin lesions Sore or acute pustular psoriasis
Selenium sulphide 2.5%	• Selsun® shampoo 2.5% •	£ £	Pregnancy, breastfeedingChildren under 5 years
Ketoconazole 2% shampoo	Nizoral® Anti-dandruff shampoo	EEE	Pregnancy, breastfeedingChildren under 12 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of diarrhoea will not be routinely offered to patients as the condition is appropriate for self-care. Diarrhoea will usually clear up without treatment in 3-7 days, particularly if it's caused by an infection.

NB: This recommendation does not apply to children

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- Stay at home and get plenty of rest
- It's important to drink plenty of fluids to avoid dehydration, particularly if you're also vomiting. Take small, frequent sips of water
- Ideally, adults should drink a lot of liquids that contain water, salt, and sugar. Examples are water mixed with juice, and soup broth. If you're drinking enough fluid, your urine will be light yellow or almost clear
- Consider using an oral rehydration solution (ORS) to treat or prevent dehydration if you're at risk for example, if you're frail or elderly. They are dissolved in water and replace salt, glucose, and other important minerals that are lost if you are dehydrated
- Most experts agree you should eat solid food as soon as you feel able to. Eat small, light meals and avoid fatty or spicy foods. Good examples are potatoes, rice, bananas, soup, and boiled vegetables. Salty foods help the most
- You don't need to eat if you've lost your appetite, but you should continue to drink fluids and eat as soon as you feel able to.

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- The person is systemically unwell and may require hospital admission and/or antibiotics
- Patients over 60 years with symptoms lasting over 48 hours
- Presence of blood or pus
- Recent travel abroad to a high risk area
- History of Clostridium difficile
- Acute diarrhoea is an extremely common presentation in primary care, so it is important not to miss more serious pathology
- 'Red flag' symptoms
- See earlier for general exceptions

'Red flag' symptoms

- Symptoms >4 weeks
- Fever
- Abdominal pain and tenderness
- Blood in the stool
- Weight loss
- Iron-deficiency anaemia
- Change in bowel habit
- Inability to retain oral fluids
- Evidence of dehydration, severe dehydration or shock
- Nocturnal symptoms organic cause more likely
- Coexisting medical conditions: immunodeficiency, lack of stomach acid, inflammatory bowel disease, valvular heart disease, diabetes mellitus, renal impairment, rheumatoid disease, systemic lupus erythematosus
- The patient is taking medication such as immunosuppressants or systemic steroids, proton pump inhibitors, angiotensin-converting enzyme inhibitors, diuretics.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Oral rehydration sachets	 Dioralyte Relief® oral powder sachets Dioralyte® oral powder sachets 	£ £	Not licensed under the age of 1 yearLiver or renal diseaseLow potassium/sodium diets
Loperamide 2mg capsules	 Imodium[®] Dioraleze[®] Entrocalm[®] 	2 2 2 2 2 3	 Children under age of 12 Inflammatory bowel disease Post bowel surgery Post pelvic radiation Colorectal cancer
Bismuth subsalicylate syspension	• Pepto-bismol®	££	Not licensed for under 16 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- Avoid alcohol and exposure to cigarette smoke
- Protect eyes from environmental factors such as wind, hot air, smoke and dust by wearing wrap around glasses
- Minimise time spent using computers and avoid prolonged periods of computer use, lower computer screens to below eye level, take regular breaks, and increase blink frequency with computer use and reading
- Increase humidity and reduce time spent in air conditioned environments, if possible
- Keep eyes clean use wipes, warm compresses and eyelid massages
- Contact lens wearers should reduce time wearing lenses, remove lenses when experiencing symptoms and see an optician if symptoms persist. Changing lens type or solution may help
- Tear supplements can be used if lifestyle measures do not relieve symptoms. Drops are best for daytime use with ointments or gels reserved for use before bed. Consider preservative free formulations if the person is intolerant of preservative in tear supplements.

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- Chronic dry eye is an exception
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Sjorgen syndrome
- History of other conditions such as acute glaucoma, keratitis, iritis or corneal ulcer
- Children with any corneal change
- Patient is suspected of having an underlying systemic condition such as Sjogren's syndrome
- Persistent symptoms that do not respond after 12 weeks
- Abnormal lid anatomy or function
- Pain or blurred vision.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Hypromellose 0.1%/0.3% eye drops	 Tears Naturale® Eye Drops Isopto Plain® 	3 3	Children under 18 years (Carbomer)Pregnancy, breastfeeding (check individual brands)
Carbomer 0.2% ophthalmic gel	• Viscotears Liquid Gel® •	££	
Sodum hyaluronate 0.2% preservative free eye drops			
Carmellose 0.5% eye drops unit dose	• Celluvisc® 0.5% (0.4ml) pack of 30	££	

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of earwax will not be routinely offered to patients as the condition is appropriate for self-care.

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Self-care measures

- Earwax usually falls out on its own
- If wax doesn't fall out or blocks the ear, ear drops can be used to loosen wax
- Advise patient that instilling ear drops may cause transient hearing loss, discomfort, dizziness and irritation of the skin
- Do not remove earwax by inserting cotton buds into the ear canal. Nice NG 98
- Ear candling should never be used.

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- No routine exceptions have been identified
- See earlier for **general exceptions**.

'Red flag' symptoms

- Suspected perforated tympanic membrane
- A past history of ear surgery
- A foreign body, including vegetable matter, in the ear canal
- A visible tympanic membrane perforation
- Ear drops have been unsuccessful
- Badly blocked and can't hear
- Not cleared after 5 days.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Olive oil		££	• Do not use if: earwax removal took place in the previous 2 or 3 days, swelling, pain or discharge present or there is
Arachis oil/chlorobutanol hemihydrate drops	• Cerumol®	££	 a history of ear problems Please check age restrictions for each individual product
Sodium bicarbonate ear drops		££	
Acetic acid 2%	• Earcalm® 🛨	£££	
Urea Hydrogen Peroxide 5.0%	• Otex® +	££	
Cleansing wash	Audiclean® cleansing wash	£££	 Adults and children above 6 months. Do not use if history of ear problems or pain or discharge from ears

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A prescription for treatment of excessive sweating will not be routinely offered to patients as the condition is appropriate for self-care.

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- Use a commercial antiperspirant (as opposed to a deodorant) frequently e.g. 20% aluminium chloride hexahydrate preparations such as roll-on antiperspirants and sprays, which are available over-the-counter
- Modify behaviour to avoid identified triggers (such as crowded rooms, alcohol, caffeine, or spicy foods), where possible
- Avoid: tight clothing and man-made fabrics e.g. nylon and enclosed boots or sports shoes
- Wear white or black clothing to minimize the signs of sweating
- Consider using dress shields (also known as armpit or sweat shields) to absorb excess sweat and protect delicate or expensive clothing
- Wear moisture-wicking socks, changing them at least twice daily
- Use absorbent soles, and use absorbent foot powder twice daily
- If skin irritation occurs with the application of topical aluminum salt preparations, use topical emollients and soap substitutes to reduce irritation and reduce the frequency of topical aluminum salt application until symptoms resolve.

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perpirant roll on • Anydrol Forte® roll on	• Perspirex® antiperpirant roll on	Broken or infected skinExternal use only

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of head lice will not be routinely offered to patients as the condition is appropriate for self-care.

A diagnosis of active head lice infestation should only be made if a live head louse is found. Detection combing is the best way to confirm the presence of lice. This is the systematic combing of wet or dry hair using a fine-toothed (0.2–0.3 mm apart) head lice detection comb.

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Self-care measures

No treatment can guarantee success, but a treatment has the best chance of success if it is performed correctly and if all affected household members are treated at the same time.

- Recommended treatments are:
 - > Wet comb using a special fine-toothed comb with conditioner to remove lice, combing from roots to ends. Repeat every few days for 2 weeks
 - > A physical insecticide, such as dimeticone 4% lotion (Hedrin®)
 - > A traditional insecticide, such as malathion 0.5% aqueous liquid (Derbac-M[®])
- Try not to scratch affected area. Repeat treatment, if necessary
- Detection combing should be done after all treatments to confirm the success of the treatment. Children of primary school age should be examined regularly at home

- People should be advised that:
- > Children being treated for head lice can still attend school
- > There is no evidence that head lice have a preference for either clean or dirty hair
- > There is no need to treat clothing or bedding that has been in contact with lice
- The following products are not recommended for the treatment of head lice infestation due to a lack of consistent evidence for their safety and efficacy
 - > Essential oil-based treatments (such as tea tree oil, eucalyptus oil, and lavender oil) and herbal remedies
- > Electric combs in addition, expert consensus is that they should not be used because they are expensive and can pose a safety risk if used incorrectly
- > Nitlotion® (contains coconut oil)
- > Hair conditioner.

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Hay Fever/Seasonal Rhinitis Minor Burns and Scalds

Mild General Aches

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- See earlier for **general exceptions**.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Nit (Detection) combs	Bug Buster®	££	No restrictions
Dimeticone gel, lotion or spray 4%	• Hedrin®	£££	Children under 6 monthsAvoid use on broken or inflamed skin
Malathion Aqueous lotion 0.5%	● Derbac-M® .	3 3 3	Children under 6 monthsPregnancy, breastfeedingAvoid use on broken or inflamed skin

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of minor, short-term indigestion and heartburn will not be routinely offered to patients as these are appropriate for self-care. Patients should seek medical advice if their symptoms do not respond to treatment, or if their symptoms worsen.

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Self-care measures

- The following lifestyle changes may help symptoms:
- > Lose weight if overweight or obese
- > Avoid any trigger foods, such as coffee, chocolate, tomatoes, fatty or spicy foods
- > Eat smaller meals and eat evening meal at least 3 hours before going to bed, if possible
- > Stop smoking, if appropriate
- > Reduce alcohol consumption to recommended limits, if appropriate
- Raise the head of the bed if nightime symptoms are a problem
- Widely available treatments include:
- > Antacids (such as aluminum hydroxide and magnesium carbonate, hydroxide and trisilicate)

- > Alginates (such as sodium alginate) and compound alginate preparations are available over-the-counter in local pharmacies, in petrol stations and in supermarkets
- > H2-receptor antagonists, such as ranitidine, and proton pump inhibitors (PPIs), such as omeprazole and pantoprazole, are widely available (PPIs only from pharmacies)
- These medicines should not be taken for prolonged periods without consulting a health professional
- Avoid aspirin-like drugs (NSAIDs) (e.g. ibuprofen)
- Seek the advice of a pharmacist or other healthcare professional if you think medication you take is causing the problem. e.g. aspirin, ibuprofen.

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- Long-term indigestion
- History of gastric cancer
- 'Red flag' symptoms
- See earlier for **general exceptions**

GMMMG formulary available here.

'Red flag' symptoms

- Severe persistent (longer than three weeks), worsening and unexplained upper abdominal pain, particularly if occurring together with other symptoms, such as central chest pain, shortness of breath, or sweating
- Persistent vomiting, haematemesis, and tar-like stools (melaena), together with feeling faint or even collapsing, suggesting a gastrointestinal bleed – a medical emergency (but remember that taking iron tables can also cause blackened stools)
- Difficulty swallowing
- Unexplained fever, weight loss or night sweats
- An upper abdominal swelling or mass
- Chronic GI bleeding
- Over 55 years with unexplained and persistent dyspepsia
- Iron deciciency anaemia.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Sodium alginate, Calcium carbonate, Sodium bicarbonate tablets	Gaviscon® tablets Gaviscon Double action®	£ £	Children under 12 yearsRenal failureHypercalcaemia
Calcium Carbonate, Magnesium Carbonate tablets	• Rennie® chewable tablets	££	NephrocalcinosisKidney stones
Ranitidine tablets (£ £)	• Zantac®	333	 Children under 16 years Peptic ulceration Elderly taking NSAIDs Pregnancy, breastfeeding
Esomeprazole 20mg tablets	Nexium Control®	£££	Children under 18 years
Pantoprazole 20mg tablets	• Pantoloc Control® +	£££	Adults over 55 yearsPregnancy, breastfeedingJaundice or liver disease
Pharmacy only medication		£	Less than £1 £ £1 - £5 £ £ More than £5

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Infrequent Constipation (Adults)

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Available Treatments

A prescription for treatment of infrequent constipation in adults will not be routinely offered to patients as the condition is appropriate for self-care.

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Self-care measures

- Eat a healthy balanced diet and have regular meals. Include whole grains, fruits (and their juices), and vegetables
- Fibre intake should be increased gradually (to minimize flatulence and bloating) adults should aim to consume 30g of fibre per day
- Avoid dehydration and drink plenty of water
- Being physically active helps your bowels move more regularly. Adults should aim for a minimum of 150 minutes per week of activity leaving them out of breath but still able to hold a conversation (or 75 minutes of higher intensity exercise). Increase in activity levels should be gradual
- Respond to your bowel's natural pattern and do not delay going to the toilet when you feel the urge to go
- Simple pain killers such as paracetamol can help to relieve pain
- Medicines to ease constipation are available over-the-counter to help you open your bowels. These include bulk-forming preparations, stool softeners, bowel stimulants and suppositories
- Seek advice from a healthcare professional before stopping any prescribed medication.

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- Frequent constipation
- Opioid induced constipation
- When self-care measures have been ineffective, or symptoms have not adequately responded, treatment with prescription laxatives could be offered
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Suspected serious underlying cause such as colorectal cancer
- Suspected secondary cause of constipation, which cannot be managed in primary care
- Symptoms that persist or recur despite optimal self-care management in primary care
- Symptoms are not improving with treatment
- Constipation is regular and lasts a long time
- Bloating that lasts a long time
- Blood in faeces
- Unexpected weight loss (or a child has not grown or gained weight)
- Continual extreme tiredness

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Ispaghula Husk Granules	Fybogel® Manevac®	£ £	Children under 6 yearsDiabetes
Lactulose	• Duphalac®	£ £	 Galactosaemia Gastro-intestinal obstruction, digestive perforation or risk of digestive perforation
Bisacodyl 5mg tablets	• Dulcolax®	£ £	 Acute inflammatory bowel diseases Severe dehydration Pregnancy and breastfeeding Children under 4 years
Senna tablets (ይ)	Senokot® tablets and liquid	£ £	Severe dehydrationChildren under 18 yearsPregnancy, breastfeeding
Glycerol suppositories (generic)		££	Not licensed for children under 12 years
Docusate 100mg capsules	Dioctyl capsules	££	Not licensed for children under 12 years

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A prescription for treatment of infrequent migraine will not be routinely offered to patients as the condition is appropriate for self-care. While the underlying disorder cannot be cured, it can be effectively treated with self-care measures, and usually improves over time.

Supporting resources



NHS Choices

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Self-care measures

- Treat with OTC products such as a triptan, paracetamol or ibuprofen tablets (see OTC restrictions)
- Opioids are present in some OTC combination treatments for migraine but are not recommended for use because they may increase nausea and can increase the risk of medication overuse headache
- Maintain a generally healthy lifestyle and keep a headache diary to Identify and reduce triggers such as:
 - > Menstrual cycle in women
- > Altered sleep patterns
- > Stress relaxation after stress, so-called 'weekend migraine'
- > Specific foods these should only be suspected as a trigger when migraine occurs within 6 hours of intake, and this effect is reasonably reproducible. Once a food has been identified as a trigger, a trial of avoidance can be undertaken to see if the migraine improves. Chocolate, cheese, caffeine, and alcohol have been reported as precipitants
- > Strong smells, bright light
- > Dehydration and missed meals
- > Jet lag
- > Strenuous exercise is thought to trigger migraine in those unaccustomed to it, however regular exercise may help to prevent migraine.

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- Diagnosis of migraine is uncertain
- Self-care treatment does not adequately control the symptoms (suspect medication-overuse headache)
- Preventive treatment does not adequately reduce the frequency of headaches
- See earlier for **general exceptions**.

'Red flag' symptoms

- A more serious cause of headache is suspected
- Person is in severe, uncontrolled status migrainosus (migraine lasting for more than 72 hours)
- Frequent migraines.

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Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Sumatriptan 50mg tablets (generic)	Imigran recovery®	£££	Under 18 years of age and over 65 years of age
Paracetamol 500mg tablets and capsules (£ / 16 tablets) Paracetamol 500mg soluble tablets	 Anadin paracetamol[®] Mandanol[®] Panadol[®] 	£ £	 Long-term conditions requiring regular pain relief Children under 12 years Severe renal or severe hepatic impairment
lbuprofen 200mg, 400mg capsules and tablets (£ / 16 tablets)	 Anadin® lbuprofen Nurofen® Calprofen® Cuprofen® 	E E E E E E	 Long-term conditions requiring regular pain relief Asthma Unstable high blood pressure Taking anticoagulants Pregnancy, breastfeeding
Prochlorperazine maleate sublingual 3mg tablet	Buccastem® M tablet 3mg	E E E	 Impaired liver function Existing blood dyscrasias Epliepsy Parkinson's Disease Protastic hypertrophy Narrow angle glaucoma Pregnancy, breastfeeding Children under 18 years
Co-codamol 8/500mg tablets, capsules, effervescent tablets (£ £)	Migraleve® Yellow tablets Paracodol®	E E E	Children under 12 yearsSevere liver diseasePregnancy, breastfeeding

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- Usually no treatment other than simple first aid is required
- If a **sting or tick** is visible in the skin, remove it using tweezers
- Wash the affected area with soap and water
- Apply a cold compress (such as a flannel or cloth cooled with cold water) or an ice pack to any swelling for at least 10 minutes
- Raise or elevate the affected area if possible, as this can help reduce swelling
- Keep the area clean and avoid scratching the area, to reduce the risk of infection
- Oral analgesics such as paracetamol and ibuprofen can help ease pain (see OTC **restrictions**). Oral antihistamines or topical corticosteroids may help reduce itching. Topical antipruritics, topical antihistamines and topical anesthetics sold over-the-counter are of uncertain value in the treatment of insect bites.

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- Patient should seek further medical advice if a secondary infection is suspected or worsening erythema, pain, or fever, a large local reaction or a systemic reaction develops
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Systemic hypersensitivity or toxic reaction
- Angio-oedema or anaphylaxis
- Sting on the face or tongue and risk of airway obstruction
- Patient has cellulitis associated with systemic effects
- Symptoms are worsening despite treatment in primary care.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Chlorphenamine tablets/syrup	• Piriton® 🛨	£ £ (30 tablets), £ £ (150ml)	 Tablets not licensed for under 6 years Syrup not licensed for under 1 years
Cetirizine tablets 10mg (ይ) / liquid	 Zirtek® Piriteze® Benadryl® Benadryl® liquid 	£ £ £ £ £ £ £ £ £	 Children under 6 years - tablets Children under 2 years - syrup Pregnancy, breastfeeding Liver impairment
Loratadine 10mg tablets (£) or Loratadine 5mg/5ml syrup	Clarityn® liquid Iquid	£££	Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose- galactose malabsorption
Mepyramine maleate 2%	• Anthisan® Bite & Sting Cream 2% (20g)	£ £	Broken or infected skin Children under 2 years
Lidocaine hydrochloride/zinc sulphate/ cetrimide	• Savlon® Bites & Stings Pain Relief Gel	££	Children under 12 yearsAnimal bitesBroken or infected skin
Calamine/zinc oxide	Calamine lotion	££	Broken or infected skin

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A prescription for treatment of mild acne will not be routinely offered to patients as the condition is appropriate for self-care.

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Self-care measures

- Avoid over cleaning the skin. Acne is not caused by poor hygiene and twice daily washing with a gentle soap and fragrance-free cleanser is adequate
- Minimise the use of make-up and cosmetics and completely remove make-up before going to bed
- If acne presents with dry skin, use water-base emollient
- After exercise take regular showers to wash away sweat and excess sebum from skin and hair
- Don't try to "clean out" blackheads or squeeze spots. This can make them worse and cause permanent scarring
- Treatments are effective but take time to work (usually up to 8 weeks) and may irritate the skin, especially at the start of treatment
- Ensure you maintain a healthy diet.

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- Severe acne associated with visible scarring, risk of scarring or significant hyperpigmentation
- Significant psychological distress is associated with acne regardless of severity
- Diagnostic uncertainty
- Multiple treatments in primary care have failed
- See earlier for **general exceptions**.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Benzoyl peroxide	◆ Acnecide® (30g)	£ £ £	Pregnancy, breastfeedingDamaged skinElderlyChildren under 12 years
Nicotinamide 4% gel	• Freederm®	££	Children under 12 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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- Moisturise your skin with an emollient 2 to 3 times a day, or as often as needed
- Emollients are best applied after washing hands, taking a bath or showering because this is when the skin most needs moisture. Apply emollients liberally
- Avoid skin care products and soaps that contain alcohol, fragrances, dyes, or other chemicals
- Take short, warm baths or showers.

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- More serious skin conditions, such as allergic reactions, eczema and psoraisis
- See earlier for **general exceptions**.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Emollients, creams and ointments	• Diprobase Lotion® (300ml)	£££	Broken or inflamed skin E45 for children under 1 month old
	• QV Skin Lotion® (250ml)	££	Cetraben® Cream and lotion for under 1 year old
	• E45® cream (50g)	££	
	• Zero AQS Emollient Cream® (500g)	££	
	• Zerobase Emollient Cream® (50g)	££	
	AproDerm Emollient Cream® (50g)	££	
	• Zeroguent Emollient Cream® (100g)	££	
	• Epimax Cream® (100g)	£	
Pharmacy only medication		£ Les	s than £1 £ £ £1 - £5 £ £ More than £5

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- Get out of the sun as soon as possible and cover sunburnt skin from direct sunlight until skin has fully healed
- Cool the skin with a cool, not cold, bath or shower
- Drink plenty of fluids to prevent dehydration
- Take painkillers to ease pain and apply a cold compress
- Use emollients or gels such as emulsifying ointment to moisturise and soothe the skin.

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- No routine exceptions have been identified
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Infected sunburn, severe sunburn, signs or symptoms of heat stroke or exhaustion
- Fatigue, dizziness, nausea or vomiting
- Headache, muscle cramps, irritability
- Confusion, disorientation, hallucinations
- Fever and/or tachycardia
- Blisters.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Sunburn relief e.g aftersun cream or spray	• Soleve® sunburn relief (100ml)	£££	No restrictions
Emollient cream	• Epimax Cream® (100g)	£	Broken or inflamed skin

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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- Use sunscreen preparations with minimum sun protection factor (SPF) 15 to protect against UVB and 4 or 5 star rating to protect against UVA
- Spend time in the shade when the sun is strongest. In the UK, this is between 11am and 3pm from March to October
- Cover up with suitable clothing, hat and sunglasses
- Take extra care with children
- Make sure the sunscreen is not past its expiry date
- Ensure sunscreen is applied liberally and regularly throughout the day.

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- Sunscreen should only be prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures.
- See earlier for **general exceptions**.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Sun protection cream/sprays/gels General sun-protection products are	Anthelios® XL Melt-in cream (50ml)	£ £ £	No restrictions
readily available in pharmacies and supermarkets	• Sunsense® Ultra Lotion (125ml)	£££	
Prices vary depending on brand	• Uvistat® Cream (125ml)	£££	
	• Uvistat® SPF50 Lip screen (5g)	£££	

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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- Use allergen avoidance techniques e.g. nasal irrigation, wear wraparound sunglasses to stop pollen getting into the eyes and use petroleum jelly around the nostrils to trap pollen
- Avoid walking in areas with known allergens especially in the early morning or late evening when pollen counts are highest
- Keep windows closed at night
- Shower and change your clothes after you've been outside
- Vacuum regularly and dust as much as possible. Pollen filters for air vents in the car and special filters for the vacuum cleaner can help
- A combination of oral antihistamines, intranasal products and eye drops may be required to control moderate to severe symptoms.

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Earwax

Excessive Sweating (Hyperhidrosis)
Head Lice

Indigestion and Heartburn
Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

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Minor Burns and Scalds Mild General Aches and Pains

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- Severe symptoms not controlled with OTC products
- Rhinitis that is not seasonal
- Symptoms that are significantly affecting the patient's quality of life
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Unilateral symptoms, blood-stained nasal discharge, recurrent epistaxis, or nasal pain
- There is predominant nasal obstruction and/or a structural abnormality
- There are persistent symptoms despite optimal management in primary care.

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> Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds
Mild General Aches
and Pains
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Available Treatments

Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Chlorphenamine 4mg tablets or chlorphenamine 2mg/5ml syrup	• Piriton® •	££	 Tablets not licensed for children under 6 years Syrup not licensed for children under 1 year
Loratadine 10mg tablets (£) or Loratadine 5mg/5ml syrup	Clarityn® liquid Clarityn® liquid	£ £ £	Children under 6 years - tabletsChildren under 2 years – syrup
Cetirizine tablets 10mg (£) / liquid	 Zirtek® Piriteze® Benadryl® Benadryl® liquid 	£ £ £ £ £ £ £ £ £	 Pregnancy, breastfeeding Liver impairment Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose- galactose malabsorption
Sodium cromoglicate 2% eye drops	Opticrom® allergy eye drops	£ £	Children under 6 years
Beclometasone nasal spray	Beconase® nasal spray	£££	Under 18 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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Infrequent Constipation

Infrequent Migraine

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A prescription for treatment of minor burns and scalds will not be routinely offered to patients as these are appropriate for self-care.

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Self-care measures

- Cool the burn with cool or lukewarm running water for 20 minutes as soon as possible after the injury. Never use ice, iced water, or any creams or greasy substances like butter
- The following measures may provide symptom relief:
 - > Taking a cool bath or shower
 - > Applying topical emollients, such as emulsifying ointment after the burn has cooled completely
 - > Applying cold compresses
- Treat the pain from a burn with paracetamol or ibuprofen (see <u>OTC restrictions</u>). Children under 16 years of age should not be given aspirin
- Drink plenty of fluids to help wound healing and reduce risk of complications
- Massage the area daily with an emollient, such as emulsifying ointment, until the burn is no longer dry or itchy.

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- More serious burns always require professional medical attention
- Burns requiring hospital A&E treatment include but are not limited to:
 - > All chemical and electrical burns
- > Large or deep burns
- > Burns that cause white or charred skin
- > Burns on the face, hands, arms, feet, legs or genitals that cause blisters
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Consider arranging urgent hospital referral if there are signs or symptoms of heat exhaustion or heat stroke, such as:
- > Fatigue, dizziness, nausea or vomiting
- > Headache, muscle cramps, irritability
- > Confusion, disorientation, hallucinations
- > Fever and/or tachycardia
- Arrange for urgent medical review if blisters develop.

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Mild Acne

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Antiseptic burn cream and cooling burn gel (£ £)	• Germolene® Antiseptic Cream	££	Broken or infected skin
	• Savlon® Antiseptic Cream	££	
	Sudocrem® Antiseptic Healing Cream	££	
	Acriflex cooling gel®	££	
Emulsifying ointment 500g		££	

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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Excessive Sweating

Excessive Sweating (Hyperhidrosis)

Head Lice

Indigestion and Heartburn Infrequent Constipation Infrequent Migraine

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A prescription for treatment of general aches and pains will not be routinely offered to patients as these are appropriate for self-care.

The underlying cause of the pain should be treated whenever possible and patients signposted to appropriate services.

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Self-care measures

- Non-drug options should be considered depending on type of pain
- Breathing correctly and concentrating on your breathing can help to ease pain and encourage relaxation
- For adults, a stepwise strategy for managing mild-to-moderate pain is recommended:
- Step 1 Paracetamol. An initial low dose should be tried, which if necessary, can be increased to the maximum dose of 1 gram four times a day if ineffective, before switching to (or combining with) another analgesic
- Step 2 paracetamol should be substituted with low-dose ibuprofen (400 mg three times a day). If necessary, the dose of ibuprofen chould be increased to a maximum of 2.4 grams daily, except where this is contraindicated

Step 3 - paracetamol (1 gram four times a day) should be added to low-dose ibuprofen

- Step 4 If nonsteroidal antiinflammatory drugs (NSAID) (such as ibuprofen) are unsuitable, a full therapeutic dose of a weak opioid should be used (such as codeine 60 mg every 4–6 hours; maximum 240 mg daily)
- If pain still uncontrolled, refer for alternative non-OTC treatment
- People at increased risk of gastrointestinal adverse effects should consider alternatives to an oral NSAID such as paracetamol
- Caution is needed with long-term use of weak opioids as tolerance and dependence can occur
- Effervescent preparations should be avoided due to high salt content
- For children (under 16 years of age), either paracetamol or ibuprofen alone are suitable first-line choices.

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- People with:
- > Long-term pain
- > Severe pain
- > Palliative pain
- 'Red flag' symptoms.

'Red flag' symptoms

- Cauda equina syndrome
- Bilateral sciatica
- Severe or progressive bilateral neurological deficit of the legs
- Urinary retention with overflow urinary incontinence
- Loss of sensation of rectal fullness
- Faecal incontinence
- Perianal, perineal or genital sensory loss
- Spinal fracture red flags include:
- > Sudden onset of severe central spinal pain which is relieved by lying down.
- > History of major trauma
- > Minor trauma in people with osteoporosis or those who use corticosteroids
- > Structural deformity of the spine
- Cancer red flags include:
- > The person being 50 years of age or more
- > Gradual onset of symptoms

- > Severe unremitting pain that remains when the person is supine, aching night pain that prevents or disturbs sleep, pain aggravated by straining and thoracic pain
- > Localised spinal tenderness
- No symptomatic improvement after four to six weeks of conservative low back pain therapy
- > Unexplained weight loss
- > Past history of cancer breast, lung, gastrointestinal, prostate, renal, and thyroid cancers
- Infection red flags include:
- > Fever
- > Tuberculosis, or recent urinary tract infection
- > Diabetes
- > History of intravenous drug use
- > HIV infection, use of immunosuppressants, or the person being otherwise immunocompromised.

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£ £ f1-f5

£ £ £ More than £5

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Example OTC medications (generic)	Brand	Price	OTC restrictions	
Paracetamol 500mg tablets and capsules (£ / 16 tablets) Paracetamol 500mg soluble tablets	 Anadin paracetamol[®] Mandanol[®] Panadol[®] 	£ £ £	Long-term conditions requiringChildren under 12 yearsSevere renal or severe hepatic	
lbuprofen 200mg, 400mg capsules and tablets (£ / 16 tablets)	 Anadin® Ibuprofen Nurofen® Calprofen® Cuprofen® 	£ £ £ £ £ £	 Long-term conditions requiring regular pain relief Asthma Unstable high blood pressure Taking anticoagulants 	 Stomach ulcer, perforation or bleeding (active or history of) Renal impairment Hepatic impairment
lbuprofen 100mg/5ml liquid/ suspension sugar free	• Nurofen® for Children 3 months to 12 years	££	Pregnancy, breastfeeding	Cardiac impairment
Paracetamol liquid 120mg/5ml (infant suspension +2months) Paracetamol liquid 250mg/5ml (six plus suspension)	• Calpol®	£ £ /100ml	Children under 2 months	

£ Less than £1

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A prescription for treatment of mouth ulcers will not be routinely offered to patients as the condition is appropriate for self-care. If ulcers are infrequent, mild, and not interfering with daily activities (for example eating), treatment may not be needed.

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Self-care measures

- Use a soft-bristled toothbrush
- Drink cool drinks through a straw and avoid very hot drinks or acidic drinks like fruit juice
- Eat softer foods and avoid: chewing gum, rough crunchy food such as crisps and toast and very spicy or acidic food
- Get regular dental checks. If patient experiences repeated symptoms, they should see their dentist for further advice
- Avoid 'trigger factors' (such as coffee, chocolate, peanuts, and gluten-containing products)
- People with local trauma (e.g. from sharp and/or broken teeth, dentures and orthodontic appliances, and biting during chewing) should seek appropriate dental treatment
- Patients should seek dental or medical attention if:
- > Symptoms last for more than 3 weeks
- > Mouth ulcers keep coming back
- > Area becomes more painful and red as this may be a sign of infection.

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- No routine exceptions have been identified
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Oral malignancy
- Other underlying or chronic symptoms.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Lidocaine hydrochloride/chlorocresol/ cetylpyridinium chloride	• Anbesol® liquid •	££	Children under 5 monthsPregnancy, breastfeeding
Choline salicylate/cetalkonium chloride	• Bonjela®	££	Active peptic ulceration
Benzocaine	• Orajel®	3.3	Children under 12 yearsPregnancy, breastfeeding
Lidocaine hydrochloride, cetylpyridinium chloride	Bonjela® Junior Gel	££	Not licensed for children under 2 months

Pharmacy only medication

£ Less than £1

£ £ f1 - f5

£ £ £ More than £5

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A prescription for treatment of nappy rash will not be routinely offered to patients as the condition is appropriate for self-care.

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NHS Choices

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Self-care measures

- Ensure the nappy fits properly
- Consider using a nappy with high absorbency
- Change the nappy every 3–4 hours, or as soon as possible after wetting or soiling. Clean the whole nappy area gently but thoroughly, wiping from front to back
- Use water, or fragrance-free and alcohol-free baby wipes. Dry baby gently after washing avoid vigorous rubbing
- Leave nappies off for as long as possible to help skin dry
- Bath the child daily, but avoid excessive bathing as this may dry out the skin
- Use a barrier preparation to protect the skin
- Do not use soap, bubble bath, lotions or talcum powder as these contain ingredients that could irritate baby's skin.

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Exceptions

- No routine exceptions have been identified
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Rash appears inflamed and is causing discomfort
- Rash persists and candidal infection or bacterial infection is suspected.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Titanium dioxide/titanium peroxide/ titanium salicylate	Metanium® Nappy Rash ointment	££	• No restrictions
Zinc oxide/benzyl alcohol/ benzylbenzoate/ lanolin	Sudocrem® Antiseptic Healing cream	££	
Zinc and Castor Oil ointment BP		££	

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of oral thrush will not be routinely offered to patients as the condition is appropriate for self-care.

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Self-care measures

- Smokers should attempt to quit
- Reduce alcohol consumption
- Visit the dentist regularly
- Cut down on sugary and starchy food and drinks, particularly between meals or within an hour of going to bed
- Brush the teeth properly with a fluoride toothpaste twice a day, using floss and an interdental brush at least once a day
- See the dentist if you have a persistently dry mouth, dental caries or toothache.

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- Candidal infection fails to respond to 1–2 weeks of antifungal treatment
- The person has recurrent episodes of oral candidiasis
- 'Red flag' symptoms
- See earlier for **general exceptions**.

'Red flag' symptoms

- Patient systemically unwell or has a widespread infection
- Patient is immuno-supressed.

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Available Treatments

Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Miconazole 2% oral gel 15g	• Daktarin® Oral Gel 🛨	£ £ £	Children under 4 monthsPregnancy, breastfeedingPatients taking warfarinLiver dysfunction
Chlorhexidine mouthwash (£ £)	• Corsodyl®	£ £ £	Children under 12 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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Excessive Sweating (Hyperhidrosis)

Head Lice

Indigestion and Heartburn
Infrequent Constipation
Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

Sun Protection

Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches

and Pains

Mouth Ulcers

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Available Treatments

A prescription for high fluoride over-the-counter toothpaste should not be routinely offered to patients as the condition is appropriate for self-care.

Supporting resources



NHS Choices

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Self-care measures

- Smokers should attempt to quit
- Reduce alcohol consumption
- Visit the dentist regularly
- Cut down on sugary and starchy food and drinks, particularly between meals or within an hour of going to bed
- Brush the teeth properly with a fluoride toothpaste twice a day, using floss and an interdental brush at least once a day
- See the dentist if you have a persistently dry mouth, dental caries or toothache.

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Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

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Exceptions

- No routine exceptions have been identified
- See earlier for **general exceptions**.

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Head Lice

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Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

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Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches

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Available Treatments

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Chlorhexidine gluconate 0.2% mouthwash (£ £)	• Corsodyl®	£ £ £	Children under 12 years
Sodium fluoride (0.05%) 225ppm rinse	Colgate Fluorigard Daily Rinse	££	Children under 10 years

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

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Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches

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Available Treatments

A prescription for treatment of ringworm or athlete's foot will not be routinely offered to patients as the condition is appropriate for self-care.

Treatment with a topical antifungal cream is recommneded if there is mild, non-extensive disease in children and adults.

Supporting resources



NHS Choices - Ringworm

NHS Choices - Athlete's Foot

NICE CKS Ringworm

NICE CKS Athlete's foot

Self-care forum

GP handout

Self-care measures

For ringworm:

- Wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin
- Avoid scratching affected skin, as this may spread infection to other sites
- Clean clothes and bed sheets regularly
- Do not share clothes/towels or items with others and in the case of athlete's foot use a separate towel for the feet
- Maintain good hygiene by washing affected skin areas daily
- Do not share towels, and wash them frequently, to reduce the risk of transmission
- Wash clothes and bed linen frequently to eradicate fungal spores
- If a child is affected, it is not necessary to exclude them from school or nursery.

For fungal foot and nail infections:

- Wear well-fitting, non-occlusive footwear that keeps the feet cool and dry. Consider replacing old footwear which could be contaminated with fungal spores
- Maintain good foot hygiene by wearing a different pair of shoes every 2–3 days
- Wear clean cotton, absorbent socks
- Avoid scratching affected skin, as this may spread infection to other sites
- After washing the feet, dry thoroughly, especially between the toes
- Do not share towels, and wash them frequently, to reduce the risk of transmission
- Do not walk around barefoot, wear slippers in changing rooms and showers to reduce the risk of transmission
- Avoid prolonged or frequent exposure to warm, damp conditions if possible
- If a child is affected, it is not necessary to exclude them from school or nursery.

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- Antifungal treatment is not needed for nail infections if the person is not troubled by the appearance of the nail(s), and/or infection is asymptomatic
- See earlier for **general exceptions**

GMMMG specific guidance for Fungal Nail Infection can be found **here**.

'Red flag' symptoms

- Lymphoedema or history of lower limb cellulitis
- Severe or extensive disease, bacterial infection, diabetes - athlete's foot.

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Miconazole 2% Cream Miconazole powder Miconazole 0.16% spray powder	 Daktarin® Powder Daktarin aktiv® 	£ £ £ £	DiabetesPregnancy, breastfeedingWarfarin and any other anti-coagulants
Terbinafine hydrochloride 1%	Lamisil® AT cream, gel Scholl® Athlete's Foot powder, spray, liquid	£ £ £	Children under 16 yearsDiabetesPregnancy, breastfeeding
Clotrimazole 1% cream	• Canestan® 1% cream (20g)	££	Pregnancy, breastfeeding

Pharmacy only medication

£ Less than £1

£ £ £1-£5

£ £ £ More than £5

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Earwax

Excessive Sweating (Hyperhidrosis)

Head Lice

Indigestion and Heartburn
Infrequent Constipation
Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

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A prescription for teething in babies or toothache in children and adults will not be routinely offered to patients as these conditions are appropriate for self-care. Patients of teething infants should be reassured that teething is normal, not an illness and will pass.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

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Self-care measures

For teething infants:

- Gentle rubbing of the gum with a clean finger
- Teething rings give babies something to chew safely. This may ease their discomfort and distract them from any pain
- Some teething rings can be cooled first in the fridge, which may help to soothe the baby's gums. The instructions that come with the ring should indicate how long to chill it for. Never put a teething ring in the freezer, as it could damage the baby's gums if it gets frozen
- Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething. The gels may also contain antiseptic ingredients, which help to prevent infection in any sore or broken skin in the baby's mouth

- Consider paracetamol or ibuprofen suspension for relieving the discomfort of teething symptoms in infants 3 months of age or older. Paracetamol is preferred for infants with asthma
- For adults with toothache, oral analgesics such as paracetamol and ibuprofen can help ease toothach pain (see <u>OTC restrictions</u>). Patients with toothache should seek advice from their dentist
- Use a soft tooth brush, avoid flossing
- Avoid food or drinks that are too hot or cold

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- Babies who are systemically unwell
- See earlier for **general exceptions**.

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Available Treatments

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Example OTC medications (generic)	Brand	Price	OTC restrictions
lidocaine hydrochloride, cetylpyridinium chloride	Bonjela teething gel®Dentinox teething gel®	£ £	Babies under 2 months

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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A prescription for treatment of threadworm should not be routinely offered to patients as the condition is appropriate for self-care.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

For adults and children over 2 years, treat with a single dose of an anti-helminthic such as mebendazole (unless contraindicated) — the dose may need to be repeated in 2 weeks if infection persists:

- Children under the age of 6 months and pregnant or breastfeeding women should be treated with hygiene measures alone for 6 weeks
- Mebendazole is not licensed for the treatment of threadworm in children under the age of 2 years
- Wash hands thoroughly with soap and warm water after using the toilet, changing nappies and before handling food. Scrub underneath fingernails
- Cut finger nails regularly, avoid biting nails and scratching around anus

- Bathe or shower each morning, washing the perianal area, to remove eggs from the skin. Do not share towels and flannels
- Pregnant women and children under 6 months should use hygiene measures alone for 6 weeks
- Ensure children wear nightwear and change bed clothes and nightwear daily for several days after treatment
- Do not shake out items as this may distribute eggs around the room
- Washing/drying in a warm cycle will kill threadworm eggs
- Thoroughly dust and vacuum (including vacuuming mattresses) and clean the bathroom by 'damp-dusting' surfaces, washing the cloth frequently in hot water. Disinfect bathroom and kitchen surfaces
- Infected people do not have to stay off school, nursery or work.

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- Children under 2 years
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Example OTC medications (generic)	Brand	Price	OTC restrictions
Mebendazole 100mg tablets NB The whole household should be treated	• Ovex® tablets •	3.3	Children under 2 yearsPregnancy, breastfeeding
Mebendazole 10mg/5ml suspension NB The whole household should be treated	• Ovex® suspension •	E E E	

Pharmacy only medication

£ Less than £1

£ £ f1-f5

£ £ £ More than £5

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Infrequent Migraine

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A prescription for treatment of travel sickness should not be routinely offered to patients as the condition is appropriate for self-care.

Supporting resources



NHS Choices
Self-care forum

GP handout

Self-care measures

- You can buy medication from pharmacies to prevent or alleviate motion sickness, including:
- > Tablets dissolvable tablets are available for children
- > Patches can be used by adults and children over 10
- > Acupressure bands these don't work for everyone
- Your pharmacist will be able to recommend the best treatment for you or your child
- Avoid eating heavy meals before travelling
- Avoid strong smells, particularly petrol and diesel fumes
- Minimise motion sit in the front of a car or in the middle of a boat
- Look straight ahead at a fixed point, such as the horizon

- Breathe fresh air if possible for example, by opening a car window
- Close your eyes and breathe slowly while focusing on your breathing
- Do not read, watch films or use electronic devices
- Do not look at moving objects, such as passing cars or rolling waves
- Break up long journeys to get some fresh air. drink water or take a walk
- You can try ginger, which you can take as a tablet, biscuit or tea.

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Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

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Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches

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Exceptions

- No routine exceptions have been identified
- See earlier for **general exceptions**.

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Excessive Sweating (Hyperhidrosis)
Head Lice

Indigestion and Heartburn

Infrequent Constipation
Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Acne Mild Dry Skin

Sunburn

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Example OTC medications (generic)	Brand	Price	OTC restrictions
Cinnarizine 15mg tablets	• Stugeron® Tablets 15mg ••	££	 Parkinson's Porphyria Children under 5 years People with fructose or galactose intolerance, Lapp lactase deficiency, glucose- galactose malabsorption or sucrase- isomaltase insufficiency, should not take this medicine because it contains lactose and sucrose Pregnancy, breastfeeding
Hyoscine hydrobromide 150mcg tablets	 Joy-Rides® Tablets Chewable 150mcg Kwells 300mcg tablets Kwells Junior® Tablets 150mcg 	E E E	 Children under 3 years (Joyrides®) under 4 years (Kwells®) Epilepsy Glaucoma Pregnancy, breastfeeding Paralytic ileus, pyloric stenosis, prostatic enlargement Myasthenia gravis
• Pharmacy only medication			• Paralytic ileus, pyloric stenosis, prostatic enlargement

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Infrequent Migraine

Insect Bites and Stings

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Warts and Verrucae

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A prescription for treatment of warts and verrucae will not be routinely offered to patients as these are appropriate for self-care.

For most people there is a strong case for not treating warts or verrucae. Warts do not usually cause symptoms.

Supporting resources



NHS Choices

NICE CKS

Self-care forum

GP handout

Self-care measures

- Most warts will usually resolve spontaneously within months or, at the most, within 2 years
- However, treatment could be considered if:
- > The wart is painful
- > The wart is cosmetically unsightly
- > The wart is persisting for a long time
- Wash hands after touching the wart/ verruca
- Avoid biting nails or sucking fingers with warts on them
- Take care not to cut a wart when shaving and avoid scratching or picking a wart

- Treatments may be prolonged and may cause adverse effects e.g. local skin irritation Apply petroleum jelly to surrounding skin to decrease irritation
- Use waterproof plasters/duct tape (can be purchased from hardware stores) if swimming, wear flip-flops in communal wet areas and do not share footwear and towels
- Dispose of skin filings hygienically and do not use the emery board elsewhere to avoid spreading the warts.

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Infrequent Migraine

Insect Bites and Stings

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Mild Dry Skin

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Warts and Verrucae

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- The person has a facial wart
- The diagnosis is uncertain
- The person is immunocompromised
- The person has areas of skin that are extensively affected
- Genital warts
- See earlier for **general exceptions**.

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Indigestion and Heartburn
Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

Sun Protection

Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches

and Pains

Mouth Ulcers

Nappy Rash

Oral Thrush

Prevention of Dental Caries

Ringworm/Athletes Foot/

Fungal Nail Infection
Teething/Mild Toothache

Threadworms

Travel Sickness

> Warts and Verrucae

Warts and Verrucae

Self-care Guidance

Exceptions & Red Flags

Available Treatments

Products listed in table are licensed to treat this condition. Please note there may be limited clinical evidence available to support use of some products. We recommend patients speak to a pharmacist for individual advice. Exceptions included are not an exhaustive list, please check product licences. Prices correct at time of writing and are subject to change.

Example OTC medications (generic)	Brand	Price	OTC restrictions
Verucca gel (containing salicyclic acid and lactic acid)	 Bazuka® Extra strength gel Bazuka® Gel 	£ £ £	Diabetes patientsFace, neck, ano-genital areaMoles, birthmarks, hairy warts or skin lesions
Wart paint (containing salicyclic acid and lactic acid)	 Salactol® Salatac® Verrugon® ointment 	£ £ £	 Broken skin Impaired peripheral blood circulation
Wart freeze treatments containing liquid freezing agents (dimethyl ether, propane and isobutane)	 Scholl[®] Freeze Bazuka[®] Sub Zero 	2 2 2	 Children under 4 years Diabetes patients Face, armpits, breasts, ano-genital area Moles, birthmarks, hairy warts or skin lesions Broken skin Impaired peripheral blood circulation
♣ Pharmacy only medication		£ Le	ess than £ £ £1 - £5 £ £ More than £5

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Further Support Materials



National Materials and Shared Learning

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National Materials and Shared Learning

Monitoring of self-care prescribing is being done on a national basis and details of self-care prescribing can be monitored local EPACT reporting or via national tools such as NHSBSA national self-care prescribing monitoring dashboard (access to EPACT 2 required)

If you are a subscriber to PrescQIPP there is a scorecard available.

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National support materials

Patient leaflets

Information Booklet NHSE Over the counter leaflet 1a

Changes leaflet NHSE Over the counter leaflet 1b easy read

Condition advice NHSE Over the counter 1c

Pharmaceutical Services Negotiating Committee information

PSNC Support for Self Care

PresQIPP resources

Resources for professionals

NICE support

<u>Summary of antimicrobial prescribing guidance – managing common infections</u>

Community pharmacies: promoting health and wellbeing

Self Care Forum supporting documents

How to Implement a Self Care Aware Approach to Demand Management

Posters

Is your medicine cabinet fit for the winter?

Be prepared... To make over your medicine cabinet

Ask your pharmacist how you can be self care aware

<u>I don't feel very well... how long should I wait</u> before I need treatment?

<u>Treat yourself better with pharmacist advice</u>

<u>Home care is best - Most common illnesses don't</u> need antibiotics

Factsheets

Shared Learning examples

Brighton & Hove CCG

<u>Healthy London Partnership - Steps towards implementing</u> <u>self-care: A resource for local commissioners</u>

Derby & Burton Facebook Advert

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A range of publicly available/NHS information has been utilised from the following organisations:

- NHS England
- National Self Care Forum
- NHS South West London
- NHS Birmingham and Solihull CCG
- NHS Bexley CCG
- NHS Warrington CCG
- NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG
- PrescQIPP

General Enquiries

For general enquiries regarding the tool, please contact MLCSU via: mlcsu.medicinesmanagement@nhs.net

This tool is intended for NHS use

Design by the Creative, Campaigns and Digital Team at Midlands and Lancashire Commissioning Support Unit