

Health Visitor Formulary



The NHS currently spends around £136 million a year on prescriptions for medicines that can be purchased over the counter (OTC) from a pharmacy or supermarket.¹

NHS guidance entitled 'Conditions for which over the counter items should not routinely be prescribed in primary care'² lists 35 conditions for which treatment should NOT usually be prescribed, along with two items for which there is a lack of robust evidence to support prescribing.

It is likely that Health Visitors will encounter patients experiencing a number of these symptoms. Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) and West Suffolk Clinical Commissioning Group (WSCCG) ask ALL prescribers to reflect this NHS guidance in their prescribing practice and advise patients/carers to purchase appropriate preparations OTC.

Please remember that a community pharmacist is easily accessible and highly qualified to provide the parent/carer with additional information and to recommend the most clinically appropriate treatment.

HEALTH VISITORS SHOULD NOT PRESCRIBE, OR ASK ANOTHER CLINICIAN TO PRESCRIBE

ITEMS OF LIMITED CLINICAL EFFECTIVENESS			
There is a lack of robust evidence to support the prescribing of these items.			
PROBIOTICS		VITAMINS AND MINERALS	
TREATMENT FOR THE FOLLOWING SELF-LIMITING CONDITIONS			
The condition does not need treatment as it will heal or be cured of its own accord.			
ACUTE SORE THROAT	COLD SORES OF THE LIP (infrequent)	CONJUNCTIVITIS	COUGHS, COLDS and NASAL CONGESTION
CRADLE CAP	CYSTITIS (mild)	HAEMORRHOIDS	INFANT COLIC
TREATMENT FOR THE FOLLOWING MINOR CONDITIONS SUITABLE FOR SELF-CARE			
The patient does not normally need to seek medical advice but may decide to seek advice and/or purchase an OTC preparation for symptom relief.			
ACNE (mild)	BURNS and SCALDS (minor)	CONSTIPATION (infrequent)	DANDRUFF
DERMATITIS (mild irritant)	DIARRHOEA (adults)	DRY EYES, SORE TIRED EYES	DRY SKIN (mild)
EARWAX	EXCESSIVE SWEATING	HAY FEVER and/or SEASONAL RHINITIS (mild to moderate)	HEAD LICE
INDIGESTION and HEARTBURN	INSECT BITES and STINGS	MIGRAINE (infrequent)	MOUTH ULCERS
NAPPY RASH	ORAL THRUSH	PAIN (minor pain, discomfort and fever)	PREVENTION OF TOOTH DECAY
RINGWORM, ATHLETE'S FOOT	SUNBURN	SUN PROTECTION	TEETHING, MILD TOOTHACHE
THREADWORMS	TRAVEL SICKNESS	WARTS and VERRUCAE	

THIS GUIDANCE APPLIES TO ALL PATIENTS - INCLUDING THOSE WHO WOULD BE EXEMPT FROM PAYING PRESCRIPTION CHARGES - UNLESS THEY FALL UNDER THE EXCEPTIONS LISTED ON PAGE 2 BELOW.

Further information about these conditions, including evidence-based guidance on self-management can be found via the following links:

- Healthcare professionals: [Child health | Specialities | CKS | NICE](#)
- Parents/carers: [Health A to Z - NHS \(www.nhs.uk\)](#)
- A leaflet for patients explaining this guidance can be found [here](#)

GENERAL EXCEPTIONS TO THE GUIDANCE

There are certain scenarios in which patients should continue to have their treatment prescribed, including the following. Please see guidance document² for full list of general exceptions.

- Treatment for a long-term condition.
- Treatment for a more complex form of minor illness, e.g. pain unresponsive to OTC medicines.
- When an OTC medicine is required to treat a side effect of a prescription medicine e.g. oral thrush when using corticosteroid inhalers.
- When the medicine has a licence which doesn't allow the product to be sold OTC to certain groups of patients. This could include babies, children, or women who are pregnant or breast-feeding.
- When the prescriber believes that the patient cannot treat themselves, e.g. because of mental health problems or severe social vulnerability.

APPROPRIATE PRESCRIBING

CHRONIC AND/OR MORE SERIOUS SKIN CONDITIONS
<p>Chronic dry skin, eczema, psoriasis, ichthyosis, pruritus, xeroderma and hyperkeratosis.</p> <ul style="list-style-type: none"> ➤ Health Visitors should provide an initial prescription for products listed in the Nurse Prescribers' Formulary for Community Practitioners (NPF) for the indications specified. ➤ Please see Appendix A for details of products suitable for prescribing in IESCCG and WSCCG. ➤ If ongoing treatment is required, the patient should be referred to their GP practice for consideration of repeat prescribing of a product listed in the Suffolk GP Skincare Formulary. <p>N.B. Please be aware that this may be a different product to the one initially prescribed.</p>
CANDIDAL INFECTION OF NIPPLE(S) IN BREAST FEEDING WOMEN
<p>To prevent re-infection, provide treatment for the woman and the infant (see below) at the same time.</p> <p>Prescribe miconazole 2% cream: MICONAZOLE Drug BNF content published by NICE</p> <ul style="list-style-type: none"> ➤ To be applied to the nipples after every breastfeed for two weeks.⁸
ORAL FUNGAL INFECTIONS
<p>N.B. Oral thrush may follow the use of inhaled corticosteroids. Advise the patient/carer to rinse the mouth with water (or clean a child's teeth) immediately after using the inhaler to help avoid this problem.</p>
<p>Offer miconazole oral gel first line for children aged 4 months and over⁶</p> <p>For the prevention and treatment of oral candidiasis (dose approved for use by community practitioner nurse prescribers): MICONAZOLE Drug BNF content published by NICE</p> <ul style="list-style-type: none"> ➤ Not licensed for use in children under 4 months of age or during first 5–6 months of life of an infant born pre-term. ➤ Contraindicated in infants with impaired swallowing reflex.
<p>If miconazole oral gel is unsuitable, offer oral nystatin suspension⁶</p> <p>For oral and perioral fungal infections (dose approved for use by community practitioner nurse prescribers): NYSTATIN Drug BNF content published by NICE</p> <p>Suspension not licensed for use in neonates for the treatment of candidiasis but the Department of Health has advised that a Community Practitioner Nurse Prescriber may prescribe nystatin oral suspension for a neonate, in the doses provided in the BNF, provided that there is a clear diagnosis of oral thrush.³</p>

Appendix A

Products suitable for prescribing in IESCCG and WSCCG and included in the 'Approved List for Prescribing by Community Practitioner Nurse Prescribers (NPF)'

The choice of an appropriate product will depend on the severity of the condition, patient preference and the site of application.

Please note

Any emollient listed in Part IXA of the Drug Tariff may also be prescribed by community practitioner nurse prescribers, as stated in the section of the NPF which describes how appliances and reagents can be prescribed.

The products in the table below have been coded according to cost-effectiveness. A green preparation should be prescribed whenever possible.	First line choice
	Second line choice
	Third line choice

EMOLLIENT CREAMS AND OINTMENTS: PARAFFIN-CONTAINING		
For the treatment of dry skin conditions, eczema, psoriasis, ichthyosis, pruritus		
Formulation and additional information	Product name	Pack size(s) available
CREAMS Creams are generally better for red, inflamed areas of skin.	EPIMAX® <u>Original</u> cream	100g tube 500g bottle
	EPIMAX® <u>Oatmeal</u> cream	100g tube 500g bottle
	Ultrabase® cream	500g pump
OINTMENTS Ointments are preferable for dry skin, that is not inflamed. May be poorly tolerated compared with cream; this may affect their acceptability and hence compliance. Ointments dissolved in hot water are suitable soap substitutes.	EPIMAX® <u>Ointment</u>	125g tub 500g tub
	Zeroderm® ointment	125g tub 500g tub
	Liquid and white soft paraffin ointment, NPF	500g tub
	Emulsifying ointment, BP	500g tub
	EPIMAX® <u>Paraffin-free ointment</u>	500g tub
GELS	EPIMAX® <u>Isomol</u> gel	100g tube 500g pump
SPRAYS	Emollin® spray	240ml spray
UREA-CONTAINING EMOLLIENTS	IESCCG and WSCCG do NOT support the prescribing of these products in the absence of specialist advice.	

EMOLLIENT BATH AND SHOWER PRODUCTS
<p>IESCCG and WSCCG do NOT support the prescribing of emollient bath and shower preparations for ANY indication.</p> <ul style="list-style-type: none"> ➤ NHS England guidance states that there is 'no clear or robust evidence base to support the use of bath and shower preparations for dry and pruritic skin conditions in the NHS.'⁴ ➤ Patients should avoid the use of soaps, detergents, and bubble bath when washing, as these have an emulsifying effect on the lipids of the skin and can be very damaging to the skin. ➤ A suitable soap substitute should be used, for instance an ointment dissolved in hot water (or lotion in warm water).⁵

CAUTION: FIRE HAZARD WITH EMOLLIENTS

There is a risk of severe and fatal burns with all emollients. This applies to ALL emollients, whether they contain paraffin or not.⁷

- On 29 July 2020, MHRA in partnership with the National Fire Chiefs Council, charities, and organisations from across health and social care launched a campaign to raise awareness of this important risk: [Emollients and risk of severe and fatal burns: new resources available - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available)
- A [toolkit of resources](#) is now available for health and social care professionals to support the safe use of emollients.
- Guidance on the safe use of emollient skin creams to treat dry skin conditions can be accessed [here](#).

KEY MESSAGES FOR PEOPLE USING EMOLLIENT PREPARATIONS

- **Avoid smoking**
Do not smoke, use naked flames or get near to anything which may cause a fire whilst wearing clothing or a bandage that has been in contact with skin creams.
- **Change and wash clothes and bedding**
Change and wash your clothes and bedding frequently to reduce the build-up of skin cream. However, remember that whilst washing your clothing and bedding even at high temperatures might reduce the build-up, it does not remove it completely and the danger may remain.
- **Keep cream off furniture**
Be careful to make sure the skin cream does not get onto the fabric of armchairs or other furniture, cushions and blankets. Be aware that the cream can transfer from your skin onto the fabric of furniture when you are sitting or lying on it.
- **Tell relatives and carers**
Tell your relatives or carers about your treatment and ask how they can help you to reduce the risk.
- **Tell your healthcare professional**
Tell your doctor, nurse or pharmacist if you normally smoke. They will be able to offer you help and advice to stop smoking.

References

1. [Why can't I get a prescription for an over the counter medicine? - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/over-the-counter-medicines/)
2. [NHS England » Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](https://www.nhs.uk/conditions/over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-cggs/)
3. [Nurse Prescribers' Formulary | BNF content published by NICE](https://www.nhs.uk/conditions/emollients-formulary/)
4. [NHS England » Items which should not be routinely prescribed in primary care: Guidance for CCGs](https://www.nhs.uk/conditions/items-should-not-be-routinely-prescribed-in-primary-care-guidance-for-cggs/)
5. [Emollients | Prescribing information | Eczema - atopic | CKS | NICE](https://www.nhs.uk/conditions/emollients-prescribing-information-eczema-atopic-cks-nice/)
6. [Scenario: Children \(not immunocompromised\) | Management | Candida - oral | CKS | NICE](https://www.nhs.uk/conditions/scenario-children-not-immunocompromised-management-candida-oral-cks-nice/)
7. [Emollients and risk of severe and fatal burns: new resources available - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available)
8. [Scenario: Breastfeeding problems - management | Management | Breastfeeding problems | CKS | NICE](https://www.nhs.uk/conditions/scenario-breastfeeding-problems-management-management-breastfeeding-problems-cks-nice/)

