

Community Pharmacy Minor Ailments Service Formulary

7th edition

August 2016

Approved by Formulary Subgroup of
NHS Highland Area Drug and Therapeutics Committee

e-version available:

- **NHS Highland Intranet:**
<http://intranet.nhsh.scot.nhs.uk/Clinical/Formulary/Formularies/Minor%20Ailments%20Service%20Formulary/Minor%20Ailments%20Service%20Formulary.pdf>
- **NHS Highland website:**
<http://www.nhshighland.scot.nhs.uk/publications/documents/leaflets/minor%20ailments%20service%20formulary.pdf>
- **NHS Scotland Community Pharmacy website:**
http://www.communitypharmacy.scot.nhs.uk/local_formularies.html
- available under Other Documents tab on Highland Formulary App for iPhone/iPad.

NHS Highland statement of guiding principles for prescribing

1. Prescribing should be based on safety, efficacy and cost-effectiveness.
2. Medicines should be prescribed only when they are necessary and, in all cases, the benefit of administering the medicine should be considered in relation to the risk involved.
3. The Highland Formulary should constitute the core of all prescribing. It is based upon current evidence, national guidance, local expertise and patient acceptability.
4. Cost-effectiveness matters. As a guiding principle, the most cost-effective medication should be prescribed for a patient. Specifically, prescribers should not prescribe drugs, medicines or appliances whose cost or quantity, in relation to any patient, is in excess of that which is reasonably necessary for the proper treatment of that patient. Such prescribing denies resource for other essential services.
5. The 'approved' (non-proprietary or generic) name of a medicine should be used unless there are important differences in formulation and/or bioavailability. Where a generic product is not considered suitable and it is desirable to recommend a particular brand of a drug, this is specified in the Highland Formulary.
6. Prescribers should always prescribe within their clinical competency.
7. When prescribing, clinicians must avoid making assumptions about people with protected characteristics eg gender, age, black and ethnic minority people, and must be alert to any specific considerations required.

Unnecessary or cost-ineffective prescribing cannot be justified:

- unnecessary prescribing exposes patients to risk without benefit
- cost-ineffective prescribing deprives patients in need of new, effective but expensive medicines with the potential to extend life and/or improve quality of life.

If you require a copy of the NHS Highland Community Pharmacy Minor Ailments Service Formulary in large print or other format, please contact the Formulary Assistant on 01463 706806 or email nhshighland.highlandformulary@nhs.net

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Introduction - how to use this Formulary

The Minor Ailments Service (MAS) is one of the four core pharmaceutical care services in the Community Pharmacy contract. It supports the provision of direct pharmaceutical care on the NHS by Community Pharmacy, to patients presenting with common clinical conditions and, in particular, aims to:

- improve access to consultations, advice and medicines for common illnesses
- promote care through the Community Pharmacy setting by encouraging the use of Community Pharmacists as the first port of call for consultation and treatment
- transfer care from GPs and Nurses to pharmacists where appropriate
- help address health inequalities
- assist in managing the time demands on GPs and Nurses in primary care.

Which patients are eligible?

The following patients are eligible for this service if they are registered with a GP in Scotland and are not resident in a Care Home:

- people aged 60 years or over
- those under 16 years of age
- 16-18 year olds in full time education
- those with medical, maternity or war pension exemption certificates
- those with income-related exemptions and others as defined in [PCA \(P\)\(2016\) 12](#).

Which medicines are included?

The following groups of medicines from the British National Formulary can be provided:

- pharmacy medicines (P) and general sales list medicines (GSL)
- selected items from Part 3 of the Scottish Drug Tariff.

All of the medicines listed in this 7th edition of the NHS Highland MAS Formulary are GSL or P or are included in Part 3 of the Scottish Drug Tariff, and their use is endorsed within the Highland Formulary. Appropriate amounts to prescribe are suggested.

Some prescription-only medicines (POMs) may be provided using NHS Highland Patient Group Directions (PGDs) to enable the provision of the more cost-effective POM versions of chloramphenicol eye drops 0.5% and fluconazole 150mg capsules under the MAS. These PGDs have been distributed to all Community Pharmacies in NHS Highland and can also be accessed on the NHS Highland [Intranet](#).

The NHS Highland MAS Formulary recommends treatments for the conditions listed and we would ask you to consider these as first choice, however we support your right to use your professional judgement to determine what is clinically most appropriate for your patients and recognise your responsibility for that decision. If you decide that prescribing outwith the NHS Highland MAS Formulary is necessary and justifiable, then you may wish to refer to [Part 7B](#) of the [Scottish Drug Tariff](#) and the Community Pharmacy Scotland Formulary at www.communitypharmacyscotland.org.uk.

Supplies made as part of the MAS will be monitored by NHS Highland to assess levels of compliance with this Formulary. Data from this monitoring will be provided to contractors regularly and to the Formulary Subgroup of the NHS Highland Area Drug and Therapeutics Committee which manages the Highland Formulary.

Which medicines are excluded?

The following items are **excluded** from the MAS Formulary:

- POMs (other than chloramphenicol eye drops 0.5% and fluconazole 150mg capsules as described above)
- nicotine replacement therapy (part of the Public Health Service)
- emergency hormonal contraception (part of the Public Health Service)
- black-listed products
- Healthy Start vitamins.

How to access the Highland Formulary

You will be able to use this brief Formulary most effectively if you do so in conjunction with the Highland Formulary. To access the Highland Formulary go to the NHS Highland Community Pharmacy website page at the address above or search under 'Formulary' on the NHS Highland Intranet at <http://intranet.nhsh.scot.nhs.uk/> or website at <http://www.nhshighland.scot.nhs.uk/>. Alternatively you may wish to use the Highland Formulary App for iPhone/iPad.

The Highland Formulary contains a wealth of local clinical opinion and treatment guidance and can be used to promote consistent care to patients regardless of where they present for treatment.

You may also wish to refer to the NHS Education for Scotland resource 'Common clinical conditions and minor ailments', available at <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/common-clinical-conditions/common-clinical-conditions-and-minor-ailments.aspx>

We are confident that the medicines in this Formulary will meet the needs of the majority of patients under the MAS and we would be pleased to receive any comments that you might wish to make; comments may be general, there may be conditions that you feel that this Formulary should be extended to include, or you may wish to request that alternative or new medicines are added.

Comments on this Formulary can be made to:

Formulary Pharmacist
tel: 01463 706828
email: nhshighland.highlandformulary@nhs.net

Formulary changes to 7th edition – August 2016

Additions

Section 4: Nitty Gritty NitFree Steel nit comb

Longer-lasting alternative comb

Deletions

Section 6: Sno Tears[®] eye drops

Unavailable

Section 6 Isopto Alkaline (hypromellose 1%) eye drops

Alternative included

Section 6 Carbomer 980 eye drops 0.2%

Alternative included

Acknowledgements

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Section 1 Gastro-intestinal

Indigestion, including dyspepsia & gastro-oesophageal reflux disease Pack size	
Mucogel[®] (Co-magaldrox SF) 195/220 suspension	500mL
Peptac [®] suspension (peppermint or aniseed flavoured)	500mL
Gaviscon [®] Advance chewable tablets	60
Ranitidine tablets 75mg	6 or 12

Good practice points

- Alarm symptoms that warrant referral to a GP include: black faeces due to blood in stools or vomiting blood; difficulty swallowing; persistent vomiting; unintentional weight loss; symptoms of anaemia; recent onset of progressive symptoms; pain in chest accompanied by pain in arm and or jaw or breathlessness.
- Provide lifestyle advice including smoking cessation, weight loss and diet (eg caffeine, trigger foods eg fatty or spicy food, alcohol, raising the head of the bed by 10 to 20cm).
- Liquids are more effective than tablets.
- Ranitidine should only be used short-term or 'as required' for minor ailments. If problems persist refer the patient to their GP.
- For further information see [Highland Formulary](#) Chapter 1 guidance 'Indigestion' and 'Reflux'.

Infant colic

Good practice points

- It is helpful to reassure parents that their baby is healthy, not rejecting them and that colic is common and will usually pass within a few months. Offer parents the 'Information for the management of colic' leaflet in Appendix 1 (also on [Intranet](#)).
- Alarm symptoms that warrant referral to a GP include: persistent vomiting, pallor or fever accompanying colic, or failure to thrive which may be assessed by examining the general appearance, alertness and responsiveness of the baby.
- There is no evidence that simeticone (Infacol[®]) is effective for infantile colic, but it is unlikely to be harmful.
- There is no evidence for the use of lactase drops (Colief[®]) and these should be avoided unless recommended by the GP for diagnosed persistent lactose intolerance.

Irritable bowel	Pack size
Mebeverine tablets 135mg	15

Good practice points

- For first-time symptoms refer to GP for a diagnosis.
- Patients with moderate to severe disease, or with symptoms suggestive of underlying disease should be referred to their GP, eg blood in stools, unexplained weight loss, major change in bowel habit especially in middle age or elderly, anaemia-like symptoms.
- Advise to take 20 minutes before meals.
- Provide lifestyle advice including stress avoidance, food triggers, exercise and smoking cessation.

Diarrhoea	Pack size
Loperamide capsules 2mg	10
Oral rehydration salts, powder sachets	6

Good practice points

- The priority in acute diarrhoea, as in gastro-enteritis, is the prevention or reversal of fluid and electrolyte depletion. This is particularly important in infants and in frail and elderly patients.
- Severe dehydration requires immediate admission to hospital and urgent replacement of fluid and electrolytes.

Section 1 Gastro-intestinal (continued)

- Alarm symptoms that warrant referral to a GP include: persistent vomiting; GI bleed (black faeces or vomiting blood); alternating diarrhoea with constipation; drowsiness or confusion, and symptoms of moderate to severe dehydration; patient recently been abroad particularly if has high fever.
- Review medicines for those which should be stopped during vomiting/diarrhoea/fever, ie ACE inhibitors, angiotensin-II receptor antagonists, NSAIDs, diuretics, metformin.
- Try and eat a light diet of easy to digest foods, eg soup, rice, pasta, bread, rather than starving to speed the recovery.
- Babies should continue to get their normal feed.
- Consult a GP if symptoms continue for more than 24 hours after taking loperamide.

Constipation: osmotic / bulk forming / stimulant laxatives	Pack size
Macrogol oral powder compound sachets 13.125grams/sachet (Laxido®)	20 or 30
Ispaghula husk 3.5g/sachet	30
Senna tablets 7.5mg	20
Senna syrup 7.5mg/5mL	150mL
Docusate sodium capsules 100mg	30
Docusate sodium solution 50mg/5mL	300mL
Lactulose solution 3.1 to 3.7g/5mL	300mL
Glycerol suppositories 2g, 4g	12

Good practice points

- For constipation in children, lactulose is a common first choice, especially in infants; refer to guidance for parents, available at: <http://guidelines.nhshighland.scot.nhs.uk/Paediatric/Constipation/Chronic%20Constipation%20in%20Childhood%20Leaflet.pdf>.
- In adults, alarm symptoms that warrant referral to the GP include: new or worsening constipation without explanation; alternating constipation with diarrhoea; blood in the stools (unless haemorrhoids suspected); nausea and vomiting, and unintentional weight loss.
- In adults laxatives should generally be avoided except where straining will exacerbate a condition such as angina or where constipation is drug-induced. Advise on improved fluid intake, diet and exercise. Macrogol is a common first choice laxative.
- Provide lifestyle advice including increasing fruit and vegetable intake, wholegrain foods, drinking plenty of fluids and increasing exercise.
- Advise that a change in diet and/or the use of a laxative requires time to work.

Haemorrhoids: soothing preparations	Pack size
Anusol® cream	23g
Anusol® ointment	25g
Anusol® suppositories	12
Haemorrhoids: compound preparations with corticosteroids	Pack size
Anusol Plus HC® ointment	15g
Anusol Plus HC® suppositories	12

Good practice points

- Alarm symptoms that may require referral to a GP include: haemorrhoids in children, blood in the stool or excessive bleeding causing the patient to worry, especially when accompanied by unintentional weight loss or change in bowel habit.
- Advise avoidance of straining by improving fluid and fibre intake, and maintenance of good toilet hygiene.
- Anusol Plus HC preparations are suitable for occasional short-term use, no longer than 7 days. They should not be used in pregnancy.

Section 2 Respiratory

Hayfever: Antihistamines, non-sedating	Pack size
Cetirizine tablets 10mg	30
Cetirizine oral solution SF 5mg/5mL	200mL
Loratadine tablets 10mg	30

Good practice points

- *Non-sedating antihistamines are unlikely to cause drowsiness in most individuals however advise patients that drowsiness can occur which may affect the performance of skilled tasks, eg driving.*
- *Provide advice to help manage symptoms, eg allergen avoidance (not always practical).*
- *There is no need to refer patients to their GP for ongoing treatment, this can be continued under MAS for the duration of the hayfever season.*
- *Oral antihistamines are also useful for treating urticarial rashes, pruritus and insect bites and stings; refer to guidance on pruritus and urticaria in Chapter 13 of [Highland Formulary](#).*

Hayfever: Antihistamines, sedating	Pack size
Chlorphenamine tablets 4mg	28
Chlorphenamine SF* oral solution 2mg/5mL	150mL

Good practice points

- *Drowsiness may affect performance of skilled tasks (eg driving) and the sedating effects are enhanced by alcohol.*
- *Refer patients suffering from wheezing, shortness of breath or a tight chest to a GP.*
- *There is no need to refer patients to their GP for ongoing treatment, this can be continued under MAS for the duration of the hayfever season.*
- *Chickenpox: chlorphenamine is useful for the symptomatic relief of itch, also suggest application of a bland moisturiser such as Diprobase cream (section 5).
Oral antihistamines are also useful for treating urticarial rashes, pruritus and insect bites and stings; refer to guidance on pruritus and urticaria in Chapter 13 of [Highland Formulary](#).*

* SF preferred if available

Hayfever: Allergic conjunctivitis	Pack size
Sodium cromoglicate eye drops 2% (various brands)	5mL or 10mL

Good practice points

- *Alarm symptoms: patients with suspected serious causes of 'red eye' should be referred to an Optometrist immediately, eg moderate to severe eye pain, reduced/blurred vision, sensitive to light.*
- *Advise patients that sodium cromoglicate eye drops usually take several days to take effect and instant relief should not be expected.*

Hayfever: Allergic rhinitis	Pack size
Beclometasone nasal spray 50 microgram/spray	100 or 180 doses

Good practice points

- *Beclometasone should only be prescribed for anyone aged 18 years or over.*
- *Advise patients that beclometasone nasal spray usually takes several days to take effect and instant relief should not be expected it should however be used every day for maximum benefit.*
- *Advise once symptoms controlled to reduce to the minimum dose at which effective control of symptoms is maintained.*

Section 2 Respiratory (continued)

Cough preparations

Good practice points

- *Alarm symptoms: for persistent cough lasting 4 to 6 weeks, accompanying shortness of breath, severe pain on breathing in, wheezing, fever or weight loss establish the underlying cause; refer to the GP.*
- *There is little evidence to support the use of cough suppressants.*
- *Use of cough preparations and analgesics containing opiates is discouraged because the respiratory depressant effect of opiates can be dangerous, particularly in COPD.*
- *If a dry cough, check for recent new medication eg ACE inhibitor.*
- *Steam inhalation can help liquefy mucus present in a chesty productive cough.*

Nasal congestion	Pack size
Xylometazoline nasal spray 0.1%	10mL
Xylometazoline paediatric nasal drops 0.05%	10mL
Sodium chloride nasal drops 0.9%	10mL

Good practice points

- *Systemic nasal decongestants are **not recommended**.*
- *Topical nasal decongestants often cause rebound nasal congestion; advise use in adults for no longer than 7 days.*
- *In children aged 6 to 12 years the xylometazoline paediatric nasal drops may be used for a maximum duration of 5 days.*
- *Sodium chloride 0.9% as nasal drops may relieve nasal congestion by helping to liquefy nasal secretions and may be useful for infants.*

Section 3 Central nervous system

Pain: Analgesic, non-opioid	Pack size
Paracetamol tablets 500mg	32
Paracetamol SF suspension 120mg/5mL	100mL/200mL
Paracetamol SF suspension 250mg/5mL	100mL/200mL

Good practice points

- **Adults** with low body weight (less than 50kg), renal/hepatic impairment, chronic malnourishment, or chronic alcoholism: advise paracetamol dose reduction to 15mg/kg/dose up to four times daily (to a maximum of 3 grams/day).
- **Children:** advise paracetamol dose as per BNF for Children; refer to <https://www.medicinescomplete.com/mc/bnfc/current/PHP2632-paracetamol.htm>

Pain: Non-steroidal anti-inflammatory drugs	Pack size
Ibuprofen tablets 200mg	24
Ibuprofen tablets 400mg	24
Ibuprofen SF suspension 100mg/5mL	100mL
Ibuprofen topical gel 5%	50g

Good practice point

- Consider [BNF](#) contra-indications, cautions, concomitant use of medications known to increase the risk of GI bleeds, acute kidney injury and other drug interactions.

Travel sickness	Pack size
Hyoscine hydrobromide tablets/chewable tablets 150 micrograms	12
Hyoscine hydrobromide tablets 300 micrograms	12
Promethazine tablets 25mg	10
Promethazine elixir 5mg/5mL	100mL
Cinnarizine tablets 15mg	15

Good practice points

- Hyoscine is the most effective drug for travel sickness but is generally less well tolerated (antimuscarinic side-effects) than the sedating antihistamines. Advise to take up to 30 minutes before start of journey.
- Promethazine is useful if a sedative effect is desired. Advise to take 2 hours before travel.
- Cinnarizine is slightly less sedative than promethazine. Advise to take 2 hours before travel.

Migraine	Pack size
Sumatriptan tablets 50mg	2

Good practice point

- Only use where clear diagnosis of migraine; refer to [RPS Practice Guidance:OTC Sumatriptan](#).

Section 4 Infections

Fungal infection: vaginal candidiasis	Pack size
Clotrimazole vaginal tablet 500mg	1
Clotrimazole pessary 100mg	
Clotrimazole vaginal cream 10%	5g
Fluconazole capsules 150mg*	1
Clotrimazole cream 1%	20g

*A [PGD](#) is available for supply of the cost-effective POM pack.

Good practice points

- First-line treatment of vaginal candidiasis is clotrimazole pessary or intravaginal clotrimazole cream 10% inserted high into the vagina, alternatively consider a single dose of oral fluconazole.
- If thrush is recurrent the partner may need to be treated.
- Refer patients as per [PGD](#) including first-time sufferers, pregnant or breastfeeding, more than two attacks in last 6 months or not between 16 to 60 years
- Topical clotrimazole cream 1% is not always necessary but can be used to treat vulvitis and supplement the primary treatment.
- Consider advising that **clotrimazole preparations may damage latex condoms and diaphragms.**

Fungal infection: localised skin and mild nail infection	Pack size
Clotrimazole cream 1%	20g
Terbinafine cream 1%	7.5g
Miconazole nitrate spray powder 0.16%	100g
Amorolfine nail lacquer 5%	3mL

Good practice points

- Most localised fungal skin infections can be effectively treated with topical preparations.
- To prevent relapse, advise local antifungal skin treatment is continued for 1 to 2 weeks after the disappearance of all signs of infection.
- For fungal infection between the toes, miconazole spray powder may be easier to apply and more effective.
- For mild nail infection* in up to 2 nails topical amorolfine may be effective and avoid the need for GP referral and use of oral terbinafine with its severe side-effect profile; reinforce the importance of applying topical amorolfine as directed. Refer to [RPS Amorolfine quick reference guide](#). Duration of treatment varies, fingernails usually take 6 months and toenails 9 to 12 months so advise patients to return for ongoing review and supply.

*Refer patients with diabetes to Podiatrist/GP.

Viral infection: warts and verrucae	Pack size
Bazuka [®] gel 12%, 26%	5g

Good practice points

- Advise that warts may regress on their own and treatment is required only if the warts are painful, unsightly, persistent or cause distress.
- Initially use the 12% preparation, but increase to 26% if there is no improvement after the first pack is finished.
- Advise nightly application to wart and gentle rubbing of the wart surface with a file or pumice stone once weekly, also advise that treatment may need to be continued for up to 3 months.

- Advise user to apply carefully to wart and to protect surrounding skin, eg with soft paraffin or specially designed plaster.

Section 4 Infections (continued)

Viral infection: cold sores

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.

Threadworms	Pack size
(Ovex [®]) Mebendazole chewable tablets 100mg	1 or 4
(Ovex [®]) Mebendazole suspension 100mg/5mL	30mL

Good practice points

- Threadworm infestations can be managed by rigid domestic hygiene alone, however if necessary treat, including all household members at the same time, even if they have no symptoms, to prevent reinfection.
- Reduce risk of reinfection with good hygiene measures including hand washing after toilet and before eating and good nail care.
- Mebendazole is unsuitable for children under 2 years of age and pregnant women; advise rigid hygiene measures (<http://www.patient.co.uk/health/Threadworms.htm>). Children aged 6 months to 2 years may be referred to the GP if necessary for consideration of off-label prescription of mebendazole – see [BNF for Children](#).
- If reinfection occurs, a second dose of mebendazole may be needed after 2 weeks.
- Prescribe as Ovex[®] brand to ensure MAS payment for the P pack.

Headlice	Pack size
Dimeticone lotion 4%	50mL/150mL
Malathion aqueous liquid 0.5%	50mL/200mL
Nitcomb	1
Nitty Gritty NitFree (Steel nit comb with microgrooved teeth)	1
Bug Buster Kit	1

Good practice points

- See NHS Highland [policy](#) and [leaflet](#) on head lice treatment on Intranet (search for 'head lice').
- Dimeticone is a non-insecticide preparation available for head lice treatment. A repeat application is needed after 7 days.
- Never use insecticides as a preventative measure for head lice, as this promotes resistance. They should only be used when living lice have been found on the head. A second treatment is always needed after 7 days to kill lice emerging from surviving eggs.

Scabies	Pack size
Permethrin dermal cream 5%	30g
Malathion aqueous liquid 0.5%	200mL

Good practice points

- See NHS Highland [guidance](#) and [leaflet](#) on scabies treatment on Intranet (search for 'scabies').

- *A second treatment is always needed after 7 days. Treat all members of the household and close contacts simultaneously, once only. Refer children under 2 years old to the GP.*
- *Counsel patient that persistent itching can continue for some weeks after treatment.*
- *Crotamiton cream (section 5) may be useful for treatment of the persistent itch of scabies.*

Section 5 Skin

Acne: topical preparations	Pack size
Benzoyl peroxide aqueous gel 5% (<i>Acnecide</i> ®), 10% (<i>PanOxyl</i> ® Aquagel)	30g, 40g

Good practice points

- Severe/extensive cases of acne should be referred to the GP.
- For mild acne, advise patients to introduce benzoyl peroxide gel gradually, starting once daily, increasing to twice daily. Emphasise that there must be some skin peeling if treatment is going to work, if problematic reduce the frequency of application to alternate days.
- For further information refer to Highland Formulary Skin guideline 'Management of Acne'.

Eczema/Allergy: emollients	Pack size
<i>Diprobase</i> ® cream	50g/500g
<i>Epaderm</i> ® ointment	125g/500g
<i>Hydromol</i> ® ointment	125g/500g
<i>Diprobase</i> ® ointment	50g/500g
<i>Doublebase</i> ® gel	100g/500g
Liquid and white soft paraffin ointment 50/50	250g
Yellow soft paraffin	500g

Good practice points

- Use emollients regularly and apply in the direction of hair growth.
- When applying along with a topical corticosteroid, it does not matter which agent is applied first, although ideally there should be a 15 to 30 minute gap between the 2 applications.
- In general ointment preparations are preferable for dry, scaly conditions, cream for moist areas and when their cooling effect is helpful, and gels/lotions for the scalp.
- For further information refer to [Highland Formulary](#) guidelines 'Use of emollients', 'Management of eczema/dermatitis' and 'Management of pruritus' at the end of Chapter 13 Skin.
- Itch: application of a bland moisturiser such as *Diprobase* cream is useful for the symptomatic relief of itch from chickenpox etc (see also Section 2 for use of chlorphenamine).
- See section 2 for oral antihistamines to treat urticarial rashes, pruritus, insect bites and stings.

Eczema/Allergy: emollient bath additives/shower gels	Pack size
<i>Oilatum</i> ® emollient bath additive	250mL/500mL
<i>Oilatum</i> ® Junior bath additive (fragrance-free)	250mL
<i>Balneum</i> ® bath oil	200mL/500mL
<i>Emulsiderm</i> ® liquid emulsion	300mL
<i>Dermol</i> ® 200 shower emollient	200mL

Good practice points

- *Oilatum*® Junior bath additive may be used for the treatment of dry skin in term infants. Add ½ to 2 capfuls to a basin of water, apply gently over entire body with a sponge and then pat dry.
- *Balneum*® bath oil is the preferred choice for older people as it is less slippery.
- For minor skin infections *Emulsiderm*® is the first choice; it permits the rehydration of the skin keratin by replacing lost lipids and its antiseptic properties assist in overcoming minor skin infection including impetigo. It is best added to bath water and applied to scaly/broken areas, lesions and flexural staphylococcal carrier sites, after bathing/showering and before drying. Advise patients on personal hygiene measures to avoid transmission of infection and to consult their GP if the infection worsens despite treatment or if there is no response within 5 days.

Section 5 Skin (continued)

Eczema/Allergy: topical corticosteroids	Pack size
Hydrocortisone cream 1%	15g

Good practice points

- Apply topical corticosteroids thinly, in the direction of hair growth, to the affected area for a maximum of 7 days.
- Corticosteroids should be applied maximum of twice daily.
- When applying along with an emollient, it does not matter which agent is applied first, although ideally there should be a 15 to 30 minute gap between the 2 applications.
- For further information refer to Highland Formulary guideline '[Use of topical corticosteroids](#)' at end of Chapter 13 Skin.
- Referral to the GP is recommended for children under 10 years of age, for pregnant women, or for application to the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).

Pruritus: creams	Pack size
Diprobase[®] cream	50g/500g
Menthol 1% in aqueous cream (Arjun [®])	100g
Crotamiton cream 10%	30g

Good practice points

- Look carefully for the burrows of scabies; refer to Section 4 Infection.
- Avoid hot baths and showers and keep the environment cool.
- If the skin is dry apply liberal quantities of Diprobase cream; it may also help even when the skin does not feel dry.
- Diprobase cream is useful for the symptomatic relief of itch from chickenpox.
- Menthol 1% in aqueous cream is a useful alternative topical antipruritic; prescribe as Arjun[®] brand to ensure payment under MAS.
- Crotamiton cream is useful for treatment of the persistent itch of scabies.
- Oral antihistamines (section 2) are also useful for treating pruritus.
- For further information refer to guidance on pruritus in Chapter 13 of [Highland Formulary](#).

Nappy rash: barrier preparations	Pack size
Conotrane [®] cream	100g/500g
Sudocrem [®] cream	60g/125g

Good practice points

- For nappy rash, advise parents to change nappies frequently and let the child spend as much time as possible without the nappy on.
- Barrier preparations should be applied after each nappy change.
- An antifungal preparation, eg clotrimazole 1% cream, should be used if a fungal infection is suspected; refer to section 4.
- Nappy rash can be caused by an allergic reaction to the chemicals in washing powders, especially biological ones – consider if fabric nappies are used.
- Also refer to Highland Formulary guideline '[Incontinence dermatitis](#)' in Chapter 13 Skin.

Section 5 Skin (continued)

Dandruff: shampoos and scalp preparations	Pack size
<i>Alphosyl 2 in 1</i> [®] (coal tar extract 5%) shampoo	250mL
<i>Capasal</i> [®] shampoo	250mL
Ketoconazole shampoo 2%	60mL/100ml

Good practice points

- *Ketoconazole should be used at a maximum frequency of every 3 days.*
- *For further information refer to Highland Formulary Chapter 13 Skin guideline '[Management of psoriasis](#)'.*

Section 6 Eyes

(also see Section 2 for sodium cromoglicate eye drops)

Conjunctivitis	Pack size
Chloramphenicol eye drops 0.5%*	10mL
Chloramphenicol eye ointment 1%	4g

*A [PGD](#) is available for supply of the cost-effective POM pack.

Good practice points

- If asked to treat cases of conjunctivitis in patients aged 2 years and over recommend simple eye cleansing measures (eg bathe/clean the eyelids with cotton wool dipped in boiled, cooled water to remove crusting) in preference to chloramphenicol which has been shown to be little better than placebo (two-thirds of cases resolve within 5 days without antibacterial treatment). If there is no improvement after a few days consider a trial of chloramphenicol. Viral conjunctivitis is common and is self-limiting but may take several days to weeks to resolve.
- Chloramphenicol is indicated for the topical treatment of acute bacterial conjunctivitis in adults, the elderly and children aged 2 years and over, one drop into the infected eye every 2 hours for the first 48 hours and then every 4 hours for 3 days. Refer to [RPS Chloramphenicol quick reference guide](#).
- Patients who present with photophobia, pain in the eye or suspected foreign object in the eye, or visual disturbances should be referred to an Optometrist.
- Advise that condition is contagious (do not share towels, etc. If both eyes are infected provide two bottles, individually labelled for each eye).
- Contact lenses should not be worn until symptoms have resolved and for 24 hours after treatment has been completed. Rigid gas permeable (RGP) lenses should be disinfected/cleaned with appropriate contact lens cleaning product and soft lenses should be disposed of and new lenses started once condition has resolved and 24 hours after treatment has been completed.
- Advise patients that eye ointment can cause temporary visual disturbance.

Allergic conjunctivitis	Pack size
Sodium cromoglicate eye drops 2% (various brands)	5mL or 10mL

Good practice points

- Alarm symptoms: patients with suspected serious causes of 'red eye' should be referred to an Optometrist immediately, eg moderate to severe eye pain, reduced/blurred vision, photophobia.
- Advise patients that sodium cromoglicate eye drops usually take several days to take effect and instant relief should not be expected but thereafter the drops should be used every day.
- Do not use while wearing soft contact lenses.

Tear deficiency, ocular lubricants and astringents	Pack size
<i>Isopto Plain</i> [®] eye drops (hypromellose 0.5%)	10mL
<i>Celluvisc</i> [®] 1% single use eye drops (preservative-free) (carmellose 1%)	30x0.4mL
<i>Lacri-Lube</i> [®] eye ointment (preservative-free) (liquid paraffin)	3.5g

Good practice points

- Refer patients with severe dry eye or persistent symptoms to their GP.
- Start with liquid drops, which interfere least with vision; ointment lasts longer and blurs vision more but may be useful particularly overnight. Frequency of drops should be guided by symptoms, generally a minimum of three times daily.
- For further information on the treatment of dry eye, refer to local '[Dry eye syndrome](#)' guidance
- Dry eyes may be caused by medication, eg antimuscarinics.

Section 7 Ears

Removal of ear wax	Pack size
Olive oil ear drops	10mL
Sodium bicarbonate ear drops 5%	10mL

Good practice points

- Allow to warm to room temperature before use.
- Advise patients to lie with the affected ear uppermost for 5 to 10 minutes after a generous amount of the softening remedy has been introduced into the ear. Twice daily administration for a few days may be required.
- Advise against using cotton buds as this can push the wax further into the ear and cause damage to the eardrum.

Section 8 Oral health

Oral ulceration and inflammation	Pack size
Benzydamine oral rinse 0.15%	200mL
Benzydamine spray 0.15%	30mL
Chlorhexidine mouthwash 0.2%	300mL
Hydrocortisone muco-adhesive buccal tablets 2.5mg	20

Good practice points

- Alarm symptoms: an unexplained mouth ulcer lasting for 3 weeks or more should be referred urgently to a GP to exclude oral cancer.
- Chlorhexidine mouthwash causes a reversible brown staining of the teeth and may be incompatible with some toothpastes; advise patients to leave at least 30 minutes between using mouthwash and toothpaste.
- Continue to use chlorhexidine mouthwash for 48 hours after symptoms have resolved.

Teething

Good practice points

- Refer to <http://cks.nice.org.uk/teething#!topicsummary>.
- Initial management consists of reassurance and advice on self-care measures, such as gentle rubbing of the gum and allowing the child to bite on a clean and cool object.
- Paracetamol or ibuprofen suspension can be considered for infants 3 months of age or older – see section 3.
- Treatments **not** recommended include choline salicylate gels, topical anaesthetics, and complementary therapies such as herbal teething powder.

Oral thrush

Good practice points

- Because miconazole is absorbed to the extent that it interacts with warfarin enhancing the anticoagulant effect, miconazole oral gel has been removed from the MAS formulary for patient safety reasons to prevent inadvertent use in patients on warfarin.
- Refer to GP for the supply of nystatin oral suspension.
- Patient information leaflets for oral thrush in [adults](#) and babies are available at www.patient.co.uk.

Section 9 Vitamins

Prevention of neural tube defects	Pack size
Folic acid tablets 400 micrograms	90

Good practice points

- *Folic acid at a dose of 400 micrograms daily is taken to prevent the first occurrence of neural tube defects. It should be started as soon as pregnancy is planned or confirmed and continued until week 12 of pregnancy.*
- *Advise women wishing to become pregnant who have a BMI of 30kg/m² or greater, have coeliac disease or diabetes or if taking antiepileptic medicines to consult their GP for prescription of the 5mg folic acid tablet.*

Summary of Minor Ailment Service Formulary preparations by BNF classification

The following medicines from the BNF can be provided on the Community Pharmacy Minor Ailments Service (MAS):

- pharmacy medicines (P) and general sales list medicines (GSL)
- selected items from Part 3 of the Scottish Drug Tariff.

Medicines listed below are included in the NHS Highland MAS Formulary which is available on the NHS Highland Intranet and website and on the Community Pharmacy website page for Highland. The medicines in this NHS Highland MAS Formulary should meet the needs of the majority of patients under the MAS.

Some prescription-only medicines (POMs) may be provided using NHS Highland Patient Group Directions (PGDs) to enable the provision of the more cost-effective POM versions of chloramphenicol eye drops and fluconazole 150mg capsules under the MAS. These PGDs are distributed to all community pharmacies in NHS Highland and can be accessed on the Community Pharmacy Services section on NHS Highland Intranet at <http://intranet.nhsh.scot.nhs.uk/> or www.communitypharmacy.scot.nhs.uk.

1.1 Antacids

- *Mucogel*[®] (Co-magaldrox SF) 195/220 suspension (500mL)
- Compound alginic acid preparations
Gaviscon[®] *Advance* chewable tablets (60)
Peptac[®] suspension (500mL)

1.2 Antispasmodics

- Mebeverine tablets 135mg (15)

1.3 Antisecretory drugs

- Ranitidine tablets 75mg (6 or 12)

1.4 Antimotility drugs

- Loperamide capsules 2mg (10)
- Oral rehydration salts, powder sachets (6)

1.6.1 Bulk forming laxatives

- Ispaghula husk 3.5g/sachet (30)

1.6.2 Stimulant laxatives

- Docusate sodium capsules 100mg (30)
- Docusate sodium solution 50mg/5mL (300mL)
- Glycerol suppositories 2g, 4g (12)
- Senna tablets 7.5mg (20)
- Senna syrup 7.5mg/5mL (150mL)

1.6.4 Osmotic laxatives

- Macrogol oral powder compound sachets 13.125grams/sachet (*Laxido*[®]) (20)
- Lactulose solution 3.1 to 3.7g/5mL (300mL)

1.7.1 Soothing haemorrhoidal preparations

- *Anusol*[®] cream (23g)
- *Anusol*[®] ointment (25g)
- *Anusol*[®] suppositories (12)

1.7.2 Compound haemorrhoidal preparations with corticosteroids

- *Anusol Plus HC*[®] ointment (15g)
- *Anusol Plus HC*[®] suppositories (12)

3.4.1 Antihistamines

- Cetirizine tablets 10mg (30)
- Cetirizine oral solution 5mg/5mL (200mL)

- Loratadine tablets 10mg (30)
- Chlorphenamine tablets 4mg (28)
- Chlorphenamine SF oral solution 2mg/5mL (150mL)

4.6 Drugs used in nausea and vertigo

- Cinnarizine tablets 15mg (15)
- Promethazine tablets 25mg (10)
- Promethazine elixir 5mg/5mL (100mL)
- Hyoscine hydrobromide tablets 150 micrograms (12)
- Hyoscine hydrobromide tablets 300 micrograms (12)

4.7 Analgesics

Non-opioid analgesics

- Paracetamol tablets 500mg (32)
- Paracetamol SF suspension 120mg/5mL (100mL/200mL)
- Paracetamol SF suspension 250mg/5mL (100mL/200mL)

Migraine

- Sumatriptan tablets 50mg (2)

5.2 Antifungal drugs

- Fluconazole 150mg capsules (1) (for vaginal candidiasis only)

5.5.1 Drugs for threadworms

- *Ovex*[®] (Mebendazole) tablets 100mg (1 or 4)
- *Ovex*[®] (Mebendazole) suspension 100mg/5mL (30mL)

7.2.2 Vaginal and vulval infections

- Clotrimazole vaginal tablet 500mg (1)
- Clotrimazole cream 1% (20g)
- Clotrimazole vaginal cream 10% (5g)

9.1.2 Drugs used in megaloblastic anaemias

- Folic acid tablets 400 micrograms (90)

9.2.1.2 Oral rehydration therapy

- Oral rehydration salts, powder sachets (6)

10.1.1 Non-steroidal anti-inflammatory drugs

- Ibuprofen tablets 200mg (24)
- Ibuprofen tablets 400mg (24)

- Ibuprofen suspension 100mg/5mL (100mL)

10.3.2 Topical non-steroidals

- Ibuprofen topical gel 5% w/w (30g)

11.3.1 Antibacterials

- Chloramphenicol eye drops 0.5% (10mL)
- Chloramphenicol eye ointment 1% (4g)

11.4.2 Other anti-inflammatory preparations

- Sodium cromoglicate eye drops 2% (various brands) (5mL or 10mL)

11.8.1 Tear deficiency, ocular lubricants and astringents

- *Isopto Plain*[®] (10mL)
- *Celluvisc*[®] 1% single use eye drops (30x0.4mL)
- *Lacri-Lube*[®] eye ointment (3.5g)

12.1.3 Removal of ear wax

- Olive oil ear drops (10mL)
- Sodium bicarbonate ear drops 5% (10mL)

12.2.1 Nasal allergy

- Beclometasone nasal spray 50 micrograms/spray (100 or 180 doses)

12.2.2 Topical nasal decongestants

- Xylometazoline nasal spray 0.1% (10mL)
- Xylometazoline paediatric nasal drops 0.05% (10mL)
- Sodium chloride nasal drops 0.9% (10mL)

12.3.1 Drugs for oral ulceration and inflammation

- Benzydamine oral rinse 0.15% (200mL)
- Benzydamine spray 0.15% (30mL)
- Chlorhexidine mouthwash 0.2% (300mL)
- Hydrocortisone muco-adhesive buccal tablets 2.5mg (20)

13.2.1 Emollient and barrier preparations

- Liquid and white soft paraffin ointment 50/50 (250g)
- Yellow soft paraffin (500g)
- *Diprobase*[®] cream (50g,500g)
- *Epaderm*[®] ointment (125g,500g)
- *Hydromol*[®] ointment (125g,500g)
- *Diprobase*[®] ointment (50g,500g)
- *Doublebase*[®] gel (100g,500g)
- *Dermol*[®] 200 shower emollient (200mL)

13.2.1.1 Emollient bath additives

- *Oilatum*[®] emollient (bath additive (250mL, 500mL)
- *Oilatum*[®] Junior bath additive (250mL)
- *Balneum*[®] bath oil (200mL,500mL)
- *Emulsiderm*[®] liquid emulsion (300mL)
- *Dermol*[®] 200 shower emollient (200mL)

13.2.2 Barrier preparations

- *Conotrane*[®] cream (100g,500g)
- *Sudocrem*[®] cream (60g,125g)

13.3 Topical local antipruritics

- *Arjun*[®] (Menthol 1% in aqueous cream) (100g)
- Crotamiton cream 10% (30g)

13.4 Topical corticosteroids

- Hydrocortisone ointment 1% (15g)
- Hydrocortisone cream 1% (15g)

13.6.1 Topical preparations for acne

- Benzoyl peroxide aqueous gel 5% (*Acnecide*[®]) (30g)
- Benzoyl peroxide aqueous gel 10% (*Panoxyl*[®] *Aquagel*) (40g)

13.7 Preparations for warts and callouses

- *Bazuka*[®] gel 12%, 26% (5g)

13.9 Shampoos and scalp preparations

- *Alphosyl 2 in 1*[®] (coal tar extract 5%) shampoo (125mL)
- *Capasal*[®] shampoo (250mL)
- Ketoconazole shampoo 2% (60mL/100mL)

13.10.2 Antifungal preparations

- Amorolfine nail lacquer 5% (3mL)
- Clotrimazole cream 1% (20g)
- Miconazole nitrate spray powder 0.16% (100g)
- Terbinafine cream 1% (7.5g)

13.10.4 Parasitocidal preparations

- Dimeticone lotion 4% (50mL/150mL)
- Malathion aqueous liquid 0.5% (50mL/200mL)
- Permethrin dermal cream 5% (30g)
- Nitcomb (1)
- Nitty Gritty NitFree (Steel nit comb (1)
- *Bug Buster Kit* (1)

Appendix 1: Information for the management of colic

What is colic?

Colic is a condition where there are repeated bouts of crying in a baby who is otherwise healthy. This is defined by doctors as: a baby who cries for more than 3 hours a day, for more than 3 days a week, for at least 3 weeks.

Colic is common and distressing.

It usually goes away by 3 to 4 months of age.

A typical baby with colic

A healthy newborn baby may have periods of crying, for no apparent reason as if in pain. The usual methods of comforting do not work very well. Your baby may not want to feed, and may pull up their knees, sometimes the baby's tummy appears to rumble. The cry may sound different and more piercing than normal. Your baby may appear to be settling when suddenly another bout of crying occurs. This may go on and off for several hours until he or she settles and falls asleep.

In some babies, a period of restlessness in the evening is all that you may notice. In some babies with severe colic, the crying may go on for many hours throughout the day and/or night.

Bouts of colic gradually become less frequent, and have gone in most babies by the age of 3 to 4 months.

Babies with colic are fine between bouts, they feed and grow well and do not show any other signs of illness.

Facts about colic

- The term colic is used as it is thought the baby has pain in the abdomen
- It occurs in both formula and breast fed babies
- It is common, affecting up to 3 out of 10 babies
- The cause of colic is poorly understood, some theories are – it may be related to a change in the level of hormones that control the movement of gut muscles; the baby may have an abnormal balance of bacteria in their gut, which gradually corrects itself over a few weeks; some (but only a small number) of babies with colic have an intolerance to cow's milk.

Helping colicky babies and their parents

There is no treatment that cures colic. Every parent has their own way of coping and may find different things helpful.

Try not to despair, remember that there is nothing that you have done to cause the colic.

One or more of the following may help

- Exclude common causes of excessive crying eg. hunger, thirst, wet/dirty nappy, too hot/cold.
- Reduce anxiety: even newborn babies may sense anxiety which can make things worse. Try to create a relaxed atmosphere, if possible have a rest and a meal before the colic starts (usually in the evening). The more rested and relaxed you are, the better you will be able to cope.
- Holding your baby through the crying episode may help to soothe. However, sometimes a colicky baby may not be comforted or soothed. At such times it is acceptable to leave a baby to cry for short periods if you are satisfied they are not hungry, too cold/hot, wet, or unwell.
- Time out – friends/family may be willing to help or take turns with your partner to look after your baby.
- Talk over your experiences with other parents, share coping strategies.
- Remember - **never** shake a baby. If you need a break from the crying, or if you feel at the end of your tether, gently place the baby in their cot and leave the room for around 5 to 10 minutes. You could then do something which will help you - perhaps have a cup of tea, a snack or phone a friend.
- Relax your body by dropping your shoulders, clenching and unclenching your fists and stretching your back, arms and legs.
- If simple things don't work, you could try a medicine called simeticone (eg, Infacol[®]), or some people find gripe water helpful, however, there is no scientific evidence to support its use.

The following tips are often given, based on individual experiences so they may or may not help

- White noise (non-specific background noise such as vacuum cleaners, washing machines, hairdryer).
- Gentle motion (pushing pram or ride in the car).
- Bathing in warm bath.
- Baby massage.
- Many alternative therapies are promoted and advertised for colic but there is no firm evidence that any of these are beneficial. Note: not all alternative therapies are without risk, some herbal products, such as star anise, have caused serious reactions in some babies, and are not recommended.

Your feelings

Sometimes parents become angry, tearful, or resentful towards a baby with colic. These are normal and common emotions. The crying can seem distressing, intolerable and very frustrating. For more information and support contact www.cry-sis.org.uk

Seek advice from a healthcare professional if the baby is:

- vomiting
- has diarrhoea or constipation
- is not gaining sufficient weight
- has a high temperature
- is not feeding properly
- appears unwell or sick in any way.

If you are not sure why your baby is crying always consult your health visitor or GP to rule out any other cause for your baby's distress.