Pharmacists Formulary
For
Minor Ailments Scheme

MAY 2006
## Pharmacists Formulary For Minor Ailments

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Adapted from the Borders Joint Formulary (May 2006)
1.0 Gastro-Intestinal System

1.1 Dyspepsia & Gastro-Oesophageal Reflux Disease

**Alginates**
First choice
Suspension
Dose: 10-20mls after meals & at bedtime
- Contains 3.1mmol Na/5ml
- Aniseed or Peppermint flavour

**Peptac**

**Gaviscon Advance:**
500mg Tablets x 12

**Antacids**
First choice
Suspension
Dose: 10-20mls three times daily, 20–60 minutes after meals and at bedtime or when required.
- Low sodium content

**Co-Magaldrox**
(Mucogel)

1.2 Motility Stimulants
- Avoid long term use - increased risk of hyperprolactinaemia
- On demand/intermittent therapy may be appropriate

**Domperidone**
Tablets: 10mg
Suggested Pack size: 10

1.3 Ulcer Healing Drugs

**H2 Antagonist**
First choice

**Ranitidine**
Tablets: 75mg Pack size: 6
- Ranitidine is an appropriate first “step-up treatment from antacids, for dyspepsia/GORD

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**When to refer to GP**
Symptoms are persistent (longer than 5 days) or recurrent
- Pain is severe or radiating
- Blood in Vomit or Stools
- Pain worsens on effort
- Persistent Vomiting
- Treatment has failed (no improvement in symptoms after 5 days)
- Adverse drug reaction is suspected
- Associated weight loss
- Children
- Alarm symptoms: Difficulty in swallowing

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**Paediatric-Gripe/Colic/Wind Pain**

**Gaviscon Infant Sachets**
Suggested Pack size: 15 twin sachets

**Infacol Liquid**
Suggested Pack size: 50ml
1.4 Antimotility Drugs
- Avoid in acute diarrhoea
- Rehydration salts may be appropriate to replace fluid & salt loss in diarrhoea.

**Loperamide**
Capsules: 2mg
**Dose**: Initially 2 capsules, then 1 after each loose stool (Acute diarrhoea – maximum 5 days – maximum dose 16mg/24 hours).

**Rapolyte**
Sachets. Sodium chloride 350mg, potassium chloride 300mg, sodium citrate 600mg, anhydrous glucose 4g.
**Dose**: reconstitute one sachet with 200ml of water (freshly boiled and cooled for infants).
- Currently the most cost-effective option for oral rehydration where indicated

**Paediatric Diarrhoea**
**Rapolyte Oral Powder** | 6 sachets

<table>
<thead>
<tr>
<th>When to refer to GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt;1 year: Diarrhoea of Duration &gt; 1 day</td>
</tr>
<tr>
<td>Children &lt;3 years: Diarrhoea of Duration &gt; 2 days</td>
</tr>
<tr>
<td>Adults and Children: Diarrhoea of Duration &gt; 3 days</td>
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<tr>
<td>In severe cases referral should be considered immediately</td>
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<tr>
<td>Association with Severe Vomiting and Fever</td>
</tr>
<tr>
<td>Suspected drug-induced reaction to prescribed medicine</td>
</tr>
<tr>
<td>History of Change of Bowel Habit</td>
</tr>
<tr>
<td>Presence of Blood and Mucus in Stools</td>
</tr>
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1.6 Laxatives

The choice of treatment for constipation depends on the severity of the presentation and other factors including drug history, diet and lifestyle.

- Diet and lifestyle issues are the first options to be considered.
- Treatment should be individualised to patients requirements and circumstances.
- The severity of constipation should be considered before commencing treatment and treatment should be reviewed once normal bowel habit is restored.
- It may be appropriate to continue treatment if the precipitator is immobility, drug induced or other continuing factor.

**Ispaghula Husk**
Bulk forming laxatives
Sachets 3.5g: 10
**Dose**: one sachet twice daily, after meals.
- Appropriate choice if dietary fibre cannot be sufficiently increased

**Stimulant laxatives**
First choice
**Senna**
Tablets 7.5mg Pack size: 30
**Dose**: 15-30mg at night
- Chronic use is not generally appropriate.

Second choice -
Bisacodyl

Tablets 5mg

Dose: 5-10mg at night
Pack size: 20

Osmotic laxatives

Lactulose

Liquid:

Dose: 15mls twice a day, appropriately adjusted
- Not appropriate for as required use.
- May take 48 hours to take effect.
- Requires an adequate intake of fluid.
- Avoid use in patients with diabetes

When to refer to GP

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

The use of laxatives in children should be discouraged unless recommended by a doctor.

1.7 Local Preparations for anal and rectal disorders

Symptomatic relief of haemorrhoids.

First choice

Anusol® cream:

Cream/ ointment/ suppositories

Anusol® plus HC:

Ointment x 15g. Suppositories

Dose: Twice a day and after a bowel movement
- Do not use for more than 7 days

When to refer to GP

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

3.4 Antihistamines

First choice

Non-sedating

Cetirizine

Tablets 10mg: 30 Oral solution 5mg/5ml: 100ml

Loratidine

Second Choice -

Tablets 10mg: 30, Oral Solution 5mg/5ml: 100ml

Chlorphenamine

Sedating

Tablets 4mg. Oral solution 2mg/5ml: 150ml

Dose: 4mg every 4-6 hours. Maximum 24mg/24 hours

When to refer to GP

- Wheezing or shortness of breath
- Tightness in the chest
- Persistent pain in ears or sinuses
- Purulent conjunctivitis
- Failed medication (no improvement in symptoms after 10 days)
### 3.9 Cough Preparations

There is limited evidence to support the use of cough preparations.

**Cough suppressants**
- **Pholcodine**
  - Linctus 5mg/5ml
  - **Dose:** 5-10ml three or four times daily.
- **Simple**
  - Linctus
  - **Dose:** 5ml three or four times daily

### 4.7 Analgesics

**Non-opioid analgesics**
- **Paracetamol**
  - Tablets 500mg Pack size: 32,
  - Oral suspension. 120mg/5ml or 250mg/5ml
  - **Dose:** 500mg – 1gram up to four times a day.
- **Co-codamol** *(Paracetamol + Codeine)*
  - Tablets 8/500 Pack size: 32.
  - **Dose:** 1-2 tablets every 4-6 hours. Maximum 8 tablets daily.
  - • Constipation and nausea may occur.
  - • Paracetamol must not be co-prescribed with co-codamol.

**Non Steroidal Anti-inflammatory Drugs**
- To be taken with or after food
- **Ibuprofen**
  - Tablets 200mg Pack size 48
  - 400mg Pack size 48.
  - Oral suspension 100mg/5ml : 100ml

### Headache

**When to refer to GP**
- Headache associated with injury/trauma
- Severe headache of more than 4 hours duration
- Suspected Adverse Drug Reaction
- Headache in children under 12 years
- Sever occipital headache (across the back of the head)
- Headache which is worse in the morning and improves
- Associated drowsiness, visual disturbances or vomiting
- Neck stiffness

### Musculoskeletal Disorders

**When to refer to GP**
- Suspected fracture
- Possible adverse reaction – falls, bruising
- Head injury
- Medication failure
- Arthritis
- Severe back pain
- Back pain (and/or pins and needles/numbness) radiating to leg
5. Infections

### Dysmenorrhea

**When to refer to GP**
- Presence of abnormal vaginal discharge
- Abnormal bleeding
- Symptoms suggesting secondary dysmenorrhea
- Severe inter-menstrual pain (mittleschmerz) and bleeding
- Failure of medication (no improvement after 2 cycles treatment)
- Pain with a late period (Possibility of an early pregnancy)
- Presence of fever

### Threadworms

**Mebendazole**
- Tablets (chewable) 100mg. Suspension 100mg/5ml

**Dose**: 100mg as a single dose for adults & children over 2 years of age.
- Reinfection requires a second dose after 2 weeks.

**Piperazine**
- Use for children under 2 years of age.

Refer to BNF.
- All family members should be treated at the same time, even if there are no symptoms, to avoid risk of re-infection.

### Urinary Tract

**Cystitis**

Current practice is to encourage self-care.

**When to refer to GP**
- Infection other than threadworm suspected
- Recent travel abroad
- Medicine Failure

### When to refer to GP

- All men, children, women over 60
- Fever, nausea, vomiting
- Loin pain or tenderness
- Haematuris
- Vaginal discharge
- Duration longer than 2 days
- Pregnancy
- Recurrent cystitis
- Failure of medication
**Genital Tract Infections**

**Vaginal Candidiasis**

**First choice**
- **Clotrimazole**
  - 500mg Pessary: 1
  - 1% Cream 20g

**Second Choice**
- **Canesten® Combi (Check Name of preparation not Oral)**: 1

**Fluconazole 150mg Capsule: 1**

**Eye**

**Conjunctivitis**
- **First choice** is no treatment.
- **Second line**
  - **Chloramphenicol**
    - Chloramphenicol 0.5% drops is the treatment of choice for purulent conjunctivitis where antibiotic treatment is indicated

**Athletes Foot**

**Clotrimazole**
- Cream 1%: 20g
- Cream 2%: 30g

**Miconazole**

**When to refer to GP**
- Recurrent infection
- Failed medication
- Pregnancy
- Diabetes

**Herpes Simplex**

- Cold sores may respond to aciclovir (topical) 5 times daily for 5-10 days.
- Start at first sign of attack.

**Aciclovir Cream 5%: 2g**

**When to refer to GP**
- Babies and young children
- Failure of an established sore to resolve
- Severe or worsening sore
- History of frequent cold sores
- Sore lasting longer than 2 weeks
- Painless sore
- Patients with atopic eczema
- Eye affected
- Uncertain diagnosis
- Immunocompromised patients
10.3 Drugs for the relief of soft-tissue inflammation

<table>
<thead>
<tr>
<th>Balmosa</th>
<th>Cream.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose</strong>: massage in as required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transvasin</th>
<th>Cream.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose</strong>: apply twice daily</td>
<td></td>
</tr>
<tr>
<td>- Rubefacient preparation, which may provide symptomatic relief for patients who benefit from the massaging of the affected area.</td>
<td></td>
</tr>
<tr>
<td>- There is little evidence to support the use of topical preparations in the treatment of sprains, strains and other musculoskeletal problems</td>
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</tr>
<tr>
<td>- Topical NSAIDs are not included in the formulary, as they are of limited proven benefit – if an anti-inflammatory is indicated, an oral preparation is considered</td>
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</tr>
<tr>
<td>- Simple analgesia with paracetamol, supplemented by oral ibuprofen +/- codeine may be appropriate</td>
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</tr>
<tr>
<td>- RICE - rest, ice, compression and elevation are considered to be appropriate treatment in many situations.</td>
<td></td>
</tr>
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11 Eye

11.4 Other anti-inflammatory preparations

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<th>Sodium Cromoglicate</th>
<th>Drops 2%</th>
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<tr>
<td><strong>Dose</strong>: apply four times a day</td>
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</tr>
<tr>
<td>- Appropriate choice for chronic, prophylactic use in allergic conjunctivitis. Use continues when symptoms are not present</td>
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11.8 Miscellaneous ophthalmic preparations

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<th>Tear deficiency, ocular lubricants and astringents</th>
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<tr>
<td><strong>First choice</strong></td>
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<tr>
<td>Hyromellose Drops 0.3%</td>
</tr>
<tr>
<td><strong>Dose</strong>: apply three or four times daily or as required</td>
</tr>
<tr>
<td>- Hourly administration may be necessary for adequate relief.</td>
</tr>
<tr>
<td><strong>Alternative preparations</strong></td>
</tr>
<tr>
<td>Carbomer Drops Liquivisc</td>
</tr>
<tr>
<td>- Carbomer preparations cling to the eye and four times daily administration may be adequate to provide relief</td>
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</tbody>
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12.2 Drugs acting on the nose

12.2.1 Nasal Allergy

<table>
<thead>
<tr>
<th>Beclometasone</th>
<th>Nasal spray 50 micrograms/spray.</th>
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<tr>
<td><strong>Dose</strong>: 2 sprays into both nostrils twice daily. The dose can be reduced to one spray into each nostril twice daily when symptoms are controlled. Maximum dose is 8 sprays daily.</td>
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<tr>
<td>- A 2 month trial of beclometasone is appropriate before switching to mometasone.</td>
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</tr>
</tbody>
</table>
**Topical nasal decongestants**

- Inhalation of moist warm air can be useful in treating symptoms of acute infective conditions. The addition of menthol or eucalyptus oil may improve the efficacy of the inhalation.

**Menthol Crystals**: 5g

**Warning!** Boiling water should not be used to avoid risk of scalding.

- Xylometazoline 0.1% Nasal Drops: 10ml
- Sodium Chloride 0.9% Nasal Drops: 10ml

**Paediatric Cough and Nasal Congestion**

- Simple Linctus Paed SF: 100ml/200ml
- Sodium Chloride Nasal Drops 0.9%: 10ml

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**When to refer to GP**

- Cough lasting 2 weeks or more
- Sputum yellow, green, rusty or blood stained
- Chest Pain
- Shortness of breath
- Wheezing
- Whooping cough or croup
- Recurrent nocturnal cough
- Suspected Adverse Drug Reaction eg: to ACE
- Failed medication (no improvement in symptoms after 10 days)

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12.3 **Drugs acting on the oropharynx**

**Current practice is to encourage self-care.**

**Drugs for oral ulceration and inflammation**

**Current practice is to encourage self-care.**

Local treatment aims to:
- Protect the ulcerated area
- Relieve pain
- Reduce inflammation
- Control secondary infection

**First choice**

- **Benzydamine**
  - Oral rinse 0.15%
  - **Dose**: 15ml every 1 and a half to three hours as required
  - Treatment duration does not normally exceed 7 days
  - Dilute 1:1 with water if stinging occurs
  - Use 10 minutes before food to relieve pain in patients with aphthous ulcers
  - Indicated for painful inflammatory conditions of the oropharynx
  - Spray 0.15%
  - **Dose**: 4-8 sprays every one and a half to three hours

**Second choice** -

- **Trianclinolone** (Adcortyl in Orabase)
  - Oral paste 0.1% in adhesive basis
  - **Dose**: apply a thin layer 2-4 times daily - not to be rubbed in
  - Short term use in the elderly
- **Hydrocortison** (Corlan)
  - Sodium succinate Oromucosal tablets 2.5mg.
  - **Dose**: 1 oromucosal tablet dissolved slowly in mouth in contact with the ulcer four times daily
Mouthwashes, gargles and dentifrices

Chlorhexidine Gluconate
Mouthwash 0.2%

**Dose:** rinse mouth with 10ml, twice daily, for one minute
- Indicated for oral hygiene and inhibition of plaque

When to refer to GP

<table>
<thead>
<tr>
<th>Sore throat lasting a week or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent bouts of infection</td>
</tr>
<tr>
<td>Hoarseness of more than three weeks duration</td>
</tr>
<tr>
<td>Difficulty in swallowing (dysphagia)</td>
</tr>
<tr>
<td>Failed medication (no improvement in symptoms after 7 days)</td>
</tr>
</tbody>
</table>

12.3.2 Oropharyngeal anti-infective drugs

Miconazole Oral Gel: 15g

When to refer to GP

<table>
<thead>
<tr>
<th>Duration of longer than 3 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated weight loss</td>
</tr>
<tr>
<td>Involvement of other mucous membranes</td>
</tr>
<tr>
<td>Rash</td>
</tr>
<tr>
<td>Suspected Adverse Drug Reaction</td>
</tr>
</tbody>
</table>

13 Skin

13.2 Emollient and barrier preparations

Emollients (moisturisers)
- Emollients soothe, smooth and hydrate the skin and are indicated for all dry scaling disorders.
- To achieve most benefit from an emollient, it should be applied regularly, particularly after a shower or bath.
- If emollients are being applied to the whole body twice daily, children may need 250g per week and adults 500g per week.

**First choices**

- Aqueous cream BP
- Or
- White soft paraffin 50%/liquid paraffin 50%

**Dose:** massage into skin 2-3 times daily; may be used as a soap substitute.

When to refer

Once only trial of emollient, if no improvement refer

13.3 Topical local anaesthetics and antipruritics

**Topical antipruritics**
- Crotamiton is useful for post-scabies itch.
- Emollient preparations may be useful for pruritus due to dry skin

**First choice**

Calamine

Aqueous cream or Lotion

**Dose:** Apply as often as required.
13.4 **Topical corticosteroids**

For use in irritant dermatitis, contact allergic dermatitis, insect bite reaction and mild to moderate eczema.

- Topical corticosteroids should be applied thinly 1-2 times daily.
- To minimise the risk of side effects, the smallest effective amount should be used, reducing strength and frequency of application as the condition settles.
- The risk of systemic side effects increases with prolonged use on thin, inflamed or raw skin surfaces, use in flexures, or use of more potent corticosteroids.
- Topical corticosteroids should not be used on infected skin unless the infection is being treated.
- Palms and soles may require potent or very potent steroids.

An emollient should be prescribed routinely with a corticosteroid preparation.

<table>
<thead>
<tr>
<th>Mild corticosteroid</th>
<th>Dose: apply thinly once or twice daily.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 1%</td>
<td></td>
</tr>
</tbody>
</table>

13.6 **Acne**

Benzoyl peroxide

| 2.5%, 5%, 10% gel; cream; 10% wash. | Dose: apply once or twice daily, preferably after washing with soap and water. |

- Start treatment with lower strength preparation.

**When to refer to GP**

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

13.7 **Preparations for warts and calluses**

Current practice is to encourage self-care.

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

**First choice**

Salicylic acid

| (Salactol) Paint (salicylic acid 16.7%, lactic acid 16.7% in flexible collodion) | Dose: Apply daily |

**Second choice**

Formaldehyde

| Veracur Gel (formaldehyde 0.75% in a water-miscible gel basis) | Dose: Apply twice daily |

**When to refer to GP**

- Changed appearance of lesions: size, colour
- Bleeding
- Itching
- Genital warts
- Facial warts
- Immunocompromised patients
**Parasiticidal preparations**

(a) *Scabies*
- Aqueous preparations are preferable to alcoholic lotions
- All members of the household and close contacts should be treated
- Clothes and bedlinen should be washed at normal temperatures at time of treatment

**First choices**

- **Malathion**
  - 0.5% liquid in an aqueous basis
  - **Dose:** Apply over whole body and wash off after 24 hours; if hands are washed with soap within 24 hours they should be re-treated. In young children, application may need to be extended to the face, neck, scalp and ears; this extended application may also be necessary for the elderly, immunocompromised and those who have experienced treatment failure.
  - Malathion in an aqueous basis is preferred in pregnancy

- **Permethrin (Lyclear)**
  - 5% dermal cream
  - **Dose:** Apply over whole body and wash off after 8-12 hours. In young children, application may need to be extended to the face, neck, scalp and ears. This extended application may also be necessary for the elderly, immunocompromised and those who have experienced treatment failure. If hands are washed with soap within 8 hours of application, they should be treated again with cream.

(b) **Head Lice**

- **Refer to local policy**

**First choices**

- **Malathion**
  - 0.5% liquid in an aqueous basis (Derbac M or Quellada M)
  - or in an alcoholic basis (Prioderm or Suleo-M lotion)
  - **Dose:** Rub into dry hair and scalp, allow to dry naturally, remove by washing after 12 hours
  - Malathion should not be applied at intervals of less than 1 week or for more than 3 consecutive weeks since effectiveness is not increased
  - In pregnancy, malathion in an aqueous basis is preferred

- **Phenothrin**
  - 0.5% liquid in an aqueous basis (Full Marks Liquid) (50ml, 200ml)
  - **Dose:** Apply to dry hair, allow to dry naturally, shampoo after 12 hours or next day, comb wet hair.
  - 0.2% in an alcoholic basis (Full Marks Lotion) (50ml, 200ml)
  - **Dose:** Apply to dry hair, allow to dry naturally, shampoo after 2 hours, comb wet hair.
  - 0.5% mousse in an alcoholic basis (Full Marks Mousse) (50g, 150g)
  - **Dose:** Apply to dry hair, shampoo after 30 minutes, comb wet hair.

(c) **Crab Lice**

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

**First Choice**

- **Malathion**
  - 0.5% aqueous liquid (Derbac-M or Quellada M liquid)
  - **Dose:** Apply over whole body, allow to dry naturally, wash off after 12 hours or overnight
  - A second treatment is needed after 7 days
  - A different insecticide (permethrin or phenothrin) should be used if a course of treatment fails.