



NHS GRAMPIAN

COMMUNITY PHARMACY MINOR AILMENTS SERVICE FORMULARY

Pharmacy and Medicines Directorate – 2017 (Version 4)

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NHS Grampian Community Pharmacy Minor Ailments Service (MAS) Formulary

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Acknowledgement

This edition of the NHS Grampian MAS Formulary has been compiled using the information gathered from a short life-working group. We would like to express our thanks to the pharmacists that dedicated time and effort to the short life-working group.

Minor Ailments

Community Pharmacy Minor Ailment Service (MAS)

The Minor Ailments Service (MAS) is a National Core Contract pharmaceutical care service. All conditions treated using this service should be minor ailments. Minor ailments are generally described as common, often self-limiting conditions. They normally require little or no medical intervention and can be managed by self-care and the use of products that are available without a doctor's prescription. One or two treatments will usually be sufficient to alleviate symptoms, however a few longer-term minor ailments, such as hay fever, dry skin and teething, where self-care is recognised practice, can be treated under the Minor Ailment Service for the duration of the patient's symptoms.

Chronic and potentially more serious illness, requiring medical attention, should be referred to a GP. Pharmacists should be alert to those patients requesting repeat treatments and who have continuing symptoms, which could be indicative of an underlying disease. Repeat treatment can be classified as more than two supplies of medication to treat the same condition.

Each individual must be assessed, and a clinical judgement made, on the most appropriate treatment pathway i.e. prescribe in line with MAS formulary, give advice only or refer to another suitable healthcare professional. As in any consultation, general lifestyle advice should be offered where appropriate.

During the consultation, you may obtain information, which may require to be communicated to the GP practice. This should be undertaken in the usual manner with the patient's consent e.g. referral form, NHS mail or telephone.

NHS Grampian MAS Formulary:

This is the fourth edition of the NHS Grampian MAS Formulary. It has been updated using the MAS prescribing data from community pharmacies within Grampian, information from other Scottish Health Boards and input from community pharmacists. The NHS Grampian Community Pharmacy Minor Ailment Formulary has been developed to:

- Provide a formulary list that complies with the Grampian Joint Formulary, enabling an easier transfer of on-going care of MAS patients to their GP.
- Provide evidence based prescribing recommendations.
- Facilitate consistency of prescribing choices.
- Provide a succinct range of medicines, allowing prescribers to become more familiar with their indications and contra-indications.
- Assist with making appropriate and cost-effective choices.

The formulary provides pharmacists with a recommended list from which a variety of minor ailments can be treated. The medicines listed should be used within their P or GSL licensed indication. To ensure correct payment, it is important to choose the appropriate pack size

from the PMR system and endorse the prescription with the pack supplied. This is particularly important where a product is available as both P and POM packs. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards of Conduct, Ethics and Performance.

In the interests of good practice, prescribers in Grampian are requested to conform to the recommendations contained within this local formulary. NHS Grampian will monitor and evaluate the compliance with the local formulary and feedback regularly to contractors.

Where appropriate, pharmacists must prescribe generically and use sugar-free liquids when available. Products may only be used in those age groups specified by the individual product licence. The use of the GSL and P medicines listed in the formulary are also confined to the licensed use for these products, except where extended use of the medicine is supported by a Patient Group Direction (PGD). Prescription only medicines used under PGD are used to extend provision of service beyond the OTC licence.

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

Cost- effectiveness and quality of prescribing are equally important. The most cost-effective medication should be prescribed for a patient. Specifically, prescribers should not prescribe medicines or appliances to any patient in excess of that which are reasonably necessary for the treatment of the patients presenting condition. It is also important to remember that only self-limiting, minor ailment conditions should be treated on MAS. Patients with chronic (long term) or potentially more serious illnesses must be referred appropriately to a GP, GMED or hospital emergency department. Each individual must be assessed, and clinical judgement made, on the most appropriate treatment pathway to be followed. Prescribing guidance* states that prescribing for a patient where the prescriber is not able to examine the patient should be the exception. The patient should be present in the pharmacy for a MAS consultation unless there are exceptional reasons, which should be recorded. Patients who require a supply of medication that they usually receive on a GP10 should be managed using the Unscheduled Care guidelines, for example by writing a CPUS prescription and sending a copy of it to the patient's GP.

Patients (or their parent/carer) requesting a supply of medication "just in case", for the medicine cabinet, should be advised that this is outside the terms of MAS and a supply cannot be issued. Treatment on MAS is only available for symptoms being experienced at the time of presentation, which can be assessed by the prescriber. If patients require more than two repeat supplies on MAS for symptoms or if an underlying disease is suspected then the patient should be referred to their GP. The exceptions to this is for defined longer-term minor ailments, such as hay fever, dry skin and teething, where self-care is recognised practice, which can be treated under the Minor Ailment Service for the duration of the patient's symptoms

*NES: A Guide to Good Practice for Pharmacists prescribing in NHS Scotland. July 2012.

Remote Prescribing via telephone, email, fax, video link or website: *In exceptional circumstances, it may be appropriate to use a telephone or other non face-to-face medium to prescribe medicines and treatment for patients. Such situations may occur where:*

- a) *You have responsibility for the care of the patient.*
- b) *You are working in remote and rural areas.*
- c) *You have prior knowledge and understanding of the patient's condition and medical history.*
- d) *You have authority to access the patient's records.*

Eligibility

The following patients are currently eligible to register for the MAS service:

- Registered with a Scottish GP practice.
- Under 16 years of age, or under 19 years of age and in full time education.
- Aged 60 years and over.
- Have a valid maternity exemption certificate, medical exemption certificate, or war pension exemption certificate.
- Receive income support, income-based Jobseekers allowance, income-related employment and support allowance or pension credit guarantee credit.
- Named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate.

Patients are EXCLUDED if they are not in list above; not registered with a Scottish GP practice; are temporary residents or are patients in a care home.

Please note – This is currently (May 2017) being reviewed, pilots expanding eligibility to all patients registered with a GP in Scotland are currently in progress. Pharmacists will be notified if any changes occur within NHS Grampian.

Medicines included in MAS

Products that are available for prescribing by community pharmacists include:

- All Pharmacy (P) and General Sale List (GSL) medicines that are not blacklisted.
- Dressings and appliances from Part 2 of the Drug Tariff
- Selected items from Part 3 of the Drug Tariff-
 - ❖ Bug Buster head lice detection and eradication kit.
 - ❖ Sodium Chloride (saline) nasal drops.
 - ❖ Sodium Bicarbonate ear drops 10ml.
 - ❖ Saliva preparations.

- Prescription Only Medicines (POMs) which are permitted by a series of national or local Patient Group Directions (PGDs).

Prescribing under the Minor Ailment Service

When prescribing under the Minor Ailment Scheme please remember the following:

- Although the list of items allowed on form CP2 includes all P & GSL lines, you should pay close attention to your local Grampian MAS Formulary and the National MAS Formulary for prescribing guidance.
- POMs: There is only one National MAS PGD – Chloramphenicol Eye Drops 0.5%. You must not prescribe a POM unless there is a PGD in place.
- Some products have both P and POM versions. POMs will be disallowed unless the relevant PGD is in place.
- Some products will require information of exactly what was supplied e.g. trade name.
- Avoid prescribing branded or ‘own brand’ chesty cough medicines. Most are rejected.
- The Drug Tariff now has Part 7B which clarifies the pricing of certain items when prescribed generically on CP2 forms.
- Blacklisted items are not allowable and will not be paid.
- P and GSL medicines that are licensed for indications that do not fall within the definition of “Minor Ailment” should not be supplied under MAS. For example nicotine replacement therapy, emergency hormonal contraception, orlistat, simvastatin, iron, folic acid.
- Homeopathic products are not on the Grampian Joint Formulary, therefore their use is not recommended.
- Prescribers are advised to refer to individual product licenses to ensure the product is prescribed within the specific product licence.

Reference: <http://www.communitypharmacyscotland.org.uk/nhs-care-services/remuneration-reimbursement/drug-tariff/disallowed-items/>.

N.B. The list above of products not suitable for prescribing via MAS although correct at time of preparation of this document is not exhaustive and may be liable to change. Prescribers may be required to justify the supply of medications that are non-formulary or are prescribed for chronic symptoms/conditions. More information regarding medicines excluded from MAS can be found here:

<http://www.communitypharmacyscotland.org.uk/nhs-care-services/remuneration-reimbursement/drug-tariff/disallowed-items/>.

Contractors are advised to monitor up to date advice from the NHS Grampian Pharmacy and Medicines Directorate and Community Pharmacy Scotland.

Requests for additions to the formulary should be submitted for consideration using the form at Appendix 1.

Revision History

Date of Change	Approval date of version that is being superseded	Summary of Changes	Review due
June 2006	N/A	Version 1 Published	June 2008
July 2007	June 2006	Version 2 Published	July 2009
Dec 2010	June 2006	Version 3.1 Published	Dec 2012
June 2017	Dec 2010	Version 4	June 2020

The Minor Ailments Short Life Working Group has updated this document on behalf of NHS Grampian Pharmacy and Medicines Directorate following consultation with community pharmacists and Health and Social Care Pharmacists.

NHS Grampian would particularly like to thank the following pharmacists and technician who contributed to the developments of this guidance:

Karen Braithwaite – Community Pharmacist

Siobhan Carroll- Community Pharmacist and Aberdeen City Champion

Rachael Gervaise- Community Pharmacist

Jane Rodgers- Practice Pharmacist

Dawn Bruce – Specialist Pharmacy Technician

Good Prescribing Practice

Good prescribing practice 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 a medicine that has no, or little, therapeutic value.
- 4) Avoiding polypharmacy and interactions with current medications where possible, but if unavoidable being aware of the consequences.
- 5) Ensuring a treatment 'package' includes appropriate advice to the patient by supplying written and/or verbal information to the patient regarding their ailment and their medication, and the expected outcome of treatment. Clear instructions should be given as to what the patient should do if their condition deteriorates or does not improve as expected.
- 6) Monitoring the response to treatment in terms of 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 healthcare professionals involved in the patient's care as required and in a timely fashion.
- 9) Having robust systems of MAS governance and staff appropriately organised and trained to manage the above.

1. Gastrointestinal System

Dyspepsia (Indigestion)	Quantity
Co-magaldrox S/F Suspension	Up to 500ml
Peptac®	Up to 500ml
Gaviscon® Advance Liquid	Up to 500ml
Gaviscon® Advance Tablets	Up to 24
Ranitidine 75mg Tablets	Up to 24

Good Practice Points

- Provide lifestyle advice and counselling as appropriate, e.g. encouraging weight loss, smoking cessation, reducing alcohol intake.
- Ranitidine should only be used short term for minor ailments. If problems persist, refer the patient to their GP.

Examples of Counselling Points

- Avoid large meals, eat little and often.
- Do not rush your food.
- Avoid spicy and greasy foods as they can often worsen heartburn.
- Some heartburn remedies can stop other medicines from working. Check if the heartburn remedy would interfere with other medicines.
- Liquid formulations of antacids are more effective than tablets or capsules.

When to advise patient to contact their GP

- Where symptoms are suggestive of underlying disease e.g. progressive difficulty in swallowing, progressive unintended weight loss or sudden onset of symptoms, coughing up blood, blood in vomit or stools, chest pain with associated jaw or arm pain or breathlessness
- Where symptoms are persistent (longer than 5 days) or recurrent
- Where pain is severe or radiating
- Where the patient is suffering persistent vomiting
- Where an adverse drug reaction is suspected.

Pregnancy

- Co-magaldrox or compound alginic acid preparations can be used in pregnancy.
- Compound alginic acid preparations are less powerful antacids than co-magaldrox but may be more effective for heartburn.

- On-going supplies may be given as long as the patient is discussing the symptoms and treatment with midwife.
- Patient should see GP or midwife if symptoms are not being controlled.

1. Gastrointestinal System

Infant Colic	Quantity
Medication provides little or no benefit for this indication	

Good Practice Points

- Colic is common in babies and usually resolves within 4 months.
- Evidence of benefits of simeticone containing products is uncertain.
- If vomiting, sickness, pallor or rise in temperature accompanies colic symptoms then refer to GP.
- If breastfeeding avoid alcohol, caffeine, spicy foods, high dairy foods.
- If bottle-feeding ensure correct size of teat holes are being used.
- <http://www.nhs.uk/conditions/Colic/Pages/Introduction.aspx>

NOTE: The supply of lactase drops (Colief®) is not recommended via MAS. Colief® is not a licensed medicine but is available for purchase. It may also be prescribed by the GP as a borderline substance under ACBS advice.

1. Gastrointestinal System

Irritable Bowel Syndrome (IBS)/Antispasmodics	Quantity
Mebeverine 135mg Tablets (P pack only)	15
Hyoscine Butylbromide 10mg Tablets	Up to 40
Peppermint Oil Capsules EC MR 200 microlite	Up to 20

Good Practice Points

- There can be variation in the licensing of different medicines containing the same drug.
- These products can only be supplied if the patient has a known confirmed diagnosis of IBS and is not presenting with symptoms for the first time.
- For general cramping Hyoscine Butylbromide can be prescribed short term.
- Provide lifestyle advice and counselling e.g. stress avoidance, food triggers, exercise and smoking cessation.
- The elderly are particularly susceptible to the anti-muscarinic side effects of antispasmodics and care should be taken in their use.

When to advise patient to contact their GP

- Where the patient is asking for repeat of medication often (more than twice).
- Where the patient is presenting with new onset of symptoms or worsening symptoms.
- Where symptoms are suggestive of underlying disease, e.g. blood in stools, unexplained weight loss, major change in bowel habit, anaemia-like symptoms.
- Where the patient is unresponsive to appropriate treatment.

1. Gastrointestinal System

Constipation	Quantity
Docusate 100mg caps	Up to 30
Senna 7.5mg tablets	Up to 20
Glycerin Suppositories	Up to 12
Ispaghula Husk Sachets	Up to 30
Lactulose	Up to 500ml
Macrogols	Up to 30
Senna Syrup	Up to 150ml

Good Practice Points

- Provide lifestyle advice and counselling on diet, fluid intake and exercise.
- Macrogols are preferred to Lactulose.
- Constipation in children under the age of 16 should only be treated under MAS if the condition is not a persistent problem and there are no signs to indicate a blockage. If treating a child a referral should also be made to the GP to make them aware of the situation.

Examples of Counselling Points

- Eat more fibre.
- Drink more fluids, and advice to reduce consumption of caffeine or alcohol.
- Never put off going to the toilet when you know you need to go.
- Ispaghula sachets should not be taken immediately before going to bed. Ensure adequate fluid intake.
- Lactulose may take up to 48 hours to act.
- Constipation in frail immobile patients is most often due to lack of push and stimulant laxatives are then most useful. Lactulose should not be used routinely in the elderly and should be avoided if stool is already soft.
- <http://www.nhs.uk/Conditions/Constipation/Pages/Introduction.aspx>

When to advise patient to contact their GP

- Where there is persistent change in bowel habit or worsening constipation.
- Where there is the presence of abdominal pain, vomiting, bloating.
- Where there is blood in stools or melaena.
- Where prescribed medication is suspected of causing symptoms.
- Where no relief of symptoms occurs within 7 days.
- Where a child does not benefit from treatment within 2-3 days or is having a continual issue with constipation.
- Where it is recognised that there is unintentional weight loss.

Pregnancy

- Try non-pharmacological measures first (more fibre, more fluid and exercise).If unsuccessful then try Ispaghula husk or Lactulose. Discuss with midwife and/or GP.
- Ask if patient requires treatment for piles, as constipation can cause/exacerbate piles, and the discomfort of piles can cause constipation.

1. Gastrointestinal System

Acute Diarrhoea	Quantity
Oral Rehydration Salt Sachets	Up to 20
Loperamide 2mg Caps	Up to 12

Good Practice Points

- First-line treatment of acute diarrhoea is rehydration therapy.

Examples of Counselling Points

- Diarrhoea normally stops within 48-72 hours without treatment.
- Replacement of fluids is of particular importance especially in children and the elderly.
- 'Medicine Sick Day Rules'. (Available from <http://www.nhsghpcat.org/HPAC/Index.jsp>). Review medicines, which should be temporarily stopped during bouts of diarrhoea or vomiting e.g. ACE inhibitors, angiotensin receptor blockers, diuretics, metformin or NSAIDs. Advise patient to restart the medicine 24-48 hours after eating and drinking normally. If in any doubt refer to GP.
- Review medicines whose efficacy may be affected by a bout of diarrhoea e.g. oral contraceptives, warfarin.
- Infection control: Patient should check employer's advice regarding diarrhoea. Usual advice is to stay off work for 48 hours after symptoms have resolved. Refer to <http://www.nhs.uk/conditions/gastroenteritis/pages/introduction.aspx>

When to advise patient to contact their GP

- Where adults and children over 3 years have diarrhoea of duration of greater than 2 days.
- Where children aged 1-3 years have diarrhoea of duration of greater than 1 day.
- Where children are under a year.
- Where the diarrhoea is considered severe.
- Where the patient is resulting in severe dehydration e.g. not passing urine.
- Where the diarrhoea is associated with severe vomiting and fever.
- Where it is suspected that there is a drug-induced reaction to prescribed medication.
- Where there is a history of changes of bowel habit especially in the middle-aged and elderly.
- Where there is a presence of blood or mucus in stools.
- Where the patient is suffering with chronic diarrhoea.
- Where a patient has been regularly requesting repeat medication.

1. Gastrointestinal System	
Haemorrhoids	Quantity
Anusol® Cream	23g
Anusol® Ointment	25g
Anusol® Suppositories	12
Anusol Plus HC® Ointment	15g
Anusol Plus HC® Suppositories	12

Good Practice Points

- Patients should be advised to increase their fluid and fibre intake to avoid hard stools.
- Good toilet hygiene is important.
- Treatment with hydrocortisone containing products should not be for longer than 7 days.

Examples of Counselling Points

- Increase your fluid intake, not caffeine or alcohol.
- Increase your fibre intake.
- Take some form of regular exercise.
- Do not strain when you go to the toilet – try to relax.

When to advise patient to contact their GP

- Where symptoms are suggestive of underlying disease e.g. profuse bleeding, blood in the stools or melaena, extremely painful haemorrhoids, anaemia-like symptoms, change in bowel habits towards looser stools and/or increased stool frequency persisting 6 weeks or more (especially in middle-aged or elderly).
- Where the symptoms have duration longer than 3 weeks.
- Where a change of bowel habit is identified (persisting alteration from normal bowel habit).
- Where there is a suspected drug-induced constipation.
- Where haemorrhoids are identified in children under the age of 16 years old.

Pregnancy

- Anusol® or an ice pack can be used to provide symptomatic relief.

2. Allergy

Oral Antihistamine	Quantity
Cetirizine 10mg Tablets	Up to 30
Cetirizine Oral Solutions 5mg/5ml	Up to 200ml
Loratadine Tablets 10mg	Up to 30
Loratadine Syrup 5mg/5ml	Up to 100ml
Chlorphenamine 4mg Tablets	Up to 30
Chlorphenamine Oral Solution 2mg/5ml	Up to 150ml

Good Practice Points

- Acute urticaria is usually self-limiting and if mild, treatment is often unnecessary.
- Drowsiness is rare with non-sedating antihistamines, however it can occur and may affect performance of skilled tasks, excess alcohol should be avoided.
- Sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- For hay fever relief, medication can be supplied on MAS during and throughout the hay fever season.

Examples of Counselling Points

- For hay fever, start taking before season starts and continue throughout.
- Avoid going out when the pollen count is high.
- Close windows, wear sunglasses and use Vaseline® or Haymax® in the nostrils. Both of these products are not available on MAS.

When to advise patient to contact their GP

- Where there is a presence of wheezing or shortness of breath, tightness of chest.
- Where there is persisting painful ear or sinuses.
- Where there are no improvements in symptoms after 10 days.

2. Allergy

Allergic Rhinitis	Quantity
Beclometasone Nasal Spray	Either 100 or 180 doses

Good Practice Points

- This product can only be prescribed for adults over the age of 18 years old.
- Patient should be advised that beclometasone nasal spray will take several days to take effect and requires daily use over the allergy season to obtain effect. Once symptoms are controlled, reduced dose to the lowest effective dose. Instant relief should not be expected.
- Patients requiring continuous supply (rather than for seasonal or short-term use) should be referred to a GP.

2. Allergy

Allergic Conjunctivitis Eye Preparations	Quantity
Sodium Cromoglicate 2% Eye Drops (P pack only)	Up to 10ml

Good Practice Points

- If Sodium Cromoglicate is required for the treatment of hay fever symptoms then it can be provided throughout the hay fever season.
- Patients with a suspected serious case of 'red eye' should be referred to an optometrist immediately, e.g. moderate to severe eye pain, reduced/blurred vision, light sensitivity.
- 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.

3. Cough and Nasal Congestion

Cough Preparations	Quantity
Simple Linctus (SF)	Up to 200ml
Simple Linctus, Paediatric (SF)	Up to 200ml
Pholcodine Linctus 5mg/5ml (SF)	Up to 200ml

Good Practice Points

- Most acute coughs resolve without the need for cough mixtures, which have very limited value other than as a palliative remedy.
- All liquids should be sugar free where possible.
- Pholcodine linctus is only indicated for dry or painful cough if sleep is affected.
- Simple Linctus Paediatric SF is the only preparation suitable for use from age 1 – 6.
- The analgesic and antipyretic activity of Paracetamol or Ibuprofen may provide symptomatic relief.
- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions.

Examples of Counselling Points

- Drink plenty of fluids.
- If patient is, a smoker advice can be given on smoking cessation.

When to advise patient to contact their GP

- Where there is persistent cough with alarm symptoms e.g. weight loss, fluid retention, wheezing or shortness of breath.
- Where the cough has lasted 3 weeks or more.
- Where there is the presence of yellow, green, rusty or blood stained sputum.
- Where the patient is complaining of chest pain.
- Where whooping cough or croup is suspected.
- Where there is recurrent nocturnal cough.
- Where there is a suspected adverse drug reaction (e.g. ACE inhibitors).

Pregnancy

- Simple Linctus (SF) can be used in pregnancy.
- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions.

3. Cough and Nasal Congestion

Topical Nasal Decongestants	Quantity
Sodium Chloride 0.9% Nasal Drops	10ml
Xylometazoline 0.05% Nasal Drops	10ml
Xylometazoline 0.1% Nasal Drops	10ml
Sterimar® Spray (Including Sterimar Baby & Kids)	50ml

Good Practice Points

- Sodium chloride 0.9% Nasal Drops may relieve nasal congestion by helping to liquefy nasal secretions.
- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions. Topical nasal sympathomimetic drugs can lead to rebound nasal congestion on withdrawal and should be used short-term (usually no longer than 7 days).
- Systemic nasal decongestants are not recommended.
- Sterimar can be easier to use in young children.

Pregnancy

- Sodium chloride 0.9% nasal drops can be used in pregnancy.
- Inhalation of warm moist air is useful in the treatment of symptoms of acute infective conditions.

4. Pain	
Analgesics/Antipyretics	Quantity
Paracetamol SF 120mg/5ml Suspension	Up to 200ml
Paracetamol SF 250mg/5ml Suspension	Up to 200ml
Paracetamol 500mg Tablets	Up to 96
Paracetamol Soluble Tablets 500mg	Up to 60
Ibuprofen SF Suspension 100mg/5ml	Up to 300ml
Ibuprofen 200mg Tablets	Up to 84
Ibuprofen 400mg Tablets	Up to 48
Co-Codamol 8/500mg	Up to 32

Good Practice Points

- Paracetamol is the recommended first choice analgesic.
- There is significant potential for accidental overdose. Prescribers should be aware that patients might already be taking analgesic preparations (prescribed, over-the-counter or 'borrowed').
- Paracetamol is preferable to ibuprofen in the elderly.
- Remember to consider body weight when advising on Paracetamol dosage especially in young and elderly patients.
- Soluble paracetamol: In adults should be restricted to patients with true swallowing difficulty and be mindful of salt content.
- NICE recommends either Paracetamol or Ibuprofen but not both.
- The combination of a NSAID and low-dose aspirin may increase the risk of gastrointestinal side effects therefore this combination should be avoided if possible.
- Note: Paracetamol for prevention of symptoms of fever following MenB vaccine is NOT covered by MAS. A PGD has been developed specifically for this purpose and is supplied via a CPUS form.
- Co-codamol 8/500mg should only be prescribed if Paracetamol or Ibuprofen alone has not worked, or when NSAIDs are contraindicated.

Examples of Counselling Points

- Identify and discuss the cause of pain, and if possible treatment or referral e.g.

where pain is as a result of injury.

- Ensure no structural damage needs to be addressed.
- Rest is essential to allow the injury to recover.
- For sprains and strains, a cold pack can be applied to reduce swelling and ideally within the first five to 10 minutes of the injury and for periods of no longer than 20-30 minutes.
- The area should be elevated if possible to remove fluid from area of injury.
- Gentle heat can also be used to alleviate stiffness.

When to advise patient to contact their GP

- Where headache associated with injury or trauma.
- Where severe headache lasts more than 4 hours.
- Where there is a suspected adverse drug reaction.
- Where there is a prolonged headache in children under 12 years old.
- Where there is severe occipital headache (across the back of the head).
- Where a headache is worse in the mornings and then improves.
- Where there is an associated drowsiness, visual disturbance, and/or neck stiffness or vomiting.
- Where the patient is suffering chest pain.
- Where there is unexplained abdominal pain.
- Where there is persistent and continued pain following a fall or injury.

Pregnancy

- Where possible, non-pharmacological measures (e.g. reassurance, rest, stress management, ice, massage) should be tried before paracetamol.
- Paracetamol is generally regarded as being safe for use in pregnancy.

4. Pain	
Migraine	Quantity
Paracetamol 500mg Tablets	Up to 96
Paracetamol 500mg Soluble Tablets	Up to 60
Aspirin Dispersible 300mg (if tolerated)	Up to 16
Sumatriptan 50mg Tablets (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 already be taking.
- Remember to consider body weight when advising on paracetamol dosage especially in young and elderly patients.
- First-line treatment choice (if tolerated) is aspirin dispersible 900mg, taken as a single dose
- Soluble paracetamol: should be restricted to true swallowing difficulty and be mindful of salt content.
- SIGN 107 – Diagnosis and Management of Headaches in Adults, states that Opioid analgesics should not be used routinely in the management of patients with acute migraine due to the potential for development of medication overuse headache.
NOTE – Migralve Pink contains codeine.

Pregnancy

- Migraine in pregnancy in a woman who does not have a history of migraines should be referred promptly to the GP. Similarly, increased occurrence/severity of migraines in pregnancy should be referred to GP.
- See paracetamol pregnancy guidance.

4. Pain	
Musculoskeletal Pain and Sports Injuries	Quantity
Ibuprofen Gel 5 %	Up to 50g
Diclofenac Gel 1.16%	Up to 30g

Good Practice Points

- RICE advice- rest, ice, compression and elevation.
- Ibuprofen indicated for short-term pain relief of acute injuries (less than 2 weeks). Persistent pain should be referred to the patients GP.
- Should NOT be used for long-term use in the treatment of arthritis.
- Topical analgesics should not be applied to broken skin or used under head wraps/packs.
- 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 already be taking.

5. Travel

Travel Sickness	Quantity
Hyoscine Hydrobromide 150 microgram Tablets	Up to 12
Hyoscine Hydrobromide 300 microgram Tablets	Up to 12
Cinnarizine 15mg Tablets	Up to 15

Good Practice Points

- Can be prescribed in advance of a journey if it is known that travel sickness will occur.
- Hyoscine should be taken 20 minutes before travel or at onset of nausea. Contraindicated in glaucoma.
- Cinnarizine should be taken two hours before travel or at onset of nausea.
- Advise on causing drowsiness and avoidance of alcohol.

Pregnancy

- Hyoscine – Use only if the potential benefit outweighs risk.
- Cinnarizine – Manufacturer advises avoid however, there is no evidence of teratogenicity.
- The use of sedating antihistamines in the latter part of the third trimester may cause adverse effects in neonates such as irritability, paradoxical excitability and tremor.

Note: Travel sickness medications are not licensed for the treatment of morning sickness.

6. Fungal Infections

Vaginal Candidiasis	Quantity
Clotrimazole Pessary 500mg	1
Clotrimazole 1% Cream	20g
Clotrimazole 10% Vaginal Cream	5g
Fluconazole 150mg Capsule (P Pack Only)	1

Good Practice Points

- Vaginal candidiasis should be treated with either an antifungal pessary or intravaginal cream, or a single dose of oral Fluconazole.
- The application of topical antifungal creams are not always necessary but can be used to treat vulvitis and supplement primary treatment.
- The prescribing of combination packs containing a pessary and cream can be used if clinically appropriate.
- There is no evidence that treating an asymptomatic partner of a patient with candidiasis is helpful.
- Fluconazole can be used in patients aged 16 to 60 years of age as long as there are no interactions.

Examples of Counselling Points

- Avoid strongly perfumed bath additives, soaps, shower gels etc.
- Clotrimazole preparations have a damaging effect on latex condoms and diaphragms.

When to advise patient to contact their GP

- Where patients are presenting with symptoms on the first occasion, even if patient has used a self-test.
- Where a patient has had thrush on more than 2 occasions in the last 6 months.
- Where there are signs of bacterial infection.
- Where the patients symptoms are unresponsive to treatment.
- Where the patient is diabetic.
- Where the patient is pregnant.
- Where the patient is aged over 60 years old.

Pregnancy

- Pregnant women requesting OTC antifungal treatment should not be supplied through MAS but should always be referred to their GP.

6. Fungal Infections

Athlete's Foot/Candidal Intertigo/Tinea	Quantity
Clotrimazole 1 % Cream	20g
Miconazole 2 % Cream	15g
Miconazole 0.16% Spray Powder	100g
Terbinafine Cream 1% (GSL Pack only)	7.5g
Clotrimazole 1 % and Hydrocortisone 1% Cream	15g
Miconazole 2% and Hydrocortisone 1% Ointment	15g

Good Practice Points

- Advise on the importance of good hygiene and measures to prevent re-infection. The skin must be kept dry. For example, to treat and prevent recurrence of athlete's foot wear cotton/ natural fibre socks, changing them through the day if they become damp, use anti-perspirant spray (once any lesions have healed). Choose shoes made from leather or other breathable material if possible.
- Dusting powders are ineffective in treating athlete's foot, but may be useful for preventing re-infection.
- Miconazole spray powder covers all the vulnerable areas of the feet, to help keep them free from fungal infection with regular use. It targets like a cream but dries like a powder so can be used inside shoes & socks as well as on feet. Once the fungal infection is treated, to help prevent it from reoccurring spray feet and inside shoes regularly.
- Antifungal/steroid combination products may be useful when fungal infection is accompanied by inflammation. Once the inflammation has, resolved treatment should be stepped down to a simple Clotrimazole or Miconazole cream.
- Simple Clotrimazole or Miconazole cream should be used until 14 days after the symptoms have resolved, to ensure no spores survive and to prevent re-infection.
- Terbinafine should be applied thinly and only be used in those over 16 years of age. A seven-day course of treatment should be sufficient to clear the infection and prevent recurrence.

7. Viral Infections	
Cold Sores	Quantity
Aciclovir 5% cream (P pack only)	2g

Good Practice Points

- Advise patients that cold sores resolve after 7 to 10 days without treatment. Topical antivirals will only reduce duration by 12 to 24 hours and then only if started in the prodromal phase (tingling sensation on the lips, before vesicles appear) and then applied frequently for a minimum of 4 to 5 days.
- Treatment when used should be applied five times a day for five days. Start as soon as prodromal symptoms occur. A further five days of treatment may be used if cold sore is not healed after the first treatment.

7. Viral Infections

Warts and Verrucae	Quantity
Salactol® Paint	10ml
Salatac® Gel	8g
Bazuka ®(P Pack)	5g
Occlusal	10ml

Good Practice Points

- The skin surface should be rubbed with a file or pumice stone, and the surrounding skin should be rubbed with petroleum jelly before each application. If the application becomes painful, treatment should be withheld for a few days then recommenced.

Examples of Counselling Points

- Treatment may be required for up to 3 months.

When to advise patient to contact their GP

- Where the appearance, size or colour of lesions has changed.
- Where there is bleeding or itching present.
- Where warts are in the facial or genital area.
- Where patients are immunocompromised.
- Where patients have diabetes.
- Where patients suffer from poor blood circulation to hands or feet.

8. Parasitic Infection

Threadworms	Quantity
Mebendazole Liquid 100mg/5ml – 2 years and over	30ml
Mebendazole 100mg Tablets – 2 years and over	1

Good Practice Points

- Mebendazole liquid and tabs licensed for adults and children over 24 months.
- To prevent re-infection it is important that all household members should be treated at the same time even if asymptomatic. In this case, if non-exempt household members require treatment then doses for these family members can be given via the eligible patient's MAS record – most easily achieved with the liquid preparation.
- If re-infection occurs, a second dose of mebendazole should be taken after two weeks.

Examples of Counselling Points

- Underwear should be worn in bed to prevent scratching and reduce transfer of threadworms onto bed linen.
- Fingernails should be cut short.
- Advise patients to use own towel & flannels.
- Frequent changes of towels and bedding.
- Hygiene measures need to be continued for a number of weeks after medication has been taken.

When to advise patient to contact their GP

- Where infection other than threadworm suspected.
- Where the patient has recently travelled abroad.
- Where medication has failed to resolve the problem.
- Where the patient is pregnancy.
- Where children are under 2 years old.

Pregnancy

- During pregnancy, hygiene methods alone are preferred. Mebendazole is best avoided during pregnancy.
- Threadworm infection can be treated solely by meticulous attention to hygiene for 6 weeks. The worms in the intestine will die within this time, and, if no eggs are swallowed, no new worms will replace them.

8. Parasitic Infection

Lice	Quantity
Dimeticone	Up to 150ml
Bug buster kit	1
Malathion Aqueous Liquid	Up to 200ml

Good Practice Points

- Only those with confirmed infection should be treated. Patients should be advised to follow the product instructions carefully.
- In head lice if a course of treatment (two applications, one week apart) fails, a different product should be used for the next treatment.
- Advice should be given to check other close contacts, particularly close family contacts, for the presence of live lice.
- Spotting head lice in hair can be very difficult, so it is best to try to comb them out with a detection comb. Detection combing can be carried out on dry or wet hair. Dry combing takes less time, but wet combing is more accurate because washing with conditioner stops head lice moving.
- Only treat if a live louse is found

Pregnancy

- During pregnancy, Dimeticone can be used.

8. Parasitic Infection

Scabies	Quantity
Permethrin 5% Cream	30g
Malathion 0.5% Liquid	Up to 200ml

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 fingernails.
- Treatment should be reapplied to any areas of the body, e.g. hands that are washed during the period of application.
- To prevent re-infection, it is important that all members of the affected household and all intimate contacts should be treated at the same time. In this case, if non-exempt household members require treatment then doses for these family members can be given via the eligible patient's MAS record.
- Persistent itching can continue for some weeks after treatment. Crothamiton 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.

9. Cystitis

9. Cystitis	
Cystitis	Quantity
Trimethoprim 200mg tablets (supplied under NHS Grampian PGD for women aged 16 to 65)	6

Good Practice Points

- All females under 16 years or over 65, all pregnant women, women presenting for a second time in a month and all males of any age presenting with symptoms of cystitis should be referred to their GP.
- Symptoms should last no longer than 2 – 4 days.
- Where evidence of infection is not present, discuss symptomatic relief e.g. paracetamol for pain, hot water bottle for cramps.
- Patients with cystitis should increase their fluid intake.
- Women with recurrent symptoms or symptoms suggestive of systemic disease should be referred to a GP.
- Some people find cranberry juice or using products that reduce the acidity of their urine (such as sodium bicarbonate or potassium citrate) reduce their symptoms, but there is a lack of evidence to suggest they are effective.

10. Skin

Acne	Quantity
Brevoxyl® 4% cream	50g
Acnecide® 5% gel	30g

Good Practice Points

- Topical treatments can take up to 30 days to be effective.
- Benzoyl Peroxide containing products should be used in increasing strengths regularly to the entire acne prone area.

Examples of Counselling Points

- Benzoyl Peroxide may bleach clothing.
- Avoid touching the face.
- Wash hands often.

When to advise patient to contact their GP

- Where the acne is in a child under 12 years old.
- Where the acne is severe or extensive cases.
- Where the acne is causing scarring or affecting the patient's confidence or well-being.
- Where medication has resulted in no improvement within 2 months.
- Where there is suspected drug induced acne.
- Where the patient requires long-term treatment.

10. Skin

Skin Products	Quantity
Doublebase® Cream	Up to 500g
E45® Itch Relief Cream	Up to 500g
Diprobace® Cream/Ointment	Up to 500g

Good Practice Points

- Emollients must be applied regularly.
- Emollients are more effective when applied often, at least twice daily. A lighter, more easily absorbed product may be preferred during the day and a greasier product can be used at night.
- Encouraging patients to use emollients in place of conventional hand wash, shower gel, soap, to prevent dry, irritated skin.
- It may be helpful to prescribe small tubes of emollient for use as soap substitute/ moisturiser at school/work.
- On skin with hair, products should be applied in the direction of hair growth to avoid irritating follicles.
- Using an emollient immediately before a topical corticosteroid is inappropriate practice.
- Mixing topical preparations on the skin should be avoided where possible; at least 30mins should elapse between applications of different preparations.
- Paraffin based products can be flammable.
- It may take a few attempts to find a suitable product for the patient. This is acceptable under MAS.
- If emollients are required long term, (more than two supplies of the same product on continuous occasions) then refer patient to GP for continuation of care.

10. Skin

Barrier Preparations for nappy rash	Quantity
Zinc and Castor Oil Ointment	30g
Drapolene [®] Cream	Up to 100
Sudocrem [®]	Up to 125g
Metanium [®] Nappy Rash Ointment	Up to 100g

Good Practice Points

- Use of a barrier preparation on its own as a preventative measure without any symptoms is not a minor ailment.
- Repeat supplies of barrier preparations for nappy rash should only be given twice on minor ailments.
- 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.
- Most barrier preparations when used should be applied liberally after each nappy change. However Metanium[®] is an exception to this rule and should be applied sparingly, so the texture of the skin is still visible.
- If fungal infection is suspected (red, spotty appearance), consider an antifungal preparation for example clotrimazole 1% cream.
- Zinc and castor oil ointment is best avoided in families with a history of nut allergy or atopy as it contains arachis (peanut oil).

10. Skin

Topical Antipruritics	Quantity
Calamine Cream	100g
Crotamiton 10 % Cream	30g
Crotamiton 10% Lotion	100ml
Menthol in Aqueous Cream	100g

Good Practice Points

- Emollients are useful where pruritus is associated with dry skin.
- Crotamiton should only be used in children under three on the orders of a GP.
- Acute urticaria is usually a self –limiting and if mild, treatment is often unnecessary. Oral antihistamines are useful; sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- Menthol in Aqueous Cream has a cooling effect on the skin.

10. Skin

Topical Corticosteroids	Quantity
Hydrocortisone 1% Cream/Ointment (P Pack Only)	15g
Clobetasone Butyrate 0.05% Cream (P Pack Only)	15g

Good Practice Points

- Patients under 10 years old requiring corticosteroid creams should be referred to their GP.
- Do not apply topical corticosteroids where infection is suspected.
- 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.

10. Skin

10. Skin	
Seborrhoeic Dermatitis of Scalp	Quantity
Polytar® shampoo	250ml
Ketoconazole Shampoo 2%	Up to 100ml

Good Practice Points

- Ketoconazole should be used at a maximum frequency of every 3 days and should not be used on scalp psoriasis.

11. Eyes

For Allergy eye conditions, see Section 2. Allergy

Dry Eye Conditions	Quantity
Hypromellose 0.3% Eye Drops	10ml
Polyvinyl Alcohol 1.4% Eye Drops	Up to 15ml
Viscotears [®] Eye Drops	10g
Lacrilube [®]	3.5g

Good Practice Points

- Check if patient wears contact lenses and if so ensure that the product prescribed is suitable.
- If treatment is required long term, (more than two supplies) then refer patient to GP.
- Community pharmacists may receive referrals from optometrists for patients who may be eligible for minor ailment eye problems (Optometrist to Pharmacist Minor Ailment Scheme Referral).
- Use of NHS Grampian Eye Health Network- the administration pack includes a triage form, which can be completed by pharmacists to be given to optometrist.
- Simple eye ointment is disallowed on MAS.

11. Eyes

For Allergy eye conditions, see Section 2. Allergy

Conjunctivitis – infective	Quantity
Chloramphenicol Eye Drops 0.5% POM (PGD)	Up to 2x10ml
Chloramphenicol 1% Ointment	Up to 2x4g

Good Practice Points

- Most causes of acute bacterial conjunctivitis are self-limiting. Consider washing affected eye(s) regularly with boiled and cooled water for minor problems.
- Best practice is for patient to stay away from school, work, childminder etc whilst they have a bacterial eye infection.
- If both eyes are infected, supply a separate pack of the drops or ointment for each eye.
- Patients with a suspected serious cause of 'red eye' e.g. moderate to severe eye pain, reduced and/or blurred vision should be referred by phone to an optometrist immediately when the patient will be triaged for priority of appointment.
- Contact lenses should not be worn until infection has resolved and for 24 hours after treatment is completed. Patient should follow contact lens provider's advice about cleaning/discarding lenses after an eye infection.
- Community pharmacists may receive referrals from optometrists for patients who may be eligible for minor ailment eye problems (Optometrist to Pharmacist Minor Ailment Scheme Referral).
- Use of NHS Grampian Eye Health Network- the administration pack includes a triage form, which can be completed by pharmacists to be given to or discussed with the optometrist.
- Patients presenting with styes should be advised to apply a hot compress to the eyelid.

Examples of Counselling Points

- Keep Chloramphenicol eye drops in the fridge.
- Once opened the eye drops/ointment should be discarded after 28 days.

When to advise patient to contact their optometrist

- Where patients are under 1 year old. The POM pack provided under the PGD must be used for children over 1 year old.
- Where there is a suspected foreign body in the eye or eye injury.

- Where the patient is complaining of severe eye pain, change in vision, photophobia, or their pupil looks unusual.
- Where there is no improvement after 48 hours of treatment.
- Where symptoms have worsened.
- Where the patient is pregnant or breastfeeding.

Triage Form



Px Name		Date	Time	
Address			Phone No.	
Referred by	GP	Pharmacist	Other	
Letter	Yes / No		Walk-In	Phone
Px Normal Optometrist:				
Px Symptoms/Complaint				
Eye	R	L	Both	Time/Date of onset
				Getting Worse / Same / Better
Pain	Yes (Severe / Moderate / Mild) / No		Redness	Yes / No
Has the Px had similar symptoms before, if so when and what happened?				
Action:				
Appointment made.....		Optom Informed.....		
Referred to another practice.....				
Optom Px contacted in person /phone				
Action				

Created by: EHN Board	Date created: May 2015
Review date: May 2017	For internal use only

Optometrist to Pharmacist Minor Ailment Scheme Referral



Patient Name	
Patient Date of Birth	
Diagnosis	
Date	

Please supply (dosage as per BNF unless otherwise stated)

Hypromellose 0.3% Eye Drops	
Polyvinyl Alcohol 1.4% Eye Drops	
Lacri-Lube Eye Ointment	
Simple Eye Ointment	
Viscotears Eye Drops	
Chloramphenicol 0.5% Eye Drops	
Chloramphenicol 1.0% Ointment	
Systemic Antihistamines	
Sodium Cromoglicate 2.0% eyedrops	
Otrivine-Antistin Eye Drops	

I believe this person to be eligible for MAS Yes / No / Unsure

Optometrist Signature	
Optometrist Name	
GOC Number	
Practice name	

Created by: EHN Board	Date created: May 2015
Review date: May 2017	For internal and external use

12. Ears and Mouth

Removal of Ear Wax	Quantity
Sodium Bicarbonate 5% Ear Drops	10ml
Olive Oil in a suitable container with dropper	10ml

Good Practice Points

- Earwax needs to be removed only if it causes symptoms i.e. discomfort, hearing loss.
- Advise patients not to use cotton ear-buds as they can push the wax back and aggravate the impaction.
- Some proprietary brands of drops contain organic solvents that can irritate the 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.

12. Ears and Mouth

Mild Otitis Externa	Quantity
Acetic Acid 2% Ear Spray	5ml

Good Practice Points

- Has mild antifungal and antibacterial activity, maybe useful in treatment of swimmer's ear.
- Severe cases should be referred to the patients GP.

12. Ears and Mouth

Mouth Ulcers and Oral Inflammation	Quantity
Benzydamine 0.15% Mouthwash	300ml
Benzydamine 0.15% Spray	30ml
Hydrocortisone 2.5mg muco-adhesive buccal tablet	20
Chlorhexidine 0.2% Mouthwash	300ml
Chlorhexidine 0.2% Mouthwash- Alcohol Free	300ml

Good Practice Points

- For the management of sore throats, analgesics e.g. paracetamol or ibuprofen should be considered in preference to specific sore throat products.
- Benzydamine mouthwash can be used 10 minutes before meals to relieve pain in patients suffering from mouth ulcers.
- Products containing choline salicylate are no longer recommended in patients aged under 16 years old.
- Hydrocortisone muco-adhesive buccal tablets are useful in the treatment of mouth ulcers.
- Advise patient on self care measures for mouth ulcers such as using a soft toothbrush to brush teeth, avoid hard, spicy, salty, acidic or hot food and drink until the ulcer heals.

When to advise patient to contact their GP or Dentist

- Where the duration of symptoms is longer than 3 weeks or there is frequent recurrence.
- Where there is associated weight loss.
- Where mouth ulcers becomes more painful or red.
- Where there is a suspected adverse drug reaction.
- Where the patient is on warfarin.
- Where a lesion or ulcer that is not painful, especially of longer than 3 weeks duration.

12. Ears and Mouth

Oral Thrush	Quantity
Miconazole Oral Gel 20mg/g	15g

Good Practice Points

- Miconazole oral gel is not licensed in children less than 4 months of age.
- In patients using inhaled corticosteroids, advise patient to rinse mouth with water after use of inhaler.
- Miconazole is absorbed to the extent that it interacts with warfarin enhancing the anticoagulant effect, please check and refer to GP if patient is on warfarin.

Examples of Counselling Points

- Treatment for mouth ulcers should be continued for 48 hours after the lesions have healed.
- If patient with oral thrush uses an inhaled corticosteroid, advise patient to rinse mouth after use. Check inhaler technique.
- If patient with oral thrush wears dentures, advise to leave dentures out as much as possible until infection has cleared.
- Advise patient of preventative measure for oral thrush such as rinsing mouth after meals, brushing teeth twice a day with fluoride toothpaste and flossing regularly, stopping smoking and ensuring underlying conditions, such as diabetes, are well controlled.

When to advise patients with mouth ulcers or oral thrush to contact their GP

- Where the patient is a baby is under 4 months old.
- Where the problem has duration longer than 3 weeks.
- Where there is associated weight loss.
- Where other mucous membranes are also involved/ affected.
- Where there is a rash present.

12. Ears and Mouth

Teething	Quantity
Self care measures	
Lidocaine containing gel or liquid*	Up to one pack

Examples of Counselling Points

- Gentle rubbing of the gum with a clean finger alone can sometimes help.
- Allowing the infant to bite a clean and cool object, such as chilled teething ring or a cold wet flannel.
- For children who have been weaned, the supervised use of chilled fruit or vegetables (such as bananas or cucumber) can be considered.
- Objects that can easily be broken into hard pieces should be avoided because of the risk of choking.
- Sugar –free products are preferred, as they do not promote tooth decay.
- Consider paracetamol or ibuprofen suspension for relieving the discomfort of teething symptoms in infants 3 months of age or older.
- Do not prescribe oral choline salicylate gels because of the risk of Reye’s syndrome.
- *Topical anaesthetics and complementary therapies (such as herbal teething powder) are not recommended. Explain that there is no good evidence to support their use. However, if parents decide to use these treatments, advise them to follow the manufacturers’ dosage recommendations. <https://cks.nice.org.uk/teething#!topicsummary>
- Severe adverse effects have been reported following inappropriate use of local anaesthetics.

13. Dressings

Dressings	Quantity
Absorbent, perforated plastic film faced dressing	1
Absorbent, perforated dressing, with border	1
Permeable non-woven adhesive tape 1.25cm or 2.5cm	1x5m
Elasticated Tubular Bandage BP size B to G	Up to 1m

Appendix 1: Minor Ailments Service Formulary Product Request Form

MAS FORMULARY PRODUCT REQUEST FORM – MINOR AILMENTS SERVICE FORMULARY (MASFG1)

In accordance with the procedure agreed between the MAS 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:

Pharmacy and Medicines Directorate, Westholme, Woodend Hospital, Aberdeen AB15 6LS at nhsg.pmu@nhs.net

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
1a Name of Product 1b Brand Name 1c Manufacturer		2. Formulation(s) tablets etc 3. Strength(s) and pack size(s)
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 product replacing a product already on the formulary list? 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	
PLEASE DO NOT WRITE IN THIS SECTION. FOR FORMULARY PHARMACIST USE ONLY.		
Consultation: Pharmacy Champions Pharmacist Date	Pharmacy & Medicines Directorate	HSCP
Brief summary of comments – place in Minor Ailments Service Formulary		
Recommendation of formulary pharmacist		
1. Recommended for formulary inclusion 2. Not recommended for formulary inclusion 3. Further consideration required		

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[Mebeverine 135mg Tablets.....11](#)

[Menthol in Aqueous Cream.....37](#)

[Metanium® Nappy Rash Ointment.....36](#)

[Miconazole 0.16% Spray Powder.....27](#)

[Miconazole 2% Cream & Hydrocortisone 1% Ointment.....27](#)

[Miconazole 2% Cream.....27](#)

[Miconazole Oral Gel.....48](#)

O

[Occlusal.....29](#)

[Olive Oil.....45](#)

[Oral Rehydration Salt Sachets.....14](#)

P

[Paracetamol 500mg Tablets.....21&23](#)

[Paracetamol SF 120mg/5ml Suspension.....21](#)

[Paracetamol SF 250mg/5ml Suspension.....21](#)

Paracetamol Soluble Tablets 500mg.....	21&23
Peppermint Oil Capsules.....	11
Peptac® Liquid.....	8
Permeable non-woven adhesive tape 1.25cm or 2.5cm.....	50
Permethrin 5% Cream.....	32
Pholcodine Linctus 5mg/5ml.....	19
Polytar.....	39
Polyvinyl Alcohol 1.4% Eye Drops.....	40

R

Ranitidine 75mg Tablets.....	8
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S

Salactol® Gel.....	29
Salactol® Paint.....	29
Senna Syrup 7.5mg/5ml.....	12
Senna Tablets.....	12
Simple Linctus (SF).....	19
Simple Linctus Paediatric (SF).....	19
Sodium Bicarbonate 5% Ear Drops.....	45
Sodium Chloride 0.9% Nasal Drops.....	20
Sodium Cromoglicate 2% Eye Drops.....	18
Sterimar® Spray.....	20
Sudocrem®.....	36
Sumatriptan 50mg Tablets.....	23

T

[Terbinafine Cream 1%.....27](#)

[Trimethoprim 200mg Tablets.....33](#)

V

[Viscotears® Eye Drops.....40](#)

X

[Xylometazoline 0.05% Nasal Drops.....20](#)

[Xylometazoline 1% Nasal Drops.....20](#)

Z

[Zinc & Castor Oil Ointment.....36](#)