



**NHS GRAMPIAN**

**COMMUNITY PHARMACY  
MINOR AILMENTS  
SERVICE (MAS)  
FORMULARY**

Pharmacy Medicines Unit  
July 2007  
Second Edition

# NHS Grampian Minor Ailments Service Formulary

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### Acknowledgement

The first edition of the NHS Grampian MAS formulary was adapted from documentation produced by Ayrshire and Arran Health Board. We would like to express our thanks for the assistance of our colleagues in Ayrshire and Arran Health Board.

## **Introduction**

This second edition of NHS Grampian Minor Ailments Service Formulary has been updated using prescribing data in conjunction with input from community pharmacists. A list of amendments can be found on page 3. The introduction of MAS has successfully supported the delivery of accessible pharmaceutical care in the community and raised the profile of community pharmacists in the NHS. The national formulary for the Minor Ailments Service (MAS) is based on the BNF and is the reference point for payment purposes for products provided under the MAS. The formulary is available to community pharmacists, and includes all Pharmacy (P) and General Sales List (GSL) medicines that are not blacklisted, dressings and appliances from Part 2 of the Drug Tariff, selected items from Part 3 of the Tariff, such as bug busting kits, and any Prescription-only Medicines (PoMs) which are underpinned by a series of national Patient Group Directions (PGDs).

To ensure correct payment, choose the pack size from your PMR system and endorse the prescription with the pack supplied. This is particularly important where a product is available as P and PoM packs and is not covered by a PGD, e.g. domperidone. If in doubt endorse with name, pack size, strength, form and cost.

The NHS Grampian Community Pharmacy Minor Ailments Formulary has been developed to:

- Provide a formulary list that complies with the Grampian Joint Formulary
- Provide a list of medicines for which there is an evidence base for use
- Provide guidance to facilitate consistency of prescribing choices
- Provide a smaller range of medicines, allowing prescribers to become more familiar with their indications and contra-indications
- Assist with making appropriate and cost-effective choices

In the interests of good prescribing practice, prescribers are requested to conform to the recommendations contained within the formulary. Where appropriate, pharmacists are asked to prescribe generically and use sugar-free liquids where available.

The use of the GSL and P medicines listed in the formulary is confined to the licence for these products, except where the medicine is supported by a PGD. Products may only be used in those age groups specified by the licence.

**This formulary should be used in conjunction with advice given in the BNF.**

**Note:** the medicines within this formulary are mainly aimed at the treatment of adult minor ailments. Whilst some medicines may be appropriate for children, some may only be licensed for use in adults. Consideration should also be given to the fact that a minor illness in an adult may not be considered minor in an infant or child, and referral may be required.

Cost-effectiveness and quality of prescribing are equally important. It is also important to remember that the only conditions being treated should be self-limiting, minor ailments. Chronic and potentially more serious illness, requiring medical attention, should be referred to a GP. Pharmacists should be alert to those patients presenting with symptoms of underlying disease. Each individual must be assessed and a clinical judgement made on the most appropriate treatment pathway to be followed. As in any consultation, general lifestyle advice should also be offered where appropriate.

The formulary will be reviewed every two years unless there are major changes. To request an item be added to the formulary, pharmacists may apply to the Formulary Group for their consideration – see form at the end of this booklet.

Pharmacy Medicines Unit, Westholme, Woodend Hospital. July 2007

## ***Good Prescribing Practice***

The development of good prescribing is a generic process geared towards achieving an outcome whereby each patient receives appropriate medication to ensure maximum benefit at acceptable cost. The measurement of good prescribing is less to do with comparing one situation against the ideal, but more in measuring an improvement against negotiated targets.

Good prescribing has been defined as:

- 1) Recognition by both the clinician and patient of when a medication is appropriate and when a medication is NOT appropriate.
- 2) Prescribing a medication that is appropriate to the ailment, at the right dose, frequency, quantity and cost, relevant to the patient's needs.
- 3) Not prescribing medication which is inappropriate for the patient.
- 4) Avoiding polypharmacy and interactions with current medications where possible, but if unavoidable being aware of the consequences.
- 5) Ensuring treatment 'package' provides appropriate advice to the patient by supplying written and/or verbal information to the patient regarding their ailment and their medication.
- 6) Monitoring response to treatment - effectiveness (or lack of benefit), side-effects etc.
- 7) Undertaking clinical audits as a means of reviewing and improving practice.
- 8) Communicating with, or making a referral to, other health care professionals involved in the patient's care as required in a timely fashion.
- 9) Having a robust system, and staff appropriately organised and trained, to manage the above.

## **Formulary Changes to Second Edition - July 2007**

### **Update to Good Prescribing Practice**

This section has been updated to make the definitions more specific to the community pharmacy minor ailments service, page 2.

### **Updates to Good Practice Points**

The following good practice point sections have been updated:  
cold sores page 9, corns, calluses, warts and verrucae page 9, and scabies page 10.

### **Additions**

#### Gastrointestinal

Simeticone liquid – Page 4

Indicated for use in infantile colic

Hyoscine butylbromide 10mg - Page 4

Indicated for treatment of mild irritable bowel syndrome.

Lactulose – Page 5

Indicated for the short-term treatment of constipation

#### Pain

Paracetamol soluble tablets 500mg -  
Page 8

Further addition under migraine section. Indicated for use in relief pain arising from migraines where swallowing or nausea may be a problem.

Ibuprofen gel 5% - Page 8

Indicated for short-term pain relief of acute injuries. NOT indicated for long term use in the treatment of arthritis

Transvasin cream - Page 8

Indicated for short-term pain relief of acute injuries. NOT indicated for long term use in the treatment of arthritis

#### Travel

Hyoscine hydrobromide - Page 8

Indicated for treatment/prevention of travel sickness.

Cinnarizine - Page 8

Indicated for treatment/prevention of travel sickness.

#### Fungal Infections

Miconazole spray powder - Page 9

Indicated for the treatment of athlete's foot and for the treatment of shoes and socks for spore eradication etc to prevent re-infection

#### Parasitic Infection

Dimeticone 4% lotion (Hedrin®) - Page 10

Indicated for treatment of headlice

#### Eyes

Simple eye ointment - Page 13

Indicated for use as a lubricant in dry eye conditions

Chloramphenicol eye ointment - Page 13

Indicated for acute bacterial conjunctivitis

#### Ears and Mouth

Acetic acid ear drops - Page 14

Indicated for treatment of mild otitis externa, may be useful in treatment of swimmers ear.

#### Dressings

Absorbent perforated dressings - Page 14

Dressing for treatment of minor injury

Permeable non-woven adhesive tape -  
Page 14

Tape for treatment of minor injury

Elasticated tubular bandage - Page 14

Bandage for treatment of minor sprains etc.

### **Deletions**

#### **Gastro-intestinal section**

Omeprazole

Infrequently used and would not be first line choice for patient presenting with dyspepsia. Risk of masking underlying disease.

Migraleve® yellow and complete

Contains paracetamol 500mg and 8mg of codeine phosphate which even taking two tablets is a sub-therapeutic dose of codeine and there is no evidence of additive effect. Supply paracetamol plain or soluble instead.

## **Gastrointestinal**

### **Dyspepsia and gastro-oesophageal reflux**

	<b>Pack size</b>
Co-magaldrox SF Suspension 195/220	Up to 500mL
Peptac <sup>®</sup> Liquid	Up to 500mL
Gaviscon <sup>®</sup> Advance Tablets	Up to 20
Gaviscon <sup>®</sup> Advance Liquid	Up to 150mL
Ranitidine 75mg Tablets	Up to 24
Domperidone Tablets 10mg [P pack only] (indigestion, nausea)	Up to 10

#### **Good practice points**

- Patients with symptoms suggestive of underlying disease should be referred to their GP e.g. patients complaining of progressive difficulty swallowing, progressive unintended weight loss or sudden onset of symptoms especially in middle age or elderly, coughing up blood, anaemia-like symptoms.
- Normal lifestyle advice is necessary e.g. weight loss, smoking, alcohol.
- Liquid antacids are more effective than tablets.
- Ranitidine should only be used short term for minor ailments. If problems persist refer to GP.

### **Infantile colic**

	<b>Pack size</b>
Simeticone 40mg/mL Liquid	50mL

#### **Good practice points**

- If vomiting, sickness, pallor or a rise in temperature accompanies colic symptoms the patient should be referred to the GP.

### **Irritable bowel syndrome**

	<b>Pack size</b>
Hyoscine butylbromide 10mg	20
Mebeverine 135mg tablets [P pack only]	Up to 15
Ispaghula husk 3.5g	10

#### **Good practice points**

- An initial diagnosis for first time symptoms should have been made by a doctor.
- Patients with moderate to severe disease, or with symptoms suggestive of underlying disease should be referred to their GP e.g. blood in the stools, unexplained weight loss, major change in bowel habits especially in middle age or elderly, anaemia-like symptoms.
- Hyoscine should not be used in patients with narrow-angled glaucoma, myasthenia gravis, megacolon.
- Should not be used in children under 12 years.

## Constipation

	Pack size
Ispaghula Husk 3.4G/3.5G	Up to 30
Bisacodyl 10mg Suppositories	Up to 12
Bisacodyl 5mg Tablets	Up to 20
Docusate 100mg Capsules	Up to 30
Glycerin 4g Suppositories (Adult)	Up to 12
Lactulose Solution	Up to 500mL
Senna Syrup 7.5mg/5mL	Up to 100mL
Senna Tablets 7.5mg	Up to 20

### Good practice points

- Investigation of reasons for constipation may lead to referral rather than treatment under MAS. Patients with symptoms suggestive of underlying disease should be referred to their GP e.g. blood in the stools, unexplained weight loss, jaundice, passage of mucus in the stools, major change in bowel habits especially in middle age or elderly.
- Normal counselling advice on diet/exercise/fluid intake is necessary.
- Constipation in children normally requires GP referral.
- Repeat requests for treatment should be referred to the GP.
- Lactulose may take up to 48 hours of regular dosing to act and therefore may not be appropriate for acute relief of symptoms.

## Acute diarrhoea

	Pack size
Loperamide 2mg Capsules	Up to 12
Oral rehydration salt Sachets	Up to 20

### Good practice points

- Patients with symptoms suggestive of underlying disease should be referred to their GP e.g. blood in the stools, major change in bowel habits especially in middle age or elderly.
- Diarrhoea may require fluid and electrolyte replacement in all individuals, but is of particular importance in infants and the elderly.
- Patients with chronic diarrhoea should be referred to their GP.

## Haemorrhoids

	Pack size
Anusol <sup>®</sup> Cream	23g
Anusol <sup>®</sup> Ointment	25g
Anusol <sup>®</sup> Suppositories	12
Anusol <sup>®</sup> Plus HC Ointment	15g
Anusol <sup>®</sup> Plus HC Suppositories	12

### Good practice points

- Patients with symptoms suggestive of underlying disease should be referred to their GP e.g. profuse bleeding, blood that is dark, blood in the stools, extremely painful haemorrhoids, anaemia-like symptoms, change in bowel habit towards looser stools and/or increased stool frequency persisting 6 weeks or more (especially in middle age or elderly).

- Patients should be advised to increase their fluid and fibre intake to avoid hard stools.
- Good toilet hygiene is important.

## Allergy

### Oral antihistamines

Non sedating antihistamines	Pack size
Cetirizine 10mg Tablets	Up to 30
Cetirizine Oral solution 5mg/5mL sugar-free	Up to 200mL
Loratadine Tablets 10mg	Up to 30
Loratadine Syrup 5mg/5mL	Up to 200mL
Sedating antihistamine	Pack size
Chlorphenamine 4mg Tablets	Up to 30
Chlorphenamine Syrup 2mg/5mL	Up to 150mL

### Good practice points

- Patients complaining of wheezing, shortness of breath or chest tightness should be referred to their GP.
- Acute urticaria is usually self-limiting, and if mild, treatment is often unnecessary. Oral antihistamines are useful. Sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- Drowsiness is rare with non-sedating antihistamines, nevertheless, patients should be advised that it can occur and may affect performance of skilled tasks. Drowsiness is a significant side effect of sedating antihistamines.

### Steroid nasal spray

	Pack size
Beclometasone Nasal Spray 50mcg/spray [P pack only]	Up to 200 doses

### Good practice points

- Patient should be advised that beclometasone nasal spray will take several days to take effect and instant relief should not be expected.
- Ideally for the treatment of chronic allergy, patients should be referred to a GP.

### Anti-inflammatory eye preparations

	Pack size
Sodium Cromoglicate 2% Eye Drops [P pack only]	Up to 10mL
Otrivine-Antistin <sup>®</sup>	10mL

### Good practice points

- Patients with a suspected serious cause of 'red eye' should be referred to a GP or optometrist immediately e.g. moderate to severe eye pain, reduced/blurred vision.
- Patients should be advised that sodium cromoglicate will take several days to take effect and instant relief should not be expected.
- Consider oral antihistamines or intranasal corticosteroids if rhinorrhoea, sneezing etc.
- Otrivine-Antistin<sup>®</sup> can cause systemic effects and is not recommended for long-term use.

# Cough and Nasal Congestion

## Cough preparations

	Pack size
Simple Linctus (SF)	Up to 200mL
Simple Linctus, Paediatric (SF)	Up to 200mL
Pholcodine Linctus 5mg/5mL (SF)	Up to 200mL

### Good practice points

- Persistent cough alongside other alarm symptoms e.g. weight loss, fluid retention, wheezing, is a reason for referral to a GP.
- All recommended liquids should be sugar free if at all possible.
- Cough suppressants may cause sputum retention and this may be harmful in patients with chronic bronchitis and bronchiectasis.
- Pholcodine linctus may be indicated for dry or painful cough if sleep is affected.
- Unless a chronic underlying condition has been identified, most coughs resolve without the need for cough mixtures which have a very limited use other than as a palliative remedy.
- The analgesic and antipyretic activity of paracetamol or ibuprofen may provide symptomatic relief.

## Topical nasal decongestants

	Pack size
Sodium Chloride 0.9% Nasal Drops	10mL
Ephedrine 0.5% Nasal Drops	10mL
Ephedrine 1% Nasal Drops	10mL

### Good practice points

- Systemic nasal decongestants are **not recommended**.
- Topical nasal sympathomimetic drugs can lead to rebound nasal congestion on withdrawal and should be used short-term (usually no longer than 7 days).
- Sodium chloride 0.9% as nasal drops may relieve nasal congestion by helping to liquefy nasal secretions.

# Pain

## Analgesics/antipyretics

	Pack size
Paracetamol SF 120mg/5mL Suspension	Up to 200mL
Paracetamol SF 250mg/5mL Suspension	Up to 200mL
Paracetamol 500mg Tablets	Up to 100
Paracetamol Soluble Tablets 500mg	Up to 60
Ibuprofen SF Suspension 100mg/5mL	Up to 150mL
Ibuprofen 200mg Tablets	Up to 84
Ibuprofen 400mg Tablets	Up to 48

### Good practice points

- There is significant potential for accidental overdose with analgesics. Prescribers should be aware of other analgesic preparations (prescribed, over-the-counter or "borrowed") that patients may be taking.
- Paracetamol is preferred to ibuprofen in the elderly.

- The combination of a NSAID and low-dose aspirin may increase the risk of gastrointestinal side effects, this combination should be avoided if possible.

## Migraine

	Pack size
Migravele® Pink	Up to 24
Paracetamol Soluble Tablets 500mg	Up to 60
Sumatriptan 50mg [P pack only]	Up to 2

### Good practice points

- There is great potential for accidental overdose with analgesics. Prescribers should be aware of other analgesic preparations (prescribed, over-the-counter or "borrowed") that patients may be taking.
- Refer to RPSGB Practice Guidance: OTC Sumatriptan.

## Musculoskeletal pain and sports injuries

	Pack size
Ibuprofen gel 5%	Up to 40g
Transvasin Heat Rub	40g

### Good practice points

- Indicated for short term pain relief of acute injuries (less than 2 weeks). Persistent pain should be referred to the patient's GP.
- Should NOT be used for long term use in the treatment of arthritis.
- Topical analgesics should not be applied to broken skin

## Travel

### Travel Sickness

	Pack size
Hyoscine hydrobromide 150 microgram	Up to 12
Hyoscine hydrobromide 300 microgram	Up to 12
Cinnarizine 15mg Tablets	Up to 15

### Good practice points

- Hyoscine should be given 20 minutes before travel or at onset of nausea. Contraindicated in glaucoma.
- Cinnarizine should be given 2 hours before travel or at onset of nausea.
- Advise on causing drowsiness and avoidance of alcohol.

## Fungal Infections

### Vaginal candidiasis

	Pack size
Clotrimazole Pessary 500mg	1
Clotrimazole Intravaginal Cream 10%	5g
Fluconazole 150mg Capsule	1
Clotrimazole Pessary 500mg + Clotrimazole 2% Topical Cream	1 pack
Clotrimazole Intravaginal Cream 10% + Clotrimazole 2% Topical Cream	1 pack
Fluconazole 150mg Capsule + Clotrimazole 2% Topical Cream	1 pack

Clotrimazole 2% Topical Cream	20g
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### Good practice points

- Vaginal candidiasis should be treated with either an antifungal pessary or intravaginal cream inserted high into the vagina, or a single dose of oral fluconazole.
- Topical antifungal creams are not always necessary but can be used to treat vulvitis and supplement the primary treatment.
- Partners who are asymptomatic do not need to be treated.

### Athlete's foot/candidal intertrigo/tinea

	Pack size
Clotrimazole 1% Cream	20g
Clotrimazole 1% Spray	25mL
Miconazole 2% Cream,	15g
Miconazole 0.16% Spray Powder	100g
Antifungal plus steroid	
Clotrimazole 1% and Hydrocortisone 1% Cream	15g
Miconazole 2% and Hydrocortisone 1% Ointment	15g

### Good practice points

- Treatment should be continued for 14 days after resolution of symptoms.
- Advise on the importance of good foot hygiene and measures to prevent reinfection.
- Dusting powders are ineffective in treating athlete's foot, but may be useful for preventing re-infection.
- Miconazole spray powder can be used in the treatment of athlete's foot and also for the treatment of shoes and socks for spore eradication to prevent re-infection.
- Antifungal/steroid combination products may be useful when fungal infection is accompanied by inflammation, **but should be applied thinly for a maximum treatment period of 7 days.**

## Viral Infection

### Cold sores

	Pack size
Aciclovir 5% Cream	2g

### Good practice points

- Treatment should be started as soon as prodromal symptoms, such as tingling or burning, occur five times a day for five days, continued for another five days if cold sore is not healed after this time.

### Corns, calluses, warts and verrucae

	Pack size
Salacto <sup>®</sup> paint	10mL
Bazuka <sup>®</sup> Gel	5g
Cuplex <sup>®</sup> Gel	5g

### Good practice points

- The affected site in should be soaked warm water, dried and then the surface of the wart, verruca, corn or callus gently rubbed with a pumice stone or manicure emery board to remove any hard skin before application of the paint or gel.

## Parasitic Infection

### Threadworms

	Pack size
Piperazine Oral Powder - 3 months to 2 years	2 sachets
Mebendazole liquid 100mg/5mL – 2 years and over	30mL
Mebendazole 100mg Tablets – 2 years and over	1

#### Good practice points

- A combination of drug treatment and hygiene measures should be recommended. Hygiene measures alone may be considered for pregnant or breast-feeding women.
- To prevent reinfection, all family members should be treated at the same time, even if they have no symptoms.

### Lice

	Pack size
Bug Buster Kit	1
Dimeticone 4% Lotion	Up to 150mL
Malathion 0.5% Liquid	Up to 200mL
Phenothrin 0.5% Liquid	Up to 200mL
Phenothrin 0.2% Lotion	Up to 200mL

#### Good practice points

- Treat pubic or head lice according to individual product licence.
- Head lice: if a course of treatment (two applications, one week apart) fails, a different insecticide should be used for the next treatment.
- Treat only if a live louse is found. The presence of nits alone does not indicate active infestation.
- Advice should be given to check other close contacts, particularly close family contacts, for presence of live lice.

### Scabies

	Pack size
Malathion 0.5% Liquid	Up to 200mL
Permethrin 5% w/w (Lyclear <sup>®</sup> Dermal Cream)	30g

#### Good practice points

- Lotions/creams should be applied to the whole body, taking care to treat the webs of fingers and toes, and brushing the preparation under the ends of the finger nails. Treatments should be reapplied to any areas of the body e.g. hands, which are washed during the period of application.
- To prevent reinfection, all members of the affected household and all intimate contacts should be treated at the same time.
- Persistent itching can continue for some weeks after treatment. Crotamiton cream or oral antihistamines may be helpful.
- The practice of taking a hot bath before applying treatment is not recommended as this will not improve the effectiveness of the treatment, but will increase absorption and hence any possible toxicity.

## Cystitis

	Pack size
Potassium Citrate effervescent tablets	12
Potassium Citrate solution	200mL
Sodium/potassium citrate sachets	6

### Good practice points

- Women with recurrent symptoms or symptoms suggestive of systemic disease should be referred to a GP, as should men or children presenting with symptoms of cystitis.
- Patients with cystitis should increase their fluid intake.

## Skin

### Acne (mild to moderate)

	Pack size
Benzoyl peroxide 2.5% (endorse as PanOxyl <sup>®</sup> )	40g
Benzoyl peroxide 5% (endorse as PanOxyl <sup>®</sup> )	40g
Quinoderm <sup>®</sup> cream 5%	50g

### Good practice points

- Severe/extensive cases of acne should be referred to the GP.
- The lower concentrations of benzoyl peroxide are as effective as the higher ones in reducing inflammation.

### Emollients and soap substitutes

	Pack size
<sup>1</sup> Aqueous Cream	Up to 500g
<sup>2</sup> Emulsifying Ointment	Up to 500g
2Hydrous Ointment	Up to 500g
Liquid paraffin and White soft paraffin 50/50	Up to 500g
Diprobase <sup>®</sup>	Up to 500g

### Good practice points

- Emollients must be used regularly and should be applied in the direction of hair growth.
- The practice of using an emollient immediately before a topical corticosteroid is inappropriate.
- Mixing topical preparations on the skin should be avoided where possible; at least 30 minutes should elapse between application of different preparations.

<sup>1</sup> Aqueous cream if used as an emollient in children with atopic eczema can cause stinging, itching or burning and should be avoided. This does not preclude its use as a soap substitute.

<sup>2</sup> May also be used as an emollient bath additive by dissolving in hot water.

## Emollient bath additives

	Pack size
Oilatum <sup>®</sup> Emollient bath additive	Up to 500mL
Balneum <sup>®</sup> bath oil	Up to 500mL
Diprobath <sup>®</sup> bath additive	500mL

### Good practice points

- Emollient bath additives make the bath slippery and patients should be warned of the risk of falling.

## Barrier preparations

	Pack size
Drapolene <sup>®</sup>	Up to 200g
Sudocrem <sup>®</sup>	Up to 125g
Yellow soft paraffin	Up to 500g
Zinc and Castor Oil Ointment	Up to 100g

### Good practice points

- For nappy rash, advice should be given to parents to ensure that nappies are changed frequently. The rash may clear when left exposed to the air.
- When barrier preparations are used they should be applied liberally after each nappy change.
- If fungal infection is suspected, consider an antifungal preparation for example clotrimazole.

## Topical antipruritics

	Pack size
Calamine lotion	Up to 200mL
Crotamiton 10% Cream	30g
Crotamiton 10% Lotion	100mL

### Good practice points

- Emollients are useful where pruritus is associated with dry skin.
- Acute urticaria is usually self-limiting and if mild, treatment is often unnecessary. Oral antihistamines are useful, sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- Calamine lotion is useful for sunburn and chickenpox.

## Topical corticosteroids

	Pack size
Hydrocortisone 1% Cream/Ointment [P pack only]	15g
Clobetasone butyrate 0.05% Cream [P pack only]	15g

### Good practice points

- Topical corticosteroids should be applied thinly only to the affected area for a maximum of 7 days. If the condition does not improve, the patient should be referred to a GP.
- A once-daily application is often sufficient but topical corticosteroids should not be used more than twice a day.

## Seborrhoeic dermatitis of scalp

	Pack size
Polytar Liquid	150mL
Ketoconazole Shampoo 2%	Up to 100mL

## Eyes

### Dry eye conditions

	Pack size
Hypromellose 0.3% Eye Drops	10mL
Polyvinyl alcohol 1.4% Eye Drops	Up to 15mL
Lacri-Lube <sup>®</sup> Eye Ointment	Up to 5g
Simple Eye Ointment	4g
Viscotears <sup>®</sup> Eye Drops	10g

### Good practice points

- Simple eye ointment is best suited for application before sleep as it may cause temporary visual disturbances. It should not be used during contact lens wear.

### Conjunctivitis - infective

	Pack size
Chloramphenicol Eye Drops 0.5% (PGD to dispense)	Up to 2 x 10mL
Chloramphenicol 1% ointment	Up to 2 x 4g

### Good practice points

- Patients with a suspected serious cause of 'red eye' should be referred to a GP immediately e.g. moderate to severe eye pain, reduced/blurred vision.
- If both eyes are infected two bottles/tubes should be dispensed, one for each eye.
- Contact lenses should not be worn until infection has resolved and for 24 hours after treatment has completed.
- Refer to RPSGB Practice Guidance: OTC Chloramphenicol Eye Drops.

## Ears and Mouth

### Removal of ear wax

	Pack size
Olive oil in a suitable container with dropper	10mL
Sodium Bicarbonate 5% ear drops	10mL

### Good practice point

- Ear wax needs to be removed only if it causes symptoms i.e. discomfort, hearing loss.
- Advise patients not to use cotton ear-buds as they push the wax back and aggravate the impaction.
- Some proprietary brands contain organic solvents which can irritate the meatal skin and cause local irritation which can lead to increased wax production. All proprietary brands are considered as less suitable for prescribing by the BNF.

## Mild otitis externa

	Pack size
Acetic acid 2% Ear Drops	5mL

### Good practice points

- Has mild antifungal and antibacterial activity, may be useful in treatment of swimmers ear. Severe cases should be referred to the patients GP.

## Mouth ulcers and oral inflammation

	Pack size
Benzydamine 0.15% Mouthwash	300mL
Benzydamine 0.15% Spray	30mL
Chlorhexidine 0.2% Mouthwash	300mL
Choline Salicylate Gel	15g
Hydrocortisone 2.5mg Pellets	20
Adcortyl in Orabase <sup>®</sup>	5g

### Good practice points

- If ulceration is very painful, recurrences are frequent and severe then patients should be referred to their GP.

## Oral thrush

	Pack size
Miconazole 2% w/w Oral Gel	15g

## *Dressings*

### Minor injury

	Pack size
Absorbent, perforated plastic film faced dressing	1
Absorbent perforated dressing, with border	1
Permeable non-woven adhesive tape 1.25cm or 2.5cm	1 x 5m

### Minor Sprains

	Pack size
Elasticated tubular bandage BP size B to G	Up to 1m

## Appendix 1: Minor Ailments Service Formulary Product Request Form

### FORMULARY GROUP PRODUCT REQUEST FORM – MINOR AILMENTS SERVICE FORMULARY (MASFG1)

In accordance with the procedure agreed between the Formulary Group and NHS Grampian, pharmacists wishing to request that a product be added to the Minor Ailments Service Formulary should complete the information below. Forms should be returned to:

**Fiona Doney, Pharmacy Medicines Unit, Westholme, Woodend Hospital, Aberdeen AB15 6LS.**

Please provide as much information as possible about predicted use, and mark the envelope 'MAS Request'.

#### Please complete sections 1-12

FOR OFFICE USE ONLY		Recommendation of FG
Reference No:	Date received	
1.a Name of Product	2. Formulation(s) tablets etc	3. Strength(s) and pack size(s)
1.b Brand Name		
1.c Manufacturer		
4. How many patients per month would receive this from your pharmacy if it were included in the MAS formulary		
5. Why is the product required and any comments (e.g. indications for use, age group )		
6.a Do you envisage this will replace a product currently on the Minor Ailments Service Formulary?		YES / NO
6.b If YES which product(s)		
7. Name of pharmacist	10. Address	
8. Signature		
9. Date		
11. Contact telephone no.	12. e-mail address	
<b>PLEASE DO NOT WRITE IN THIS SECTION. FOR FORMULARY PHARMACIST USE ONLY.</b>		
Consultation: Pharmacy Champions <input type="checkbox"/> Pharmacy Medicines Unit <input type="checkbox"/> CHP pharmacists <input type="checkbox"/> Date		
Brief summary of comments – place in Minor Ailments Service Formulary		
<b>Recommendation of formulary pharmacist</b> 1. <input type="checkbox"/> Recommended for formulary inclusion 2. <input type="checkbox"/> Not recommended for formulary inclusion 3. <input type="checkbox"/> Further consideration required		
Name		Date

# Notes

If you need this, or any other NHS Grampian publication in an alternative format (large print, audio tape etc.) or in another language please contact Corporate Communications: Tel: 01224 554400 email: [grampian@nhs.net](mailto:grampian@nhs.net)