NHS Grampian

Protocol For The Administration Of Medicines Included In The Symptomatic Relief Formulary To Adults By Nurses And Pharmacists Working Within NHS Grampian

Lead Author:	Consultation Group:	Approver:
Medicines Management Specialist Nurse	See relevant page in the Protocol	Medicines Guidelines and Policies Group

Signature:		Signature:
		

NHSG Identifier:	Review Date:	Date Approved:
NHSG/Protocol/SR/ MGPG1204	November 2023 **Expiry Date:** November 2024	November 2021

NHS Grampian have authorised this protocol to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Protocol cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1.2 (Amended November 2021)

Revision History:

Reference and approval date of previous superseded protocol	Protocol supersedes NHSG/Protocol/SR/MGPG1204 Version 1.1	
Date of change	**Summary of Changes**	**Section heading**
April 2021	Previous PGD converted to protocol at point of review.	
November 2021	Dose for Strepsils® changed in-line with SmPC.	Strepsils® Monograph
November 2021	Dose of Strepsils® changed to mirror previous PGD and in-line with all other medicines dosing within this protocol.	Strepsils® Monograph
November 2021	Generic Co-Magaldrox added to monograph title and Maalox® added to monograph.	Co-Magaldrox Monograph

NoS Identifier: NHSG/Protocol/SR/MGPG1204
Keyword(s): Protocol symptomatic relief formulary nurse mucogel maalox gaviscon paracetamol tablets soluble suspension sennosides syrup simple linctus monohydrate strepsil

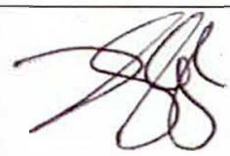
Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this protocol and to ensure that staff are working to the most up to date protocol. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this protocol act within their own level of competence.

The lead author is responsible for the review of this protocol and for ensuring the protocol is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review and subsequent expiry date should not be more than 3 years from the date the protocol was authorised.

Document:
Drafted: April 2021
Completed: September 2021
Approved: November 2021 (published – November 2021)
Amended & reauthorised: November 2021 (published – November 2021)

Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	Signature	Date Signed
Lesley Coyle		04/11/2021

Management and Monitoring of Protocol

Consultative Group

Name	Title
Frances Adamson	**Lead Author:** Medicines Management Specialist Nurse
Anita Kreft	Senior Charge Nurse, Moray
Angela MacManus	Principal Pharmacist, Mental Health and Learning Disability Services
Dr Kirsten Cassidy	GP Insch Medical Practice

Protocol For The Administration Of Medicines Included In The Symptomatic Relief Formulary To Adults By Nurses And Pharmacists Working Within NHS Grampian

Clinical indication to which this Protocol applies

Definition of situation/Condition	This protocol will authorise registered nurses and pharmacists to administer medicines included in the Symptomatic Relief Formulary to individuals aged 16 years and over without prior reference to a doctor or non-medical prescriber to provide prompt treatment of minor ailments. The Symptomatic Relief Formulary provides a framework for the use of a limited number of medicines that may be used in the treatment of minor ailments. The symptoms of these minor ailments would usually be treated by individuals at home with over the counter medications. This protocol should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	This protocol should be used for the administration of the agreed medicines to adults (16 years and older) in hospital wards in NHS Grampian. The medicines may only be used within individual medicine monograph recommendations. The medicines listed in this formulary must be used only for the condition specified in the monograph. Prior to the administration of the medicine, valid consent to receiving treatment under this protocol must be obtained. Consent must be in line with current NHSG consent policy.
Exclusion criteria	• Individuals under 16 years of age. • Individuals with specific contra-indications to the use of the required medicine(s) listed in the medicine monograph (see Appendix 3). • Individuals who have had a previous adverse reaction to the medicine or their excipients, or they are already receiving therapy for the condition. In these cases the individual should be referred to a relevant clinician. • Any treatment requiring more than 2 doses in a 24 hour period or for more than 3 consecutive days. • Where there is no valid consent.

Precautions and special warnings	In the event that an adverse reaction occurs, use of the medicine should be stopped and help sought from a relevant clinician immediately.
Action if excluded from treatment	Advice must be sought – refer to relevant clinician. Document the reason for exclusion under the protocol and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Inform/refer to the relevant clinician if individual declines treatment. Document that the administration was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the protocol

Name form and strength of medicine	See individual medicine monographs.
Legal status	Medicines referred to in this protocol are all either GSL (General Sales List) or P (Pharmacy only) dependant on pack size.
Dosage/Maximum total dose	See individual medicine monographs.
Frequency of dose/Duration of treatment	See individual medicine monographs.
Maximum or minimum treatment period	See individual medicine monographs.
Route/Method of administration	See individual medicine monographs.
Quantity to be administered	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Follow-up (if applicable)	Individuals should be observed for any sign of adverse drug reaction. Any significant adverse drug reactions observed should be referred to medical staff for advice, recorded in the individual's medical notes and in the medicine sensitivities

	section of the Patient Administration Record (PAR). Any minor adverse drug reactions should be recorded in the nursing/pharmacy notes. If an individual requires 2 doses of a medicine within any 24 hour period, consideration should be given to having that medicine prescribed on a regular basis on the NHS Grampian PAR, either in the "Regular Therapy" or "As Required Therapy" section by a prescribing clinician. If the medication is required for 3 consecutive days, the individual must be reviewed by a prescribing clinician.
Advice (Verbal)	Advise individual what to expect and what to do for minor and major reactions. If serious adverse or persistent effects occur, the individual should be advised to contact their GP/Accident and Emergency department/NHS24.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.
Identifying and managing possible adverse reactions	See individual medicines monograph. **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.** **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.** **BNF**: BNF British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Report any severe reactions using the Yellow Card System. Yellow Card Scheme - MHRA

Facilities and supplies required	The following are to be available at sites where the medicine is to be administered: • Appropriate storage facilities • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current protocol in print or electronically.

Characteristics of staff authorised to administer medicine(s) under this protocol

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC) and Pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual capacity to understand the nature and purpose of the medicine administration in order to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the protocol • Competent to undertake administration of the medicine • Competent to work under this protocol.
Ongoing training and competency	**All professionals working under this protocol must:** • Have undertaken basic life support training which is required to be updated annually • Have undertaken NHS e-anaphylaxis training or equivalent (including annual updates) which covers all aspects of the identification and management of anaphylaxis • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct

	• Have knowledge and familiarity of the following; ○ SmPC for the medicine(s) to be administered in accordance with this protocol.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current protocol is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this protocol and meet the requirements above. Maintain up to date record of all staff authorised to administer the medicine(s) specified in this protocol.

Documentation

Authorisation of administration	Nurses and pharmacists working within NHS Grampian can be authorised to administer the medicine(s) specified in this protocol by their Professional Line Manager/ Consultant/Practice GPs/Director of Pharmacy. All authorised staff are required to read the protocol and sign the Agreement to Administer Medicines Under Protocol (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.
Record of administration	The date, time, medicine(s), dose and route must be written in the 'once only' section on the NHS Grampian Prescription and Administration Record according to the recommendations in "Instructions for the prescribing and administration of medicines using the NHS Grampian Prescription and administration record". The signature (in the "Prescribed By" column) is that of the member of staff and annotated 'SR Prot.' (i.e. *A. Nurse, SR Prot.* or *A. Pharmacist, SR Prot.*). Names must be signed legibly. ONCE ONLY PRESCRIPTIONS Date · Time · Medicine · Dose · Route · Prescribed By · Time Given · Given By 1/1/18 · 14:00 · SIMPLE LINCTUS · 5mL · ORAL · A Smith SR Prot. · 14:00 · AS

<table>
<tr><td>Audit</td><td>All records of the medicine(s) specified in this protocol will be filed with the normal records of medicines in each practice/service.</td></tr>
<tr><td>References</td><td>Electronic Medicines Compendium
http://www.medicines.org.uk

<table>
<tr><th>Medicine</th><th>Date of Revision of Text</th><th>Date accessed</th></tr>
<tr><td>Mucogel® Suspension</td><td>09/11/17</td><td>27/04/21</td></tr>
<tr><td>Maalox® Suspension</td><td>01/11/21</td><td>24/11/21</td></tr>
<tr><td>Gaviscon® Advance</td><td>05/11/20</td><td>27/04/21</td></tr>
<tr><td>Paracetamol Tablets (P) (Zentiva Brand)</td><td>30/03/21</td><td>27/04/21</td></tr>
<tr><td>Paracetamol Soluble Tablets (Zentiva Brand)</td><td>23/09/20</td><td>27/04/21</td></tr>
<tr><td>Paracetamol Suspension 250mg/5mL (Rosemount Brand)</td><td>21/10/19</td><td>27/04/21</td></tr>
<tr><td>Senna Tablets (SenEase®)</td><td>09/07/18</td><td>27/04/21</td></tr>
<tr><td>Senna Syrup 7.5mg/5mL (Senokot®)</td><td>14/12/20</td><td>27/04/21</td></tr>
<tr><td>Simple Linctus (Pinewood Healthcare) (Thornton & Ross)</td><td>07/09/20</td><td>27/04/21</td></tr>
<tr><td>Strepsil® Lozenges</td><td>09/04/21</td><td>27/04/21</td></tr>
</table>

British National Formulary
https://about.medicinescomplete.com/ accessed 27/04/21</td></tr>
</table>

Appendix 1

Healthcare Professional Agreement to Administer Medicine(s) Under Protocol

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the medicine(s) contained within the following Protocol

Protocol For The Administration Of Medicines Included In The Symptomatic Relief Formulary To Adults By Nurses And Pharmacists Working Within NHS Grampian

I have completed the appropriate training to my professional standards enabling me to administer the medicine(s) under the above protocol. I agree not to act beyond my professional competence, nor out with the recommendations of the protocol.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

Appendix 2

Healthcare Professionals Authorisation to Administer Medicine(s) Under Protocol

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this protocol is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to administer the medicine(s) under this protocol is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to administer the medicine(s) under this protocol is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.
Protocol For The Administration Of Medicines Included In The Symptomatic Relief Formulary To Adults By Nurses And Pharmacists Working Within NHS Grampian
Local clinical area(s) where the listed healthcare professionals will operate under this protocol:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Protocol For The Administration Of Medicines Included In The Symptomatic Relief Formulary To Adults By Nurses And Pharmacists Working Within NHS Grampian					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

Appendix 3 - NHS Grampian Symptomatic Relief Formulary

NHS Grampian Symptomatic Relief Formulary

The information in these monographs is not exhaustive. They must be read in conjunction with the current issue of the British National Formulary, and the Summary of Product Characteristics for each medicine.

June 2021

Summary Table - NHS Grampian Symptomatic Relief Formulary

Please refer to individual medicine monographs for further details

DRUG	DOSE	LEGAL CATEGORY	FREQUENCY	INDICATION
Mucogel® or Maalox®	10mL	GSL	Twice in a 24 hour period, minimum 4 hours apart	Dyspepsia
Gaviscon® Advance Liquid	5mL - 10mL	P	Twice in a 24 hour period, minimum 4 hours apart	Reflux/Heartburn
Paracetamol Tablets/Soluble Tablets	500mg - 1g	GSL or P	Twice in a 24 hour period, minimum 4 hours apart	Mild to moderate pain
Paracetamol Suspension 250mg/5mL	500mg - 1g	P	Twice in a 24 hour period, minimum 4 hours apart	Mild to moderate pain
Senna Tablets	Two tablets	GSL	Twice in a 24 hour period, minimum 12 hours apart	Constipation
Senna Syrup	10mL	GSL	Twice in a 24 hour period, minimum 12 hours apart	Constipation
Simple Linctus	5mL	GSL	Twice in a 24 hour period, minimum 4 hours apart	Cough
Strepsil® Lozenges	One	GSL	Twice in a 24 hour period, minimum 4 hours apart	Sore throat

GSL General Sale List Medicine
P Pharmacy Medicine

Co-Magaldrox Suspension as Mucogel® (Aluminium Hydroxide 220mg/5mL and Magnesium Hydroxide 195mg/5mL) Or Maalox® (Aluminium Hydroxide 175mg/5mL and Magnesium Hydroxide 200mg/5mL)	
Indication	Dyspepsia (indigestion).
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria and additionally: • Renal insufficiency. • Severe abdominal pain, suspected or actual bowel obstruction. • Hypophosphataemia. • Porphyria in individuals who are undergoing haemodialysis • Individuals with rare hereditary problems of fructose intolerance.
Precautions and Special Warnings	Caution should be exercised when administering to pregnant women.
Legal Status	Mucogel® and Maalox® Suspensions are General Sales List (GSL) medicines.
Dose/Maximum total dose	10mL taken 20 minutes to one hour after meals and at bedtime or as required. **Maximum total dose allowed under this protocol is x2 10mL doses (20mL total) in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice daily with at least a 4 hourly interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration. Aluminium-containing antacids should preferably not be taken at the same time as other drugs since they might impair absorption. Aluminium-containing antacids might damage enteric coatings designed to prevent dissolution in the stomach.

Co-Magaldrox Suspension as Mucogel® (Aluminium Hydroxide 220mg/5mL and Magnesium Hydroxide 195mg/5mL) Or Maalox® (Aluminium Hydroxide 175mg/5mL and Magnesium Hydroxide 200mg/5mL)	
Quantity to be administered	10mL dose which can be repeated, for up to three consecutive days.
Potential Adverse Reactions	Gastrointestinal side-effects are uncommon. However, individuals may experience increased belching after administration.
Advice	It is wise to avoid antacid preparations in the first trimester of pregnancy and whilst breast-feeding.
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice.
Storage	Do not freeze. Store below 25°C. Store in a locked drug cupboard or medicine trolley. Discard 28 days after opening.

Gaviscon® Advance Liquid - (Sodium Alginate 1000mg/10mL and Potassium Hydrogen Carbonate 200mg/10mL)	
Indication	Treatment of symptoms of gastro-oesophageal reflux such as acid regurgitation, heartburn and indigestion (related to reflux).
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria and additionally: • Severe renal impairment (due to the sodium and potassium content).
Precautions and Special Warnings	Each 10mL dose has a sodium content of 106mg (4.6mmol) and a potassium content of 78mg (2.0mmol). This should be taken into account when a highly restricted salt diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels. Each 10mL contains 200mg (2.0mmoL) of calcium carbonate. Care needs to be taken in treating individuals with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi.
Legal Status	Gaviscon® Advance Liquid is a Pharmacy (P) only medicine.
Dose/Maximum total dose	5 - 10mL to be taken after meals and at bedtime or as required. **Maximum total dose allowed under this protocol is two 10mL doses (20mL total) in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice daily with at least a 4 hourly interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration. Gaviscon® Advance Liquid should not be given at the same time as enteric coated medicines. Leave a gap of 2 - 4 hours between administration of an enteric coated medicine and Gaviscon® Advance Liquid.

Gaviscon® Advance Liquid - (Sodium Alginate 1000mg/10mL and Potassium Hydrogen Carbonate 200mg/10mL)	
Quantity to be administered	10mL dose which can be repeated, for up to three consecutive days.
Potential Adverse Reactions	Gastrointestinal side-effects are uncommon. However, individuals may experience increased belching after administration.
Advice	N/A.
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice.
Storage	Do not refrigerate. Store in a locked drug cupboard or medicine trolley. Discard 28 days after opening.

Paracetamol 500mg Tablets or 500mg Soluble Tablets/Paracetamol 250mg/5mL Suspension	
Indication	For the relief of mild to moderate pain. **Note:** Paracetamol should not be administered under this protocol for pyrexia.
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria.
Precautions and Special Warnings	• Hepatic or renal impairment. • Alcoholism. **Note:** Many other medicines also contain paracetamol (e.g. Co-dydramol, Co-codamol, etc); paracetamol must not be given under this protocol if these drugs are also prescribed.
Legal Status	Paracetamol 500mg tablets/soluble tablets are General Sales List (GSL) or Pharmacy (P) only. Paracetamol 250mg/5mL Suspension is a General Sales List (GSL) or Pharmacy (P) only.
Dose/Maximum total dose	**For individuals weighing less than 50kg:** 500mg orally repeated after 4 hours as required for pain. **For individuals weighing 50kg or over:** 1g orally repeated after 4 hours as required for pain. **Maximum total dose allowed under this protocol is 2 doses (1g for <50kg or 2g >50kg) in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice daily with a 4 hourly interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration. **Note:** If a patient can swallow solid oral dosage form this should be the preferred product.

Paracetamol 500mg Tablets or 500mg Soluble Tablets/Paracetamol 250mg/5mL Suspension	
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	Side effects are rare, but rashes and blood disorders have been reported.
Advice	N/A
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice. **Note:** Liver damage following overdose may not be apparent for 3 - 6 days. If overdose is suspected, medical opinion must be sought immediately.
Storage	Store below 25°C. Store in a locked drug cupboard or medicine trolley.

Sennosides 7.5mg Tablets or Sennosides 7.5mg/5mL Syrup	
Indication	Constipation.
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria and additionally: • Intestinal obstruction and stenosis. • Appendicitis. • Inflammatory bowel disease (e.g. Crohn's disease). • Abdominal pain of unknown origin. • Dehydration.
Precautions and Special Warnings	• Recent GI surgery. • Acute or chronic GI conditions.
Legal Status	Senna 7.5mg Tablets and Senna 7.5mg/5mL Syrup are both General Sales List (GSL) medicines.
Dose/Maximum total dose	Tablets - Two tablets preferably at bedtime, repeated if required after 12 hours. Syrup - 10mL, preferably at bedtime, repeated if required after 12 hours. **Maximum total dose allowed under this protocol is 2 doses (30mg total) in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice in a 24 hour period with a 12 hour interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration. **Note:** If a patient can swallow solid oral dosage form this should be the preferred product.
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	Abdominal Cramps.

Sennosides 7.5mg Tablets or Sennosides 7.5mg/5mL Syrup	
Advice	If there is no bowel movement after three days, a medical professional should be consulted.
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice.
Storage	Tablets: Store in the original container. Syrup: Store below 25°C. Do not freeze. Store both in a locked drug cupboard or medicine trolley.

Simple Linctus (Citric Acid Monohydrate BP 125mg/5mL)	
Indication	Dry, irritating cough.
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria.
Precautions and Special Warnings	This product contains 4g of sucrose per dose. Use with caution in individuals with diabetes mellitus or problems of fructose intolerance, use the sugar free linctus in these cases.
Legal Status	Simple Linctus is a General Sales List (GSL) medicines.
Dose/Maximum total dose	5mL to be sipped slowly. **Maximum total dose allowed under this protocol is 2 doses (5mL per dose) 10mL total in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice daily with a 4 hourly interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration.
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	Manufacturer knows of no side effects at recommended doses.
Advice	N/A
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice.
Storage	Store below 25°C. Discard 2 months after first opening. Store in a locked drug cupboard or medicine trolley.

Strepsil® Lozenge (Amylmetacresol 0.6mg/2, 4 - Dichlorobenzyl alcohol 1.2mg)	
Indication	Sore throat.
Inclusion Criteria	As per main protocol inclusion criteria.
Exclusion Criteria	As per main protocol exclusion criteria.
Precautions and Special Warnings	None.
Legal Status	Strepsil® Lozenges are a General Sales List (GSL) medicines.
Dose/Maximum total dose	One lozenge to be sucked slowly in the mouth. **Maximum total dose allowed under this PGD is 2 doses (2 lozenges) in a 24 hour period for no more than 3 consecutive days.**
Frequency of dose/Duration of treatment	Twice daily with a 4 hourly interval.
Maximum or minimum treatment period	No more than 3 consecutive days.
Route/Method of Administration	Oral administration.
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	May cause sore tongue and lips.
Advice	N/A
Follow up (If applicable)	If symptoms persist beyond three days seek medical advice.
Storage	Store below 25°C. Store in a locked drug cupboard or medicine trolley.