

# Enhancing Self-Care Medicines use



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Background to Self-care

# Introduction



# Promoting Self-Care

## Conditions for which over-the-counter (OTC) items should not routinely be prescribed in primary care

The 2018 [NHS England national guidance](#) aims to reduce the routine prescribing of products for conditions that:

- Are considered to be self-limiting, and therefore do not need treatment as they will get better on their own accord
- Lend themselves to self-care i.e. the person suffering does not normally need to seek medical advice and can simply and effectively manage the condition by purchasing over-the-counter items from their local pharmacy
- Can be treated with over-the-counter products in a more cost effective manner than via a NHS prescription
- Have little evidence of clinical effectiveness.
- GM CCGs have adopted the NHSE England national guidance and have produced a [local commissioning statement](#).

### Each section contains...

Guidance

Contacts for individuals requiring further advice or information

Resources and further reading for those who want to expand their knowledge and understanding

This implementation tool has been developed to aid GPs, pharmacists, other healthcare professionals and supporting organisations to implement the national guidance for conditions that can be treated over-the-counter.

- The tool aims to provide a shared perspective and support for the implementation of NHS England's national self-care agenda and accelerate uptake, enabling commissioners, healthcare professionals and patients to understand and apply national advice
- The tool has been designed to guide clinicians and organisations through the decisions that need to be made and provide easy access to a variety of support materials to increase the uptake of self-care treatments and strategies by patients, enabling improved use of NHS resources
- Over-the-counter medicines are those that can be sold by local pharmacies, some but not all can be sold by local supermarkets and other shops. We promote the use of local pharmacies as a wider range of products are available and this is supported by professional advice
- Some of the information contained has been gathered from organisations where previous introduction of self-care strategies has gone well to share learning and reduce duplication across the NHS
- This tool should be read in conjunction with [local](#) and [national guidance](#)
- Any information contained within this tool should be used as a guide and tailored to local practice and patient needs as required.

# Background to Self-care

Key facts about the treatment of self-care conditions in the NHS.

The NHS each year spends:



**£22.8m**  
on treating constipation  
- enough to fund around  
900 community nurses

**£5.5m**  
on mouth ulcers



**£4.5m** on  
dandruff shampoos

**£7.5m**  
on indigestion and  
heartburn



**£3m**  
on athlete's foot  
and other fungal  
infections –  
enough to fund  
810 hip operations



**£2.8m** on  
diarrhoea - enough  
to fund 2912  
cataract operations

## What is self-care and why does it matter?

People can play a central role to protect themselves from ill health, by improving or maintaining healthy lifestyles, choosing the most appropriate treatment and best managing their long-term conditions.

The term self-care is defined as 'Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, which gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long term'.

Self-Care Forum



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## Further reading

### Key NHS England resources

[Guidance on conditions for which over the counter items should not routinely be prescribed in primary care](#)

[Conditions for which over the counter items should not be routinely prescribed in primary care: Consultation report of findings](#)

[Quick ref guide](#)

[FAQs](#)

### Other documents

[Self Care Forum](#)

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# GP Guidance



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# Overview

The 2018 guidance 'Conditions for which over-the-counter items should not routinely be prescribed in primary care' defines conditions that are suitable for treatment via self-care and with products that can be purchased over-the-counter.

What treatment and preparations are included?

- Pharmacy Only (P) and General Sales Lists (GSL) treatments that can be purchased over-the-counter from a pharmacy with or without advice
- GSL treatments (including a patient information leaflet) that can be purchased from pharmacies and other retail outlets such as supermarkets, petrol stations, convenience or discount stores
- Treatments for a condition that is considered to be self-limiting and so does not need treatment as it will heal/resolve by itself
- Treatments for a condition which lends itself to self-care, i.e. for which the person suffering does not normally need to seek medical care and/or treatment

Treatments available over-the-counter which should no longer be prescribed are outlined in this section with printable patient information. Clinicians should advise patients of availability of over-the-counter products noting OTC licensing, as detailed in the product information table under each condition. Clinicians should use their clinical judgement to decide whether it is acceptable or appropriate to ask patients to purchase their medication.

Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow school and nursery staff to administer them.

When directing patients to self-care, consider using a non-prescription pad or print out the GP non-prescription leaflet.





# Guidance for Clinicians

## Guidance for clinicians

When considering this guidance, clinicians will need to continue to rely on their clinical judgement for each individual patient. There are a number of [exceptions](#) that need to be considered.

NHS England has written to general practitioners providing reassurance that the commissioner will not find practices in breach of the GP contract if they follow the CCG guidance on routine prescribing of over-the-counter items. To view the letter please [click here](#).

Please [click here](#) for further guidance regarding GMMMGS formulary.



When directing patients to self-care, consider using a non-prescription pad or print out the GP non-prescription leaflet.

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# Exceptions to Guidance

This national guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined below:

- Patients prescribed an over-the-counter treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease)
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over-the-counter medicines)
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain)
- Treatment for complex patients (e.g. immunosuppressed patients)
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription-only medications should continue to have these products prescribed on the NHS
- Circumstances where the product licence doesn't allow the product to be sold over-the-counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breastfeeding. Refer to conditions page for further information regarding licence restrictions.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- For patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social or financial vulnerability; these patients will continue to receive prescriptions for over-the-counter items subject to the item being clinically effective
- Individuals who are financially vulnerable until such time as alternative mechanisms for non-prescription supply are in place locally, if not already available. Financial vulnerability is defined as in receipt of income related benefits (in line with NHS national criteria for help with prescription costs). See [end of this document](#) for further details.



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# Adult Care Providers

There are many resources available to support with the use of over-the-counter medicines and promotion of self-care in adults residing in supported living.

Particularly relevant links are:

- [CQC recommendations - Adult Social Care and supported living advice](#) and [Treating minor ailments and promoting self-care in adult social care](#)
- [The NICE guideline SC1 - Managing medicines in care homes](#)
- [RMOC guidance - Homely remedies](#)

Recommendations include:

- A GP may recommend the person, relatives or care staff to purchase a product to treat a minor ailment with an over-the-counter product for a particular person. Providers and clinicians need to work closely to ensure verbal or written instructions are recorded in the individual care plan
- Healthcare professionals can use their clinical judgement with regards to products that are available OTC but are prescribed for the treatment or prevention of long-term or serious conditions. These should be monitored and reviewed at appropriate intervals
- A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over-the-counter and does not require a prescription. They are kept as stock in the care home to allow access to products that would commonly be available in any household. When offering residents treatment for minor ailments with homely remedies, providers should have a supporting policy and documented process for how to do this safely

- It is good practice on admission to the care home or when a domiciliary service is commissioned to discuss health needs and medicines with the person and their family. This should also include the use of OTC products
- There should be a clear care plan, including how reviews will be triggered, to ensure that medicines given are safe and still appropriate. All purchased medicines must be checked for potential interactions with prescribed medicines with an appropriate healthcare professional before use
- People (or their relatives) may provide their own OTC products following consultation with the GP or pharmacist. In a care home setting these are not for general use and must remain specific to that person. In all care settings receipt should be documented. If the care staff are responsible for administration, this should be recorded on a MAR chart and good practice should be followed
- All OTC products purchased on behalf of the service user or brought into a care setting should be checked, to make sure they are suitable for use, in date and stored according to the manufacturer's guidance.

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# Care Homes

## Self-care in care homes

[CQC](#) advise that it is important for people living in care homes to maintain their independence. This may mean they are able to look after and take their own medicines.

People have the right to choose to manage their own medicines and staff should consider a person's choice and whether there is a risk to them or others.

## NICE guidance SC1

[NICE](#) says that staff should assume a person can self-administer (unless a risk assessment indicates otherwise).

When people are receiving short-term respite, or intermediate care, they need to keep their skills. This includes keeping the skills they need to take their own medicines when they return home.



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# Patients Receiving Social Care in Community

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## Managing medicines for adults receiving social care in community

### [NICE Guidance NG67](#)

Medicines support is defined as any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

When social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider.

All medication policies should include guidance on how service users are supported to self-medicate with over-the-counter medicines and to self-care.

Prescribers should assess individuals on their clinical need, considering their ability to self-manage. If there are concerns that this is compromised as a consequence of medical, mental health or significant social vulnerability, then these patients will continue to receive prescriptions for over-the-counter items subject to the item being clinically effective.



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# Over-the-counter Medicines in Schools and Nurseries

## Use of non-prescription (over-the-counter) medication in nurseries and schools

Non-prescription/over-the-counter (OTC) medication does not need a GP signature/authorisation in order for the school/nursery/childminder to give it.

Practices are reminded that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school.

Further information regarding the use of medicines in schools can be found here:

[Supporting pupils at school with medical conditions](#)

[Statutory framework for the early years foundation stage](#)



# Pharmacy Guidance



# Overview

The following points should be considered by community pharmacists when supporting patients to self-care through over-the-counter medication.

- Establish a good communication system between the pharmacy and the GP practice especially if a supply cannot be given for whatever reason
- Be aware of patients repeatedly purchasing medication for the same condition. They may require a referral to their GP. Check patient for red flag symptoms and signpost as appropriate
- Always provide safety netting advice, making sure patients understand when to seek further medical advice
- Ensure all community pharmacy staff are aware of this guidance and promote self-care strategies where possible and appropriate. Only refer patients to their GP where it is clinically indicated, without raising patient expectations regarding obtaining a prescription
- Pharmacy staff need to check for red flags when assessing the patient. All staff undertaking this activity should be properly trained and aware of what the red flags are for each condition. Red flags shown herein may not be exhaustive and clinical judgement always applies.
- Reassure patients with long-term chronic conditions that their doctor will continue to prescribe medication for their condition
- Advise patients that they should keep commonly used over-the-counter products such as painkillers, at home to help deal with most minor ailments. Refer patients to the [NHS list](#) compiled by the Royal Pharmaceutical Society
- Promote non-drug options where appropriate and available
- Where patients are purchasing medication, recommend evidence based products and ensure that the patient is aware of the least costly option
- Check the licence indications for OTC drugs to ensure you as a pharmacist are providing a legal supply. The GM exemptions for each condition have taken consideration of licensing restrictions
- If patients are referred to pharmacy to self-care, but the pharmacist believes this is inappropriate, liaise directly with the referring healthcare professional to ensure patient needs are addressed
- Where a patient is housebound, and poses concerns over their ability to self-care, the pharmacist should liaise with the patient's GP practice and agree the best approach for that patient.
- Pharmacists and their staff must keep up to date with all aspects of practice relevant to this guidance

Items of Limited Clinical  
Effectiveness

# Items of Limited Clinical Effectiveness



Items of Limited Clinical  
Effectiveness

## &gt; Probiotics

Vitamins and Minerals

# Items of Limited Clinical Effectiveness

Some medicines available on prescription are not considered to be clinically effective due to a lack of evidence. These products are no longer recommended for use within the NHS.

## Probiotics

### Rationale:

There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause.

Therefore, these should not be prescribed.

### Example products no longer considered suitable for prescribing:

Probiotics e.g. sachets, liquid, acidophilus, (Yakult®), VSL#3® and Vivomixx®.

### Supporting guidance:

[Public Health England's 'C.difficile in adults' guidance](#)

[NICE CG 84: Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management](#)





Items of Limited Clinical  
Effectiveness

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## &gt; Vitamins and Minerals

# Items of Limited Clinical Effectiveness

Some medicines available on prescription are not considered to be clinically effective due to a lack of evidence. These products are no longer recommended for use within the NHS.

## Vitamins and Minerals

### Rationale:

There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals supplementation. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.

Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.

Prescribing not in line with recognised exceptions should be discontinued. This guidance does not apply to prescription-only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.

### Example products that are restricted:

Supplements and vitamins with minerals e.g. maintenance dose vitamin D, vitamin C, multivitamins, zinc, cod liver oil, (I-Caps®, Berocca®, Sanatogen®, Seven Seas®).

### Exceptions:

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should, however, be reviewed on a regular basis.
- Note: maintenance or preventative treatment is not an exception
- Calcium and/or vitamin D for osteoporosis
- Malnutrition including alcoholism
- Patients suitable to receive Healthy Start vitamins for pregnancy or children aged from 6 months to their fourth birthday. (NB: this is not on prescription but commissioned separately).

### Supporting guidance:

[NHS Choices: Supplements, Who Needs Them?](#)

A behind the Headlines Report, June 2011

[NHS Choices: Do I need vitamin supplements?](#)

[Healthy Start Vitamins](#)

Overview

Self-limiting Conditions

# Self-limiting Conditions



# Overview

A number of common conditions are considered to be self-limiting and so do not need treatment as they will heal of their own accord.

These conditions include:

- [Acute Sore Throat](#)
- [Infrequent Cold Sores of the Lip](#)
- [Conjunctivitis](#)
- [Coughs, Colds and Nasal Congestion](#)
- [Cradle Cap \(Seborrhoeic Dermatitis - Infants\)](#)
- [Haemorrhoids](#)
- [Infant Colic](#)
- [Mild Cystitis](#)

## Please note:

OTC restrictions = over-the-counter products that cannot be purchased if the patient meets any of the criteria e.g. babies, children and/or women who are pregnant or breastfeeding. Information can generally be found from the product [information leaflets](#) where available and a list of restrictions for many commonly used over-the-counter products is available [here](#).

The brands listed are not exhaustive and other brands may be available which the community pharmacist may recommend to the patient.



GPs should issue a 'non-prescription' sheet' to patients being referred to purchase over-the-counter medication at end of each consultation.

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# Acute Sore Throat

## Self-care Guidance

## Exceptions & Red Flags

A prescription for treatment of acute sore throat should not routinely be offered to patients as in most cases, the condition is self-limiting and will clear up on its own without the need for further treatment.

### Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

### Self-care measures

- Take simple analgesia e.g. paracetamol or ibuprofen. See [OTC restrictions](#)
- Drink adequate fluids
- [Salt water gargling](#) may help
- There is some evidence that medicated lozenges (containing a local anesthetic and NSAID or an antiseptic agent) can help reduce pain in adults. No evidence was found for non-medicated lozenges, mouthwashes, or local anesthetic mouth spray on its own. [NICE NG 84](#)
- Hot drinks should be avoided as these can exacerbate pain
- Ice or ice lollies can be cooling and soothing
- In the exceptional cases where antibiotics have been prescribed, children can return to school or daycare 24hours after starting treatment if they no longer feel unwell.

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# Acute Sore Throat

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Most sore throats are caused by a virus and most people get better on their own supported by self-care measures. However, where the sore throat is caused by bacterial infection, antibiotics may be required and careful consideration should be made to avoid overuse of antibiotics and promote self-care where appropriate
- 'Red flag' symptoms.

## 'Red flag' symptoms

- People with severe recurrent tonsillitis should be referred to an ear, nose, and throat specialist
- Persistent sore throat for > 6 weeks
- Excessive drooling
- Trismus
- Unilateral facial swelling
- Dysphagia
- Dyspnoea
- Immunosuppressant medication such as carbimazole
- Persistent unilateral tonsillar enlargement
- Neck stiffness
- Photophobia
- Non-blanching rash.



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# Infrequent Cold Sores of the Lip

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of cold sores should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. The patient should be reassured that oral herpes simplex infections are usually self-limiting, and that lesions should heal without scarring.

## Supporting resources

[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)


## Self-care measures

- Apply an anti-viral cream at first sign of symptoms and before appearance of cold sore
- Topical anaesthetics or analgesics, mouthwash and lip barrier preparations are available over-the-counter, which some people may find helpful
- Paracetamol and/or ibuprofen should be taken to relieve pain and fever, if required and there are no contraindications
- Ensure adequate fluid intake to reduce the risk of dehydration
- Take care if using contact lenses, as there is a risk of transmission to the eye if lenses become contaminated
- Defer elective dental treatment until all lesions have fully healed
- Herpes simplex virus is easily transmitted to other people and patients should be advised how to reduce the risk of transmission:
  - > Avoid kissing and oral sex until all lesions have fully healed
  - > Do not share items that come into contact with lesions (for example lipstick)
  - > Avoid touching the lesions, other than when applying topical preparations, which should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions
  - > Wash hands with soap and water immediately after touching lesions
- Patients should try to avoid triggers, if possible. If sunlight is a trigger, advise the use of sunscreen or sunblock lip balm (sun protection factor 15 or greater)
- Patients should seek further medical advice if their symptoms worsen or no significant improvement is seen after 5–7 days.

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# Infrequent Cold Sores of the Lip

## Self-care Guidance

## Exceptions & Red Flags

### Exceptions

- Immunocompromised patients
- Consider seeking specialist advice or referral if the person:
  - > Is pregnant (particularly near term)
  - > Has frequent or persistent and/or severe episodes of recurrent oral herpes simplex infection
- 'Red flag' symptoms.

### 'Red flag' symptoms

Assess for any red flags that may suggest more serious underlying disease such as oral cancer, including:

- Unexplained ulceration in the oral cavity lasting for more than 3 weeks
- A suspicious lump on the lip or in the oral cavity
- A red, or red and white, patch in the oral cavity consistent with erythroplakia or erythroleukoplakia
- Patient is unable to swallow due to pain and is at risk of dehydration (especially in children).

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# Conjunctivitis

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of conjunctivitis should not routinely be offered to patients as the condition is frequently due to viral infections, is self-limiting and will clear up on its own without the need for antimicrobial treatment.

## Supporting resources


[NHS Choices](#)
[NICE CKS - Conjunctivitis](#)
[NICE CKS - Dry eye syndrome](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

Viral conjunctivitis usually resolves within one to two weeks and bacterial conjunctivitis usually resolves within 5-7 days without the use of antimicrobials.

- Bathing/cleaning the eyelids with cotton wool soaked in sterile saline or boiled and cooled water to remove any discharge
- Cool compresses applied gently around the eye area
- Use of [lubricating drops or artificial tears](#)
- Avoid wearing contact lenses
- Inform the person that infective conjunctivitis is contagious and they should try to prevent spread of infection to their other eye and other people by:
  - > Washing hands frequently with soap and water
  - > Using separate towels and flannels
  - > Avoiding close contact with others especially if they are a healthcare professional or child care provider – they may be infectious for up to 14 days from onset. Public Health England does not recommend an exclusion period from school, nursery or childminders except if an outbreak or cluster of cases occurs.

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# Conjunctivitis

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Severe cases of bacterial conjunctivitis may require topical antibiotics
- 'Red flag' symptoms.

## 'Red flag' symptoms

- Reduced visual acuity
- Marked eye pain, headache or photophobia
- Red sticky eye in a neonate (within 30 days of birth)
- History of trauma or possible foreign body
- Copious rapidly progressive discharge
- Infection with a herpes virus
- Soft contact lens use with corneal symptoms (such as photophobia and watering).

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# Coughs, Colds and Nasal Congestion

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of coughs, colds and nasal congestion should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. Antibiotics and antihistamines are ineffective and may cause adverse effects.

## Supporting resources

[NHS Choices](#)[NICE CKS](#)[Self-care forum](#)[GP handout](#)

## Self-care measures

- Symptom relief and rest are the most appropriate management. During the course of the illness ensure the patient has adequate fluid intake, eats healthy food and gets adequate rest
- Paracetamol or ibuprofen should be taken if needed to relieve symptoms as follows:
  - > Adults and children aged 5 years and over, if the person has a headache, muscle pain, or fever
  - > Children aged under 5 years, if the child has a fever and appears distressed
- Vapour rubs may soothe respiratory symptoms in infants and small children when applied to the chest and back
- Gargling with salt water or sucking menthol sweets may help to relieve sore throat or nasal congestion
- Nasal saline drops may help relieve nasal congestion
- For adults and children over 6 years of age various products that combine analgesics with other drugs, such as decongestants, are available through a pharmacy. While these may relieve some symptoms, people should be aware of their limited benefit and potential for adverse effects before using them. For example:
  - > Intranasal or oral decongestants may relieve nasal congestion in the short term
  - > Cough medicines have limited benefit on cold symptoms in general, but may be useful in children over 6 years of age and adults
- A major route of transmission of the common cold is direct bodily contact. Hand washing should be promoted to reduce the risk of transmission.



## Overview

## Self-limiting Conditions

Acute Sore Throat

Infrequent Cold Sores  
of the lip

Conjunctivitis

> Coughs, Colds and  
Nasal CongestionCradle Cap (Seborrhoeic  
Dermatitis – Infants)

Haemorrhoids

Infant Colic

Mild Cystitis

# Coughs, Colds and Nasal Congestion

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- 'Red flag' and sepsis symptoms.
- Coronavirus (COVID 19): Follow [NHS guidance](#) and self-isolate if you have any symptoms of coronavirus e.g. a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste.

## 'Red flag' symptoms

- Where symptoms are worsening (for example after 3–5 days) or where symptoms are persisting (for example after 7–14 days)
- Young children and babies with symptoms of dehydration, laboured breathing, or prolonged fever
- Persistent cough for more than three weeks
- Pleuritic chest pain
- Dyspnoea
- Haemoptysis
- Persistent nocturnal cough
- Wheeze
- Recurrent chest infections
- Coughing up phlegm every morning for more than three months of the year
- Unintentional weight loss
- History of night sweats
- Persistent, palpable neck lumps

## Sinus and Nasal Congestion

- Nasopharyngeal cancer is rare – 460 cases diagnosed per year in the UK. Symptoms include:
  - > Unilateral symptoms of obstruction with blood stained discharge
  - > Persistent (>3weeks) unilateral symptoms of obstruction
  - > Unilateral or bleeding polyps
  - > Polyps in children
  - > Objective facial swelling
  - > Paraesthesia of cheek
  - > Persistent unexplained epistaxis
  - > Loosening of teeth
  - > Orbital pathology e.g. proptosis

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## Self-limiting Conditions

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Conjunctivitis

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Dermatitis – Infants)**

Haemorrhoids

Infant Colic

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# Cradle Cap (Seborrhoeic Dermatitis – Infants)

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of cradle cap should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. The parent/carer of the patient should be reassured that the condition is not serious, does not usually trouble the infant and typically resolves spontaneously within a few months.

## Self-care measures

- Regular washing of the scalp with a baby shampoo, followed by gentle brushing with a soft brush to loosen scales and improve the condition of the skin
- Soaking the crusts overnight with white petroleum jelly or a slightly warmed vegetable or olive oil, and shampooing in the morning. If these methods do not achieve softening, a greasy emollient or soap substitute, such as emulsifying ointment, can be used, which helps to remove the scales more easily
- Cradle cap shampoos are widely available to purchase.

## Supporting resources

[NHS Choices](#)[NICE CKS](#)[Self-care forum](#)[GP handout](#)

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# Cradle Cap (Seborrhoeic Dermatitis – Infants)

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- If the condition is causing distress to the infant and is not improving
- 'Red flag' symptoms.

## 'Red flag' symptoms

- Consider referral to a dermatologist/paediatrician if there is:
  - > Severe or widespread seborrhoeic dermatitis. Consider possible serious underlying conditions such as immunodeficiency
  - > Failure to respond to routine treatment
  - > Worsening of symptoms despite treatment
  - > Signs of infection (for example crusting, oozing, and bleeding).

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## &gt; Haemorrhoids

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Mild Cystitis

# Haemorrhoids

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of minor haemorrhoids should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. Self-care treatment and lifestyle advice is to aid healing of minor symptoms. Clinical judgment is required to assess if severity of symptoms warrants further investigation or referral.

## Supporting resources

[NHS Choices](#)[NICE CKS](#)[Self-care forum](#)[GP handout](#)

## Self-care measures

- Gradually increase the amount of fibre in your diet
- Drink plenty of fluid
- Take simple analgesia e.g. paracetamol or ibuprofen for pain relief (see [OTC restrictions](#)). Avoid non-steroidal anti-inflammatory drugs (NSAIDs) if rectal bleeding is present
- Ensure good hygiene and keep anal region clean and dry to reduce irritation and aid healing
- Avoid stool withholding and undue strain during bowel movements
- Avoid medication that causes constipation – such as painkillers that contain codeine
- Exercise regularly – this can help prevent constipation
- Use creams, ointments or suppositories for symptomatic relief
- Dietary and lifestyle measures can reduce the risk of recurrence.

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## &gt; Haemorrhoids

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# Haemorrhoids

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- People who do not respond to conservative treatment
- People with recurrent symptoms who do not respond to primary care management
- 'Red flag' symptoms.

## 'Red flag' symptoms

- Consider the need for admission or onward referral for:
  - > Extremely painful, large thrombosed internal or external haemorrhoids
  - > Suspected perianal sepsis (a rare but life-threatening complication)
  - > Suspected anal or colorectal cancer. Gastrointestinal tract (lower) cancers - recognition and referral
  - > When another serious pathology, such as inflammatory bowel disease or a sexually transmitted infection, is suspected
- Weight loss
- Change in bowel habit, especially diarrhoea and/or increased frequency
- Iron-deficiency anaemia
- Abdominal mass
- Rectal/anal mass
- Faecal occult blood.

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> **Infant Colic**

Mild Cystitis

# Infant Colic

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of infant colic should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment. Parents or carers should be reassured that infantile colic is a common problem that should resolve by 6 months of age.

## Supporting resources

[NHS Choices](#)[NICE CKS](#)[Self-care forum](#)[GP handout](#)

## Self-care measures

- Strategies that may help to soothe a crying infant, such as:
  - > Hold and rock baby gently over the shoulder during a crying episode
  - > Gentle motion (such as pushing the pram or rocking the crib)
  - > 'White noise' (for example from a vacuum cleaner or hairdryer)
  - > Bathing the infant in a warm bath
  - > Ensuring an optimal winding technique is used during and after feeds, if needed
- Keep feeding the baby as usual. If breastfeeding, continue wherever possible. Hold the baby upright during feeding to stop them swallowing air
- Ensure you get sufficient rest when the baby is asleep
- Put the baby down in a safe place, such as their cot, if you feel unable to cope with the crying for a few minutes, to allow 'time out'
- There is insufficient good-quality evidence to recommend the use of the following:
  - > Simeticone (such as Infacol®) or lactase (such as Colief®) drops
  - > Maternal diet modification if breastfeeding, or changing the infant milk formula preparation
  - > Probiotic supplements or herbal supplements
  - > Manipulative strategies, such as spinal manipulation or cranial osteopathy
- Seek information and support from:
  - > The self-help support group [Cry-sis](#) for families with excessively crying or sleepless children. Telephone Helpline (0845 122 8669)
  - > Your local pharmacist, health visitor or nursery nurse
  - > Family and friends, if possible
  - > Meeting other parents/carers with babies of the same age, to share experiences and access peer support.



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> **Infant Colic**

Mild Cystitis

# Infant Colic

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Consider seeking specialist advice from a paediatrician, if:
  - > Parents/carers feel unable to cope with the infant's symptoms despite reassurance and advice in primary care
  - > Symptoms are severe or persist after 4 months
  - > The infant is not thriving, or symptoms are not starting to improve or are worsening after 4 months of age
  - > There is a suspected underlying cause for symptoms which cannot be managed in primary care.

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## &gt; Mild Cystitis

# Mild Cystitis

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mild cystitis should not routinely be offered to patients as the condition is self-limiting and will clear up on its own without the need for treatment.

## Supporting resources

[NHS Choices](#)[NICE CKS](#)[Self-care forum](#)[GP handout](#)[Treating your infection –  
Urinary tract infection \(UTI\)  
Leaflet](#)[Urinary tract infections:  
A leaflet for older adults  
and carers](#)

## Self-care measures

- Take over-the-counter painkillers, such as paracetamol or ibuprofen (see [OTC restrictions](#))
- Drink enough fluid to avoid dehydration
- No evidence found for cranberry products or urine alkalinising agents to treat lower UTI.

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Infant Colic

## &gt; Mild Cystitis

# Mild Cystitis

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Consider the need for antibiotics depending on severity of symptoms, risk of complications, and previous urine culture results
- 'Red flag' and sepsis symptoms.

## 'Red flag' symptoms

- Seek urgent medical review if:
  - > Symptoms worsen rapidly or significantly at any time or fail to improve within 48 hours. Consider alternative treatment or a more serious diagnosis such as pyelonephritis or sepsis
- Cystitis in men.

Overview

Self-care Conditions

# Self-care Conditions



# Overview

## Minor conditions suitable for self-care

- > [Mild Irritant Dermatitis](#)
- > [Dandruff](#)
- > [Diarrhoea \(Adults\)](#)
- > [Dry Eyes/Sore \(Tired\) Eyes](#)
- > [Earwax](#)
- > [Excessive Sweating \(Hyperhidrosis\)](#)
- > [Head Lice](#)
- > [Indigestion and Heartburn](#)
- > [Infrequent Constipation](#)
- > [Infrequent Migraine](#)
- > [Insect Bites and Stings](#)
- > [Mild Acne](#)
- > [Mild Dry Skin](#)
- > [Sunburn](#)
- > [Sun Protection](#)
- > [Hay Fever/Seasonal Rhinitis](#)
- > [Minor Burns and Scalds](#)
- > [Mild General Aches and Pains](#)
- > [Mouth Ulcers](#)
- > [Nappy Rash](#)
- > [Oral Thrush](#)
- > [Prevention of Dental Caries](#)
- > [Ringworm/Athletes Foot/Fungal Nail Infection](#)
- > [Teething/Mild Toothache](#)
- > [Threadworms](#)
- > [Travel Sickness](#)
- > [Warts and Verrucae](#)

### Please note:

OTC restrictions = over-the-counter products that cannot be purchased if the patient meets any of the criteria e.g. babies, children and/or women who are pregnant or breastfeeding. Information can generally be found from the product [information leaflets](#) where available and a list of restrictions for many commonly used over-the-counter products is available [here](#).

The brands listed are not exhaustive and other brands may be available which the community pharmacist may recommend to the patient.



GPs should issue a 'non-prescription' sheet to patients being referred to purchase over-the-counter medication at end of each consultation.

## Overview

## Self-care conditions

## &gt; Mild Irritant Dermatitis

Dandruff  
 Diarrhoea (Adults)  
 Dry Eyes/Sore (Tired) Eyes  
 Earwax  
 Excessive Sweating  
 (Hyperhidrosis)  
 Head Lice  
 Indigestion and Heartburn  
 Infrequent Constipation  
 Infrequent Migraine  
 Insect Bites and Stings  
 Mild Acne  
 Mild Dry Skin  
 Sunburn  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 Minor Burns and Scalds  
 Mild General Aches  
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 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Mild Irritant Dermatitis

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mild irritant dermatitis should not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Use emollients frequently and apply liberally
- Use of aqueous cream is not recommended as it is thought to cause a disproportionate amount of skin reaction
- Use soap substitutes wherever possible. Many emollients can be used in this way
- Avoidance of known irritants is required to support treatment and prevent recurrent episodes of contact dermatitis. If contact is made with a known irritant, wash the area with warm water and an emollient. Use gloves to protect hands when in contact with irritants, but remove them occasionally as sweating can make symptoms worse. Cotton gloves under rubber gloves may be helpful if rubber gloves irritate the skin
- Check the ingredients on make-up and soap to make sure they do not contain any irritants or allergens; in some cases, you may need to contact the manufacturer or check online to get this information.



> **Mild Irritant Dermatitis**

Dandruff  
 Diarrhoea (Adults)  
 Dry Eyes/Sore (Tired) Eyes  
 Earwax  
 Excessive Sweating  
 (Hyperhidrosis)  
 Head Lice  
 Indigestion and Heartburn  
 Infrequent Constipation  
 Infrequent Migraine  
 Insect Bites and Stings  
 Mild Acne  
 Mild Dry Skin  
 Sunburn  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 Minor Burns and Scalds  
 Mild General Aches  
 and Pains  
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 Oral Thrush  
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 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Mild Irritant Dermatitis

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- If the dermatitis is severe, chronic, recurring or persistent and not responding to primary care treatments
- Previously stable dermatitis has become difficult or impossible to control with standard treatments
- Allergy to prescribed or over-the-counter topical treatments is suspected
- More serious conditions such as eczema and psoriasis may require topical corticosteroids as part of the treatment strategy
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Infected dermatitis.

## Overview

## Self-care conditions

Mild Irritant Dermatitis

> **Dandruff**

Diarrhoea (Adults)

Dry Eyes/Sore (Tired) Eyes

Earwax

Excessive Sweating (Hyperhidrosis)

Head Lice

Indigestion and Heartburn

Infrequent Constipation

Infrequent Migraine

Insect Bites and Stings

Mild Acne

Mild Dry Skin

Sunburn

Sun Protection

Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds

Mild General Aches and Pains

Mouth Ulcers

Nappy Rash

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# Dandruff

## Self-care Guidance

## Exceptions & Red Flags

A prescription for treatment of dandruff will not routinely be offered to patients as the condition is appropriate for self-care.

### Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

### Self-care measures

- Remove thick crusts or scales on the scalp before using an antifungal shampoo. Removal of crusts can be achieved by:
  - > Applying warm mineral or olive oil to the scalp for several hours
- Shampoo with a keratolytic preparation (for example salicylic acid) or coal tar–keratolytic preparation
- Selenium sulphide shampoo may be used as an alternative
- Shampoos should be used twice a week for at least one month
- Shampoos should be left on for at least 5 minutes before rinsing off
- Shampoos can also be applied to the beard area
- Once symptoms are under control, the frequency of shampooing may be reduced, for example to once a week or once every 2 weeks
- Symptoms may return if stopped completely
- Topical corticosteroids are not appropriate for continuous long-term use, and their use as maintenance treatment is not recommended.

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## Self-care conditions

Mild Irritant Dermatitis

> **Dandruff**

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Dry Eyes/Sore (Tired) Eyes

Earwax

Excessive Sweating (Hyperhidrosis)

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Infrequent Constipation

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# Dandruff

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Seek specialist advice if symptoms have not resolved after 4 weeks, or sooner if response to treatment is poor
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
> **Diarrhoea (Adults)**  
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# Diarrhoea (Adults)

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of diarrhoea will not routinely be offered to patients as the condition is appropriate for self-care. Diarrhoea will usually clear up without treatment in 3-7 days, particularly if it's caused by an infection.

NB: This recommendation does not apply to children

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Stay at home and get plenty of rest
- It's important to drink plenty of fluids to avoid dehydration, particularly if you're also vomiting. Take small, frequent sips of water
- Ideally, adults should drink a lot of liquids that contain water, salt, and sugar. Examples are water mixed with juice, and soup broth. If you're drinking enough fluid, your urine will be light yellow or almost clear
- Consider using an oral rehydration solution (ORS) to treat or prevent dehydration if you're at risk – for example, if you're frail or elderly. They are dissolved in water and replace salt, glucose, and other important minerals that are lost if you are dehydrated
- Most experts agree you should eat solid food as soon as you feel able to. Eat small, light meals and avoid fatty or spicy foods. Good examples are potatoes, rice, bananas, soup, and boiled vegetables. Salty foods help the most
- You don't need to eat if you've lost your appetite, but you should continue to drink fluids and eat as soon as you feel able to.

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# Diarrhoea (Adults)

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- The person is systemically unwell and may require hospital admission and/or antibiotics
- Patients over 60 years with symptoms lasting over 48 hours
- Presence of blood or pus in stool
- Recent travel abroad to a high risk area
- History of Clostridium difficile
- Acute diarrhoea is an extremely common presentation in primary care, so it is important not to miss more serious pathology
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Symptoms >4 weeks
- Fever
- Abdominal pain and tenderness
- Blood in the stool
- Weight loss
- Iron-deficiency anaemia
- Change in bowel habit
- Inability to retain oral fluids
- Evidence of dehydration, severe dehydration or shock
- Nocturnal symptoms — organic cause more likely
- Coexisting medical conditions: immunodeficiency, lack of stomach acid, inflammatory bowel disease, valvular heart disease, diabetes mellitus, renal impairment, rheumatoid disease, systemic lupus erythematosus
- The patient is taking medication such as immunosuppressants or systemic steroids, proton pump inhibitors, angiotensin-converting enzyme inhibitors, diuretics.

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# Dry Eyes/Sore (Tired) Eyes

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of dry eyes/sore (tired) eyes will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Avoid alcohol and exposure to cigarette smoke
- Protect eyes from environmental factors such as wind, hot air, smoke and dust by wearing wrap around glasses
- Minimise time spent using computers and avoid prolonged periods of computer use, lower computer screens to below eye level, take regular breaks, and increase blink frequency with computer use and reading
- Increase humidity and reduce time spent in air conditioned environments, if possible
- Keep eyes clean – use wipes, warm compresses and eyelid massages
- Contact lens wearers should reduce time wearing lenses, remove lenses when experiencing symptoms and see an optician if symptoms persist. Changing lens type or solution may help
- Tear supplements can be used if lifestyle measures do not relieve symptoms. Drops are best for daytime use with ointments or gels reserved for use before bed. Consider preservative free formulations if the person is intolerant of preservative in tear supplements.



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## Self-care conditions

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Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
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# Dry Eyes/Sore (Tired) Eyes

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Chronic dry eye is an exception
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Sjorgen syndrome
- History of other conditions such as acute glaucoma, keratitis, iritis or corneal ulcer
- Children with any corneal change
- Patient is suspected of having an underlying systemic condition such as Sjogren's syndrome
- Persistent symptoms that do not respond after 12 weeks
- Abnormal lid anatomy or function
- Pain or blurred vision.

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## Self-care conditions

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 Mouth Ulcers  
 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Earwax

## Self-care Guidance

## Exceptions & Red Flags

A prescription for treatment of earwax will not routinely be offered to patients as the condition is appropriate for self-care.

### Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

### Self-care measures

- Normally, earwax is naturally removed by the body over time
- If wax builds up or blocks the ear, ear drops can be used to loosen it
- Advise patient that instilling ear drops may cause transient hearing loss, discomfort, dizziness and irritation of the skin
- Do not try to remove earwax by inserting cotton buds into the ear canal. [NICE NG 98](#)
- Ear candling should never be used.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
 Dandruff  
 Diarrhoea (Adults)  
 Dry Eyes/Sore (Tired) Eyes  
 > **Earwax**  
 Excessive Sweating  
 (Hyperhidrosis)  
 Head Lice  
 Indigestion and Heartburn  
 Infrequent Constipation  
 Infrequent Migraine  
 Insect Bites and Stings  
 Mild Acne  
 Mild Dry Skin  
 Sunburn  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 Minor Burns and Scalds  
 Mild General Aches  
 and Pains  
 Mouth Ulcers  
 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Earwax

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Suspected perforated tympanic membrane
- A past history of ear surgery
- A foreign body, including vegetable matter, in the ear canal
- A visible tympanic membrane perforation
- Ear drops have been unsuccessful
- Badly blocked and can't hear
- Signs of infection
- Not cleared after 5 days.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
 > **Excessive Sweating (Hyperhidrosis)**  
 Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Excessive Sweating (Hyperhidrosis)

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of excessive sweating will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Use a commercial antiperspirant (as opposed to a deodorant) frequently e.g. 20% aluminium chloride hexahydrate preparations such as roll-on antiperspirants and sprays, which are available over-the-counter
- Modify behaviour to avoid identified triggers (such as crowded rooms, alcohol, caffeine, or spicy foods), where possible
- Avoid: tight clothing and man-made fabrics e.g. nylon and enclosed boots or sports shoes
- Wear white or black clothing to minimize the signs of sweating
- Consider using dress shields (also known as armpit or sweat shields) to absorb excess sweat and protect delicate or expensive clothing
- Wear moisture-wicking socks, changing them at least twice daily
- Use absorbent soles, and use absorbent foot powder twice daily
- If skin irritation occurs with the application of topical aluminum salt preparations, use topical emollients and soap substitutes to reduce irritation and reduce the frequency of topical aluminum salt application until symptoms resolve.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
 > **Excessive Sweating (Hyperhidrosis)**  
 Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Excessive Sweating (Hyperhidrosis)

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)

> **Head Lice**

Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Head Lice

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of head lice will not routinely be offered to patients as the condition is appropriate for self-care.

A diagnosis of active head lice infestation should only be made if a live head louse is found. Detection combing is the best way to confirm the presence of lice. This is the systematic combing of wet or dry hair using a fine-toothed (0.2–0.3 mm apart) head lice detection comb.

## Supporting resources

[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)



## Self-care measures

No treatment can guarantee success, but a treatment has the best chance of success if it is performed correctly and if all affected household members are treated at the same time.

- Recommended treatments are:
  - > Wet comb using a special fine-toothed comb with conditioner to remove lice, combing from roots to ends. Repeat every few days for 2 weeks
  - > A physical insecticide, such as dimeticone 4% lotion (Hedrin®)
  - > A traditional insecticide, such as malathion 0.5% aqueous liquid (Derbac-M®)
- Try not to scratch affected area. Repeat treatment, if necessary
- Detection combing should be done after all treatments to confirm the success of the treatment. Children of primary school age should be examined regularly at home

- People should be advised that:
  - > Children being treated for head lice can still attend school
  - > There is no evidence that head lice have a preference for either clean or dirty hair
  - > There is no need to treat clothing or bedding that has been in contact with lice
- The following products are not recommended for the treatment of head lice infestation due to a lack of consistent evidence for their safety and efficacy
  - > Essential oil-based treatments (such as tea tree oil, eucalyptus oil, and lavender oil) and herbal remedies
  - > Electric combs - in addition, expert consensus is that they should not be used because they are expensive and can pose a safety risk if used incorrectly
  - > Nitlotion® (contains coconut oil)
  - > Hair conditioner.



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)

> **Head Lice**

Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Head Lice

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
> **Indigestion and Heartburn**  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Indigestion and Heartburn

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of minor, short-term indigestion and heartburn will not routinely be offered to patients as these are appropriate for self-care. Patients should seek medical advice if their symptoms do not respond to treatment, or if their symptoms worsen.

## Supporting resources

[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)



## Self-care measures

- The following lifestyle changes may help symptoms:
  - > Lose weight if overweight or obese
  - > Avoid any trigger foods, such as coffee, chocolate, tomatoes, fatty or spicy foods
  - > Eat smaller meals and eat evening meal at least 3 hours before going to bed, if possible
  - > Stop smoking, if appropriate
  - > Reduce alcohol consumption to recommended limits, if appropriate
- Raise the head of the bed if nighttime symptoms are a problem
- Widely available treatments include:
  - > Antacids (such as aluminum hydroxide and magnesium carbonate, hydroxide and trisilicate)
  - > Alginates (such as sodium alginate) and compound alginate preparations are available over-the-counter in local pharmacies, in petrol stations and in supermarkets
  - > H2-receptor antagonists, such as ranitidine, and proton pump inhibitors (PPIs), such as omeprazole and pantoprazole, are widely available (PPIs only from pharmacies)
- These medicines should not be taken for prolonged periods without consulting a health professional
- Avoid aspirin-like drugs (NSAIDs) (e.g. ibuprofen)
- Seek the advice of a pharmacist or other healthcare professional if you think medication you take is causing the problem. e.g. bisphosphonates, corticosteroids, calcium channel blockers, NSAIDs.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
> **Indigestion and Heartburn**  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Indigestion and Heartburn

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Long-term indigestion which has not responded to self-help measures
- History of gastric cancer
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

GMMMGM formulary available [here](#).

## 'Red flag' symptoms

- Severe persistent (longer than three weeks), worsening and unexplained upper abdominal pain, particularly if occurring together with other symptoms, such as central chest pain, shortness of breath, or sweating
- Persistent vomiting, haematemesis, and tar-like stools (melaena), together with feeling faint or even collapsing, suggesting a gastrointestinal bleed – a medical emergency (but remember that taking iron tablets can also cause blackened stools)
- Difficulty swallowing
- Unexplained fever, weight loss or night sweats
- An upper abdominal swelling or mass
- Chronic GI bleeding
- Over 55 years with unexplained and persistent dyspepsia
- Iron deficiency anaemia.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
> **Infrequent Constipation**  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
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Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Infrequent Constipation (Adults)

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of infrequent constipation in adults will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Eat a healthy balanced diet and have regular meals. Include whole grains, fruits (and their juices), and vegetables
- Fibre intake should be increased gradually (to minimize flatulence and bloating) — adults should aim to consume 30g of fibre per day
- Avoid dehydration and drink plenty of water
- Being physically active helps your bowels move more regularly. Adults should aim for a minimum of 150 minutes per week of activity leaving them out of breath but still able to hold a conversation (or 75 minutes of higher intensity exercise). Increase in activity levels should be gradual
- Respond to your bowel's natural pattern and do not delay going to the toilet when you feel the urge to go
- Medicines to ease constipation are available over-the-counter to help you open your bowels. These include bulk-forming preparations, stool softeners, bowel stimulants and suppositories
- Seek advice from a healthcare professional before stopping any prescribed medication.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
> **Infrequent Constipation**  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Infrequent Constipation (Adults)

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Frequent constipation
- Opioid induced constipation
- When self-care measures have been ineffective, or symptoms have not adequately responded, treatment with prescription laxatives could be offered
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Suspected serious underlying cause such as colorectal cancer
- Suspected secondary cause of constipation, which cannot be managed in primary care
- Symptoms that persist or recur despite optimal self-care management in primary care
- Symptoms are not improving with treatment
- Constipation is regular and lasts a long time
- Bloating that lasts a long time
- Blood in faeces
- Unexpected weight loss (or a child has not grown or gained weight)
- Continual extreme tiredness

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation

> **Infrequent Migraine**

Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Infrequent Migraine

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of infrequent migraine will not routinely be offered to patients as the condition is appropriate for self-care. While the underlying disorder cannot be cured, it can be effectively treated with self-care measures, and usually improves over time.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Treat with OTC products such as a triptan, aspirin 900mg, paracetamol or ibuprofen tablets  
(see [OTC restrictions](#))
- Opioids are present in some OTC combination treatments for migraine but are not recommended for use because they may increase nausea and can increase the risk of medication overuse headache
- Maintain a generally healthy lifestyle and keep a headache diary to identify and reduce triggers such as:
  - > Menstrual cycle in women
  - > Altered sleep patterns
  - > Stress relaxation after stress, so-called 'weekend migraine'
  - > Specific foods - these should only be suspected as a trigger when migraine occurs within 6 hours of intake, and this effect is reasonably reproducible. Once a food has been identified as a trigger, a trial of avoidance can be undertaken to see if the migraine improves. Chocolate, cheese, caffeine, and alcohol have been reported as precipitants
  - > Strong smells, bright light
  - > Dehydration and missed meals
  - > Jet lag
  - > Strenuous exercise is thought to trigger migraine in those unaccustomed to it, however regular exercise may help to prevent migraine.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
➤ **Infrequent Migraine**  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Infrequent Migraine

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Diagnosis of migraine is uncertain
- Self-care treatment does not adequately control the symptoms (suspect medication-overuse headache)
- Preventive treatment does not adequately reduce the frequency of headaches
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- A more serious cause of headache is suspected
- Person is in severe, uncontrolled status migrainosus (migraine lasting for more than 72 hours)
- Frequent migraines.
- Paralysis or weakness in one or both arms or one side of the face
- slurred or garbled speech
- a sudden agonising headache resulting in a severe pain unlike anything experienced before
- headache along with a high temperature (fever), stiff neck, mental confusion, seizures, double vision and a rash



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
➤ **Insect Bites and Stings**  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Insect Bites and Stings

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of insect bites and stings will not routinely be offered to patients as these are appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Usually no treatment other than simple first aid is required
- If a [sting or tick](#) is visible in the skin, remove it using tweezers
- Wash the affected area with soap and water
- Apply a cold compress (such as a flannel or cloth cooled with cold water) or an ice pack to any swelling for at least 10 minutes
- Raise or elevate the affected area if possible, as this can help reduce swelling
- Keep the area clean and avoid scratching the area, to reduce the risk of infection
- Oral analgesics such as paracetamol and ibuprofen can help ease pain (see [OTC restrictions](#)). Oral antihistamines or topical corticosteroids may help reduce itching. Topical antipruritics, topical antihistamines and topical anesthetics sold over-the-counter are of uncertain value in the treatment of insect bites.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
> **Insect Bites and Stings**  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Insect Bites and Stings

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Patient should seek further medical advice if a secondary infection is suspected or worsening erythema, pain, or fever, a large local reaction or a systemic reaction develops
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Systemic hypersensitivity or toxic reaction
- Angio-oedema or anaphylaxis
- Sting on the face or tongue and risk of airway obstruction
- Patient has cellulitis associated with systemic effects
- Symptoms are worsening despite treatment in primary care.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
➤ **Mild Acne**  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mild Acne

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mild acne will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Avoid over cleaning the skin. Acne is not caused by poor hygiene and twice daily washing with a gentle soap and fragrance-free cleanser is adequate
- Minimise the use of make-up and cosmetics and completely remove make-up before going to bed
- If acne presents with dry skin, use water-base emollient
- After exercise take regular showers to wash away sweat and excess sebum from skin and hair
- Don't try to "clean out" blackheads or squeeze spots. This can make them worse and cause permanent scarring
- Treatments are effective but take time to work (usually up to 8 weeks) and may irritate the skin, especially at the start of treatment
- Ensure you maintain a healthy diet.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings

> **Mild Acne**

Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mild Acne

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Severe acne associated with visible scarring, risk of scarring or significant hyperpigmentation
- Significant psychological distress is associated with acne regardless of severity
- Moderate or severe acne or development of nodules or cysts
- Diagnostic uncertainty
- Multiple treatments in primary care have failed
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
> **Mild Dry Skin**  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mild Dry Skin

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mild dry skin will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Moisturise your skin with an emollient as often as needed
- Emollients are best applied after washing hands, taking a bath or showering because this is when the skin most needs moisture. Apply emollients liberally
- Avoid skin care products and soaps that contain alcohol, fragrances, dyes, or other chemicals
- Take short, warm baths or showers.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
 Dandruff  
 Diarrhoea (Adults)  
 Dry Eyes/Sore (Tired) Eyes  
 Earwax  
 Excessive Sweating  
 (Hyperhidrosis)  
 Head Lice  
 Indigestion and Heartburn  
 Infrequent Constipation  
 Infrequent Migraine  
 Insect Bites and Stings  
 Mild Acne  
 > **Mild Dry Skin**  
 Sunburn  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 Minor Burns and Scalds  
 Mild General Aches  
 and Pains  
 Mouth Ulcers  
 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Mild Dry Skin

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- More serious skin conditions, such as allergic reactions, eczema and psoriasis
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
 > **Sunburn**  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 Minor Burns and Scalds  
 Mild General Aches  
 and Pains  
 Mouth Ulcers  
 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Sunburn

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of sunburn will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Get out of the sun as soon as possible and cover sunburnt skin from direct sunlight until skin has fully healed
- Cool the skin with a cool, not cold, bath or shower
- Drink plenty of fluids to prevent dehydration
- Take painkillers to ease pain and apply a cold compress
- Use emollients or gels such as emulsifying ointment to moisturise and soothe the skin.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin

## &gt; Sunburn

Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Sunburn

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Infected sunburn, severe sunburn, signs or symptoms of heat stroke or exhaustion
- Fatigue, dizziness, nausea or vomiting
- Headache, muscle cramps, irritability
- Confusion, disorientation, hallucinations
- Fever and/or tachycardia
- Blisters.



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn

> **Sun Protection**

Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Sun Protection

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for sun protection should not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Use sunscreen preparations with minimum sun protection factor (SPF) 15 to protect against UVB and 4 or 5 star rating to protect against UVA
- Spend time in the shade when the sun is strongest. In the UK, this is between 11am and 3pm from March to October
- Cover up with suitable clothing, hat and sunglasses
- Take extra care with children
- Make sure the sunscreen is within its expiry date
- Ensure sunscreen is applied liberally and regularly throughout the day.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn

## &gt; Sun Protection

Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Sun Protection

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Sunscreen should only be prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures.
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
➤ **Hay Fever/Seasonal Rhinitis**  
Minor Burns and Scalds  
Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Hay Fever/Seasonal Rhinitis

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mild to moderate hay fever/seasonal rhinitis will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Use allergen avoidance techniques e.g. nasal irrigation, wear wraparound sunglasses to stop pollen getting into the eyes and use petroleum jelly around the nostrils to trap pollen
- Avoid walking in areas with known allergens especially in the early morning or late evening when pollen counts are highest
- Keep windows closed at night
- Shower and change your clothes after you've been outside
- Vacuum regularly and dust as much as possible. Pollen filters for air vents in the car and special filters for the vacuum cleaner can help
- A combination of oral antihistamines, intranasal products and eye drops may be required to control moderate to severe symptoms.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection

## &gt; Hay Fever/Seasonal Rhinitis

Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Hay Fever/Seasonal Rhinitis

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Severe symptoms where OTC preps alone or in combination do not provide relief
- Rhinitis that is not seasonal
- Symptoms that are significantly affecting the patient's quality of life
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Unilateral symptoms, blood-stained nasal discharge, recurrent epistaxis, or nasal pain
- There is predominant nasal obstruction and/or a structural abnormality
- There are persistent symptoms despite optimal management in primary care.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
 Dandruff  
 Diarrhoea (Adults)  
 Dry Eyes/Sore (Tired) Eyes  
 Earwax  
 Excessive Sweating  
 (Hyperhidrosis)  
 Head Lice  
 Indigestion and Heartburn  
 Infrequent Constipation  
 Infrequent Migraine  
 Insect Bites and Stings  
 Mild Acne  
 Mild Dry Skin  
 Sunburn  
 Sun Protection  
 Hay Fever/Seasonal Rhinitis  
 > **Minor Burns and Scalds**  
 Mild General Aches  
 and Pains  
 Mouth Ulcers  
 Nappy Rash  
 Oral Thrush  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Minor Burns and Scalds

## Self-care Guidance

## Exceptions & Red Flags

A prescription for treatment of minor burns and scalds will not routinely be offered to patients as these are appropriate for self-care.

### Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

### Self-care measures

- Cool the burn with cool or lukewarm running water for 20 minutes as soon as possible after the injury. Never use ice, iced water, or any creams or greasy substances like butter
- The following measures may provide symptom relief:
  - > Taking a cool bath or shower
  - > Applying topical emollients, such as emulsifying ointment after the burn has cooled completely
  - > Applying cold compresses
- Treat the pain from a burn with paracetamol or ibuprofen (see [OTC restrictions](#)). Children under 16 years of age should not be given aspirin
- Drink plenty of fluids to help wound healing and reduce risk of complications
- Massage the area daily with an emollient, such as emulsifying ointment, until the burn is no longer dry or itchy.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis

> **Minor Burns and Scalds**

Mild General Aches and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Minor Burns and Scalds

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- More serious burns always require professional medical attention
- Burns requiring hospital A&E treatment include but are not limited to:
  - > All chemical and electrical burns
  - > Large or deep burns
  - > Burns that cause white or charred skin
  - > Burns on the face, hands, arms, feet, legs or genitals that cause blisters
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Consider arranging urgent hospital referral if there are signs or symptoms of heat exhaustion or heat stroke, such as:
  - > Fatigue, dizziness, nausea or vomiting
  - > Headache, muscle cramps, irritability
  - > Confusion, disorientation, hallucinations
  - > Fever and/or tachycardia
- Arrange for urgent medical review if blisters develop.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds

> **Mild General Aches  
and Pains**

Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mild General Aches, Pains and Mild Fever

## Self-care Guidance

A prescription for treatment of general aches, pains or mild fever will not routinely be offered to patients as these are appropriate for self-care.

The underlying cause of the pain should be treated whenever possible and patients signposted to appropriate services.

### Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[NICE guidance on back pain](#)

[Self-care forum](#)

[GP handout](#)

## Exceptions & Red Flags

### Self-care measures

- Non-drug options should be considered depending on type of pain
- Breathing correctly and concentrating on your breathing can help to ease pain and encourage relaxation
- For adults, a stepwise strategy for managing mild-to-moderate pain is recommended:

Step 1 - Paracetamol. An initial low dose should be tried, which if necessary, can be increased to the maximum dose of 1 gram four times a day if ineffective, before switching to (or combining with) another analgesic

Step 2 - paracetamol should be substituted with low-dose ibuprofen (400 mg three times a day). If necessary, the dose of ibuprofen should be increased to a maximum of 2.4 grams daily, except where this is contraindicated

Step 3 - paracetamol (1 gram four times a day) should be added to low-dose ibuprofen

Step 4 - If nonsteroidal anti-inflammatory drugs (NSAID) (such as ibuprofen) are unsuitable, a full therapeutic dose of a weak opioid should be used (such as codeine 60 mg every 4–6 hours; maximum 240 mg daily)

- If pain still uncontrolled, refer for alternative non-OTC treatment
- People at increased risk of gastrointestinal adverse effects should consider alternatives to an oral NSAID such as paracetamol
- Caution is needed with long-term use of weak opioids as tolerance and dependence can occur
- Effervescent preparations should be avoided due to high salt content
- For children (under 16 years of age), either paracetamol or ibuprofen alone are suitable first-line choices.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
> **Mild General Aches and Pains**  
Mouth Ulcers  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mild General Aches and Pains

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- People with:
  - > Long-term pain
  - > Severe pain
  - > Palliative pain
- 'Red flag' symptoms.

## 'Red flag' symptoms

- Cauda equina syndrome
- Bilateral sciatica
- Severe or progressive bilateral neurological deficit of the legs
- Urinary retention with overflow urinary incontinence
- Loss of sensation of rectal fullness
- Faecal incontinence
- Perianal, perineal or genital sensory loss
- Spinal fracture red flags include:
  - > Sudden onset of severe central spinal pain which is relieved by lying down.
  - > History of major trauma
  - > Minor trauma in people with osteoporosis or those who use corticosteroids
  - > Structural deformity of the spine
- Cancer red flags include:
  - > The person being 50 years of age or more
  - > Gradual onset of symptoms
- > Severe unremitting pain that remains when the person is supine, aching night pain that prevents or disturbs sleep, pain aggravated by straining and thoracic pain
- > Localised spinal tenderness
- > No symptomatic improvement after four to six weeks of conservative low back pain therapy
- > Unexplained weight loss
- > Past history of cancer — breast, lung, gastrointestinal, prostate, renal, and thyroid cancers
- Infection red flags include:
  - > Fever
  - > Tuberculosis, or recent urinary tract infection
  - > Diabetes
  - > History of intravenous drug use
  - > HIV infection, use of immunosuppressants, or the person being otherwise immunocompromised.



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches and Pains  
➤ **Mouth Ulcers**  
Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mouth Ulcers

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of mouth ulcers will not routinely be offered to patients as the condition is appropriate for self-care. If ulcers are infrequent, mild, and not interfering with daily activities (for example eating), treatment may not be needed.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Use a soft-bristled toothbrush
- Drink cool drinks through a straw and avoid very hot drinks or acidic drinks like fruit juice
- Eat softer foods and avoid: chewing gum, rough crunchy food such as crisps and toast and very spicy or acidic food
- Get regular dental checks. If patient experiences repeated symptoms, they should see their dentist for further advice
- Avoid 'trigger factors' (such as coffee, chocolate, peanuts, and gluten-containing products)
- People with local trauma (e.g. from sharp and/or broken teeth, dentures and orthodontic appliances, and biting during chewing) should seek appropriate dental treatment
- Patients should seek dental or medical attention if:
  - > Symptoms last for more than 3 weeks
  - > Mouth ulcers keep coming back
  - > Area becomes more painful and red as this may be a sign of infection.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains

> **Mouth Ulcers**

Nappy Rash  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Mouth Ulcers

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Immunocompromised
- Taking medicines that predispose to mouth ulcers e.g. NSAIDs, sulphonamides, allopurinol (list is NOT exhaustive)
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Oral malignancy
- Other underlying or chronic symptoms.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
> **Nappy Rash**  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
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Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Nappy Rash

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of nappy rash will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Ensure the nappy fits properly
- Consider using a nappy with high absorbency
- Change the nappy every 3–4 hours, or as soon as possible after wetting or soiling. Clean the whole nappy area gently but thoroughly, wiping from front to back
- Use water, or fragrance-free and alcohol-free baby wipes. Dry baby gently after washing – avoid vigorous rubbing
- Leave nappies off for as long as possible to help skin dry
- Bath the child daily, but avoid excessive bathing as this may dry out the skin
- Use a barrier preparation to protect the skin
- Do not use soap, bubble bath, lotions or talcum powder as these contain ingredients that could irritate baby's skin.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
➤ **Nappy Rash**  
Oral Thrush  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Nappy Rash

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Rash appears inflamed and is causing discomfort
- Rash persists and candidal infection or bacterial infection is suspected.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
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Mild General Aches  
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Nappy Rash  
 > **Oral Thrush**  
 Prevention of Dental Caries  
 Ringworm/Athletes Foot/  
 Fungal Nail Infection  
 Teething/Mild Toothache  
 Threadworms  
 Travel Sickness  
 Warts and Verrucae

# Oral Thrush

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of oral thrush will not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources


[NHS Choices](#)
[NICE CKS](#)
[Self-care forum](#)
[GP handout](#)

## Self-care measures

- Smokers should attempt to quit
- Reduce alcohol consumption
- Visit the dentist regularly
- Cut down on sugary and starchy food and drinks, particularly between meals or within an hour of going to bed
- Brush the teeth properly with a fluoride toothpaste twice a day, using floss and an interdental brush at least once a day
- See the dentist if you have a persistently dry mouth, dental caries or toothache.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
➤ **Oral Thrush**  
Prevention of Dental Caries  
Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Oral Thrush

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Candidal infection fails to respond to 1–2 weeks of antifungal treatment
- The person has recurrent episodes of oral candidiasis
- Infants less than 4 months old
- Patients taking warfarin
- 'Red flag' symptoms
- See earlier for [general exceptions](#).

## 'Red flag' symptoms

- Patient systemically unwell or has a widespread infection
- Patient is immuno-suppressed.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
Sunburn  
Sun Protection  
Hay Fever/Seasonal Rhinitis  
Minor Burns and Scalds  
Mild General Aches  
and Pains  
Mouth Ulcers  
Nappy Rash  
Oral Thrush

> **Prevention of Dental Caries**

Ringworm/Athletes Foot/  
Fungal Nail Infection  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Prevention of Dental Caries

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for high fluoride over-the-counter toothpaste should not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Smokers should attempt to quit
- Reduce alcohol consumption
- Visit the dentist regularly
- Cut down on sugary and starchy food and drinks, particularly between meals or within an hour of going to bed
- Brush the teeth properly with a fluoride toothpaste twice a day, using floss and an interdental brush at least once a day
- See the dentist if you have a persistently dry mouth, dental caries or toothache.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
Dry Eyes/Sore (Tired) Eyes  
Earwax  
Excessive Sweating  
(Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
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Insect Bites and Stings  
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Mild Dry Skin  
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> **Prevention of Dental Caries**

Ringworm/Athletes Foot/  
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Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Prevention of Dental Caries

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- See earlier for [general exceptions](#).



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
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Excessive Sweating (Hyperhidrosis)  
Head Lice  
Indigestion and Heartburn  
Infrequent Constipation  
Infrequent Migraine  
Insect Bites and Stings  
Mild Acne  
Mild Dry Skin  
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Sun Protection  
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Oral Thrush  
Prevention of Dental Caries  
➤ **Ringworm/Athlete's Foot/  
Fungal Nail Infection**  
Teething/Mild Toothache  
Threadworms  
Travel Sickness  
Warts and Verrucae

# Ringworm/Athlete's Foot/Fungal Nail Infection

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of ringworm or athlete's foot will not routinely be offered to patients as the condition is appropriate for self-care.

Treatment with a topical antifungal cream is recommended if there is mild, non-extensive disease in children and adults.

## Supporting resources



[NHS Choices - Ringworm](#)

[NHS Choices - Athlete's Foot](#)

[NICE CKS Ringworm](#)

[NICE CKS Athlete's foot](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

For ringworm:

- Wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin
- Avoid scratching affected skin, as this may spread infection to other sites
- Clean clothes and bed sheets regularly
- Do not share clothes/towels or items with others and in the case of athlete's foot use a separate towel for the feet
- Maintain good hygiene by washing affected skin areas daily
- Do not share towels, and wash them frequently, to reduce the risk of transmission
- Wash clothes and bed linen frequently to eradicate fungal spores
- If a child is affected, it is not necessary to exclude them from school or nursery.

For fungal foot and nail infections:

- Wear well-fitting, non-occlusive footwear that keeps the feet cool and dry. Consider replacing old footwear which could be contaminated with fungal spores
- Maintain good foot hygiene by wearing a different pair of shoes every 2–3 days
- Wear clean cotton, absorbent socks
- Avoid scratching affected skin, as this may spread infection to other sites
- After washing the feet, dry thoroughly, especially between the toes
- Do not share towels, and wash them frequently, to reduce the risk of transmission
- Do not walk around barefoot, wear slippers in changing rooms and showers to reduce the risk of transmission
- Avoid prolonged or frequent exposure to warm, damp conditions if possible
- If a child is affected, it is not necessary to exclude them from school or nursery.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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Oral Thrush  
Prevention of Dental Caries  
› **Ringworm/Athletes Foot/  
Fungal Nail Infection**  
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Threadworms  
Travel Sickness  
Warts and Verrucae

# Ringworm/Athlete's Foot/Fungal Nail Infection

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Antifungal treatment is not needed for nail infections if the person is not troubled by the appearance of the nail(s), and/or infection is asymptomatic
- Lymphoedema or history of lower limb cellulitis
- Pregnancy
- Lactation
- See earlier for [general exceptions](#).

GMMM specific guidance for Fungal Nail Infection can be found [here](#).

## 'Red flag' symptoms

- Lymphoedema or history of lower limb cellulitis
- Severe or extensive disease, bacterial infection, diabetes - athlete's foot.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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# Teething/Mild Toothache

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for teething in babies or toothache in children and adults will not routinely be offered to patients as these conditions are appropriate for self-care. Patients of teething infants should be reassured that teething is normal, not an illness and will pass.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[MHRA](#)

[GP handout](#)

## Self-care measures

For teething infants:

- Gentle rubbing of the gum with a clean finger
- Teething rings give babies something to chew safely. This may ease their discomfort and distract them from any pain
- Some teething rings can be cooled first in the fridge, which may help to soothe the baby's gums. The instructions that come with the ring should indicate how long to chill it for. Never put a teething ring in the freezer, as it could damage the baby's gums if it gets frozen
- Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething. The gels may also contain antiseptic ingredients, which help to prevent infection in any sore or broken skin in the baby's mouth
- Consider paracetamol or ibuprofen suspension for relieving the discomfort of teething symptoms in infants 3 months of age or older. Paracetamol is preferred for infants with asthma
- For adults with toothache, oral analgesics such as paracetamol and ibuprofen can help ease toothach pain (see [OTC restrictions](#)). Patients with toothache should seek advice from their dentist
- Use a soft tooth brush, avoid flossing
- Avoid food or drinks that are too hot or cold

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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 (Hyperhidrosis)  
 Head Lice  
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# Teething/Mild Toothache

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Babies under 2 months
- Babies who are systemically unwell
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
Diarrhoea (Adults)  
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Nappy Rash  
Oral Thrush  
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> **Threadworms**  
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# Threadworms

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of threadworm should not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

For adults and children over 2 years, treat with a single dose of an anti-helminthic such as mebendazole (unless contraindicated) — the dose may need to be repeated in 2 weeks if infection persists:

- Children under the age of 6 months and pregnant or breastfeeding women should be treated with hygiene measures alone for 6 weeks
- Mebendazole is not licensed for the treatment of threadworm in children under the age of 2 years
- Wash hands thoroughly with soap and warm water after using the toilet, changing nappies and before handling food. Scrub underneath fingernails
- Cut finger nails regularly, avoid biting nails and scratching around anus
- Bathe or shower each morning, washing the perianal area, to remove eggs from the skin. Do not share towels and flannels
- Pregnant women and children under 6 months should use hygiene measures alone for 6 weeks
- Ensure children wear nightwear and change bed clothes and nightwear daily for several days after treatment
- Do not shake out items as this may distribute eggs around the room
- Washing/drying in a warm cycle will kill threadworm eggs
- Thoroughly dust and vacuum (including vacuuming mattresses) and clean the bathroom by 'damp-dusting' surfaces, washing the cloth frequently in hot water. Disinfect bathroom and kitchen surfaces
- Infected people do not have to stay off school, nursery or work.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
 Dandruff  
 Diarrhoea (Adults)  
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 > **Threadworms**  
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# Threadworms

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- Children under 2 years
- See earlier for [general exceptions](#).

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
Dandruff  
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> **Travel Sickness**  
Warts and Verrucae

# Travel Sickness

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of travel sickness should not routinely be offered to patients as the condition is appropriate for self-care.

## Supporting resources

[NHS Choices](#)

[Self-care forum](#)

[GP handout](#)



## Self-care measures

- You can buy medication from pharmacies to prevent or alleviate motion sickness, including:
  - > Tablets – dissolvable tablets are available for children
  - > Patches – can be used by adults and children over 10
  - > Acupressure bands – these don't work for everyone
- Your pharmacist will be able to recommend the best treatment for you or your child
- Avoid eating heavy meals before travelling
- Avoid strong smells, particularly petrol and diesel fumes
- Minimise motion – sit in the front of a car or in the middle of a boat
- Look straight ahead at a fixed point, such as the horizon
- Breathe fresh air if possible – for example, by opening a car window
- Close your eyes and breathe slowly while focusing on your breathing
- Do not read, watch films or use electronic devices
- Do not look at moving objects, such as passing cars or rolling waves
- Break up long journeys to get some fresh air, drink water or take a walk
- You can try ginger, which you can take as a tablet, biscuit or tea.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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 > **Travel Sickness**  
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# Travel Sickness

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- No routine exceptions have been identified
- See earlier for [general exceptions](#).



## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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Travel Sickness

## &gt; Warts and Verrucae

# Warts and Verrucae

## Self-care Guidance

## Exceptions &amp; Red Flags

A prescription for treatment of warts and verrucae will not routinely be offered to patients as these are appropriate for self-care.

For most people there is a strong case for not treating warts or verrucae. Warts do not usually cause symptoms.

## Supporting resources



[NHS Choices](#)

[NICE CKS](#)

[Self-care forum](#)

[GP handout](#)

## Self-care measures

- Most warts will usually resolve spontaneously within months or, at the most, within 2 years
- However, treatment could be considered if:
  - > The wart is painful
  - > The wart is cosmetically unsightly
  - > The wart is persisting for a long time
- Wash hands after touching the wart/verruca
- Avoid biting nails or sucking fingers with warts on them
- Take care not to cut a wart when shaving and avoid scratching or picking a wart
- Treatments may be prolonged and may cause adverse effects e.g. local skin irritation. Apply petroleum jelly to surrounding skin to decrease irritation
- Use waterproof plasters/duct tape (can be purchased from hardware stores) if swimming, wear flip-flops in communal wet areas and do not share footwear and towels
- Dispose of skin filings hygienically and do not use the emery board elsewhere to avoid spreading the warts.

## Overview

## Self-care conditions

Mild Irritant Dermatitis  
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## &gt; Warts and Verrucae

# Warts and Verrucae

## Self-care Guidance

## Exceptions &amp; Red Flags

## Exceptions

- The person has a facial wart
- The diagnosis is uncertain
- The person is immunocompromised
- The person has areas of skin that are extensively affected
- Anogenital warts
- See earlier for [general exceptions](#).

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National Materials and  
Shared Learning

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Acknowledgements

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# Further Support Materials





# National Materials and Shared Learning

Monitoring of self-care prescribing is being done on a national basis and details of self-care prescribing can be monitored local EPACT reporting or via national tools such as [NHSBSA national self-care prescribing monitoring dashboard](#) (access to EPACT 2 required)

If you are a subscriber to PrescQIPP there is a scorecard available.

## >NHS England and BMA Guidance

[NHS England National guidance](#)

[NHS England quick reference guide](#)

[NHS England FAQs](#)

[NHS England patient support material](#)

[PresQIPP support materials](#)

[BMA guidance on self-care](#)

# National Materials and Shared Learning

## National support materials

### Patient leaflets

[Information Booklet NHSE Over the counter leaflet 1a](#)

[Changes leaflet NHSE Over the counter leaflet 1b easy read](#)

[Condition advice NHSE Over the counter 1c](#)

### Pharmaceutical Services Negotiating Committee information

[PSNC Support for Self Care](#)

### PresQIPP resources

[Resources for professionals](#)

### NICE support

[Summary of antimicrobial prescribing guidance –  
managing common infections](#)

[Community pharmacies: promoting health and wellbeing](#)

## Self Care Forum supporting documents

[How to Implement a Self Care Aware Approach  
to Demand Management](#)

### Posters

[Is your medicine cabinet fit for the winter?](#)

[Be prepared... To make over your medicine cabinet](#)

[Ask your pharmacist how you can be self care aware](#)

[I don't feel very well... how long should I wait  
before I need treatment?](#)

[Treat yourself better with pharmacist advice](#)

[Home care is best - Most common illnesses don't  
need antibiotics](#)

[Factsheets](#)

## Shared Learning examples

[Brighton & Hove CCG](#)

[Healthy London Partnership - Steps towards implementing  
self-care: A resource for local commissioners](#)

[Derby & Burton Facebook Advert](#)

# Financial vulnerability criteria

- Individuals who are financially vulnerable until such time as alternative mechanisms for non-prescription supply are in place locally, if not already available. Financial vulnerability is defined as in receipt of the following income related benefits (in line with NHS national criteria for help with prescription costs).

1. Individuals named on a current HC2 charges certificate
2. Individual or their partner receives Income Support, Income based Job seekers Allowance or Income related Employment and Support allowance, or the person is a young person under the age of 20 who is dependent on someone receiving those benefits.
3. Universal Credit where entitlement to free prescriptions is stated on the Universal Credit award notice.

NB Receipt of pension credit does not automatically include an entitlement to free prescriptions and is therefore excluded. Individuals in receipt of this benefit may be eligible under Income support

[Back to Exceptions](#)

A range of publicly available/NHS information has been utilised from the following organisations:

- NHS England
- National Self Care Forum
- NHS South West London
- NHS Birmingham and Solihull CCG
- NHS Bexley CCG
- NHS Warrington CCG
- NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG
- PrescQIPP

## General Enquiries

For general enquiries regarding the tool, please contact GMJCT via: [gmcsu.medsman@nhs.net](mailto:gmcsu.medsman@nhs.net)

This tool is intended for NHS use

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