

Barnsley Public Health Nursing 0-19 Service Prescribing Formulary

Community Practitioner Nurse Prescribers who have completed the necessary training may only prescribe items appearing in the Nurse Prescribers' Formulary (NPF) for Community Practitioners.¹

The NPF can be found in the [Drug Tariff](#) and the [BNF](#). Nurses are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.¹ Locally, brand prescribing is approved by the Area Prescribing Committee for certain preparations and where appropriate this is indicated on the [Barnsley Area Joint Formulary](#)² and in the information in this document.

Community Practitioner Nurse Prescribers can prescribe any appliance or reagent in the Drug Tariff^{1,3} (See Part IXA – Appliances, Part IXB – Incontinence appliances, Part IXC – Stoma appliances and associated products and Part IXR – Chemical reagents).

The [Barnsley Area Joint Formulary](#)² lists which drugs have been approved for prescribing in Barnsley. Each drug is assigned a traffic light classification (green – suitable for prescribing in primary care, amber – suitable for shared care prescribing, red – should only be prescribed in secondary care). Not all of the items in the NPF, are on the Barnsley Area Joint Formulary, and therefore not all items within the NPF are suitable for prescribing in Barnsley.

This formulary aims to advise on the most suitable items to prescribe for the conditions most commonly seen by health visitors. These items appear in both the NPF or Drug Tariff appliance or reagent section, **and** the Barnsley Area Joint Formulary. This formulary is a guide only and it is the responsibility of the health visitor to ensure they have the knowledge and competence to prescribe for these conditions.

Minor Conditions

NHS England has produced guidance on **Conditions for which over the counter items should not routinely be prescribed in primary care**.⁴ The full NHS England guidance is available at: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

Barnsley CCG has agreed to adopt all of the recommendations within the NHSE guidance. **Barnsley Self-Care Guidance** has been produced to support primary care clinicians with implementation of the recommendations in practice.⁵ The Barnsley Self-Care Guidance is available on the BEST website at the following link: http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf

The guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice. **Community pharmacists** can support patients in managing minor ailments and self-limiting conditions, and can refer the patient to the GP if required.

The guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the **general exceptions** outlined in the NHS England and Barnsley Self-Care Guidance (see paragraph below) or within **specific exceptions** for each condition/item (see the table under each condition/item in the [Barnsley Self-Care Guidance](#) page 5 onwards).

General exceptions to the Self-Care Guidance:

There are certain scenarios where patients should continue to have their treatments prescribed and these are outlined below.

To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the **general exceptions do not apply**.

- Patients prescribed an OTC 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 on **prescription only treatments**.
- 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 breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly. More information on over the counter restrictions is available in the [Barnsley Self-Care Guidance](#) and in the [PrescQIPP bulletin 227:Over the counter items - GP guide to self care](#)⁶
- Patients with a minor condition suitable for self-care that has **not responded sufficiently to treatment** with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a **condition that would not be considered a minor condition**.
- Circumstances where the prescriber believes that in their **clinical judgement**, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that **their health and/or wellbeing could be adversely affected, if reliant on self-care**. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

The minor conditions contained within the Self-Care Guidance most relevant to the Public Health Nursing 0-19 Service (those associated with babies, children and adolescents) are listed below. For the full list please see the [Barnsley Self-Care Guidance](#):

Self-limiting conditions:

Acute sore throat

Cold sores

Conjunctivitis

Coughs and colds and nasal congestion

Cradle cap

Infant colic

Minor conditions suitable for self-care:

Earwax
Head lice
Infrequent constipation
Insect bites and stings
Mild acne
Mild dry skin
Mild to moderate hay fever/seasonal rhinitis
Minor burns and scalds
Minor conditions associated with pain, discomfort and/fever.(e.g. aches and sprains, headache, period pain)
Mouth ulcers
Nappy rash
Oral thrush
Prevention of dental caries
Ringworm/ athlete's foot
Sunburn
Teething/mild toothache
Threadworms
Travel Sickness
Warts and Verrucae

Please note:

In cases where prescribing is considered appropriate, due to general exceptions/specific exceptions listed on page 2, appropriate preparations are included in the tables on the following pages.

(The information contained within the [Barnsley Self-Care Guidance](#) to help support clinicians with the decision of whether prescribing may be appropriate for each condition is not exhaustive and the decision of whether to prescribe remains the clinical decision of the clinician)

Constipation

Please note: It is not expected that laxatives should be purchased over the counter from the community pharmacy for children or for chronic constipation in any age group.

Laxatives are not recommended for **children** unless they are **prescribed by a prescriber such as a GP** (however self-care advice can be given on diet, fluid intake and exercise for infrequent constipation caused by changes in lifestyle or diet).^{4,7}

The BNF contains further information on the management of constipation in children.³

The MHRA published guidance on stimulant laxatives in August 2020⁷: <https://www.gov.uk/drug-safety-update/stimulant-laxatives-bisacodyl-senna-and-sennosides-sodium-picosulfate-available-over-the-counter-new-measures-to-support-safe-use?fromsource=MAS>.

Advice to health care professionals on constipation treatment options is as follows:

- for constipation, manage underlying causes and advise adult patients on appropriate first-line dietary and lifestyle measures, such as increasing dietary fibre, fluid intake, and activity levels
- stimulant laxatives should only be used if other laxatives (bulk-forming and osmotic) are ineffective (see NICE CKS on constipation: <https://cks.nice.org.uk/topics/constipation/#!scenario>)
- children younger than 12 years should not use stimulant laxatives without advice from a prescriber and [NICE Clinical Guidance CG99](#) should be followed

For information, the following preparations for constipation are included in both the NPF and the [Barnsley Formulary](#) and can be prescribed by health visitors where considered appropriate. Refer to product SPC's (<https://www.medicines.org.uk/emc/>)⁸ and the [BNF](#) for information on product suitability for age of child/adolescent, doses, contraindications, cautions and interactions.

Medicinal preparation	Indication
Osmotic laxatives	
Lactulose Solution BP (NPF) First line choice osmotic laxative	Treatment of constipation.
Macrogol Oral Powder, Compound (NPF) Laxido® is the brand of choice in Barnsley (prescribe by brand)	Treatment of chronic constipation
Macrogol Oral Powder, Compound, Half-strength (NPF)	Treatment of chronic constipation

Stimulant laxatives	
Senna 7.5mg Tablets, BP (NPF)	Treatment of constipation.
Senna Oral Solution 7.5mg/5ml (NPF)	Treatment of constipation.
Bisacodyl 5mg tablets, BP (NPF)	Treatment of constipation.
Bisacodyl Suppositories 5mg and 10mg, BP (NPF)	Treatment of constipation.
Glycerol Suppositories 1g, 2g, 4g, BP (NPF)	Treatment of constipation.
Sodium Picosulfate 5mg/5ml Elixir (NPF)	Treatment of constipation.
Bulk-forming laxatives	
Ispaghula Husk 3.5g Granules, effervescent, BP (NPF)	Treatment of constipation.
Softening laxatives	
Docusate 100mg Capsules, BP (NPF)	Treatment of chronic constipation
Docusate Oral Solution 50mg/5ml, BP (NPF)	Treatment of chronic constipation
Docusate Oral Solution, Paediatric 12.5mg/5ml, BP (NPF)	Treatment of chronic constipation

Earwax

Please note: Ear drops to soften earwax are available to purchase from community pharmacies.

Further information on the management of earwax can be found in the NICE CKS Earwax: <https://cks.nice.org.uk/earwax>

Ear wax (cerumen) is a normal bodily secretion which provides a protective film on the meatal skin and need only be removed if it causes hearing loss or interferes with a proper view of the ear drum.⁹

Ear wax causing discomfort or impaired hearing may be softened using simple remedies such as **olive oil** ear drops. Sodium bicarbonate ear drops are also effective, but may cause dryness of the ear canal.⁹

To administer ear drops, lay the child down with the head turned to one side; for an infant pull the earlobe back and down, for an older child pull the earlobe back and up.⁹

Medicinal preparation	Indication ³	Dose ³	Contra-indications/cautions ^{10*}
Olive oil ear drops, BP 10ml (NPF)	Removal of ear wax	Adult and Child: Apply twice daily for several days. The patient should lie with the affected ear uppermost for 5 to 10 minutes after a generous amount of the softening remedy has been introduced into the ear. Allow ear drops to warm to room temperature before use.	Ear drops should not be used if the eardrum is perforated
Sodium bicarbonate 5% ear drops 10ml (Drug Tariff Part IXA)	Removal of ear wax	Adult and Child: Instil 3 to 4 drops twice daily for several days. ^{10,11} The patient should lie with the affected ear uppermost for 5 to 10 minutes after the ear drops have been applied. Allow the drops to warm to room temperature before use.	Ear drops should not be used if the eardrum is perforated

* refer to BNF, MIMS and product literature for a full list of contraindications and cautions.^{3,10}

Head lice

Please note: Head lice preparations containing malathion (e.g. Derbac® M liquid) and dimeticone (e.g. Hedrin® lotion) are available to purchase from community pharmacies but are not licensed for children under 6 months of age. Some products are also available from other retail outlets such as supermarkets.

Further information on the management of head lice can be found in the NICE CKS Head lice: <https://cks.nice.org.uk/head-lice> .

The CKS states that if a live louse is found, treat with one of the following: a physical insecticide (e.g. dimeticone), a chemical or traditional insecticide (malathion 0.5% aqueous liquid) or wet combing. The choice of treatment will depend on the preference of the person and/or their parents/carers after considering the advantages and disadvantages of each treatment, what has been previously tried, and the cost of the treatment. Be aware that wet combing or dimeticone 4% lotion is recommended first-line for pregnant or breastfeeding women, young children aged 6 months to 2 years, and people with asthma or eczema. Enough treatment should be supplied to complete the treatment course and the patient or their parents/carers must read the instructions that come with the treatment to ensure it is used safely and correctly. All affected family members should be treated on the same day to avoid reinfection.

Also note the MHRA Drug Safety Update: Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes: <https://www.gov.uk/drug-safety-update/head-lice-eradication-products-risk-of-serious-burns-if-treated-hair-is-exposed-to-open-flames-or-other-sources-of-ignition-eg-cigarettes>

Medicinal preparation	Licensed Indication ^{12,13}	Dose ^{3,10,12,13,14}	Contra-indications/cautions ^{12,13 **}
Dimeticone 4% Lotion 50ml/150ml (NPF) <i>(Dimeticone is a physical insecticide – it kills the lice by physically coating their surfaces and suffocating them, so resistance is unlikely to develop)</i>	Indicated for the eradication of head lice infestations	<p>Adults and children (aged six months and above):</p> <p>For topical external use only</p> <p>Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to tips. Allow hair to dry naturally. Dimeticone lotion should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days.</p> <p>Children under the age of six months should only be treated under medical supervision.</p>	<p>Contra-indicated in known hypersensitivity to any of the ingredients</p> <p>Cautions:</p> <p>Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity.</p> <p>Avoid contact with the eyes but if accidentally introduced into the eyes, flush with water.</p> <p>Dimeticone 4% lotion is combustible when on the hair and in direct contact with an open flame or other source of ignition; therefore during treatment hair should be kept away from open flames or other sources of ignition.</p>
Malathion aqueous liquid 0.5% (50ml or 200ml) (NPF) <i>(This is a chemical or traditional insecticide – it poisons the lice by chemical means - resistance has been reported)</i>	Eradication of head lice and their eggs. This product is also licensed for eradication of pubic lice and their eggs, and the treatment of scabies. For more information on these indications including the dose please see the SPC. ¹²	<p>Adults, the elderly and children aged 6 months and over:</p> <p>As this product does not contain alcohol, it is suitable for those with asthma or eczema.</p> <p>Treatment of head lice:</p> <p>Rub the liquid into the scalp until all the hair and scalp is thoroughly moistened. Leave the hair to dry naturally in a warm but well ventilated room.</p> <p>After 12 hours, or the next day if preferred, shampoo the hair in the normal way.</p> <p>Rinse the hair and comb whilst wet to remove dead lice and eggs (nits) using the Derbac® Nit Comb.</p> <p>Treatment should be repeated after 7 days.</p>	<p>Contra-indicated in known sensitivity to malathion. Not to be used on infants less than 6 months except on medical advice.</p> <p>Cautions:</p> <p>Avoid contact with the eyes</p> <p>Do not use on broken or secondarily infected skin.</p> <p>Continued prolonged treatment with this product should be avoided. It should be used not more than once a week and for not more than 3 consecutive weeks.</p>

** refer to SPC for a full list of contraindications, cautions and interactions^{12,13}

Wet combing (*this is the systematic combing of wet hair with a louse detection comb to remove head lice*)

The Bug Buster® kit is the only head lice removal (and detection) method that has been evaluated in randomized controlled trials, and it is available on the NHS.¹⁴ The Bug Buster® kit is reusable by a whole family.

The following bug buster kits and head lice combs are listed in Part IXA of the drug tariff and can be prescribed.¹ They are listed in order of increasing cost (Drug Tariff September 2020):

Head Lice Comb	Details	Cost (£)
Portia Head Lice Comb	Plastic head lice comb	£0.40
Nitcomb-S1	Single row comb with stainless steel teeth. For detection and effective removal of head lice, eggs and nits.	£1.30
Nitcomb-M2	Two rows of staggered round tipped stainless steel teeth. Designed for effective removal of lice and nits, with or without a medicated shampoo.	£2.43
Bug buster kit	(Kit containing 3 Bug Buster combs, 1 Nit Buster comb, 1 wide tooth comb plus a protective cape). The Bug Buster Kit works in combination with ordinary shampoo and hair conditioner - no additional medicated products are required.	£5.01
Nitty Gritty NitFree	Steel Nit comb with Microgrooved Teeth.	£5.67

Minor conditions associated with pain, discomfort and/fever

Please note: paracetamol and ibuprofen preparations suitable for children are available to purchase from community pharmacies. Some products are also available from other retail outlets such as supermarkets.

Health visitors should not prescribe paracetamol/ibuprofen for sore throats/coughs and colds as these conditions are self-limiting and therefore the general exceptions to the self-care guidance do not apply.

Medicinal preparation	Licensed Indication ³	Dose ^{3,15,16,17}	Contra-indications/cautions ^{***3}
Paracetamol oral suspension BP 120mg/5ml (100ml) and 250mg/5ml	Pain/pyrexia Not licensed for use in children under 2 months.	See 'Barnsley Guidance for Oral Paracetamol Dosing' available on BEST at the following link: http://barnsleybest.nhs.sitekit.net/clinical-support/medicines/prescribing-	Cautions: Before administering, check when paracetamol last administered and cumulative paracetamol dose over previous

(200ml) sf (NPF)	Not licensed for use as prophylaxis of post-immunisation pyrexia following immunisation with meningococcal group B vaccine.	guidelines/Oral%20Paracetamol%20Dosing.pdf?UNLID=35350962019923151248	24 hours; chronic dehydration; chronic malnutrition; hepatocellular insufficiency; long-term use (especially in those who are malnourished)
Paracetamol 500mg tablets BP (max.96 tablets; max.pack size 32 tablets) (NPF)	Pain/pyrexia Not recommended for children under 10 years of age. Alternative presentations of paracetamol (e.g. paracetamol oral suspension 120mg/5ml or 250mg/5ml) are recommended for paediatric usage in order to obtain suitable doses of less than 500mg.	See 'Barnsley Guidance for Oral Paracetamol Dosing' available on BEST at the following link: http://barnsleybest.nhs.sitekit.net/clinical-support/medicines/prescribing-guidelines/Oral%20Paracetamol%20Dosing.pdf?UNLID=35350962019923151248	As above for paracetamol oral suspension
Ibuprofen oral suspension 100mg/5ml 100ml BP (except for indications and doses that are prescription- only e.g. a nurse couldn't prescribe ibuprofen for juvenile arthritis) (NPF)	Mild to moderate pain Pain and inflammation of soft-tissue injuries Pyrexia with discomfort Not licensed for use in children under 3 months or body-weight under 5 kg.	<p>Child 3–5 months 50mg (2.5ml) 3 times a day</p> <p>Child 6–11 months 50mg (2.5ml) 3–4 times a day</p> <p>Child 1–3 years 100mg (5ml) 3 times a day</p> <p>Child 4–6 years 150mg (7.5ml) 3 times a day</p> <p>Child 7–9 years 200mg (10ml) 3 times a day</p> <p>Child 10–11 years 300mg (15ml) 3 times a day</p> <p>(See the cBNF and SPC for further information on maximum doses).</p>	<p>Contraindications: Active gastro-intestinal bleeding; active gastro-intestinal ulceration; history of gastro-intestinal bleeding related to previous NSAID therapy; history of gastro-intestinal perforation related to previous NSAID therapy; history of recurrent gastro-intestinal haemorrhage (two or more distinct episodes); history of recurrent gastro-intestinal ulceration (two or more distinct episodes); severe heart failure; varicella infection</p> <p>Cautions: Cardiac impairment (NSAIDs may impair renal function); cerebrovascular disease; coagulation defects; connective-tissue disorders; Crohn's disease (may be exacerbated); heart failure; ischaemic heart disease; peripheral arterial disease; risk factors for cardiovascular events; risk factors for cardiovascular events; ulcerative colitis (may be exacerbated); uncontrolled hypertension</p>

Ibuprofen tablets 200mg and 400mg BP (pack size 24/84 tablets) (except for indications and doses that are prescription- only e.g. a nurse couldn't prescribe ibuprofen for juvenile arthritis) (NPF)	Pain and inflammation in rheumatic disease and other musculoskeletal disorders Mild to moderate pain including dysmenorrhoea, dental pain, headache	Ibuprofen 200mg tablets Adults and children over 12 years 1 or 2 tablets up to 3 times a day as required Ibuprofen 400mg tablets Adults and children over 12 years 1 tablet up to 3 times a day as required	As above for ibuprofen oral suspension
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***refer to BNF and SPC for full list of contraindications, cautions and interactions ^{3,16,17}

The BNF states that care should be taken to ensure **children** receive the correct dose of the active drug. Therefore, the dose should normally be stated in terms of the mass of the active drug (e.g. '100 mg 3 times daily'); terms such as '5 mL' or '1 tablet' should be avoided except for compound preparations.

The Barnsley primary care prescribing guidelines: advisory, minimum and gold, also advises that for **liquid medicines** (except laxatives and antacids) clinicians should always specify the **strength** of the formulation, the **dose in milligrams / micrograms** and also the **volume**, for example: Ibuprofen oral suspension **100mg/ 5ml - 100mg (5ml)** three times daily.

The Barnsley primary care prescribing guidelines are available at the following link: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Prescribing%20Gold%20Guidelines%20-%20July%202020.pdf>

Nappy Rash

Please note: nappy rash creams/ointments are available to purchase from community pharmacies. Some products are also available from other retail outlets such as supermarkets.

Further information on the management of nappy rash can be found in the NICE CKS: Management of nappy rash: <https://cks.nice.org.uk/nappy-rash#!scenario>

Medicinal preparation	Licensed Indication 18,19,20,21	Dose ^{18,19,20,21}	Contra-indications/cautions ^{**** 18,19,20,21}
Barrier preparations – suitable if there is mild erythema and the child is asymptomatic²²			
Titanium ointment BP 30g (NPF) (Metanium® nappy rash ointment)	Treatment for nappy rash	Dab a small amount of Metanium® over the sore area. Spread the ointment thinly so the skin texture can be clearly seen through it. Repeat at each nappy change.	Contraindications: Hypersensitivity to the drug formulation.
Zinc and castor oil ointment BP 500g (zinc oxide 7.5%) (NPF)	For relief of the symptoms of nappy rash	As required, up to four times daily or at each nappy change.	Contraindications: Known hypersensitivity to any of the ingredients listed. Cautions: Instruct patients not to smoke or go near naked flames – risk of severe burns. Fabric (clothing, bedding, dressings, etc.) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. Zinc and Castor Oil Ointment BP contains Arachis Oil (peanut oil) and should not be applied by patients known to be allergic to peanut. As there is a possible relationship between allergy to peanut and allergy to Soya, patients with soya allergy should also avoid Zinc and Castor Oil Ointment BP.
Antifungals - if the rash persists and candidal infection is suspected or confirmed on swab²²			
Clotrimazole 1% cream, BP 20g/50g (NPF)	Fungal skin infections	Adults and children: The cream should be applied thinly and evenly to the affected area 2 – 3 times daily and rubbed in gently. A strip of cream (½ cm long) is enough to treat an area of about the size of the hand. Treatment should be continued for at least two weeks for candidal infections.	Contraindications: Do not use the cream to treat nail or scalp infections.
Miconazole 2% cream, BP 30g (NPF)	Fungal skin infections	Adults and children: Apply some cream to the lesions twice daily. Rub the cream into the skin with your finger until it has fully penetrated. The duration of therapy varies from 2 to 6 weeks	Caution: Miconazole cream must not come into contact with the mucosa of the eyes.

		depending on the localisation and the severity of the lesion. Treatment should be continued at least one week after disappearance of all signs and symptoms.	
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****refer to BNF and SPC for full list of contraindications, cautions and interactions ^{3,18,19,20,21}

Oral thrush

Please note: miconazole 2% oromucosal gel (Daktarin® 2% oral gel) is available to purchase from community pharmacies but is not licensed for children under 4 months of age. Nystatin oral suspension is prescription only.

Further information on the management of oral thrush can be found in the NICE CKS Candida –oral: <https://cks.nice.org.uk/candida-oral>
NICE states to offer miconazole oral gel first-line for children aged 4 months and over (unlicensed for use in a child aged younger than 4 months, or 5–6 months for an infant born pre-term). If miconazole oral gel is unsuitable, offer oral nystatin suspension (unlicensed for use in neonates).

To reduce the risk of oral thrush, patients who use steroid inhalers should rinse out their mouth after using the inhaler, to help remove any medicine particles left in the mouth. Having a good inhaler technique and using a spacer device may also reduce the risk of oral thrush. A spacer device should be used with an inhaler up to the age of 12 years. In young children a face mask is required with the spacer until the child can breathe reproducibly using the spacer mouthpiece.

Medicinal preparation	Licensed Indication ^{3,23,24}	Dose ^{23,24}	Contra-indications/cautions ^{***** 23,24}
Miconazole oromucosal gel 20mg/g 15g (NPF)	Oral Candidiasis	<p>Infants: 4-24 months: 1.25 mL (1/4 measuring spoon) of gel, applied four times a day after meals. Each dose should be divided into smaller portions and the gel should be applied to the affected area(s) with a clean finger. The gel should not be applied to the back of the throat due to possible choking.</p> <p>Adults and children 2 years of age and older: 2.5 mL (1/2 measuring spoon) of gel, applied four times a day after meals.</p> <p>The gel should not be swallowed immediately, but kept in the mouth as long as possible.</p> <p>The treatment should be continued for at least a week</p>	<p>Contra-indicated in infants less than 4 months of age or in those whose swallowing reflex is not yet sufficiently developed</p> <p>Contra-indicated in patients with liver dysfunction.</p> <p>Caution with use of miconazole oromucosal gel with an oral anticoagulant such as warfarin (see SPC²³ and MHRA links below for further information).</p> <p>Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin - GOV.UK</p> <p>Miconazole (Daktarin): over-the-counter oral gel contraindicated in patients taking warfarin - GOV.UK</p>

		after the symptoms have disappeared.	
Nystatin oral suspension 100,000 units/ml 30ml (NPF)	Oral Candidiasis	<p>Infants (1 month to 2 years): 1ml should be dropped into the mouth four times a day.</p> <p>Children (≥ 2 years) and adults: 1ml of the suspension should be dropped into the mouth four times daily; it should be kept in contact with the affected areas as long as possible.</p> <p>Continue treatment for 2 days after symptoms have resolved.</p>	Contra-indicated in patients with hypersensitivity to the active substance(s) or to any of the excipients

***** refer to SPC for full list of contraindications, cautions and interactions^{23,24}

Breastfeeding and thrush²⁵

Babies can pass oral thrush on through breastfeeding. This can cause nipple thrush in mothers. Likewise if a woman develops a thrush infection in the breast, this can be passed to the baby when breastfeeding. It is therefore important that the baby and breastfeeding mum are treated at the same time, even if only one shows symptoms of thrush. Thrush in breastfeeding women can be treated with **miconazole 2% cream**. It should be applied sparingly on and around the nipples **after each feed**. Breastfeeding can continue. There is no need to wash the cream off. Any cream that hasn't been absorbed by the skin should be left on the breast pad, however gently wipe off any cream which can be seen before next feed. The frequency of application of the cream is more than usual as much of the cream is removed by the use of the breast pads. Treatment for both mother and baby should continue for at least two weeks, although symptoms should be resolving within 2-3 days.

NHS UK have produced a useful 'Thrush and breastfeeding' guide for patients: <https://www.nhs.uk/conditions/pregnancy-and-baby/breastfeeding-and-thrush/>
The Breastfeeding Network (<https://www.breastfeedingnetwork.org.uk/>) runs the national breastfeeding helpline (0300 100 0212) and provides written information on breastfeeding issues; Thrush and Breastfeeding <https://www.breastfeedingnetwork.org.uk/thrush-detailed/> .

PLEASE NOTE: Miconazole oral gel is not effective for the treatment of thrush on the breasts/nipples. Miconazole oral gel is not pharmacologically designed to penetrate the skin of the nipple and application is unlikely to be effective.

There can be other causes of nipple and/or breast pain besides thrush (e.g. incorrect 'latch on') and it is important that these are ruled out. See NICE CKS on breastfeeding problems: <https://cks.nice.org.uk/breastfeeding-problems> If topical treatment of thrush in the breastfeeding women fails (an improvement should be seen by 7 days), the patient should be referred to the GP as oral treatment may be required in addition to topical treatment.

Swabs of the mother's nipples and the baby's mouth are useful to confirm the presence/absence of fungal or bacterial infection (commonly Staph. aureus). This is recommended where treatment is not proving successful or where treatment has failed.

Oral thrush and nappy rash²²

If oral thrush is present and untreated, it increases the likelihood of candidal infection in the nappy area and recurrent nappy rash. Features which may suggest candidal infection, especially if the rash is persisting with skin care measures:

- sharply margined bright red patches or plaques around the perianal skin, which may involve the perineum, genitalia, thighs, and abdomen. Confluent zones of papules and pustules typically spread into the skin folds. There may be 'collarettes' of scale and satellite lesions.

See the nappy rash section above for information on the use of clotrimazole 1% cream or miconazole 2% cream on nappy rash with candidal infection.

Swabs of the baby's mouth/perineal or groin area are useful to confirm the presence/absence of fungal or bacterial infection (commonly Staph. aureus). This is recommended where treatment is not proving successful or where treatment has failed.

Ringworm/ athlete's foot

Please note: antifungal creams for ringworm/athlete's foot are available to purchase from community pharmacies. Some products for athlete's foot are also available from other retail outlets such as supermarkets.

Further information on the management of ringworm can be found in the NICE CKS Fungal skin infection – body and groin: <https://cks.nice.org.uk/fungal-skin-infection-body-and-groin> and further information on the management of athlete's foot can be found in the NICE CKS Fungal skin infection- foot: <https://cks.nice.org.uk/fungal-skin-infection-foot>

Medicinal preparation	Licensed Indication ^{20,21}	Dose ^{20,21}	Contra-indications/cautions ^{*****20,21}
Clotrimazole 1% cream, BP 20g/50g (NPF)	Fungal skin infections	Adults and children: The cream should be applied thinly and evenly to the affected area 2 – 3 times daily and rubbed in gently. A strip of cream (½ cm long) is enough to treat an area of about the size of the hand. If the feet are infected, they should be thoroughly washed and dried, especially between the toes, before applying the cream. Treatment should be continued for at least one month for dermatophyte infections (ringworm/athlete's foot).	Contraindications: Do not use the cream to treat nail or scalp infections.
Miconazole 2% cream, BP 30g (NPF)	Fungal skin infections	Adults and children: Apply some cream to the lesions twice daily. Rub the cream into the skin with your finger until it has fully penetrated. The duration of therapy varies from 2 to 6 weeks depending on the localisation and the severity of the lesion.	Caution: Miconazole cream must not come into contact with the mucosa of the eyes.

		Treatment should be continued at least one week after disappearance of all signs and symptoms.	
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*****refer to SPC for full list of contraindications, cautions and interactions ^{20,21}

Threadworms

Please note: mebendazole 100mg chewable tablets and mebendazole 100mg/5ml oral suspension (brands include Ovex®) are available to purchase from community pharmacies but are not licensed for children under 2 years of age.

Further information on the management of threadworms can be found in the NICE CKS Threadworm: <https://cks.nice.org.uk/threadworm>

Medicinal preparation	Licensed Indication ^{3,26,27}	Dose ^{26,27}	Contra-indications/cautions ^{*****26,27}
Mebendazole chewable tablets 100mg (NPF)	Threadworm infections	<p>Adults and children over 2 years: Take one tablet.</p> <p>Tablets may be chewed or swallowed whole. Crush the tablet before giving it to a young child. Always supervise a child while they are taking this medicine. Care should be taken to avoid re-infection (see hygiene measures below) and it is strongly recommended that all members of the family are treated at the same time.</p> <p>It is highly recommended that a second tablet is taken after two weeks, if re-infection is suspected.</p> <p>Hygiene measures should be carried out for 2 weeks; hand hygiene, pants at night, morning shower PLUS wash sleepwear, bed linen, dust and vacuum on day one.</p>	<p>Contra-indicated in pregnancy and in patients who have shown hypersensitivity to the active substance or to any of the excipients</p> <p>Not recommended in the treatment of children aged under 2 years.</p>
Mebendazole oral suspension 100mg/5ml (NPF) Second line to mebendazole chewable tablets, to be considered for patients such	Threadworm infections	<p>Adults and children over 2 years: 1 x 5ml (1 dosing cup).</p> <p>Care should be taken to avoid re-infection (see hygiene measures above) and it is strongly recommended that all members of the family are treated at the same time.</p> <p>It is highly recommended that a second dose is taken after two weeks, if re-infection is suspected.</p>	<p>Contraindicated in pregnancy and in patients who have shown hypersensitivity to the active substance or any of the excipients</p> <p>Not recommended in the treatment of children aged under 2 years.</p>

as young children who are unable to swallow the tablet.			
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***** refer to SPC for full list of contraindications, cautions and interactions^{26,27}

Emollients

- Emollients for the treatment of **mild dry skin** and **mild irritant dermatitis** should be purchased **over the counter** from community pharmacies unless the general exceptions to the NHS England guidance apply as detailed above.
- Patients should not be seeking prescriptions from Health Visitors if already receiving any of the following items from their GP.
- **The following emollients should only be prescribed as a one-off prescription for appropriate skin conditions e.g. moderate to severe dry skin conditions, eczema, dermatitis, ichthyosis, xeroderma, psoriasis and pruritus, where the Health Visitor has diagnosed these. Further treatment(s) from the tables below should be prescribed by the GP.**
- Some emollients are available in several different pack sizes. Where appropriate, the smallest pack size should be selected for the patient to try.
- In December 2018 the MHRA extended the warnings about the risk of severe and fatal burns to all paraffin-based emollients regardless of paraffin concentration.²⁸ Data suggest there is also a risk for paraffin-free emollients. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them. The full alert is available at:
<https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

In August 2020 the MHRA published new resources (e.g. leaflets and posters) on the risk of severe and fatal burns with emollients:²⁹
<https://www.gov.uk/drug-safety-update/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available>

Emollient creams/ointments/gels

Emollients can be applied as often as needed to keep the skin well moisturised and in good condition. Ideally, this should be done at least 3 or 4 times a day. They should be smoothed, not rubbed, into the skin gently in the same direction that the hair grows. This helps prevent hair follicles getting blocked. If the patient is using a steroid cream or another treatment for their skin condition, they should wait at least 30 minutes after putting on the emollient before applying it.

Some emollients can also be used as **soap substitutes**. Details can be found under dosage information in the table below.

Refer to Zeroderma® product information for further information on ingredients, adverse reactions, precautions and contra-indications for the Zeroderma® range of products:³⁰

<https://www.zeroderma.co.uk/>

Refer also to the SPC for 50:50 ointment for further information on cautions and contra-indications.³¹

Zeroderma® products should be prescribed by brand as agreed by the Barnsley Area Prescribing Committee.

Medicinal preparation ^{30, 31,32,33,34,35,36,37, 38}	Ingredients 30,31,32,33,34,35,36,37,38	Product equivalent to:	Indication ^{30,31,32,33,35,36,37,38}	Dose ^{30,31,32,33,34,35,36,37,38}
First line choices				
ZeroAQS® cream 500g (Drug Tariff Part IXA)	Liquid paraffin 6%, White soft paraffin 15%, ZeroAQS® cream does not contain SLS (sodium lauryl sulfate) like aqueous cream so should not cause skin irritation when used as a leave-on emollient. Aqueous cream: may cause skin irritation - GOV.UK ³⁹	Aqueous cream	For use as an effective emollient and as a skin cleanser for the relief of flaking dry conditions	Adults and children: Apply to the affected area of skin as required. As a skin cleanser: Apply to the skin using hands or a wash cloth, then rinse off.
Zerobase® cream 50g or 500g	Liquid paraffin 11%	Diprobaze® cream	Zerobase® is an emollient, moisturising and protective cream. Zerobase® cream is used for the symptomatic treatment of red inflamed, dry or chapped skin, the	Adults and children: The cream should be applied to the affected areas of skin as often as is required and smoothed gently into the skin following the direction of the

(Drug Tariff Part IXA)			protection of raw skin areas and as a pre-bathing emollient for dry/eczematous skin to alleviate dry areas	hair growth.
Zerocream® cream 50g or 500g (Drug Tariff Part IXA)	Light liquid Paraffin 12.6% and White soft paraffin 14.5% Please note contains lanolin	E45® Cream	Zerocream® is an emollient used for the symptomatic treatment of flaking, dry skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.	Adults, the elderly and children: Apply to the affected areas of skin two or three times daily, and smooth gently into the skin, following the direction of the hair growth.
Zeroderm® ointment 125g or 500g (Drug Tariff Part IXA)	Liquid paraffin 40%, white soft paraffin 30%	Epaderm® or Hydromol® ointment	Zeroderm® Ointment is a rich emollient used to moisturise and soften dry skin in eczema, dry cases of psoriasis and other dry skin conditions.	Adults and children: As an emollient: Apply to the affected area as often as required. Smooth gently into the skin, following the direction of the hair growth. As a bath additive: Melt about 4g in hot water in a suitable container then add to the bath. As a soap substitute: Take a small amount of the ointment and lather it under warm water and use as required when washing or in the shower. Pat skin dry.
Zerodouble® gel 100g or 500g (Drug Tariff Part IXA)	Liquid paraffin 15%, isopropyl myristate 15%	Doublebase® gel	Highly moisturising emollient gel for dry skin conditions, as may be found in eczema, psoriasis, dermatitis, ichthyosis, elderly pruritus, and other dry skin conditions.	Adults, the elderly and children: Apply the gel to the affected area on a regular basis and as often as required. Smooth gently into the skin following the direction of the hair growth. Zerodouble® Gel may also be applied before washing or bathing in order to prevent further drying of the skin.
Zeroguent® cream 100g or 500g (Drug Tariff Part IXA)	Light liquid paraffin 8%, white soft paraffin 4% and soya bean oil 5%	Unguentum M® cream	For use as a barrier and moisturiser for symptomatic treatment of dermatitis, ichthyosis, eczema, nappy rash, protection of raw and abraded skin areas, pruritus, and related skin conditions where dry scaly skin is a problem. Also used as a pre-bathing emollient for dry skin, to alleviate	Adults the elderly and children: A thin application of the cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective barrier cream, Zeroguent® should be applied sparingly to the affected areas of the skin before or

			drying effects.	immediately after exposure to a potentially harmful factor.
Zeroveen® cream 100g or 500g (Drug Tariff Part IXA)	Glycerol, Isopropyl palmitate, liquid paraffin, Avena sativa (Oat) Kernel Flour	Aveeno® cream	Fragrance-free 2-in-1 moisturising cream and wash with natural oatmeal (Avena Sativa Kernel Flour) for use in the management of dry or chapped skin conditions as may be found in mild eczema, psoriasis, dermatitis, ichthyosis, elderly pruritus and other dry skin conditions.	Adults and children: Apply to the affected areas of skin regularly and as often as required. Children under one year should be treated under medical supervision.
Second line choices				
Liquid and White Soft Paraffin Ointment (50:50) 500g (NPF)	Liquid paraffin 50%, white soft paraffin 50%	N/A	For general use as an emollient in the symptomatic relief of dry skin conditions.	Adults, Children and the Elderly: Apply a thin film of the ointment to the affected area of the skin, in the direction of hair growth, as required. Repeat as necessary. Ideally the product should be applied three or four times a day, or at least twice a day. In adults, where a large area of the body is affected, up to 500g a week may be used.

Emollient bath and shower preparations

Emollient bath and shower preparations are included as one of the items in the NHS England Guidance: Items which should not routinely be prescribed in primary care: Guidance for CCGs.⁴⁰ The full guidance is available at:

<https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

There is no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema.⁴⁰

Soap avoidance and 'leave-on' emollient moisturisers can still be used for treating eczema. Some emollients can also be used as a soap substitute (see dosage information in the table above for each emollient). Patients should be counselled on the use of any emollients as soap substitutes and the risk of using bath and shower emollients should be fully explained.^{40,41}

The bath and shower preparations on the Barnsley Formulary; Zerolatum® emollient bath additive, Zeroneum® bath additive, Oilatum® emollient, Oilatum® gel and Oilatum Plus® have been assigned a **grey classification** (grey classification- not recommended for use or only in restricted circumstances) and should not be prescribed for new patients.

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Development Process

This formulary has been subject to consultation and endorsement by the paediatricians and microbiologists in Barnsley and was ratified by the Area Prescribing Committee on 14th October 2020.