



Pharmacists Formulary For Minor Ailments Scheme



MAY 2006

Index

SECTION	TITLE	PAGE
1.0	Gastro-Intestinal System	2
1.1	Dyspepsia & Gastro-Oesophageal Reflux Disease	2
1.2	Motility Stimulants	2
	Paediatric-Gripes/Colic/Wind Pain	2
1.3	Ulcer Healing Drugs	2
1.4	Anti-motility Drugs	3
	Paediatric Diarrhoea	3
1.6	Laxatives	3
1.7	Anal and Rectal Disorders	4
3.4	Antihistamines	4
3.9	Cough Preparations	5
4.7	Analgesics	5
5	Infections	6
	Threadworms	6
	Cystitis	6
	Vaginal Candidiasis	7
	Conjunctivitis	7
	Athletes foot	7
	Herpes Simplex	7
10.3	Drugs for the relief of soft tissue inflammation	8
11	Eye	8
	Other Anti-inflammatory Preparations	8
	Removal of Ear Wax	8
12.2	Drugs Acting on the Nose	8
	Nasal Allergy	8
	Topical Nasal Decongestions	9
	Paediatric Cough and Nasal Congestion	9
12.3	Drugs Acting on the Oropharynx	9
13	Skin	10
13.2	Emollients and Barrier Preparations	10
13.3	Topical local anaesthetics and antipuritics	10
13.4	Topical Corticosteroids	11
13.6	Acne	11
13.7	Preparations for warts and calluses	11
	Parasitocidal Preparations	12

1.0 Gastro-Intestinal System

1.1 Dyspepsia & Gastro-Oesophageal Reflux Disease

Peptac	Alginates First choice Suspension Dose: 10-20mls after meals & at bedtime <ul style="list-style-type: none">• Contains 3.1mmol Na/5ml• Aniseed or Peppermint flavour
Gaviscon Advance:	500mg Tablets x 12
Co-Magaldrox (Mucogel)	Antacids First choice Suspension Dose: 10-20mls three times daily, 20–60 minutes after meals and at bedtime or when required. <ul style="list-style-type: none">• Low sodium content
1.2	Motility Stimulants <ul style="list-style-type: none">• Avoid long term use – increased risk of hyperprolactinaemia• On demand/intermittent therapy may be appropriate
Domperidone	Tablets: 10mg Suggested Pack size: 10

Paediatric-Gripes/Colic/Wind Pain

Gaviscon Infant Sachets	Suggested Pack size:15 twin sachets
Infacol Liquid	Suggested Pack size: 50ml

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

1.3 Ulcer Healing Drugs

Ranitidine	H2 Antagonist First choice Tablets: 75mg Pack size: 6 <ul style="list-style-type: none">• Ranitidine is an appropriate first “step-up treatment from antacids, for dyspepsia/GORD
------------	---

1.4 Antimotility Drugs

Loperamide	<ul style="list-style-type: none">• Avoid in acute diarrhoea• Rehydration salts may be appropriate to replace fluid & salt loss in diarrhoea. <p>Capsules: 2mg Dose: Initially 2 capsules, then 1 after each loose stool (Acute diarrhoea – maximum 5 days – maximum dose 16mg/24 hours).</p>
Rapolyte	<p>Oral rehydration therapy</p> <p>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).</p> <ul style="list-style-type: none">• Currently the most cost-effective option for oral rehydration where indicated

Paediatric Diarrhoea

Rapolyte Oral Powder | 6 sachets

When to refer to GP

Children <1 year: Diarrhoea of Duration > 1 day
Children <3 years: Diarrhoea of Duration > 2 days
Adults and Children: Diarrhoea of Duration > 3 days
In severe cases referral should be considered immediately
Association with Severe Vomiting and Fever
Suspected drug-induced reaction to prescribed medicine
History of Change of Bowel Habit
Presence of Blood and Mucus in Stools

1.6 Laxatives

	<p>The choice of treatment for constipation depends on the severity of the presentation and other factors including drug history, diet and lifestyle.</p> <ul style="list-style-type: none">• 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	<p>Bulk forming laxatives</p> <p>Sachets 3.5g: 10 Dose: one sachet twice daily, after meals.</p> <ul style="list-style-type: none">• Appropriate choice if dietary fibre cannot be sufficiently increased

Counselling Point:
Ensure adequate fluid intake.
Not to be taken immediately before going to bed

Senna	<p>Stimulant laxatives</p> <p>First choice Tablets 7.5mg Pack size: 30 Dose: 15-30mg at night</p> <ul style="list-style-type: none">• Chronic use is not generally appropriate. <p>Second choice -</p>
--------------	---

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

Lactulose

Osmotic laxatives

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

Anusol® cream:

Symptomatic relief of haemorrhoids.

First choice

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

Cetirizine

First choice

Non-sedating

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

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)

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. <ul style="list-style-type: none">• Constipation and nausea may occur.• Paracetamol must not be co-prescribed with co-codamol.
	Non Steroidal Anti-inflammatory Drugs <ul style="list-style-type: none">• 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

Dysmenorrhoea

When to refer to GP

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

5. Infections

Mebendazole

Threadworms

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.

When to refer to GP

Infection other than threadworm suspected
Recent travel abroad
Medicine Failure

Urinary Tract

Cystitis

Current practice is to encourage self-care.

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

Clotrimazole

Vaginal Candidiasis

First choice

500mg Pessary : 1

1% Cream 20g

Vaginal Cream 10%: 1

Canesten ® Combi (Check Name of preparation not Oral): 1

Second Choice-

Fluconazole 150mg Capsule: 1

When to refer to GP

Recurrent infection

Failed medication

Pregnancy

Diabetes

Eye

Chloramphenicol

Conjunctivitis

- First choice is no treatment.

Second line

- Chloramphenicol 0.5% drops is the treatment of choice for purulent conjunctivitis where antibiotic treatment is indicated

Athletes Foot

Clotrimazole

Miconazole

Current practice is to encourage self-care

cream 1%: 20g

cream 2%: 30g

When to refer to GP

Severe, affecting more than between toes

Signs of bacterial infection

Unresponsive to appropriate treatment

Diabetic patients

Involvement of toenails

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

Balmosa	Cream. Dose: massage in as required
Transvasin	Cream. Dose: apply twice daily <ul style="list-style-type: none">• Rubefacient preparation, which may provide symptomatic relief for patients who benefit from the massaging of the affected area.• There is little evidence to support the use of topical preparations in the treatment of sprains, strains and other musculoskeletal problems• 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• Simple analgesia with paracetamol, supplemented by oral ibuprofen +/- codeine may be appropriate• RICE – rest, ice, compression and elevation are considered to be appropriate treatment in many situations.

11 Eye

Sodium Cromoglicate	Other anti-inflammatory preparations Drops 2% Dose: apply four times a day <ul style="list-style-type: none">• Appropriate choice for chronic, prophylactic use in allergic conjunctivitis. Use continues when symptoms are not present
---------------------	---

11.8 Miscellaneous ophthalmic preparations

Hypromellose	Tear deficiency, ocular lubricants and astringents First choice Drops 0.3% Dose: apply three or four times daily or as required <ul style="list-style-type: none">• Hourly administration may be necessary for adequate relief.
Carbomer Drops	Alternative preparations Liquivisc <ul style="list-style-type: none">• Carbomer preparations cling to the eye and four times daily administration may be adequate to provide relief
Almond oil	Removal of ear wax <ul style="list-style-type: none">• Proprietary preparations may have constituents, which irritate the skin, and offer no advantage over simple products like almond oil. First choice Ear drops Dose: apply twice daily for a few days before syringing, or on the day of syringing if wax is not impacted. <ul style="list-style-type: none">• Oil should be warmed before application, and a generous amount of almond oil applied, with the patient lying with affected ear uppermost for 5-10 minutes after application.• Olive oil may be used as an alternative to almond oil.

12.2 Drugs acting on the nose

Nasal Allergy

Beclometasone	Nasal spray 50 micrograms/spray. Dose: 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. <ul style="list-style-type: none">• A 2 month trial of beclometasone is appropriate before switching to mometasone.
---------------	---

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

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)

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

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 -

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

Benzydamine

Triamcinolone
(Adcortyl in Orabase)
Or

Hydrocortisone
(Corlan)

Sodium succinate Oromucosal tablets 2.5mg.

Dose: 1 oromucosal tablet dissolved slowly in mouth in contact with the ulcer four times daily

Chlorhexidine
Gluconate

Mouthwashes, gargles and dentifrices

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

Sore throat lasting a week or more
Recurrent bouts of infection
Hoarseness of more than three weeks duration
Difficulty in swallowing (dysphagia)
Failed medication (no improvement in symptoms after 7 days)

12.3.2 Oropharyngeal anti-infective drugs

Miconazole Oral Gel: 15g

When to refer to GP

Duration of longer than 3 weeks
Associated weight loss
Involvement of other mucous membranes
Rash
Suspected Adverse Drug Reaction

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

(Emulsifying ointment 30%, phenoxyethanol 1% in freshly boiled and cooled purified water)

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

Dose: Apply as often as required

Aqueous cream
BP
or
White soft
paraffin
50%/liquid
paraffin 50%

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

Aqueous cream or Lotion

Dose: Apply as often as required.

Calamine

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.

Mild corticosteroid

Hydrocortisone

Cream 1%,

Dose: apply thinly once or twice daily.

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

Parasitocidal 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

or

- 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

or

- 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.

