Clinical Condition	**Athlete's Foot (Tinea pedis)**
Definition	Fungal Infection of the skin
How common is it?	Can affect anybody
Description of symptoms?	Sore, Itchy and broken skin between the toes and on the sole of the foot
Advice to patients	The fungal spores survive in warm damp areas and can be picked up from swimming pools, baths, shared towels or wet floors There is no need for people with fungal infection to avoid school or sports, but care should be taken to avoid transmission to others, by careful hygiene and by ensuring that appropriate treatment is being used
Criteria for referral	Toenails becoming black or discoloured If fungal infections start to spread under the nails If fungal infections spread to other parts of the body If worsening/no improvement >4 weeks of treatment Lymphoedema or history of lower limb cellulitis
Treatments	Clotrimazole cream 1 % Miconazole cream Clotrimazole powder
Treatment advice	Wash and dry feet thoroughly, especially between toes Wearing clean wool or cotton socks allow skin to breathe & can reduce moisture that is kept in contact with the skin Go barefoot indoors Avoid tight fitting/narrow shoes Antifungal powder is available for direct application to shoes and hosiery but should only be used in severe cases
Period of administration	Topical treatment is usually necessary for 2-4 weeks Treat for 2 weeks after the infection appears to have cleared to eradicate any residual fungal material, which lodges in the keratin layer

Clinical Condition	**Back Pain**
Definition	Non traumatic pain affecting any part of the spine
Description of symptoms	Neck pain, lower back pain Usually caused by a spasm or cramping of a muscle
Precipitating factors	Bad posture Lifting items that are too heavy Incorrect lifting techniques Pregnancy Being overweight
Advice to patients	Continue with normal, light activities, avoid bed rest Heat (hot water bottles, heat pads), simple massage or ice packs can help ease back pain Bad posture, awkward or repetitive movements can lead to back pain It can take some time for aches and discomfort to go completely Consider a discussion on weight loss if appropriate
Criteria for referral	Thoracic pain **Back pain > 4 weeks** Age <20 or > 55 yrs Known cancer patient or previous history of cancer Associated systemic symptoms e.g. fever, sweating, nausea/vomiting, headache, severe fatigue i.e. red flags Constant, progressive, non - mechanical pain Previous history of osteoarthritis, rheumatoid arthritis or gout Severe symptoms with or without acute onset Pain radiates down legs Numbness, weakness or paraesthesia (pins and needles) Bladder/bowel symptoms together with the back pain History of trauma
Treatments	Paracetamol tablets Ibuprofen tablets
Rationale	Simple analgesia can ease the pain so that gentle exercise can be encouraged

Clinical Condition	Constipation – (only for patients over 12 years old)
Definition	The exact definition of constipation is not clear. Most definitions include infrequent bowel actions of twice a week or less, which often require straining to pass hard faeces. Sensations of pain and incomplete evacuation are sometimes associated.
How common is it?	Estimated that constipation affects: -20% of elderly people (often associated with immobility and poor diet; also perineal muscle tone is lower) -8% of middle aged people -2.9% of young people Women are thought to have a higher prevalence of constipation than men Constipation is common in pregnancy and for up to 6 weeks after birth, as a result of reduced gastro-intestinal mobility and delayed bowel emptying due to the pressure of the uterus 51% of people with cancer experience constipation
Description of symptoms	One standard set of criteria for the diagnosis of constipation is the Rome II Criteria which requires two or more of the following symptoms to be present for at least 12 weeks out of the preceding 12 months: • straining at defecation for at least a quarter of the time • lumpy and or hard stools for at least a quarter of the time • a sensation of incomplete evacuation for at least a quarter of the time • 3 or fewer bowel movements per week Severe constipation may paradoxically present with overflow diarrhoea and faecal incontinence
Advice to patients	Education and lifestyle advice (diet and exercise) is the mainstay of therapy for uncomplicated constipation, and this alone may adequately control symptoms in many cases. Reassurance – that the person does not have cancer, that different people defecate at different frequencies, and that mild constipation is not usually harmful – may be helpful Drugs which commonly cause constipation include: antacids containing aluminium hydroxide or calcium carbonate, amiodarone, anticholinergics, antidiarrhoeal agents, antiparkinsonian agents, calcium channel blockers, calcium supplements, clonidine, disopyramide, diuretics, iron preparations, lithium, non-steroidal anti-inflammatory drugs, opioid analgesics and cough suppressants Fibre – high dietary fibre is effective in increasing stool weight and increases faecal transit time. A high fibre diet should be tried for at least one month before its effects on constipation are determined, although most people will

	notice an effect within 3-5 days. Two litres of water each day is also recommended for people on a high fibre diet. If adequate fluid intake is not possible, avoid increasing dietary fibre. Adverse effect of a high-fibre diet include flatulence, bloating and distension, and an unpalatable taste. These are likely to wear off after several months once the bowel has adjusted. Drinking 2 litres of water daily may also be difficult. Some people may find these a disincentive to following the dietary advice High fibre is not recommended in certain groups of people, those with megacolon or hypotonic colon or rectum will not respond to bulk in the colon; those taking opioids, as increasing bulk may lead to obstruction Caffeine has diuretic properties; therefore caffeine- containing drinks may make constipation worse Indications for laxative use are: no response to adequate non-drug treatment (e.g. after 1 month); constipation or painful defaecation associated with illness, surgery or pregnancy; elderly people with a poor diet; drug-induced constipation, medical conditions in which bowel strain is undesirable; preparation for an operation or investigation.
Criteria for referral	If constipation persists beyond one week, consult the GP If more than one request per month Rectal bleeding **Other red flags: associated weight loss/vomiting/fevers/night sweats/abdominal distention/alternating with diarrhoea Past h/o cancer** H/o underlying bowel problems In patients taking medication with recognised constipation effects consider supply, but patient should be advised to make an appointment with the GP practice.
Treatments	Senna tablets Ispaghula husk sachet Docusate sodium 100mg capsules If dosage is to large, griping and diarrhoea may result Senna may colour the urine yellow or red Regular doses of laxatives are rarely required and can cause a “lazy”bowel
Rationale	Ispaghula is a bulking agent and should be used if diet/lifestyle advice has been unsuccessful Senna is a stimulant and should only be used if advice on diet/lifestyle or use of a bulking agent has been unsuccessful. MHRA has just published advice on stimulant laxatives. https://www.gov.uk/government/news/new-restrictions-

	introduced-on-sales-of-stimulant-laxatives-to-counter-risks-from-overuse Docusate sodium is a stool softener and has stimulant properties

Clinical Condition	Contact Dermatitis
Definition	Local inflammation and erythema of the skin in response to an external stimulus Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided
Description of symptoms?	Red, dry, cracked or flaking, scaly skin. In dark skinned people it may appear as thickened/darker patches of skin rather than red Itching Contact dermatitis often occurs on the hands but can occur anywhere e.g. around the neck
Precipitating factors	Contact with for example cosmetics, hair dye, nickel, cheap jewellery, or cement dust Most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.
Advice to be given	Avoid scratching Identify irritant & avoid future contact Use of a barrier between the skin and the irritant, e.g. cotton lined rubber gloves when in contact with chemicals If paraffin containing emollients are used advise on the risk of fire
Criteria for referral	No improvement after 7- 10 days of using appropriate product Evidence of infection i.e. weeping, crusting, discharge etc. Severe condition – badly fissured, cracked skin, bleeding No identifiable cause Duration of longer than 2 weeks
Treatments	Hydrocortisone cream/ointment 1% - only for people over the age of 10. Not for use on the face or genital areas. Clobetasone cream (not for children under 12) Emulsifying ointment Product should be used for a maximum of 7-10days. Generous use of an emollient and/or soap substitute, such as aqueous cream is recommended during the treatment period.

Clinical Condition	**Diarrhoea**
Definition	Diarrhoea is defined as the passage of loose stools with an increase in stool frequency – at least three times in a 24 hour period
How common is it	Very common Gastroenteritis has been estimated to occur in 1 in 5 people of all ages each year
Description of symptoms	Acute diarrhoea has a rapid onset and is associated with abdominal cramps, flatulence and weakness or malaise. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include medicines, anxiety or a food allergy. Passing more than 5 watery or loose stools in 24 hours
Advice to be given	Self-limiting condition, lasts only a few days. If still not settling after a maximum of 3 days treatment then they must contact the GP practice Replacement of fluids is usually all that is necessary Take small sips of the oral rehydration fluid every few minutes
Criteria for referral	Child under 5years with symptoms for more than 48 hours Child under 5 years – when diarrhoea accompanied by vomiting Pregnancy Patients aged over 75 years Severe symptoms Weight loss Persisting for more than 3 days Blood in stool Recent travel to foreign country Food handlers History of underlying GI or bowel problems e.g. Inflammatory bowel disease etc. Accompanying or following antibiotic therapy In apparently anorexic patients (possible laxative abuse) Signs of dehydration • Mild dehydration: tiredness, anorexia, nausea and light headedness • Moderate dehydration: restless, irritable, decreased skin elasticity, dry mouth, sunken eyes, absence of tears when crying, decreased urine output, tachycardia • Severe dehydration: low level of consciousness, no urine output, very dry mucous membranes, cool extremities, rapid and feeble pulse

Treatments	Oral rehydration therapy Loperamide capsules
Rationale	First line therapy – Oral rehydration therapy Second line – Loperamide is suitable for patients aged 12 and over. For patients presenting with symptoms it is recommended to wait 24 hours before initiating treatment but if no improvement after 3 days of treatment they must contact GP

Clinical Condition	**Fever (pyrexia)** **CURRENT GUIDELINES ON SUSPECTED COVID MUST ALWAYS BE ADHERED TO** https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/
Definition	Fever (pyrexia) is defined as a body temperature over 38.5^{o}C
Description of symptoms?	General symptoms are feeling hot or cold or shivering General feelings of being unwell
Advice to be given	Treatment is usually given to provide comfort and avoid febrile convulsions in infants Drink plenty of non-alcoholic liquids to prevent dehydration Keep the room at a comfortable temperature
Criteria for referral	Providing treatment under this protocol should generally be for fever associated with an obvious/explainable minor condition. Particular caution is needed for dealing with fever in children Temperatures regularly above 40^{o} C Suspected meningitis - including any of these conditions vomiting, fever, stiff neck, light aversion, drowsiness joint pain fitting and rash. These must be considered for urgent referral Fever for more than 72 hrs Patients recently returned from foreign travel (particularly in malarial areas) Patients that appear to have symptoms suggesting infection
Treatments	Paracetamol tablets or suspension Ibuprofen tablets or suspension
Rationale	Paracetamol and ibuprofen have antipyretic properties

Clinical Condition	**Hay fever, allergic rhinitis**
Definition	Hay fever and allergic rhinitis including allergies to pollen, pet hairs, house dust mite droppings and mould spores
How common is it	About 1 in 10 of the population have symptoms of allergic rhinitis
Description of symptoms	The most frequent symptoms are : • Sneezing • Nasal blockage • Rhinitis • Itchy nose, throat and/or eyes • Hay fever can last for weeks or months, unlike a cold, which usually goes away after 1 to 2 weeks.
Advice to be given	Change your clothes when you have been outside Wear sunglasses to stop pollen getting in eyes Stop smoking if appropriate Fit pollen filters to car inlet system and to vacuum cleaners Check pollen count daily on the weather forecast Do not stroke pets that have been outside Use protective covers on mattresses & pillows
Criteria for referral	Breathlessness or heavy wheezing Asthma sufferers who are still having difficulty in breathing despite using their inhaler Pregnancy
Treatments	Chlorphenamine tablets or liquid Cetirizine tablets or liquid Loratidine tablets or liquid Sodium cromoglycate eye drops Beclometasone nasal spray
Rationale	Choice of treatment depends on which symptoms predominate and on patient preference Systemic antihistamines reduce itching sneezing and watery rhinorrhoea but have little effect on nasal blockage. They also reduce associated conjunctival or throat symptoms and are convenient to take

Clinical Condition	**Headache**
Definition	Pain is a subjective experience, the nature and location of which may vary considerably
Criteria for inclusion	Patients requiring relief of tension type headache Non-specific headache
Criteria for referral	Headache and fever associated with upper respiratory tract infections **CURRENT GUIDELINES ON SUSPECTED COVID MUST ALWAYS BE ADHERED TO** https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/ Children under the age of 10 unless they can be treated under one of the other conditions in this service Headache of >3 days where there is no identifiable cause Any associated red flag symptoms including rash, vomiting, visual disturbance, gait/balance issues, dizziness, neck pain, weakness in limbs, tingling numbness in limbs Headache keeps coming back Painkillers do not help and headache gets worse Bad throbbing pain at the front or side of head – this could be a migraine or, more rarely, a cluster headache
Action for excluded patients and non-complying patients	Referral to GP
Follow up and advice	Enquire about concurrent analgesia Paracetamol daily dose – caution with other paracetamol containing products Other NSAIDs – prescribed or over the counter- caution about GI upset Relaxation therapies are effective if used appropriately Drinking enough fluids Rest, warming, cooling or changing position may obtain relief from pain Patients should be advised to avoid any aggravating factors Fever should also be treated with temperature reducing methods such as tepid bathing A headache may be a useful tool to aid diagnosis in persistent cases
Treatments	Paracetamol tablets or suspension Ibuprofen tablets or suspension

Rationale	Paracetamol or low dose Ibuprofen are suitable for first line choices for acute treatment of tension-type headache and non-specific headache

Clinical Condition	**Headlice**
Definition	Lice are cream or grey in colour and about 2 to 4 mm in length
How common is it	One of the most common human infestations Caught by close contact with an infected person and has nothing to do with personal cleanliness They can be contracted by people of all ages
Description of symptoms	Detection of the lice should be by regular detection combing - ideally weekly Itchiness of the scalp can occur but usually happens several weeks after infestation Hatched lice and live eggs are difficult to see on the hair
Advice to be given	Check all members of the household but treat only those who are infected I.e. only if a live louse is seen Note:infestation is not indicated by the presence of nits (hatched and empty egg shells) All members of the household should be checked and treated if needed on the same day Children can attend school if they have head lice. There is a video on how to wet comb on NHS choices Explain that wet combing is first line due to the problem of resistance with chemical treatments and possible skin irritation but it is important for the combing to be done properly and this can take some time
Criteria for referral	Repeated treatment failure Children under the age of 6 months
Treatments	Head lice can be treated by wet combing with a special fine toothed comb; chemical treatment is only recommended if wet combing completed as per the recommendations below has been unsuccessful There may be instructions with the comb, but usually you: • wash hair with ordinary shampoo • apply lots of conditioner (any conditioner will do) • comb the whole head of hair, from the roots to the ends It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair. Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. Check again that everyone's hair is free of lice on day 17. Bug busting comb- Inform parents that this should be kept and reused in future Chemical treatments cannot be supplied at the initial consultation unless the parents are adamant that they have already tried wet combing as above. Malathion 50 ml and 200ml can normally only be supplied at a follow up consultation and parents have completed the wet combing protocol as above. Volume to be supplied should be sufficient to treat only those with live lice.

Clinical Condition	**Indigestion/heartburn**
Definition	A collection of symptoms (including stomach discomfort, chest pain , a feeling of fullness, flatulence, nausea and vomiting) which usually occur shortly after eating or drinking
Criteria for inclusion	Patients who require relief from some of the above symptoms Previous diagnosis of minor GI problems A new GI problem that has lasted less than 10 days
Advice to be given	Symptoms can be aggravated by stress and anxiety Advise patients to stop smoking , limit to moderate alcohol intake and lose weight Eat small meals slowly and regularly and avoid foods which aggravate the problem Not to take indigestion products at the same time as other medication Alginates should be taken 20 min - 1 hour after meals and at bedtime The sodium content of some antacids may be important when a highly restricted salt diet is required in some renal and cardiovascular diseases
Criteria for referral	Patient keeps getting indigestion Severe pain Aged 55 or older Patient has lost a lot of weight without meaning to Patient has difficulty swallowing (dysphagia) Patient is vomiting Patient has iron deficiency anaemia or history of heart disease Patient is taking NSAIDs Patient has bloody vomit/blood in stools stools or black stools Patient has indigestion after or during activity/exercise
Treatments	Gaviscon Advance liquid or tablets
Rationale	Alginate containing antacids reduce reflux and protect the oesophageal mucosa

Clinical Condition	**Nappy rash**
Definition	Is dermatitis confined to the area covered by the nappy
How common is it	Up to a third of babies and toddlers in nappies have nappy rash at any one time.
Description of symptoms?	Inflammation and/or erythema of the skin. There may be blisters that may be crusty or weepy
Precipitating factors	Long periods between changing nappies The types of nappies used Prolonged contact time with faeces especially when diarrhoea is present Skin trauma from friction Chemical irritants e.g. preservatives, creams, oils & deodorants Allergy to components/texture of the nappy Severe or long term nappy rash can be an indicator of safeguarding concerns
Advice to be given	As soon as the nappy rash develops : • Increase the frequency of nappy changing and cleansing using water or alcohol and fragrance free wipes • Apply a thin layer of barrier cream after every change • Let the child spend as long as possible without a nappy on • Promptly change any wet or dirty nappies (although this is not always possible) • Consider using disposable nappies if not already doing so
Criteria for referral	Consider referral if a troublesome nappy rash does not respond to adequate treatment after about three to seven days if recommended hygiene tips are followed. If the baby develops a persistent bright red, moist rash with white or red pimples that spreads into the folds of their skin, they may have an infection and should be referred.
Treatment	Metanium cream

Clinical Condition	**Primary dysmenorrhoea (Period pain)**
Definition	Dysmenorrhoea is a cyclic lower abdominal or pelvic pain, which may radiate to the back and thighs occurring before/during menstruation , or both **Primary Dysmenorrhoea** occurs in the absence of any obvious underlying disease **Secondary dysmenorrhoea** refers to painful menstruation due to an underlying disease, most commonly endometriosis. (**NB** this protocol does not cover the management of secondary dysmenorrhoea)
How common is it	It affects around 40 – 70 % of women of reproductive age and affects daily activities in up to 10% of women
Description of symptoms	Cramps, sharp pains in the lower abdomen and pelvis There might be associated pain in the lower back and thighs. The pain starts at the onset of menses and lasts for hours to days Occasionally nausea, vomiting, diarrhoea, headache and urinary frequency may occur Sweating, lack of energy, irritability, nervousness and rarely depression may also develop
Advice to be given	Some women find that it helps to start taking painkillers a day or two before the period is expected to start Alternatively start to take them at the onset of pain or bleeding, which ever happens first. Take them regularly while the pain lasts.
Criteria for referral	If there is little or no response to standard treatment with NSAIDs or paracetamol Later age of onset than primary dysmenorrhoea Women complaining of a change in timing or intensity of pain Other gynaecological symptoms e.g. menorrhagia, dyspareunia etc.
Treatments	**First line** Ibuprofen 200mg tablets – 12 yrs onwards Take one tablet 3 – 4 times a day while having period pain Ibuprofen 400mg tablets Second line : Paracetamol tablets/soluble tablets
Rationale	Pathogenesis is uncertain; uterine hyperactivity , prostaglandins, leukotrienes and vasopressin have all been implicated, hence the role of NSAIDs which are thought to be effective Paracetamol is an alternative if an NSAID is not suitable

Clinical Condition	**Ringworm of the skin (tinea corporis)**
Definition	Fungal infection of the skin caused by T rubrum, M.carnis, T.tonsurans or T. verrucosus
Description of symptoms?	Ringworm of the trunk or limbs typically begins as a single or multiple scaly, circular, erythematous plaques with a slightly raised, advancing border. These may show a variable degree of inflammation and have papules or pustules at their border.
Precipitating factors	Past history of fungal infection, diabetes mellitus, obesity, immunocompromised adults..
Advice to be given	Keep the skin dry and avoiding skin occlusion where possible. Do not share towels , clothing or bedding with anyone who has ringworm If you have ringworm, avoid spreading it to other areas of your body (and to other people) by touching the area as little as possible, and washing your hands afterwards. Avoid washing the area too often or scrubbing it because this may break the skin and make it more open to further infection
Criteria for referral	The skin is particularly inflamed and irritated Severe and/or extensive infection (e.g. fungal scalp infection) Recurrent infections Immunocompromised people Topical treatment has failed (after 2 weeks of treatment)
Treatments	Clotrimazole cream 1% Miconazole cream 2%
Rationale	Imidazole creams are effective against dermatophytes
Period of administration	Clotrimazole & Miconazole cream Treat for 2- 4 weeks to clear the lesions Continue treatment for 2 weeks after all the signs of infection have cleared Treat for 2 weeks to clear the lesions

Clinical condition	**Soft tissue injury**
Definition	Soft tissue injury • Sprain is a joint injury in which some fibres of a supporting ligament are ruptured • Strain is an over exertion or over stretching of some part of the musculature
How common is it?	Soft tissue injuries account for over 80% of adult sports injuries and 24% of children's sport injuries
Description of symptoms	Pain, joint swelling and lack of usual /normal function of the joint. These are usually progressive over a few hours
Precipitating factors	Participation` in sporting activity, fall or other trauma
Advice to be given	Ensure adequate warm up before taking part in sports Treatment using **RICE** **R**est the injury for about 48 hours **I**ce – pack the area with ice wrapped in cloth for 10 – 30 mins to reduce the swelling **C**ompression – use an elastic bandage to support the area **E**levation – keep the area elevated as much as possible to reduce the swelling
Criteria for referral	Immediate pain, swelling and loss of function plus localised tenderness (may indicate a fracture) If presenting >1 week since injury with persisting symptoms Previous history of osteoarthritis, rheumatoid arthritis or gout Constant progressive non-mechanical pain Children under 12
Treatments	Ibuprofen tablets Paracetamol tablets Tubular bandage
Rationale	ibuprofen is first line but paracetamol can be used if an NSAID is not suitable Tubular bandage provides consistent and evenly distributed compression that is not always achieved by crepe bandages

Clinical Condition	**Teething in babies**
Definition	Teething – a range of symptoms which can include pain and redness of gums
Description of symptoms	Excess salivation Restlessness Will not sleep Pain and discomfort Chews hard objects One flushed cheek Rubbing ears
Advice to parents	Use of teething rings cooled in fridge (not a freezer) can help reduce sensation of pain and give baby something to chew on Advise registration with a dentist if not already registered
Criteria for referral	Fever GI disorder such as diarrhoea or vomiting Rash
Treatments	Ibuprofen suspension Paracetamol suspension Bonjela teething gel is only to be used if non medicinal options have not been effective. This is only licensed in babies five months and above

Clinical Condition	Threadworm
Definition	Threadworm or pin worm Enterobius vermicularis is a parasitic worm which infest the intestines of humans
How common is it	Threadworm is the most common parasitic worm infestation in the UK Threadworms are much more common in school or pre-school children than in adults, because of their inattention to good personal hygiene and close contact with other children. Threadworms often affect family groups or institutions, especially if conditions are crowded
Description of symptoms	Intense itching in the perianal area, especially at night is suggestive of threadworm. However infestation is frequently asymptomatic Adult worms may be seen in the perianal area (usually at night) Perivaginal itching may also occur
Advice to be given	Environmental hygiene measures- undertake on the first day of treatment Wash sleepwear, bed linen, towels, cuddly toys at normal temperatures and rinse well Thoroughly vacuum and dust, paying particular attention to the bedrooms Thoroughly clean the bathroom by damp dusting surfaces, washing the cloth frequently in hot water Strict personal hygiene measures for 2 weeks if combined with drug treatment or for 6 weeks if used alone Wear close fitting underpants or knickers at night – change them every morning Cotton gloves may prevent night-time scratching. Wash them daily Bath or shower immediately on rising each morning, washing around the anus General personal hygiene measures – encourage all the time for all household members Wash hands and scrub under the nails first thing in the morning, after using the toilet or changing nappies and before eating or preparing food Discourage nail biting and finger sucking Avoid the use of communal or shared towels or flannels
Criteria for referral	Children under 2 years of age Inflamed or broken perianal skin due to scratching Patients who are pregnant or breastfeeding Patients whose symptoms do not improve after a 2nd dose
Whom to treat	Treat the person if threadworms have been seen or their eggs have been detected Treat all household members at the same time to prevent cross infection (unless contraindicated) The pack sizes of medicines available allow more than one patient to be treated under the one supply

Treatments	Mebendazole oral suspension, tablets. For adults and children over 2 years old
Rationale	Mebendazole acts by inhibiting the uptake of glucose by the worms causing immobilisation and death
Period of administration	Mebendazole oral suspension,/tablet Various pack sizes have been included in this clinical category to suit needs of supply. Pharmacists should choose the most suitable pack size for the individual patient/number of household members who fulfil the criteria for a supply for a 2 dose treatment. If providing a family pack for more than one person then each person being treated should have their names recorded against the family pack supply. If the 2nd dose after 2 weeks is not required then the pharmacist should advise that any medicine remaining in the pack is to be discarded appropriately. • Take as a single dose. One dose is usually sufficient for treatment, however advise the patient that another dose is required if symptoms remain after 2 weeks • A 2nd dose to be repeated after 2 weeks only if infection persists.

Clinical Condition	**Toothache**
Definition	Any pain or soreness within or around a tooth, indicating inflammation and possible infection Only one treatment is available for all patients under this protocol
Description of symptoms	Pain when chewing Sensitivity to hot or cold food Bleeding around the tooth or gums Swelling around the tooth Swelling around the jaw
Advice to parents	GO AND SEE THE DENTIST AS SOON AS POSSIBLE If toothache is left untreated, it may develop into an infection. Some methods of self- treatment may help manage the pain until professional care is available • Rinse with warm salt water • Use of dental floss to remove any food particles • Apply a cold compress against the outside of the cheek. Do not use heat, because it will tend to spread infection
Treatments	Paracetamol tablets/liquid Ibuprofen tablets/liquid

Clinical Condition	**Vaginal thrush**
Definition	Fungal infection of the lower female genital tract. The yeast *Candida albicans* accounts for 90% of the infections and *C glabrata* for 5%
How common is it	Thrush affects about 75% of women of whom 40 – 50 % have recurrent episodes It is considered to be more common in pregnancy It is more common in women with diabetes mellitus Use of broad spectrum antibiotics may predispose towards it Frequency of candidiasis changes with age, increasing after the menarche, peaking in the 3rd and 4th decades of life
Description of symptoms	Presenting symptoms include vaginal discharge, soreness and itching
Advice to be given	Avoid highly perfumed soaps, bubble baths and vaginal deodorants if prone to thrush Advise patients to remind their doctor that they are prone to thrush if prescribed antibiotics or other medication Try to keep the genital area cool; thrush thrives in warm moist conditions. Wear loose fitting cotton underwear. Expert consensus is that male partners with no symptoms do not need to be treated
Criteria for referral	First time sufferer Regular attacks more frequently than twice in the last 6 months Vaginal discharge changes in smell or appearance Blood staining with discharge Patient is under 16 or over 60 Patient has diabetes, HIV or is having chemotherapy If symptoms do not resolve within 7 days Pregnant or breastfeeding
Treatments	Clotrimazole 500mg pessary Clotrimazole 1% cream

Clinical Condition	**Warts and verrucae**
Definition	Warts are benign growths of the skin or mucous membranes caused by infection with the human papilloma virus (HPV)
How common is it	Cutaneous warts of the skin can occur at any age but the incidence peaks at 12- 16 years and declines after 20 years of age A UK study of 100 children with warts found that 70% had common warts, 24% plantar warts, 3.5 % plan warts, 2% filiform warts and 0.5% anogenital warts
Description of symptoms?	Common warts • Appearance; rough, scaly, pink or skin coloured papules with a rough surface • Location: hands, fingers, elbows, and feet (but can occur anywhere) Plantar warts • Appearance : sharply defined, rounded lesions with a rough surface, surrounded by a smooth collar of thickened skin • Location : Beneath pressure points in the foot (e.g. heel or metatarsal head)
Advice to be given	Most warts clear without treatment within 1 year Children with verrucae should not be barred from swimming but should wear a plastic sock. People with warts should not share towels , flannels socks or shoes
Criteria for referral	• If there are doubts about the diagnosis • Immunosuppressed patients • A wart or verruca that keeps coming back • A very large or painful wart or verruca • A wart bleeds or changes in how it looks • A wart on face or genitals
Treatments	Treatment is not generally recommended If warts are embarrassing or painful give salicylic acid gel Treat until the wart clears- this may take 3 months or more Soak the wart in warm water for 5 minutes before applying the salicylic acid Try not to get the salicylic acid on the surrounding skin Rub the wart /verruca gently with a nail file one or twice a week to remove hard skin Covering the wart with a plaster after applying the salicylic acid. Treatments in the formulary include Occlusal, Verrugon and Duofilm