



Pharmacy First For Children

Treatment of minor ailments for children
aged 3 months to 16 years by
Community Pharmacists

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Katherine Robinson, Community Pharmacy Lead

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Service Specification

1. Introduction

- 1.1 This service is available to all children aged 3 months to 16 years, when accompanied by a parent/guardian, and registered with a Peterborough GP surgery. Parents/ guardians of patients are at liberty to refuse this service.
- 1.2 The service is only available for the minor ailments identified in Appendix 6
- 1.3 Only Community Pharmacies who are committed to making staff available to provide the service will be included in Pharmacy First For Children, for the treatment of minor ailments service with NHS Peterborough. These are listed in Appendix 2.
- 1.4 Patients aged 16 years and under MUST be accompanied by a parent/guardian.

2. Transfer of Care

- 2.1 Eligible patients presenting with identified symptoms at the GP surgery will be offered transfer into this service. Parents/guardians of patients may also self refer.
- 2.2 Parents/guardians of patients registered with a participating GP presenting at a participating Community Pharmacy will receive the service level of care as laid out in this specification.
- 2.3 Patients wishing to access this service must present identification and reasonable proof of registration with the participating practice and proof of date of birth. This can be
 - a. NHS card
 - b. Pharmacy First booklet (appendix 6) appropriately stamped by practice or a pharmacy
 - c. Be registered on pharmacy PMR system and known to the pharmacist.
 - d. A confirmation of registration form completed by their local surgery.
- 2.4 If registration with a participating practice is in doubt the patient will not be eligible for this scheme and they will be advised to access medical care through the normal channels.

3 Duties of Participating Surgeries

- 3.1 Parents/guardians of patients requesting appointments (either immediately or on an appointment basis) for symptoms matching criteria identified, for children who are aged 16 years and under can be offered transfer to this service using protocol in Appendix 8.
- 3.2 Parents/guardians of patients presenting in person, who accept transfer should complete a Confirmation of Registration form (appendix 3) for presentation at a participating Community Pharmacy, and a service information leaflet which includes a list of participating Pharmacies.
- 3.3 Parents/guardians of patients accepting transfer by phone will be advised to take evidence of identity and registration to one of the participating pharmacies. In the absence of an NHS card or pharmacy card the pharmacy may telephone the surgery to confirm registration.

- 3.4 Surgeries should co-operate and liaise with Community Pharmacies to activate the rapid referral procedure when required (see section 4.11)
- 3.5 GP surgeries should display official posters and provide leaflets promoting the service.

4 Duties of participating Community Pharmacists

- 4.1 Patients should only be accepted into the service if the pharmacists can confirm their identity and has reasonable proof of registration with the participating GP and date of birth.
- 4.2 Patients must be present and be accompanied by a parent/guardian.
- 4.3 All participating Pharmacists will provide a professional consultation service for patients registered with a participating GP who present with one of the specified conditions.
- 4.4 The Pharmacist or appropriate member of staff (certified pharmacy protocol trained), will assess the patient's condition. The consultation will consist of
 - 4.3.1. Patient assessment by qualified member of staff.
 - 4.3.2. Provision of advice
 - 4.3.3. Provision of a medication, if necessary, from the formulary appropriate to the patients condition using the correct pack size and legal category
 - 4.3.4. Either complete a new pharmacy record card or make an entry onto existing one. Patients should hold only one record card.
 - 4.3.5. Patients should be informed that medicines will only be supplied if the record card is presented.
 - 4.3.6. Record cards may NOT be kept at the pharmacy. Under no circumstances should retention of record cards at a pharmacy be a condition for patient entry to the scheme
 - 4.3.7. FPPHarm (pharmacists prescription) shall be completed. The date of birth of patient should be included on prescriptions
 - 4.3.8. A consultation fee will be paid for each consultation not for each medicine supplied. Where more than one medication is given this should be entered on one prescription only.
- 4.4. Normal rules of patient confidentiality apply.
- 4.5. The Pharmacist should ensure that the parent/guardian of the patient has completed and signed the declaration of exemption of Prescription charges (on reverse of FPPHarm.)
- 4.6. It is appropriate to record the supply on the Pharmacy's PMR system if one exists.
- 4.7. If a product is issued from a Patient Group Direction, this should be fully labelled as instructed.
- 4.8. Implementation of the rapid referral process if symptoms meet agreed criteria.
- 4.9. If a patient presents more than twice within any month with the same symptoms they should be referred to their surgery, and unless the symptoms meet the criteria for a rapid referral the parent/guardian of the patients should be advised to make an appointment in the normal manner. The pharmacist should mark the record card to this effect.
- 4.10. If the pharmacist suspects that the patient and/or parent is abusing the scheme they should alert the surgery.
- 4.11. NHS Peterborough remains responsible for ensuring that public funds are used and accounted for appropriately. To that end the PCT or its appointed agents will have rights of access to the pharmacies records in relation to this

scheme to satisfy itself that those responsibilities are being discharged. Such access will be on demand within normal working hours of the pharmacy.

- 4.12. **Rapid Referral Procedure-** If the patient presents with symptoms indicating the need for an immediate consultation with the G.P., the pharmacist should ring the surgery and make an appointment for the patient within the appropriate time frame.

If the surgery is closed and/or the symptoms are sufficiently severe the patient should be advised to contact the Minor Injuries unit/ City Care Centre or attend A & E immediately.

5 Service funding and payment mechanism

The Pharmacy will be paid according to the following schedule (plus VAT)

| | |
|---|--------|
| 5.1 Annual Retainer fee | £50.00 |
| 5.2 Fee per consultation | £ 3.00 |
| 5.3 Drug costs at drug tariff/agreed cost prices (appendix 6) | |

The summary recording form (appendix 8) with relevant FPPharms attached should be returned to the PCT office by the end of each month.

NHS Peterborough encourage community pharmacists to submit claims on a monthly basis although a flexible approach will be taken for example; claims submitted during March (for February activity) will be paid along with claims submitted for activity carried out in the preceding two months (January & December).

Please ensure that if prescriptions are sent by post, the correct postage is paid. Excess postage will be deducted from the invoice. If pharmacists wish, the PCT can extend form and calculate VAT for you. The minimum you need to enter are quantities of each drug supplied, number of fees claimed, number of advice only consultations and number of rapid referrals. Forms need to be stamped and signed. An electronic version of the invoice can be provided that will do all the calculations. Please ensure that a current invoice is submitted. Incorrect invoice submissions will be amended and a £5 administration fee deducted from the invoice total. Retaining copies of the FPPharms is advisable and those involving a PGD must be retained. Payments will be made to the participating pharmacy by BACS approximately two or three weeks later. Pharmacists are advised to retain a copy of the summary forms.

6 Termination of scheme

NHS Peterborough reserves the right to amend or terminate this scheme in full or at a pharmacy specific level with not less than one months notice. A participating pharmacy has the right to withdraw from this scheme giving not less than one months notice. Service users should be informed and signposted to alternative providers or services.

7 Monitoring and Evaluation

Participating pharmacies and surgeries will be expected to participate in monitoring and evaluation to show.

- 7.1 Changes to GP prescribing data both cost and volume.
- 7.2 Cost and volume of pharmacy prescribing.
- 7.3 Impact on GP appointments and time.
- 7.4 Attitudinal survey of GPs, receptionists, pharmacists and patients.

Appendix 1**Participating GP surgeries**

| |
|--|
| AILSWORTH MEDICAL CENTRE, 32 MAIN STREET, AILSWORTH, PETERBOROUGH. PE5 7AF |
| Telephone: 01733 380686 |
| NEWBOROUGH PRIMARY CARE CENTRE, GUNTONS LANE, NEWBOROUGH, PETERBOROUGH, PE6 7QW |
| Telephone: 01733 810274 |
| ALMA ROAD PRIMARY CARE CENTRE, ALMA ROAD, PETERBOROUGH PE1 3FG |
| Telephone: 01733 758388 |
| BOTOLPH BRIDGE COMMUNITY HEALTH CENTRE, SUGAR WAY, PETERBOROUGH. PE2 9RT |
| Telephone: 01733 774500 |
| BRETTON MEDICAL PRACTICE, RIGHTWELL EAST, BRETTON, PETERBOROUGH. PE3 8DT |
| Telephone: 01733 264506 |
| BURGHLEY ROAD SURGERY, 94 BURGHLEY ROAD, PETERBOROUGH PE1 2QE |
| Telephone: 01733 346085 |
| ORTON BUSHFIELD MEDICAL PRACTICE, ORTON GOLDHAY, PETERBOROUGH. PE2 5RQ |
| Telephone: 01733 371451 |
| DOGSTHORPE MEDICAL CENTRE, POPLAR AVENUE, DOGSTHORPE, PETERBOROUGH. PE1 4QF |
| Telephone: 01733 560061 |
| GRANGE MEDICAL CENTRE, 144 MAYORS WALK, PETERBOROUGH. PE3 6HA |
| Telephone: 01733 310110 |
| HAMPTON HEALTH, UNIT 6B, SERPENTINE GREEN SHOPPING CENTRE, THE SERPENTINE, HAMPTON, PETERBOROUGH. PE7 8DR |
| Telephone: 01733 556900 |
| HODGSON MEDICAL CENTRE, HODGSON AVENUE, WERRINGTON, PETERBOROUGH. PE4 5EG |
| Telephone: 01733 573232 |
| HUNTLY GROVE PRACTICE, THOMAS WALKER MEDICAL CENTRE, PRINCES STREET, PETERBOROUGH. PE1 2QP |
| Telephone number: 01733 551771 |

| |
|--|
| 63 LINCOLN ROAD SURGERY, 63 LINCOLN ROAD, PETERBOROUGH. PE1 2SF |
| Telephone: 01733 567807 |
| Also |
| 2A CHURCH STREET, WERRINGTON, PETERBOROUGH. PE4 6QB |
| Telephone: 01733 571110 |
| MILLFIELD MEDICAL CENTRE, ST MARTINS STREET, MILLFIELD, PETERBOROUGH. PE1 3BF |
| Telephone: 08443 878040 |
| MINSTER MEDICAL PRACTICE, THOMAS WALKER MEDICAL CENTRE, PRINCES STREET, PETERBOROUGH. PE1 2QP |
| Telephone: 01733 554478 |
| NENE VALLEY MEDICAL PRACTICE, CLAYTON, ORTON GOLDHAY, PETERBOROUGH. PE2 5GP |
| Telephone: 01733 366600 |
| NORTH STREET MEDICAL PRACTICE, 1 NORTH STREET, PETERBOROUGH. PE1 2RA |
| Telephone: 01733 312525 |
| OLD FLETTON MEDICAL PRACTICE, RECTORY GARDENS, OLD FLETTON, PETERBOROUGH. PE2 8AY |
| Telephone: 0844 477 3919 |
| ORTONS MEDICAL PRACTICE, ORTON CENTRE, ORTON GOLDHAY, PETERBOROUGH. PE2 5RQ |
| Telephone: 01733 391022 |
| PARK MEDICAL CENTRE, 164 PARK ROAD, PETERBOROUGH. PE1 2UF |
| Telephone: 0844 414 4164 |
| PARNWELL MEDICAL CENTRE, SALTERSGATE, PETERBOROUGH. PE1 4YL |
| Telephone: 01733 896112 |
| PASTON HEALTH CENTRE, CHADBURN, PETERBOROUGH. PE4 7DG |
| Telephone: 01733 572584 |
| Also |
| WERRINGTON HEALTH CENTRE, SKATERS WAY, WERRINGTON. PE4 6NB |
| Telephone: 01733 578231 |
| THISTLEMOOR MEDICAL CENTRE, 6-8 THISTLEMOOR ROAD, PETERBOROUGH. PE1 3HP |
| Telephone: 01733 551988 |

**THE THOMAS WALKER SURGERY, THOMAS WALKER MEDICAL CENTRE,
PRINCES STREET, PETERBOROUGH. PE1 2QP**

Telephone: Appts- 01733 551008 Enquiries- 01733 556200

Also

405A FULBRIDGE ROAD, WALTON, PETERBOROUGH. PE4 6SE

Telephone: 01733 571816

**THORNEY MEDICAL PRACTICE, WISBECH ROAD, THORNEY, PETERBOROUGH.
PE6 0SD**

Telephone: 01733 270219

Also

LAUREL FARM HEALTH CENTRE, EYE, PETERBOROUGH. PE6 7UX

Telephone as above

THORPE ROAD SURGERY, 64 THORPE ROAD, PETERBOROUGH. PE3 6AP

Telephone: 0844 477 3880

WELLAND MEDICAL PRACTICE, 144 EYE ROAD, PETERBOROUGH. PE1 4SG

Telephone: 0844 477 3842

Also

14 CHURCH WALK, PETERBOROUGH. PE1 2TP

Telephone: 0844 477 3842

WESTGATE SURGERY, QUEENSGATE CENTRE, PETERBOROUGH PE1 1NW

Telephone: 01733 318440

WESTWOOD CLINIC, WICKEN WAY, PETERBOROUGH. PE3 7JW

Telephone: 01733 265560

| Pharmacy Name | Address |
|----------------------|--|
| AlfaChem Werrington | 12B Skaters Way Werrington Peterborough PE4 6NB |
| Asda Pharmacy | West Rivergate Viersen Platz Peterborough PE1 1ET |
| Boots Bretton | Unit 2 The Bretton Centre Peterborough PE3 8BD |
| Boots Hampton | Unit 2 Serpentine Green Hampton Hargate Peterborough PE7 8BE |
| Boots Local | 21 High St Eye Peterborough PE6 7UP |
| Boots Queensgate | Queensgate Peterborough PE1 1NW |
| Chemistree | 57 Ledbury Rd Netherton Peterborough PE3 9RF |
| City Pharmacy | 50 Lincoln Rd Peterborough PE1 2RY |
| Co-op Millfield | 303-307 Lincoln Rd Millfield Peterborough PE1 2PH |
| Co-op Paston | Chadburn Centre Paston Peterborough PE4 7DG |
| Co-op Stanground | 2 Central Square Stanground Peterborough PE2 8RH |
| Co-Op Westgate | Westgate house Westgate Peterborough PE1 2TA |

| | |
|-------------------|--|
| Co-op Westwood | 2-6 Hampton Court Westwood Peterborough PE3 7JA |
| Dogsthorpe | Dogsthorpe Pharmacy 54 Central Avenue Peterborough PE1 4LH |
| Eastchem | 127 Eastfield Rd Peterborough PE4 1AU |
| Glinton Pharmacy | 4 Rectory Lane Glinton Peterborough PE6 7LR |
| Graham Youngs | 683 Lincoln Rd Peterborough PE1 3HD |
| Granville | Granville Pharmacy 35 Granville St Peterborough PE1 2QQ |
| Halls The Chemist | 14a Church St Thorney Peterborough PE6 0QB |
| Halls The Chemist | 92 Peterborough Rd Farcet Peterborough PE7 3BW |
| Halls The Chemist | 57 Napier Place Orton Wistow Peterborough PE2 6XN |
| Halls The Chemist | The Old Chapel Church Hill Castor PE5 7AU |
| Hampton Pharmacy | Unit 14 Stewartby Ave Hampton Vale Local Centre Peterborough PE7 8EL |
| Jhoots Pharmacy | Unit B Sugar Way Peterborough PE2 9QY |
| Lloyds Bushfield | 3 Bushfield Orton Centre Peterborough PE2 5RQ |
| Lloyds Clayton | Orton Goldhay Peterborough PE2 5SD |

| | |
|---------------------|---|
| Millfield Chemist | 387 Lincoln Rd Millfield Peterborough PE1 2PF |
| Newborough Pharmacy | 42-46 School Rd Newborough Peterborough PE6 7RG |
| Odedra Chemist | Rectory Gardens Old Fletton Peterborough PE2 8AY |
| Park Rd Pharmacy | 164 Park Rd Peterborough PE1 2UF |
| Pharmacy First | 7 Lincoln Rd Peterborough PE1 2RJ |
| Rowlands | 46 Westgate Peterborough PE1 1RE |
| Rowlands (Walton) | 178a Mountsteven Ave Walton Peterborough PE4 6NH |
| Sainsburys | 112 Oxney Road Peterborough PE1 5NQ |
| Sainsbury's Bretton | Flaxland Bretton Peterborough PE3 8DA |
| Shrives | 14 Westgate Peterborough PE1 1RA |
| Tesco Pharmacy | Serpentine Green Hampton Peterborough PE7 8BD |
| Thomas Walker | 87 Princes Street Peterborough PE1 2QP |
| Werrington Pharmacy | 97 Church St Werrington Village Peterborough PE4 6QF |
| West Town | 63-65 Mayors Walk Peterborough PE3 6EX |

Appendix 3



Pharmacy First For Children Confirmation of Registration

Please complete one form per patient (if more than one family member presents at the same time a separate form must be completed for each family member).

| | |
|---------------------------|--|
| Patients name | |
| Address | |
| Date of Birth | |
| NHS number if available | |
| Parent/Guardian Signature | |
| Relation to patient | |

This person is a patient of this practice and can be accepted onto the Pharmacy First For Children, Minor Ailments Scheme.

SignedDoctor / Nurse / Receptionist/ Pharmacist

Date

| |
|---------------------------|
| Surgery or Pharmacy Stamp |
|---------------------------|

To be retained by the registering pharmacy for a minimum of 2 years

Appendix 4

Pharmacy First For Children FPPharm (pharmacists prescription)

| | |
|----------------|-----------------|
| Pharmacy stamp | Patient's name |
| | Date of birth |
| | Name of surgery |

I supplied the above patient with the following items (please tick the appropriate boxes):

| | Product supplied | tick | | Product supplied | tick |
|----|------------------------------------|------|----|---------------------------------|------|
| 1. | Ibuprofen 200mg tabs 24 | | 5. | Beclometasone Nasal Spray (200) | |
| | Ibuprofen 100mg/5ml Susp 100ml | | | Cetirizine 10mg tabs 30 | |
| | Paracetamol 500mg tabs 32 | | | Chlorphenamine 4mg tabs 28 | |
| | Paracetamol Susp SF120mg/5ml 100ml | | | Chlorphenamine Syrup 150ml | |
| | Paracetamol Susp SF250mg/5ml 100ml | | | Loratadine 10mg tabs 30 | |
| | | | | Loratadine Syrup 100ml | |
| 2. | Diorylate sachets 6 | | | Sod cromoglycate eyedrops 10ml | |
| | | | | | |
| 3. | Lactulose Syrup 300ml | | 6. | Dimeticone Lotion 2x50ml | |
| | | | | Detection comb | |
| 4. | Chloramphenicol 0.5% Eye Drops | | | | |
| | Chloramphenicol 1% Eye Ointment | | | Rapid referral procedure used | |
| | | | | Advice only | |
| | | | | | |

Declaration of exemption

To be completed by the parent/guardian of the patient

The patient does not pay because:

- A is under 16 years of age
 B is 16 and in full-time education

Parent/guardian signature:

Date:

Was evidence of exemption seen? Yes No

Would the patient have accessed one of these following services had they not accessed this scheme?

- a) GP b) A&E/walk-in-centre c) a pharmacy to buy the product

Appendix 5

Patient with symptoms of the following conditions may be referred in to this scheme and advice and treatment will follow the regime laid out in the following pages

Sore Throat page 16

Headache / Earache / Temperature / Acute Pain page 17

Diarrhoea page 18

Constipation page 19

Hay Fever page 20

Head Lice page 21

Eye Infection page 22

SORE THROAT

Definition/Criteria

A painful throat which is often accompanied by viral symptoms.

Criteria for INCLUSION

Sore throat which requires soothing.

Children over 3 months

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration & maximum dosage

| | | | |
|---|----|---|------------|
| Paracetamol 500mg tabs (32) | po | P | 1-2 qds |
| Paracetamol susp SF 120mg / 5ml (100ml) | p | P | 5ml qds |
| Paracetamol susp SF 250mg / 5ml (100ml) | p | P | 5-10ml qds |

| Age | Dose |
|------------------|-----------------------------------|
| 3months – 1 year | 60 – 120mg qds max 4 doses/24hrs |
| 1 – 6 years | 120 – 250mg qds max 4 doses/24hrs |
| 6 – 12 years | 250 – 500mg qds max 4 doses/24hrs |

Follow-up & advice

Patients should avoid smoky or dusty atmospheres.

Patients who find swallowing painful should take a light fluid diet.

Paracetamol daily dose - other products containing paracetamol.

Side effects and their management

There are unlikely to be any side effects.

When & how to refer to GP**Conditional referrals:**

- If symptoms persist for more than one week, the patient should consult the GP.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Symptoms suggesting oral candidiasis / tonsillitis.
- Patients on immunosuppressants / oral steroids / drugs causing bone marrow suppression.
- The condition has persisted more than one week.
- A second request within one month.

Rapid referral:

- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders).
-

Headache / Earache / Temperature / Acute Pain

Definition/Criteria

Pain is a subjective experience, the nature and location of which may vary considerably.

Criteria for INCLUSION

Patients requiring relief of acute pain and pain / fever associated with upper respiratory tract infections.

Criteria for EXCLUSION

Children under the age of three months.

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status

| | | | |
|--|----|-----|------------|
| Paracetamol Tablets 500mg(32) | po | GSL | 1 -2 qds |
| Paracetamol suspension SF 250mg / 5ml(100ml) | po | P | 5-10ml qds |
| Paracetamol susp SF 120mg / 5ml(100ml) | po | P | 5-10ml qds |

Paracetamol doses for children

| Age | Dose | How often (in 24hrs) |
|------------|-------------------|----------------------|
| 3-6months | 2.5ml (120mg/5ml) | Four times |
| 6-24months | 5ml (120mg/5ml) | Four times |
| 2-4years | 7.5ml (120mg/5ml) | Four times |
| 4-6years | 10ml (120mg/5ml) | Four times |
| 6-8years | 5ml (250mg/5ml) | Four times |
| 8-10years | 7.5ml (250mg/5ml) | Four times |
| 10-12years | 10ml (250mg/5ml) | Four times |

| | | | |
|----------------------------------|----|---|-----------|
| Ibuprofen 200mg (24) | po | P | |
| Ibuprofen susp 100mg/5ml (100ml) | po | P | see table |

Ibuprofen doses for children

| Age | Dose |
|---------------|-----------|
| 3 – 1 year | 50mg tds |
| 1 – 4 years | 100mg tds |
| 4 – 7 years | 150mg tds |
| 7 – 10 years | 200mg tds |
| 10 – 12 years | 300mg tds |

Criteria

Ibuprofen where asthma and GI problems have been excluded. Not for treatment of fever.

Follow-up & advice

Enquire about concurrent analgesic usage:

- Paracetamol daily dose - other products containing paracetamol.
- Other NSAIDs – prescribed or OTC.

Rest, warming, cooling or changing position, may obtain relief from pain. Patients should be advised to avoid any aggravating factors.

Patients with high temperature should be advised to drink plenty of fluids to avoid dehydration. Maintain room temperature around 18 degrees C.

NB overuse of analgesics can cause headaches.

Side effects and their management

Side effects are rare with occasional use of paracetamol.

Ibuprofen should be taken after food to avoid GI side effects.

When & how to refer to GP

Conditional referrals:

If symptoms persist for more than one week, the patient should consult the GP.

DIARRHOEA

Definition/Criteria

Increased frequency and fluidity of defecation.

Criteria for INCLUSION

Patients experiencing the above symptoms.

Criteria for EXCLUSION

Patients with chronic diarrhoea problems.
Children under the age of 3 months.

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration & maximum dosage

Diorylate sachets (6) po P 1 sachet after each loose motion.

Criteria

Advice

Patient should only be given clear fluids for 24-48 hours until the symptom resolves.
Continue to offer milk feeds/ breast feeding in infants.

Side effects and their management

When & how to refer to GP**Conditional referral:**

- If symptoms persist beyond 48 hours, consult the GP.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients taking medication with recognised diarrhoea effect.

Rapid referral:

- Children, where symptoms have lasted more than 48 hours or who look ill or dehydrated.
- Pregnancy.

CONSTIPATION

Definition/Criteria

Increased difficulty and reduced frequency of bowel evacuation compared to normal.

Criteria for INCLUSION

Significant variation from normal bowel evacuation which has not improved following adjustments to diet and other lifestyle activities (see below).

Criteria for conditional EXCLUSION

Patients currently receiving laxatives as part of their regular medication. Pharmacists should exercise their professional judgement to implement dosage alteration to existing laxative regime.

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Referral to Health Visitor for Children and Babies.

Recommended Treatments, Route and Legal status. Frequency of administration & maximum dosage

Lactulose Syrup 300mls po P 2.5ml - 15mls bd adjust according to age

| Age | Dose |
|-----------------|---------------|
| Under 1 year | 2.5ml bd |
| 1 – 5 years | 2.5 – 10ml bd |
| 5 years – adult | 5 – 20ml bd |

Follow-up & advice

Regular doses of laxatives are rarely required and can cause a “lazy” bowel.

Consider alteration to diet to prevent the occurrence of further events eg. Increased fibre and fluid intake and increased physical activity if appropriate.

Should not be used by anyone with an abdominal obstruction.

When & how to refer to GP

Conditional referral:

- If constipation persists beyond one week, consult the GP.
- If more than one request per month.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Patients taking medication with recognised constipating effects.

HAY FEVER

Definition/Criteria

Seasonal allergy to plant pollen.

Criteria for INCLUSION

Patients with previously diagnosed hay fever requiring symptomatic treatment.

Criteria for EXCLUSION

Patients under the age of 2.
Known to have an allergy to drug or constituents.
Breastfeeding or pregnancy.
Patients with severe renal impairment.

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status. Frequency of administration & maximum dosage

| | | | |
|--|---------|-----|---------------------|
| Chlorphenamine tabs 4mg (3x28) | po | P | 1 tds |
| Loratadine tabs 10mg (30) | po | P | 1 od |
| Cetirizine 10mg (30) | po | P | 1 od |
| Sodium Cromoglycate eye drops (10ml) | topical | P | 1 drop qds |
| Beclometasone nasal spray (200 sprays) | topical | POM | see PGD |
| Loratidine syrup (100ml) | po | P | 10ml daily |
| Chlorphenamine syrup (150ml) | po | P | 5ml(2mg) 4-6 hourly |

Chlorphenamine doses for children

| Age | Dose |
|--------------|----------------------------|
| 1 – 2 years | 1mg bd |
| 2 – 6 years | 1mg tds/qds max 6mg/24hrs |
| 6 – 12 years | 2mg tds/qds max 12mg/24hrs |

Loratadine doses for children

| Age | Dose |
|--------------------------------------|---------|
| 2 – 12years (under 30kg body weight) | 5mg od |
| 12 years + (over 30kg body weight) | 10mg od |

Cetirizine doses for children

| Age | Dose |
|------------|-------------------|
| 2 -6 years | 5mg od / 2.5mg bd |
| 6 years + | 10mg od / 5mg bd |

Follow-up & advice

Pollen avoidance measures.
Not to exceed maximum doses.
Possible interactions with loratidine - Patient must inform GP if prescribed further medication.

Side effects and their management

Chlorphenamine causes sedation.

When & how to refer to GP

Conditional referral:

- Patient should consult the GP if treatment is ineffective.
 - Patients excluded from treatment refer to GP.
-

Special considerations/Concurrent medication

Glaucoma (sedating antihistamines contra-indicated).Use PGD for Beclometasone.

HEAD LICE

Definition/Criteria

Infestation with head lice.

Criteria for INCLUSION

Patients who are proven to be infested with live head lice, and their sleeping contacts.

Criteria for EXCLUSION

Family / siblings of patient, who are not proven to be infested (note: infestation is **not** indicated by the presence of nits [hatched and empty egg shells]).

Children under the age of 6 months.

Action for excluded patients & non-complying patients

Referral to General Practitioner.

Recommended Treatments, Route and Legal status

| | | |
|---|-----------|---|
| Dimeticone 4% Lotion (2x50ml/treatment) | topically | P |
| Detection comb. | | |

Dosage and Criteria

Patients to be issued with a detection comb, leaflet and verbal advice.

First line treatment of dimeticone to be administered to dry hair and left on for 12 hours (pack inserts specify less time).

Frequency of administration & maximum dosage

Treatment to be repeated in seven days.

Follow-up & advice

Hair should be allowed to dry naturally – Do not use hair dryers.

Broad comb, then wet comb well conditioned hair to remove dead lice & eggs.

Regular detection combing as treatment will not prevent re-infection from classmates.

Not suitable for prophylaxis.

Side effects and their management

Side effects are experienced rarely.

When and how to refer to GP**Conditional referral:**

If treatment fails refer to GP for treatment with second line product.

EYE INFECTION

See separate Patient Group Direction (PGD)

Appendix 6

Drugs costs

reviewed April 2011

| Product | Drug Tariff Price | Including VAT | Agreed cost price | Including VAT |
|--------------------------------------|-------------------|---------------|-------------------|---------------|
| 24 Ibuprofen 200mg Tabs | | | 77p | 92p |
| 100ml Ibuprofen Susp SF | £1.51 | £1.81 | | |
| 32 Paracetamol Tablets | £1.01 | £1.21 | | |
| 100ml Paracetamol Susp SF 120mg/5ml | | | £1.13 | £1.36 |
| 100ml Paracetamol Susp SF 250mg/5ml | | | £1.34 | £1.61 |
| 6 Diorylate sachets | | | £2.25 | £2.70 |
| Lactulose Syrup 300mls | £2.24 | £2.69 | | |
| 10ml Chloramphenicol Eye drops | £1.94 | £2.33 | | |
| 4G Chloramphenicol Eye ointment | £2.17 | £2.60 | | |
| Beclometasone nasal spray 200 dose | £3.05 | £3.66 | | |
| 30 Cetirizine 10mg Tabs | £1.02 | £1.22 | | |
| 28 Chlorphenamine 4mg Tabs | £1.08 | £1.30 | | |
| 150ml Chlorphenamine Syrup | £2.35 | £2.82 | | |
| 30 Loratadine 10mg Tabs | £1.27 | £1.52 | | |
| 100ml Loratadine Syrup | £2.87 | £3.44 | | |
| Sodium Cromoglycate Eye Drops 10ml | £3.35 | £4.02 | | |
| 2x50mls Dimeticone Lotion | £5.96 | £7.15 | | |
| Detection Comb | | | 72p | 86p |
| | | | | |
| | | | | |
| | | | | |
| Advice only given | | | £3.00 | £3.60 |
| Rapid referral procedure implemented | | | £3.00 | £3.60 |

This protocol is for use by all persons dealing with requests for appointments and/or prescriptions either by the patient in person or by telephone.

For patients making an appointment by telephone or in person

1. If the parent/guardian of the patient is telephoning a request ask verbally if it is for one of the minor illnesses included in the scheme.
2. If the parent/guardian of the patient is presenting in person show them the laminated list of included illnesses asking if it is for one of the listed illnesses.
3. If it is inform them that there is a scheme in operation call Pharmacy First For Children where patients who are aged 16 and under can be referred to a local pharmacy for advice and free minor ailment treatment rather than waiting for an appointment.
4. If the patients parent/guardian accepts transfer into the scheme please complete an 'Evidence of registration' form. If the parent/guardian of the patient is present this should be given to them to take to one of the participating pharmacies. If they are not present, ideally this form should be completed and faxed to their nominated participating pharmacy. The form should be completed fully to prevent possible fraud.
5. Each patient should receive a Pharmacy First For Children information leaflet.
6. Following transfer into Pharmacy First For Children the patients notes should be marked as such.
7. If a parent/guardian of a patient refuses transfer into Pharmacy First For Children an appointment should be made for them with the Doctor in the usual manner.

For patients self-referring at the Pharmacy

Some patients will go straight to the Pharmacy to join the scheme. The pharmacist is required to see evidence of registration with your surgery. If the patient does not have evidence with them but proof of identity the pharmacists may ring the surgery to check their registration. Please confirm this (if possible). The Pharmacist may request you to fax a 'Confirmation of registration form'.

Rapid Referral

On some occasions the Pharmacists may consider that the patient needs to be seen by a doctor. The urgency will depend on the symptoms. In these circumstances the Pharmacist will ring to make an appointment on the patients behalf or advise the patient (or parent/guardian) to make an appointment. Sometimes if the surgery is closed the Pharmacist may advise the patient to call the emergency number or go straight to A & E.

Appendix 8

2011 version

Monthly Invoice
Month
VAT number

| |
|----------------|
| Pharmacy Stamp |
|----------------|

I declare that the following was supplied in accordance with the specifications of Pharmacy First For Children.

| | Items | unit cost | total cost | | Items | unit cost | total cost |
|---|-------|--------------|------------|---------------------------------|-------|--------------|------------|
| 24 Ibuprofen 200mg Tablets | | 92p | | 200 Beclometasone Nasal Spray | | £3.66 | |
| 100ml Ibuprofen Suspension | | £1.81 | | 30 Cetirizine 10mg Tablets | | £1.22 | |
| 32 Paracetamol Tablets | | £1.21 | | 28 Chlorphenamine 4mg Tablets | | £1.30 | |
| 100ml Paracet Susp SF120/5 ml | | £1.36 | | 150ml Chlorphenamine Syrup | | £2.82 | |
| 100ml Paracet Susp SF 250/5ml | | £1.61 | | 30 Loratadine 10mg Tablets | | £1.52 | |
| 300 mls Lactulose Syrup | | £2.70 | | 100ml Loratadine Syrup | | £3.44 | |
| 10ml Chloramphenicol eye Drops | | £2.33 | | 1 Sodium Cromoglycate Eye Drops | | £4.02 | |
| 4G Chloramphenicol eye ointment | | £2.60 | | 2x50ml Dimeticone Lotion | | £7.15 | |
| | | | | Detection Comb | | 86p | |
| Advice only no medication | | | | | | | |
| | | | | Rapid referral procedure used | | | |
| Cost of Medication | | | | Number of items supplied | | | |
| Items dispensed for month | | | | Cost of Medication | | | |
| Total consultation fees inc VAT including advice only | | £3.60 | | Total cost of drugs for month | | | |
| | | | | Registration fee inc VAT | | £60 | |
| | | | | Invoice total for month | | | |
| For information only | | | | | | | |
| Advice only given no medication necessary | | | | VAT total for drugs | | | |
| Rapid referral procedure implemented | | | | VAT total for fees | | | |
| Signed | | | | Date..... | | | |
| Pharmacists name | | | | PCT Authorising signature | | | |
| | | | | | | | |

