

# CPIP Rx Notebook:

## What else can I offer for Allergies?

It is that time of year again when the gorgeous blooms can make hay fever and allergy symptoms go into overdrive and people flock to their community pharmacy for help. As a CPIP providing Pharmacy First Plus services, following a consultation, you can now access additional products to help patients with their symptoms that would have previously required a GP prescription.

Tried everything!

Sodium cromoglycate does not help



I am immune to my antihistamines...

### What else can I offer? No other options on the Pharmacy First Approved List?

As a CPIP you can now prescribe **olopatanol** for allergic conjunctivitis, **fexofenadine** for hay fever symptoms that have not responded to first line antihistamines and consider starting or changing to a **different steroid nasal spray** if appropriate for your patient with suitable follow up.

### Are these alternative treatments available for children?

**Olopatanol** can be issued if the child is over 3 years old and meets the appropriate prescribing criteria following an assessment.

**Fexofenadine** 120mg tablets are not licensed for use in children under 12 years of age for seasonal allergic rhinitis.

It is important to remember that not all children like or require liquid preparations. Please refer to the SPC for loratadine and cetirizine for full details but in some situations, you may be able to prescribe a tablet formulation for ease of administration and transportation:

**Cetirizine – 5mg (half a tablet) twice daily in 6-12 years**

**Loratadine – 10mg (one tablet) once daily if >6 years and ≥30kg**

**Steroid nasal sprays** – please refer to individual product SPCs. The Pharmacy First Approved list includes Belcometasone which is restricted to use in **over 18s**. As an independent prescriber the POM product can be issued for children **over 6 years** old which can often be useful for students with nasal symptoms who are not keen to take tablets and/or have nasal symptoms despite tablets. Similarly, Mometasone is licensed for children **over 3 years**. When prescribing for children, due to concerns regarding growth, it would be prudent to advise attendance for GP follow up if a subsequent prescription is required to ensure appropriate monitoring is put in place if likely to be a long term prescription.

*\*In GGC Fluticasone is specialist initiation only in GGC therefore we would not recommend prescribing for adults or children.*

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### What can I offer to pregnant or breastfeeding patients?

Unfortunately, there is no safety data for use for Olopatadine in pregnancy, breastfeeding or in women of childbearing age NOT using contraception.

**Olopatadine should not be offered to any of the above patient groups.**

The need for any systemic antihistamine should be considered in pregnant and breastfeeding mothers. Patients within this group should be advised on conservative self-care and allergen avoidance measures including cold compresses and ocular surface lubricants.

For further information for information to support pregnant or breastfeeding patients please refer to the resources below:

<b>Useful Resources</b>	<a href="https://pharmaceutical-journal.com/article/infographics/hay-fever-otc-management">https://pharmaceutical-journal.com/article/infographics/hay-fever-otc-management</a> <a href="https://cks.nice.org.uk/topics/allergic-rhinitis/">https://cks.nice.org.uk/topics/allergic-rhinitis/</a> <a href="https://cks.nice.org.uk/topics/conjunctivitis-allergic/">https://cks.nice.org.uk/topics/conjunctivitis-allergic/</a> <a href="https://www.medicinesinpregnancy.org/bumps/monographs/TREATMENT-OF-HAY-FEVER-ALLERGIC-RHINITIS-IN-PREGNANCY/">https://www.medicinesinpregnancy.org/bumps/monographs/TREATMENT-OF-HAY-FEVER-ALLERGIC-RHINITIS-IN-PREGNANCY/</a> <a href="https://www.medicinesinpregnancy.org/Medicine--pregnancy/Hay-fever/">https://www.medicinesinpregnancy.org/Medicine--pregnancy/Hay-fever/</a> <a href="https://www.medicinesinpregnancy.org/Medicine--pregnancy/Cetirizine/">https://www.medicinesinpregnancy.org/Medicine--pregnancy/Cetirizine/</a> <a href="https://www.medicinesinpregnancy.org/Medicine--pregnancy/Loratadine/">https://www.medicinesinpregnancy.org/Medicine--pregnancy/Loratadine/</a> <a href="https://www.medicinesinpregnancy.org/Medicine--pregnancy/Fexofenadine-/">https://www.medicinesinpregnancy.org/Medicine--pregnancy/Fexofenadine-/</a> <a href="https://www.medicinesinpregnancy.org/Medicine--pregnancy/Chlorphenamine/">https://www.medicinesinpregnancy.org/Medicine--pregnancy/Chlorphenamine/</a>
<b>Turas training to be completed</b>	<a href="https://learn.nes.nhs.scot/35008/pharmacy/cpd-resources/common-clinical-conditions/respiratory-system/hayfever-seasonal-allergic-rhinitis">https://learn.nes.nhs.scot/35008/pharmacy/cpd-resources/common-clinical-conditions/respiratory-system/hayfever-seasonal-allergic-rhinitis</a>
<b>See sample SBAR for GP Communication</b>	Refer to sample SBARs below
<b>Scenarios for Peer discussion</b>	Refer to sample SBARs below
<b>Resources for patients</b>	<a href="https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/11-hay-fever-allergic-rhinitis">https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/11-hay-fever-allergic-rhinitis</a> <a href="https://patient.info/allergies-blood-immune/hay-fever-leaflet">https://patient.info/allergies-blood-immune/hay-fever-leaflet</a>

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### SBAR form - COMMUNITY PHARMACY TO GENERAL PRACTICE (CP2GP) COMMUNICATION FORM

#### SITUATION

<b>Community Pharmacy Contractor</b>	<b>Patient</b>
The Pharmacy Any Town Scotland  Date: 13/12/20xx Time: 09:00	Patient Name: Charlotte Smith DOB: 26 years Address: 21 Bank Street, Any Town
	RMH: Ongoing issues with bilateral eye symptoms of watery, itchy eyes. Does happen throughout the year but worse in Spring when hay fever is bad or staying in air-conditioned rooms. No pain in eyes and feels in good general health.
Referred by: GP practice Reception	Medication : previous use of OTC antihistamines and used Sodium Cromoglycate before but found it made her eyes worse.
Seen by Amanda Brown PIP GPhC 207xxxx)	Allergies: No known allergies to medication

**BACKGROUND** - Patient consulted with pharmacist

<b>Information Relevant to Presenting Condition</b>
Pt advises that eyes are particularly troublesome and she is requiring to wear her glasses more instead of her contact lenses which is a problem as they are steaming up when she wears her mask which she needs to wear at work in her job as a counter assistant. Not keen to try the eye drops she had before.

#### ASSESSMENT

<b>Pharmacist's Assessment/Examination</b>	
General	No ALARM symptoms or other associated symptoms. No other serious underlying health conditions that may be contributing to symptoms
Throat	No examination undertaken
Eyes	Both eyes look red and slightly puffy on outer lids and surrounding area with visible watering during the consultation. No pain and no visible lesions within or around the eye. Pupils look equal and unreactive (using torch on phone). No loss of vision noted, and eyelids and surrounding area look fine with regards to eyelash issues or possible periorbital cellulitis
Ears	No examination undertaken
Chest	No symptoms reported by patient
Skin	No examination undertaken

<b>RECOMMENDATION</b> Treatment/Outcome: Onward referral not deemed necessary at this point. Link to PIL given to patient and counselling on appropriate self-care for eyes including use of cold compress and avoidance of eye rubbing. Already takes OTC antihistamine which can continue and issued with Rx for trial of Olopatadine. For review in one week to see if symptoms are improving. To be used twice daily for a maximum of 4 months. Guidance given on potential side effects and use of contact lenses. Pt happy with this plan and if not improving will consider attending GP or returning to pharmacy for general hay fever medication review.	<b>Urgency</b>	<b>Tick</b>
	No further action required	
	Within 24 hours	
	Within 1 week	✓
	Next routine appointment	
	Copy of SBAR emailed to practice via PMR	

What would be the option if not an IP? Best for patient?

Any PGDs that could be used?

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#### SITUATION

Community Pharmacy Contractor	Patient
The Pharmacy Any Town Scotland  Date: 13/12/20xx Time: 15:00	Patient Name: Grace Smith DOB: 17 years Address: 1 The Byre, Any Town
	RMH: Ongoing issues with streaming nose, currently studying for exams which include her music exam (plays the flute).
Referred by: self attended	Medication : previous use of OTC antihistamines (not at present)
Seen by Amanda Brown PIP GPhC 207xxxx)	Allergies: No known allergies to medication

**BACKGROUND** - Patient consulted with pharmacist after mum suggested she attend

Information Relevant to Presenting Condition
Pt advises nose issues are affecting her sleep and her flute playing, anxious in case any medication causes her to feel sleepy and her older brother had a nasal spray before, and she wondered if this would work for her?

#### ASSESSMENT

Pharmacist's Assessment/Examination	
General	No ALARM symptoms or other associated symptoms. No other serious underlying health conditions that may be contributing to symptoms. Nose looks red and noted to be blowing and dapping nose several times during consultation.
Throat	No examination undertaken, no symptoms noted, and voice sounds clear but a little nasal upon speaking
Eyes	Both eyes look slightly red but patient states tired, nose is her main symptom when hay fever flares up.
Ears	No examination undertaken
Chest	No examination undertaken
Skin	No examination undertaken

RECOMMENDATION Treatment/Outcome: Patient given advice on avoidance of allergens, perhaps not studying outside, using Vaseline at bottom of nose to stop pollen etc entering and ask her mum not to hang clothes outside to dry particularly at exam time.	Urgency	Tick
Explained that as she was under 18 she could not get a nasal spray on Pharmacy First Approved list, however as you were a prescriber you could supply the prescription only version to help deal with her specific nasal symptoms . Rx for Beclometasone issued and supplied with some Loratadine to help with symptoms until nasal spray had full effect. Reassured would not cause drowsiness. Advised that if not improving could come back or see GP.	No further action required	
	Within 24 hours	
	Within 1 week	
	Next routine appointment	
	Copy of SBAR emailed to practice for noting in PMR	

Is this what you would do? What other options? What if not an IP?

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