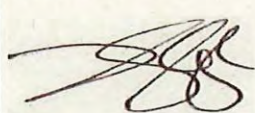


**Patient Group Direction For The Administration Or Supply Of Medicines
As Included In The Minor Illness PGD Formulary By Nurses Working in
Community Hospital Units Within NHS Grampian**

Lead Author Medicines Management Specialist Nurse NHS Grampian	Consultation Group: See relevant page in the PGD	Approver: Medicines Guidelines and Policies Group Authorisation: NHS Grampian
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Signature: 		Signature: 
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NHSG Identifier: NHSG/PGD/Minor_Illness/1845	Review Date: October 2028 Expiry Date: October 2029	Date Approved: October 2026
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NHS Grampian have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1.0

Revision History:

Reference of PGD that has been adapted and/or superseded	PGD replaces: NHSG/PGD/Minor_Injury/Illness/1418, Version 8.2	
Date of change	Summary of Changes	Section heading
July 2026	New PGD – separated out minor illness from joint minor injury/minor illness PGD.	Throughout
	Monographs aligned with GMED Minor Illness PGD.	Throughout

NHSG Identifier: MGPG/PGD/Minor_Illness/1845

Keyword(s): PGD Patient Group Direction out of hours minor illness nurse formulary

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 PGD and to ensure that staff are working to the most up to date PGD. 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 PGD act within their own level of competence.

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

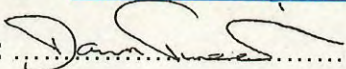
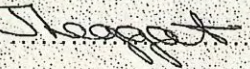
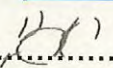
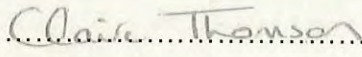
Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	March 2026
	Completed:	July 2026
	Approved:	October 2026
	Amended and re- authorised:	

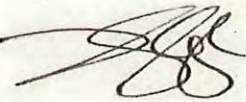
Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

Medical practitioner	Name: Dr Dawn Tweedie Title: General Practitioner and Medical Director Fraserburgh Community Hospital Contact email: dawn.tweedie@nhs.scot Signature:  Date: 24/09/2026
Senior representative of the professional group who will provide care under the direction	Name: Jackie Leggat Title: Senior Charge Nurse Fraserburgh Minor Injuries Unit Contact email: jackie.leggat@nhs.scot Signature:  Date: 24/09/2026
Lead author	Name: Jodie Allan Title : Medicines Management Specialist Nurse Contact email: jodie.allan@nhs.scot Signature:  Date: 01/10/2026
Pharmacist	Name: Claire Thomson Title : Lead HSCP Pharmacist Aberdeenshire Contact email: claire.thomson6@nhs.scot Signature:  Date: 29/09/2026

Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	Signature	Date Signed
Lesley Coyle		09/10/2026

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and is best practice to have a representative of the professional group who will provide care under the direction.

Name:	Title:
Jodie Allan	Lead Author: Medicines Management Specialist Nurse
Claire Thomson	Pharmacist: Lead HSCP Pharmacist Aberdeenshire
Dr Dawn Tweedie	Medical Practitioner: General Practitioner and Medical Director Fraserburgh Community Hospital
Jackie Leggat	Senior Representative: Senior Charge Nurse Fraserburgh Minor Injuries Unit
Alyson Thomson	Junior Charge Nurse KCH
Suzanne Britain	Antibiotic Specialist Pharmacist ARI
Fiona McDonald	Antibiotic Specialist Pharmacist ARI
Gayle Anderson	Advanced Pharmacist Practitioner (Women's Health), DGH

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Illness PGD Formulary By Nurses Working in Community Hospital Units Within NHS Grampian

Clinical indication to which this PGD applies

Definition of situation/ Condition	This Patient Group Direction (PGD) will authorise nurses working within Community Hospital Units to supply or administer medicines included in this PGD as listed in Appendix 3 to individuals presenting at any NHS Grampian Community Hospital Units who meet the criteria as described on each individual medicine monograph. This PGD 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	The medicines specified in Appendix 3 under this PGD must be used <i>only</i> for the specific indication(s) and age group listed in the individual drug monographs. Individuals of a different age group, or who are suffering from a condition other than that specified in the monograph, must be referred to an out of hours (OOH) (formally GMED) duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. This PGD should be used for the supply/administration of the agreed medicines to: • Individuals who attend Community Hospital Units in NHS Grampian. Prior to the supply/administration of the medicine(s), valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with NHS Grampian's consent policy.
Exclusion criteria	The individual may be supplied/administered a medicine specified in Appendix 3 under this PGD unless: • They are already receiving therapy for the condition from a doctor. • The individual has a known or suspected hypersensitivity to the medicine or any of its excipients. • The individual has previously experienced an adverse reaction to the medicine. • The individual meets any of the exclusion criteria listed in the individual monographs.

	Individuals for whom no valid consent has been received. If any individual is excluded from treatment under this PGD they must be referred to an OOH duty doctor, Advanced Nurse Practitioner or other appropriate prescribing healthcare professional.
Precautions and special warnings	• If there is any concern about the appropriate use of the medicine then medical advice should be sought, refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. • If there is any doubt about the correct diagnosis medical advice should be sought, refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. • Precautions listed in the individual monographs should be considered. If individuals are already receiving medication for the indication stated in the individual product monograph, then treatment must not be given under this PGD and an OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional should be contacted. Nurses must be aware of, and familiar with, all concurrent medication prior to administering/supplying a medicine from this PGD to an individual. They must be satisfied there are no clinically significant interactions before proceeding with supply/administration of the medicine. The medicine Patient Information Leaflet (PIL) should be consulted to ensure that the individual has not experienced a previous hypersensitivity reaction to any ingredients or excipients.
Action if excluded from treatment	If an individual is excluded from treatment under this PGD, medical advice should be sought – refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. The reason why the individual was excluded under the PGD will be documented in the appropriate clinical record.
Action if treatment is declined	Individual should be advised of the risks and consequences of not receiving treatment. Inform/refer to the relevant medical practitioner if individual/parent/carer declines treatment. Document that the administration/supply was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	See individual medicine monographs.
Legal status	Medicines referred to in the PGD may be GSL (General Sales List), P (Pharmacy) or POM (Prescription Only Medicines), this classification may be due to the medicines or the pack size. In accordance with the MHRA all medicines supplied under a PGD must either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Is the use out with the SmPC?	Yes. The use of chloramphenicol 1% eye ointment in children under 2 years of age constitutes an off-license use of the medicine.
Dosage/Maximum total dose	See individual medicine monographs. Doses for children are expressed in specific age ranges, as per the BNF for Children, e.g. 5 years to 12 years refers to a child from their 5th birthday to the day before their 13th birthday. However, a pragmatic approach should be applied, and consideration should be given to a child's weight if a child is small for their age. Mean values for weight and height are given in the back pages of the BNF for Children. If there is any doubt this should be discussed with the OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional.
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/supplied	See individual medicine monographs.
Storage requirements	See individual medicine monographs.

Additional Information	See individual medicine monographs.
Follow-up (if applicable)	Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the medicine first. If necessary, a doctor or the individuals GP should be contacted for advice.
Advice (Verbal)	• Advise individual/parent/carer what to expect and of the possible side effects and their management. • If serious adverse or persistent effects occur, the individual/parent/carer should be advised to contact their GP/Accident and Emergency department/NHS24. • Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/parent/carer. 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 medicine monographs. This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions. BNF/BNFC: BNF British National Formulary - NICE BNF for Children 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. Document in accordance with locally agreed procedures in the individual's record. Report any suspected adverse 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 supplied/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 PGD in print or electronically.
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Characteristics of staff authorised to supply/administer medicine(s) under PGD

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).
Specialist competencies	Approved by the organisation as: • Competent to assess the individual's/parents/carers capacity to understand the nature and purpose of the medicine supply/administration 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 minor illness training to carry out clinical assessment of individuals, identifying that treatment is required according to the indications listed in the PGD. • Competent to undertake supply/administration of the Medicine. • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions. • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD.
Ongoing training and competency	All professionals working under this PGD must: • Have undertaken NoS PGD module training on TURAS Learn.

	• Have attended basic life support training either face to face or online and updated in-line with Board requirements. • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis in-line with Board requirements. • Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct. Note: All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD. • Have knowledge and familiarity of the following; - o SmPC for the medicine(s) to be supplied/administered in accordance with this PGD.
Responsibilities of professional manager(s)	Professional manager(s) will be responsible for; Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above. Maintain up to date record of all staff authorised to supply/administer the medicine(s) specified in this direction.

Documentation

Authorisation of supply/ administration	Nurses working within Community Hospital Units in NHS Grampian can be authorised to supply/administer the medicines specified in this PGD by their Nurse Manager. All authorised staff are required to read the PGD and sign the Agreement to Supply and/or Administer Medicines Under PGD (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 supply/ administration	An electronic or paper record must be completed to allow audit of practice. An electronic/HEPMA/ADASTRA record of the screening and subsequent supply/administration, or not of the medicine(s)

	specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA/ADASTRA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply/administration, or not of the medicine(s) specified in this PGD. This should include as a minimum: • Date and time of supply/administration • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied/administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route (batch number, expiry date and anatomical site where appropriate for injectable medicines) of the medicine administered/supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who supplied/administered the medicine, and who undertook the assessment of the individual's clinical suitability for the administration/supply of the medicine • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where supply/administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • ADASTRA • Individual's GP records if appropriate • Secondary Care Medical Notes • HEPMA • Individual service specific systems. Local policy should be followed with respect to sharing information with the individual's General Practitioner. All records should be clear, legible and contemporaneous and in an easily retrievable format.
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Audit	All records of the medicine(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines supplied/administered under a PGD.																																																		
References	Electronic Medicines Compendium http://www.medicines.org.uk Scenario: Lower UTI in men Management Urinary tract infection (lower) - men CKS NICE <table><tr><th>Medicine</th><th>Date of Revision</th><th>Date Accessed</th></tr><tr><td>Aciclovir 800mg Tablets (Aurobindo Pharma Brand)</td><td>07/03/25</td><td>05/03/26</td></tr><tr><td>Aspirin 300mg Tablets (Accord)</td><td>01/08/22</td><td>05/03/26</td></tr><tr><td>Cefalexin 500mg Tablets (Flynn)</td><td>02/06/25</td><td>30/07/26</td></tr><tr><td>Cetirizine 5mg/5mL Solution (Pinewood Healthcare)</td><td>17/11/20</td><td>05/03/26</td></tr><tr><td>Cetirizine 10mg Tablets (Aurobindo Pharma Brand)</td><td>09/02/24</td><td>05/03/26</td></tr><tr><td>Chloramphenicol 1% w/w Antibiotic Eye Ointment (Martindale Brand)</td><td>29/03/22</td><td>05/03/26</td></tr><tr><td>Chlorphenamine Piriton® Tablets (GSK Brand)</td><td>14/04/23</td><td>05/03/26</td></tr><tr><td>Chlorphenamine Piriton® Syrup (Haleon Brand)</td><td>14/04/23</td><td>05/03/26</td></tr><tr><td>Clarithromycin 250mg film-coated tablets (Aurobindo Brand)</td><td>03/07/24</td><td>10/03/26</td></tr><tr><td>Clarithromycin 125mg/5mL Suspension (Sandoz Brand)</td><td>08/06/21</td><td>10/03/26</td></tr><tr><td>Clarithromycin 250mg/5mL Suspension (Sandoz Brand)</td><td>08/06/21</td><td>10/03/26</td></tr><tr><td>Co-Codamol 30/500mg Tablets (Zentiva Brand)</td><td>14/07/25</td><td>10/03/26</td></tr><tr><td>Co-Dydramol 10mg/500mg Tablets (Zentiva Brand)</td><td>11/07/25</td><td>10/03/26</td></tr><tr><td>Doxycycline 100mg Capsules (Sovereign Brand)</td><td>12/08/25</td><td>11/03/26</td></tr><tr><td>Flucloxacillin 250mg/5mL Oral Solution (Flamingo Pharma Brand)</td><td>04/10/23</td><td>11/03/26</td></tr></table>			Medicine	Date of Revision	Date Accessed	Aciclovir 800mg Tablets (Aurobindo Pharma Brand)	07/03/25	05/03/26	Aspirin 300mg Tablets (Accord)	01/08/22	05/03/26	Cefalexin 500mg Tablets (Flynn)	02/06/25	30/07/26	Cetirizine 5mg/5mL Solution (Pinewood Healthcare)	17/11/20	05/03/26	Cetirizine 10mg Tablets (Aurobindo Pharma Brand)	09/02/24	05/03/26	Chloramphenicol 1% w/w Antibiotic Eye Ointment (Martindale Brand)	29/03/22	05/03/26	Chlorphenamine Piriton® Tablets (GSK Brand)	14/04/23	05/03/26	Chlorphenamine Piriton® Syrup (Haleon Brand)	14/04/23	05/03/26	Clarithromycin 250mg film-coated tablets (Aurobindo Brand)	03/07/24	10/03/26	Clarithromycin 125mg/5mL Suspension (Sandoz Brand)	08/06/21	10/03/26	Clarithromycin 250mg/5mL Suspension (Sandoz Brand)	08/06/21	10/03/26	Co-Codamol 30/500mg Tablets (Zentiva Brand)	14/07/25	10/03/26	Co-Dydramol 10mg/500mg Tablets (Zentiva Brand)	11/07/25	10/03/26	Doxycycline 100mg Capsules (Sovereign Brand)	12/08/25	11/03/26	Flucloxacillin 250mg/5mL Oral Solution (Flamingo Pharma Brand)	04/10/23	11/03/26
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	Medicine	Date of Revision	Date Accessed
	Flucloxacillin 250mg Capsule (Flamingo Pharma Brand)	12/12/24	11/03/26
	Flucloxacillin 500mg Capsule (Flamingo Pharma Brand)	12/12/24	11/03/26
	Fusidic Acid 1% Viscous Eye Drops (ADVANZ Pharma Brand)	11/12/23	11/03/26
	Gaviscon® Advance Chewable Tablets Mint (Reckitt Benckiser Brand)	21/10/24	12/03/26
	Gaviscon® Advance Oral Suspension Aniseed (Reckitt Benckiser Brand)	29/01/25	12/03/26
	Ibuprofen 200mg Caplets (Strides Pharma Brand)	20/01/25	12/03/26
	Ibuprofen 100mg/5mL Oral Suspension (Pinewood Brand)	27/08/24	12/03/26
	Nitrofurantoin 100mg MR Capsules (ADVANZ Brand)	01/08/25	12/03/26
	Omeprazole 20mg Capsules (Sandoz Brand)	12/07/2024	13/03/26
	Paracetamol 500mg Tablets (Zentiva Brand)	24/01/25	13/03/26
	Paracetamol 120mg/5mL Oral Suspension (Pinewood Brand)	07/03/25	13/03/26
	Paracetamol 250mg/5mL Oral Suspension (Pinewood Brand)	07/03/25	13/03/26
	Paracetamol 125mg Suppositories (Typharm Brand)	24/12/25	13/03/26
	Paracetamol 250mg Suppositories (Typharm Brand)	07/01/26	13/03/26
	Paracetamol 500mg Suppositories (Typharm Brand)	16/01/25	13/03/26
	Peptac® Peppermint Liquid	8/12/25	13/03/26
	Prednisolone 5mg Tablets (Strides Pharma Brand)	03/04/23	13/03/26
	Prednisolone 5mg Soluble Tablets (ADVANZ Brand)	18/09/23	13/03/26

	Medicine	Date of Revision	Date Accessed
	Prochlorperazine Solution for Injection (Stemetil® Atnahs Pharma)	21/08/25	13/03/26
	Salbutamol 100microgram Inhaler (Orion Pharma Brand)	01/10/25	13/03/26
	Trimethoprim 200mg Tablets (Ennogen Brand)	05/03/26	13/03/26
	Trimethoprim 50mg/5mL Oral Suspension (Pinewood Brand)	29/01/26	13/03/26
British National Formulary and the British National Formulary for Children accessed March 2026.			

Appendix 1

Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply/administer the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Illness PGD Formulary By Nurses Working in Community Hospital Units Within NHS Grampian – Version 1.0

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

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration
number/PIN: _____

Appendix 2

Healthcare Professionals Authorisation to Supply/Administer Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this PGD is responsible for ensuring that they are 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 supply/administer the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Illness PGD Formulary By Nurses Working in Community Hospital Units Within NHS Grampian – Version 1.0

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

**Patient Group Direction For The Administration Or Supply Of Medicines
As Included In The Minor Illness PGD Formulary By Nurses Working in
Community Hospital Units Within NHS Grampian – Version 1.0**

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

NHS Grampian – Minor Illness PGD Formulary

Aciclovir 800mg Tablets (Supply)	18
Aspirin 300mg Soluble Tablets (Administer)	20
Cefalexin 500mg tablets (Supply)	22
Cetirizine Hydrochloride 10mg Tablets or 5mg/5mL Oral Solution (Supply)	24
Chloramphenicol 1% w/w Eye Ointment (Supply)	26
Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	28
Clarithromycin 250mg Tablets and 125mg/5mL and 250mg/5mL Oral suspension (Supply)	31
Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	34
Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	37
Doxycycline 100mg Capsules (Supply)	41
Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral solution for Reconstitution (Supply)	44
Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	47
Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate and 100mg of Potassium Bicarbonate) or Gaviscon® Advance Suspension (1000mg Sodium Alginate and 200mg of Potassium Bicarbonate/10mL) (Supply)	49
Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	51
Nitrofurantoin 100mg MR capsules (Supply)	54
Omeprazole 20mg Capsules (Supply)	57
Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)	59
Peptac® Peppermint Liquid (Supply)	63
Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply) ...	65
Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	68
Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	71
Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	74

The information in these monographs is not exhaustive. They must be read in conjunction with the current issue of the British National Formulary ([BNF](#)), British National Formulary for Children ([BNFC](#)) and the Summary of Product Characteristics for each product.

Minor Illness PGD Formulary

Aciclovir 800mg Tablets (Supply)	
Legal Status	POM
Indication	Herpes zoster (shingles) Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance
Inclusion Criteria	Treat if individuals are aged 50 years of age or older, and within 72 hours of onset of rash (post-herpetic neuralgia rare in <50 years), or if active ophthalmic symptoms, Ramsey Hunt syndrome or eczema. Note: NICE advise immediate specialist advice is required if visual symptoms or ophthalmic distribution.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 50 years of age • Allergy or hypersensitivity to aciclovir, valaciclovir or any excipients • Renal impairment • Immunosuppression from any cause • Have had a live herpes-zoster vaccination within the past 2 weeks • Currently taking: mycophenolate, probenecid cimetidine theophylline aminophylline and colistimethate. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	800mg to be taken five times daily. Space the doses evenly throughout the day. Keep taking the medicine until the course is finished unless you are told to stop.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration.

Minor Illness PGD Formulary

Aciclovir 800mg Tablets (Supply)	
Quantity to be supplied	Supply 800mg tablets [1 x 35]
Potential Adverse Reactions	Common side effects: Nausea, vomiting, diarrhoea, dizziness, fever, abdominal pain, headache, fatigue, rash, pruritus and photosensitivity. Refer to BNF and SmPC for other side-effects.
Advice	• Tablets may be dissolved in a minimum of 50mL of water and stirred before drinking, or swallowed whole. • Take regularly 5 times a day. Space the doses evenly throughout the day and complete the course. • Hydration status: Adequate hydration should be maintained, especially in the elderly and, in patients with impaired renal function or those receiving such a high doses of aciclovir. Ensure adequate fluid intake. • Treatment may reduce severity and duration of symptoms. • Take at regular intervals and complete the course unless otherwise directed by a doctor. • Advise on storage or expiry details and to dispose of any unused medicines appropriately. • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C and protect from light and moisture.

Minor Illness PGD Formulary

Aspirin 300mg Soluble Tablets (Administer)	
Legal Status	GSL, P or POM dependant on pack size.
Indication	Central chest pain of cardiac origin – confirmed by 12 lead ECG. Clinical signs of acute coronary syndrome, i.e. unstable angina, acute NSTEMI or acute STEMI. Arrange urgent transfer to hospital, by emergency ambulance if quickest means, (depending on location) for all individuals who fall into inclusion/exclusion criteria.
Inclusion Criteria	Adults and children 16 years of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following: • Under 16 years of age • Allergy or hypersensitivity to aspirin or other NSAIDs or excipients • Active peptic ulceration or a past history of ulceration or dyspepsia • Nasal polyps associated with asthma (high risk of severe sensitivity reactions) • Haemophilia and other bleeding disorders • Third trimester of pregnancy • Suspected or known haemorrhagic stroke • Severe hepatic impairment • Severe renal impairment • Currently taking methotrexate at >15mg/week • If the individual has already taken aspirin for current episode of chest pain. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	300mg chewed or dissolved in water.
Frequency of dose/Duration of treatment	Once only dose.

Minor Illness PGD Formulary

Aspirin 300mg Soluble Tablets (Administer)	
Maximum or minimum treatment period	Once only dose
Route/Method of Administration	Oral administration. Dissolve tablet in water or ask individual to chew. Should the individual be unconscious the tablet should be placed in the mouth where it will dissolve.
Quantity to be Administered	One 300mg tablet
Potential Adverse Reactions	Bronchospasm and other hypersensitivity reactions. GI irritation or bleeding/ulceration. May cause indigestion, nausea or vomiting. Note. In asthmatics, aspirin may cause an exacerbation, but the benefits may outweigh the potential risks. Refer to BNF for other side-effects.
Follow up (If applicable)	Arrange urgent transfer to hospital, by emergency ambulance if quickest means, (depending on location) for all individuals who fall into inclusion/exclusion criteria.
Storage	Store below 25°C in a dry place.

Minor Illness PGD Formulary

Cefalexin 500mg tablets (Supply)	
Legal Status	POM
Indication	Second line treatment of acute uncomplicated urinary tract infection in males. Uncomplicated UTI in adult men (no fever or flank pain) Right Decisions
Inclusion Criteria	Adult Males over 18 years of age
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; - Female - Under 18 years of age - Allergy or hypersensitivity to cefalexin or any of the excipients - Patients with known allergies or previous hypersensitivity to cephalosporin and penicillin groups of antibiotics - Patients already taking antibiotic prophylaxis for recurrent UTI - Recent urine culture showing resistance to cefalexin - A prior episode of UTI in last 28 days treated with an antibiotic 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months - Frank haematuria (blood in urine) - Symptomatic for 7 days or longer - Renal or hepatic Impairment - Avoid for 14 days before and 10 days after receiving live cholera vaccines - Avoid for 3 days before and 3 days after receiving live typhoid vaccines - Patients currently taking: warfarin, acenocoumarol. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	500mg twice a day for 7 days.
Frequency of dose/Duration of treatment	Supply will cover 7 days.

Minor Illness PGD Formulary

Cefalexin 500mg tablets (Supply)	
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration. The tablets need to be swallowed with a glass of liquid.
Quantity to be supplied	500mg tablets [1 x 14 tablet pack size]
Potential Adverse Reactions	• Gastro-intestinal side effects, e.g. diarrhoea, nausea, vomiting, dyspepsia, abdominal pain • Dizziness, headache, fatigue and confusion • Transient hepatitis and cholestatic jaundice • Allergic reactions in the form of rash, urticarial, angioedema and rarely erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis and anaphylaxis • Genital and anal pruritus and candidiasis • Neurological sequelae including tremor and myoclonia • Joint disorders, arthritis, arthralgia. Refer to BNF/BNFC/ SmPC for full list of potential side-effects.
Advice	• Take close to 12 hours apart and complete the course • Maintain adequate hydration – aim to drink 1.5L water per day if no contra-indications • Paracetamol or ibuprofen may be used for pain relief if indicated • Advise on storage and how to dispose of any unused medicines appropriately • Seek medical advice if symptoms worsen or have not improved within 3 days • Seek medical advice if start to experience significant flank pain, become systemically unwell or develop fever, then they should seek medical advice that day • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Do not store above 30°C.

Minor Illness PGD Formulary

Cetirizine Hydrochloride 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
Legal Status	P or GSL
Indication	• Relief of allergy such as hay fever or urticaria. • Antihistamine of choice where the side-effect of drowsiness is problematic.
Inclusion Criteria	Relief of allergy (hay fever): Individuals aged 2 years of age or over. Urticaria: Individuals aged 6 years of age or over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 2 years of age (Relief of allergy (hay fever)) • Under 6 years of age (Urticaria) • Allergy or hypersensitivity to cetirizine or any of the excipients • Renal impairment • Pregnancy • Breastfeeding • Rare hereditary problems of fructose intolerance as it contains liquid sorbitol (oral solution only) • Currently taking: isocarboxazid, phenelzine or tranylcypromine. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Tablets/Oral Solution: 12 years of age and over: 10mg once daily (1 tablet). 6 to 11 years of age: 5mg twice daily (a half tablet twice daily). Oral Solution (hay fever only): 2 to 5 years of age: 5mg as either 5mL once daily or 2.5mL twice daily. Cetirizine tablets are not licensed for use in children under 6 years of age and the oral solution must be issued.
Frequency of dose/Duration of treatment	Supply will cover 7 days.

Minor Illness PGD Formulary

Cetirizine Hydrochloride 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration. The tablets need to be swallowed with a glass of liquid.
Quantity to be supplied	Supply 10mg tablets [1 x7] or 5mg/5mL oral solution bottle as either [1 x 60mL] or 1 x 150mL
Potential Adverse Reactions	Cetirizine at the recommended dosage has minor undesirable effects on the Central Nervous System (CNS), including somnolence, fatigue, dizziness and headache. Refer to BNF/BNFC for other side-effects.
Advice	• Drowsiness can occur as oral solution contains propylene glycol which may cause alcohol-like symptoms and may affect performance of skilled tasks, e.g. driving • Patients who experience somnolence should refrain from driving or engaging in hazardous activity or operating machinery • At therapeutic doses, no clinically significant interactions have been demonstrated with alcohol (for a blood alcohol level of 0.5g/l). Nevertheless, precaution is recommended if alcohol is taken concomitantly. • Caution in epileptic individuals and those at risk of convulsions is recommended • Caution should be taken in patients with predisposition factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as cetirizine may increase the risk of urinary retention • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Solution: Store below 25°C. Tablets: No special precautions for storage.

Minor Illness PGD Formulary

Chloramphenicol 1% w/w Eye Ointment (Supply)	
Legal Status	P The use of chloramphenicol 1% eye ointment in children under 2 years of age constitutes an off label use of the medicine.
Indication	First line for severe acute purulent conjunctivitis. Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance.
Inclusion Criteria	Adults and children 1 month of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 1 month of age • Mild infection (advise self-care and to report worsening symptoms) • Allergy or hypersensitivity to chloramphenicol or any excipients • Individuals with a known personal or family history of blood dyscrasias including aplastic anaemia • Users of other prescribed eye drops or ointment • Disturbances in vision except those due to matter in eye • Moderate to severe pain in the affected eye(s) • Eye surgery within the last 6 months • Eye injury • Glaucoma • Suspected periorbital or orbital cellulitis • Have experienced bone marrow suppression during previous exposure to chloramphenicol • Pregnancy (consider fusidic acid eye drops) • Breastfeeding (consider fusidic acid eye drops) • Currently taking: fosphenytoin, glibenclamide, gliclazide, Glimepiride, glipizide, phenytoin, tacrolimus or tolbutamide. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Severe Acute purulent conjunctivitis: Apply 3 to 4 times daily to the inside of lower affected lid for a maximum of 5 days or until symptom free for 48 hours, whichever is sooner. Maximum of 5 days' supply allowed under this PGD.

Minor Illness PGD Formulary

Chloramphenicol 1% w/w Eye Ointment (Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Topical administration to the eye.
Quantity to be supplied	Supply 1% ointment [1 x 4g tube] or two 4g tubes if both eyes are affected (one tube for each eye).
Potential Adverse Reactions	May cause transient blurring of vision, stinging, burning on administration. Warn individuals not to drive or operate hazardous machinery unless vision is clear. Serious side-effects include hypersensitivity and anaphylaxis. Be alert to symptoms of anaphylaxis, allergic conjunctivitis, fever, angioedema, periorbital oedema, urticaria or skin rash. Refer to BNF/BNFC for other side-effects.
Advice	• Treatment should continue for 48 hours after eye has returned to normal up to a maximum of 5 days • Advise not to touch the eye or lashes with the eye ointment nozzle as this may contaminate the medicine • Wash hands thoroughly and avoid sharing towels/ facecloths as eye infection is highly contagious • Not to wear contact lenses when using this product and for 24 hours after completion of treatment • Good lid hygiene • Use a separate tube for each eye if both are affected • Keep tube tightly closed • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Use for maximum of 5 days • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Protect from light.

Minor Illness PGD Formulary

Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	
Legal Status	P
Indication	• Relief of allergy, including hay fever, food allergy, drug allergy, vasomotor rhinitis and urticaria. • Relief of itch associated with chickenpox. (Where the side-effect of drowsiness is not a problem).
Inclusion Criteria	Adults and children 1 year of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 1 year of age • Allergy or hypersensitivity to chlorphenamine or any of the excipients • Benign prostatic hyperplasia • Urinary retention • Pyloroduodenal obstruction • Epilepsy • Glaucoma • Renal and hepatic impairment • Respiratory disease including asthma • Severe hypertension or cardiovascular disease • Pregnancy or breastfeeding • Currently taking MAOIs or have taken within the last 14 days, phenytoin or tricyclic antidepressants • Rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption • Avoid use in elderly patients with confusion. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Frail or elderly (>70 years): 2mg (half tablet or 5mL syrup) every 4 to 6 hours, maximum 12mg daily. Adults and children 12 years of age and over: 4mg (1 tablet or 10mL syrup) every 4 to 6 hours, maximum 24mg daily. Children 6 to 11 years of age: 2mg (half tablet or 5mL syrup) every 4 to 6 hours, maximum 12mg daily. Children 2 to 5 years of age: 1mg (2.5mL syrup) every 4 to 6 hours, maximum 6mg daily.

Minor Illness PGD Formulary

Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	
	Children 1 to 2 years of age: 1mg (2.5mL syrup) twice daily, minimum 4 hours apart, maximum 2mg in 24 hours. Note: Only the syrup is to be supplied to individuals less than 6 years of age. Tablets are not licensed for those under 6 years of age.
Frequency of dose/Duration of treatment	Supply will cover 5 days.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral.
Quantity to be supplied	Supply 4mg tablets [1 x 28/30] or 2mg/5mL syrup [1 x 150mL].
Potential Adverse Reactions	Chlorphenamine, in common with other drugs having anticholinergic effects, should be used with caution in epilepsy; raised intra-ocular pressure including glaucoma; prostatic hypertrophy; severe hypertension or cardiovascular disease; bronchitis, bronchiectasis and asthma; hepatic impairment; renal impairment. Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (e.g. increased energy, restlessness, nervousness). The anticholinergic properties of chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some patients which may seriously affect ability to drive and use machinery. The effects of alcohol may be increased and therefore concurrent use should be avoided. Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines. Refer to BNF/BNFC for other side-effects.

Minor Illness PGD Formulary

Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	
Advice	• Avoid alcohol • Do not drive or operate machinery • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Syrup: Store below 25°C and protect from light. Tablets: Store below 30°C.

Minor Illness PGD Formulary

Clarithromycin 250mg Tablets and 125mg/5mL and 250mg/5mL Oral suspension (Supply)	
Legal status	POM
Indication	First line for individuals with penicillin allergy in: Cellulitis in children aged 2 to 17 years Refer to: Cellulitis or Erysipelas Right Decisions
Inclusion Criteria	Children aged 2 to 17 years of age.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; - Children under 2 years of age - Children weighing less than 12kg - Have known or suspected allergy or hypersensitivity to clarithromycin or macrolide antibiotics or any of their excipients - Impaired hepatic or renal function - Pregnancy and breastfeeding - Porphyria - History of QT prolongation or ventricular cardiac arrhythmia - Myasthenia gravis - Individuals with electrolyte disturbances (hypokalaemia or hypomagnesaemia) - Cellulitis near the eyes or nose. - Avoid for 14 days before and 10 days after receiving live cholera vaccines - Avoid for 3 days before and 3 days after receiving live typhoid vaccines. Macrolide antibiotics have an extensive list of medicine interactions. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details. These are only some of the classes where interactions occur: - Antiarrhythmics - Antibacterials, antifungals antimalarials and antivirals - Anticoagulants - Antidepressants and antipsychotics - Antiepileptics - Antihistamine - Anxiolytics and Hypnotics - Calcium Channel Blockers - Statins.

Minor Illness PGD Formulary

Clarithromycin 250mg Tablets and 125mg/5mL and 250mg/5mL Oral suspension (Supply)	
Dose/Maximum total dose	Child 12 to 17 years: 250mg twice daily for 5 days. Child 2 to 11 years (Weight 30 to 40kg) 250mg twice daily for 5 days. Child 2 to 11 years (Weight 20 to 29kg) 187.5mg twice daily for 5 days. Child 2 to 11 years (Weight 12 to 19kg) 125mg twice daily for 5 days. Note: Maximum total dose of 2.5g under this PGD. Clarithromycin tablets are not licensed in children under 12 years of age, oral suspension to be supplied for those under 12 years of age.
Frequency of dose/Duration of treatment	Twice daily for 5 days.
Maximum or minimum treatment period	Maximum of 5 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply 250mg tablets [1 x 10] or 125mg/5mL or 250mg/5mL oral suspension which should be reconstituted prior to supply [1 x 70mL or 2 x 70mL]
Potential Adverse Reactions	Appetite decreased; diarrhoea; dizziness; gastrointestinal discomfort; gastrointestinal disorders; headache; hearing impairment; insomnia; nausea; pancreatitis; paraesthesia; skin reactions; taste altered; vasodilation; vision disorders; vomiting Refer to BNF for other side-effects.
Advice	- Advise to take at regular intervals and to finish the course even if the symptoms have resolved. - Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking clarithromycin. - Advise on storage or expiry details and to dispose of any unused medicines appropriately.

Minor Illness PGD Formulary

Clarithromycin 250mg Tablets and 125mg/5mL and 250mg/5mL Oral suspension (Supply)	
	• For suspension, total quantity provided exceeds amount required, return remaining suspension to pharmacy for destruction. • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Oral suspension - Store below 25°C. Tablets: This medicinal product does not require any special storage conditions.

Minor Illness PGD Formulary

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
Legal Status	POM
Indication	For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	Adults 18 years of age and over. Note: Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours can be supplied Co-Codamol under this PGD, provided they are advised when to take the next dose.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Individuals under 18 years of age • Allergy or hypersensitivity to paracetamol or codeine or any of the excipients • Current alcohol intoxication • Known severe liver disease • Known severe renal disease • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant or breastfeeding • Evidence of respiratory depression • Acute severe or uncontrolled asthma • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery • Known CYP2D6 ultra-rapid metabolisers • Current or recent treatment (within the last 14 days) with monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Currently taking: buprenorphine, nalmeferene, ozanimod, pentazocine or phenelzine. Note: There are numerous medicines which interact with codeine and only severe interactions are listed above. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.

Minor Illness PGD Formulary

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
Dose/Maximum total dose	1 to 2 tablets (30mg/500mg to 60mg/1g) every four to six hours up to a maximum of 8 tablets in any 24-hour period. This medicine contains paracetamol and dosing should be reduced in those weighing <50kg (see Paracetamol monograph for paracetamol dosing in those <50kg). Maximum daily dose of 8 tablets only allowed under this PGD.
Frequency of dose/Duration of treatment	Up to 3 days.
Maximum or minimum treatment period	Maximum 3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply tablets [1 x 24].
Potential Adverse Reactions/ Cautions	• Constipation • Nausea, vomiting, dry mouth, biliary spasm, light-headedness, sedation, dizziness, confusion or drowsiness may occur • Visual disturbances • urinary retention • Pruritus, allergic reactions • Euphoria, dysphoria • Bradycardia, palpitations. Care in use if the individual is or is known to suffer from: • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's Disease • Myasthenia gravis • Prostatic hypertrophy.

Minor Illness PGD Formulary

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
	Drug Interactions: This list is not exhaustive. Concurrent medication must always be checked for interactions before supply under this PGD. Most common are: • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide • Metoclopramide and domperidone may increase the absorption rate of paracetamol. Increased sedative and hypotensive effects may be experienced by co-administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics and hypnotics (avoid concurrent administration where possible). Refer to BNF for other side-effects.
Advice	• Explain treatment and course of action • May cause drowsiness and impaired concentration – must not drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Do not consume alcohol • Avoid other paracetamol containing products • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Do not store above 25°C. Store in the original package.

Minor Illness PGD Formulary

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
Legal Status	POM
Indication	For the treatment of mild to moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	Adults - 18 years of age and over. Note: Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours can be supplied Co-Dydramol under this PGD, provided they are advised when to take the next dose.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Individuals under 18 years of age • Allergy or hypersensitivity to paracetamol or dihydrocodeine or any of the excipients • Current alcohol intoxication • Known severe liver disease • Known severe renal disease • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant or breastfeeding • Evidence of respiratory depression • Acute severe or uncontrolled asthma • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	1 to 2 tablets (10mg/500mg to 20mg/1g) every four to six hours up to a maximum of 8 tablets in any 24-hour period.

Minor Illness PGD Formulary

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
	This medicine contains paracetamol, and dosing should be reduced in those weighing <50kg (see Paracetamol monograph for paracetamol dosing in those <50kg). Maximum daily dose of 8 tablets only allowed under this PGD.
Frequency of dose/Duration of treatment	Up to 3 days.
Maximum or minimum treatment period	Maximum 3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply tablets [1 x 24].
Potential Adverse Reactions/ Cautions	• Constipation • Nausea, vomiting, dry mouth, biliary spasm, light-headedness, sedation, dizziness, confusion or drowsiness may occur • Visual disturbances • Urinary retention • Pruritus, allergic reactions • Euphoria, dysphoria • Bradycardia, palpitations. Care in use if the individual is or is known to suffer from: • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's Disease • Myasthenia gravis • Current or recent treatment (within the last 14 days) with monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
	• Prostatic hypertrophy • Pheochromocytoma - opioids may stimulate catecholamine release by inducing the release of endogenous histamine • Gall bladder disease or gall stones - opioids may cause biliary contraction • Inflammatory bowel disease - risk of toxic megacolon. Drug Interactions: This list is not exhaustive. Concurrent medication must always be checked for interactions before supply under this PGD. Most common are: • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide • Metoclopramide and domperidone may increase the absorption rate of paracetamol. Increased sedative and hypotensive effects may be experienced by co-administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics and hypnotics (avoid concurrent administration where possible). Refer to BNF for other side-effects.
Advice	• Explain treatment and course of action • May cause drowsiness and impaired concentration – must not drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Do not consume alcohol • Avoid other paracetamol containing products • Read manufacturer's PIL.

Minor Illness PGD Formulary

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Store below 25°C in a dry place. Protect from light.

Minor Illness PGD Formulary

Doxycycline 100mg Capsules (Supply)	
Legal Status	POM
Indication	Second line (for penicillin allergy) treatment for cellulitis in adults (see clarithromycin monograph for children). Refer to: Primary Care Guidance Cellulitis Right Decisions
Inclusion Criteria	Adults, 18 years of age and older.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Children under 18 years of age • Hypersensitivity to doxycycline, any of the tetracyclines or to any of the excipients • Known severe liver disease • Known severe renal disease • Pregnancy and breastfeeding • Rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltase insufficiency • Acute porphyria • Myasthenia gravis • Systemic lupus erythematosus • Alcohol dependence • Currently taking antibiotics, coumarins, phenobarbital, carbamazepine, primidone, phenytoin, ciclosporin, methotrexate, retinoid, lithium • Cellulitis near the eyes or nose • Avoid for 14 days before and 10 days after receiving live cholera vaccines • Avoid for 3 days before and 3 days after receiving live typhoid vaccines. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Second line treatment for cellulitis in adults. 200mg on the first day then 100mg daily for 4 days Maximum daily dose of 200mg only allowed under this PGD.

Minor Illness PGD Formulary

Doxycycline 100mg Capsules (Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose.
Maximum or minimum treatment period	See Dose/Maximum total dose section above for treatment period. Maximum of 5 days.
Route/Method of Administration	Oral administration. Swallow capsules whole with water while sitting or standing.
Quantity to be supplied	Second line treatment for cellulitis in adults Supply 100mg capsules [1 x 6] [TTO Pack 5 Day] Labelled: Take TWO capsules on first day then take ONE capsule daily for 4 days.
Potential Adverse Reactions/ Cautions	Photosensitivity – avoid exposure of skin to direct sunlight or sun lamps. May cause nausea, vomiting, diarrhoea. Hypersensitivity reactions, headache and blurred vision - seek medical advice. Refer to BNF for other side-effects.
Advice	• All individuals should be reviewed in 24 hours as not all pathogens may have been covered • Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Take with a full glass of water • Advise on storage or expiry details and to dispose of any unused medicines appropriately • If any severe side effects occur advise to see GP for further advice • Do not take indigestion remedies or medicines containing iron or zinc at the same time of day as doxycycline • Protect your skin from sunlight - even on a bright but cloudy day. Do not use sunbeds

Minor Illness PGD Formulary

Doxycycline 100mg Capsules (Supply)	
	• Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking doxycycline • Read manufacturer's PIL.
Follow up (If applicable)	All individuals should be reviewed in 24 hours.
Storage	Do not store above 25°C. Protect from light.

Minor Illness PGD Formulary

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral solution for Reconstitution (Supply)	
Legal Status	POM
Indication	First line for: Cellulitis - mild Refer to: Primary Care Guidance Cellulitis Right Decisions
Inclusion Criteria	Adults and children aged 2 years of age and older.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; - Children under 2 years of age - Hypersensitivity to penicillins, cephalosporins or other beta-lactam agents or to any of the excipients - Known severe liver disease - Known severe renal disease - Previous history of flucloxacillin-associated jaundice/hepatic dysfunction - Currently taking medication that has a clinically significant interaction with flucloxacillin such as coumarins, phenindione, methotrexate, voriconazole and probenecid - Cellulitis near the Eyes or Nose - Pregnancy or breastfeeding - Avoid for 14 days before and 10 days after receiving live cholera vaccines - Avoid for 3 days before and 3 days after receiving live typhoid vaccines. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Adults: 1g four times daily for 5 days. Children 10 to 17 years of age: 250mg four times daily for 5 days. Children 2 to 9 years of age: 125mg four times daily for 5 days. Maximum daily dose of 4g only allowed under this PGD.

Minor Illness PGD Formulary

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral solution for Reconstitution (Supply)	
Frequency of dose/Duration of treatment	Four times daily for 5 days.
Maximum or minimum treatment period	Maximum 5 days.
Route/Method of Administration	Oral administration. Swallow capsule whole with water. Take one hour before food or on an empty stomach (2 hours after food). Oral solution must be reconstituted with fresh tap water in accordance with the manufacturer's instructions before being issued to individuals. Advise to shake well before administration.
Quantity to be supplied	Dependent on the age of the individual. See both Dose/Maximum total dose and Frequency of dose/Duration of treatment sections above Supply as either: Flucloxacillin Oral solution 125mg/5mL x 100mL Bottle Flucloxacillin Oral solution 250mg/5mL x 100mL Bottle Flucloxacillin Capsules 250mg x 20 Pack Flucloxacillin Capsules 500mg x 20 Pack Flucloxacillin Capsules 500mg x 28 Pack Issue with a 5mL spoon or 5mL oral syringe.
Potential Adverse Reactions/ Cautions	Nausea, vomiting, diarrhoea, hypersensitivity, skin reactions. Antibiotic-associated colitis (uncommon). Refer to BNF/BNFC for other side-effects.
Advice	• Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Swallow capsules whole with water • Take one hour before food or on an empty stomach (2 hours after food) • Advise on storage or expiry details and to dispose of any unused medicines appropriately

Minor Illness PGD Formulary

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral solution for Reconstitution (Supply)	
	• Advise that reconstituted solution be stored at 2 to 8°C • If any severe side effects occur advise to see GP for further advice • Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking flucloxacillin • Read manufacturer's PIL.
Follow up (If applicable)	N/A.
Storage	Do not store above 25°C. Protect from light and moisture. Reconstituted solution: Store at 2 to 8°C. Reconstituted oral solution should be stored in accordance with the manufacturer's advice and used within the time specified.

Minor Illness PGD Formulary

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
Legal Status	POM
Indication	Second line treatment for acute purulent conjunctivitis. Refer to <u>NHS Grampian Guidance For The Treatment of Common Infections in Primary Care.</u>
Inclusion Criteria	Adults and children ages 1 year and over, where there are features indicative of a bacterial infection. Bacterial conjunctivitis in women who are either pregnant or breastfeeding. Note: Only to be used as second line treatment where chloramphenicol is either contraindicated, or treatment failure has occurred with chloramphenicol.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 1 year of age. • Hypersensitivity to fusidic acid or any of the excipients of the eye drops. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	One drop instilled in eye twice daily for a maximum of 7 days or until symptom free for 48 hours, whichever is sooner. Not to be used for longer than 7 days without review.
Frequency of dose/Duration of treatment	7 days or until symptom free for 48 hours.
Maximum or minimum treatment period	7 days maximum.
Route/Method of Administration	Topical administration to the eye.
Quantity to be supplied	1% eye drops [1 x 5g tube] or two 5g tubes if both eyes are affected.

Minor Illness PGD Formulary

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
Potential Adverse Reactions	Transient stinging and blurring of vision may occur after application. Refer to BNF/BNFC for other side-effects.
Advice	• Good lid hygiene • Advise not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine • Wash hands thoroughly and avoid sharing towels/ facecloths as eye infection is highly contagious • Purulent conjunctivitis: treatment should continue for 48 hours after eye has returned to normal • Do not wear contact lenses when using this product and for 24 hours after completion of treatment • Use a separate tube for each eye if both are affected • Keep tube tightly closed • Blurred vision can occur, do not drive or operate machinery unless vision is clear • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Keep the tube tightly closed. The tube should be discarded one month after opening.

Minor Illness PGD Formulary

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate and 100mg of Potassium Bicarbonate) or Gaviscon® Advance Suspension (1000mg Sodium Alginate and 200mg of Potassium Bicarbonate/10mL) (Supply)	
Legal Status	P
Indication	Second line to treat mild symptoms of gastro-oesophageal reflux such as dyspepsia, heartburn and flatulence in those who are unable to take Peptac® the 1st line medicine choice .
Inclusion Criteria	Adults and children 12 years of age or over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 12 years of age • Allergy or hypersensitivity to sodium alginate or any of the excipients. • Severe renal impairment (due to the sodium and potassium content). You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	5 to 10mL after meals and at bedtime. Or 1 to 2 tablets to be chewed after meals and at bedtime.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Gaviscon® Advance suspension [1 x 150mL] (Supply a 5mL spoon with the suspension). Gaviscon® Advance chewable tablets [1 x 20].

Minor Illness PGD Formulary

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate and 100mg of Potassium Bicarbonate) or Gaviscon® Advance Suspension (1000mg Sodium Alginate and 200mg of Potassium Bicarbonate/10mL) (Supply)	
Potential Adverse Reactions	Tablets The sodium content of a two-tablet dose is 106.44mg and a potassium content of 78mg (2.0mmol). This should be considered 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. Suspension Each 10mL dose has a sodium content of 115.7mg and a potassium content of 78mg (2.0mmol). This should be considered 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. Refer to BNF/BNFC for other side-effects.
Advice	• Take after meals and at bedtime • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Chewable tablets: Do not store above 30°C. Store in the original package. Suspension: Do not refrigerate.

Minor Illness PGD Formulary

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
Legal Status	GSL, P
Indication	- Adults: Mild to moderate musculoskeletal pain and inflammation - Children 6 months of age to under 18 years of age: Mild to moderate pain - Pyrexia.
Inclusion Criteria	Adults and children 6 months of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following: - Under 6 months of age - Allergy or hypersensitivity to ibuprofen other NSAIDs or aspirin or any of the excipients - Active gastrointestinal ulceration or history of gastrointestinal ulceration - Chickenpox - Current or previous history of dyspepsia - Previous experience of asthma precipitated or worsened by NSAIDs - Severe renal or hepatic impairment - Congestive cardiac failure - Porphyria - Individuals with coagulation defects - Individuals with severe dehydration - Uncontrolled hypertension - Ischaemic Heart Disease - Peripheral Arterial Disease - Cerebrovascular disease - Ulcerative colitis and Crohn's - Pregnancy - Breastfeeding - Currently taking: aspirin, anticoagulants (e.g. warfarin, edoxaban, apixaban, rivaroxaban, dabigatran), anti-platelets (e.g. clopidogrel, ticagrelor and aspirin), ciclosporin, corticosteroids, diuretics, erlotinib, lithium, methotrexate, pentoxifylline, phenindione, probenecid, quinolones, tacrolimus, other NSAIDs, SSRIs, venlafaxine or sulfonylureas.

Minor Illness PGD Formulary

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
	You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Adults: 400mg 3 times daily after food. Up to a maximum of 1.2 g daily. Children 12 to 17 years of age: 400mg every 6 to 8 hours after food, up to a maximum of 3 doses in 24 hours. Children 10 to 11 years of age: 300mg 3 times daily after food. Children 7 to 9 years of age: 200mg 3 times daily after food. Children 4 to 6 years of age: 150mg 3 times daily after food. Children 1 to 3 years of age: 100mg 3 times daily after food. Children 6 months to 1 year of age: 50mg (2.5 mL of suspension) 3 to 4 times daily after food. Note: Very elderly or frail individuals are more susceptible to side-effects associated with NSAIDs and should be advised to take half the normal adult dose. The maximum total dose under this PGD is 1.2g.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 1 day.
Maximum or minimum treatment period	For a maximum duration of no more than 1 day.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 200mg tablets [1 x 12] or 100mg/5mL oral suspension [1 x 8 sachets] or 100mg/5mL suspension [1 x 100mL].

Minor Illness PGD Formulary

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
	Supply a 5mL spoon or 2.5mL/5mL oral syringe with the sachets and suspension.
Potential Adverse Reactions	Dyspepsia, diarrhoea, nausea, vomiting, abdominal pain, flatulence, constipation, melaena, haematemesis, gastrointestinal haemorrhage, headache or dizziness. Refer to BNF and BNFC for other side-effects.
Advice	• Take with or after food at regular intervals • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C for caplets and suspension.

Minor Illness PGD Formulary

Nitrofurantoin 100mg MR capsules (Supply)	
Legal Status	POM
Indication	Second line treatment of acute uncomplicated urinary tract infection in females over 18 years of age, and children aged 12 to 17 years Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance Note: Only to be used as second line treatment where trimethoprim is either contraindicated, or treatment failure has occurred with trimethoprim.
Inclusion Criteria	Females aged 18 years and over, and children 12 years of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following: • Under 12 years of age • Males aged 18 years and over • Allergy or hypersensitivity to nitrofurantoin or any of the excipients • Patients already taking antibiotic prophylaxis for recurrent UTI • Recent urine culture showing resistance to nitrofurantoin • A prior episode of UTI in last 28 days treated with an antibiotic • 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months • Vaginal discharge or irritation (reduces the likelihood of UTI) • Frank haematuria (blood in urine) • Symptomatic for 7 days or longer • Acute porphyria • Renal or hepatic Impairment • G6PD deficiency • Anaemia • Diabetes • Electrolyte imbalance • Vitamin B (particularly folate) deficiency • Pulmonary disease • Neurological disorders • Risk of peripheral neuropathy • Pregnancy or breastfeeding

Minor Illness PGD Formulary

Nitrofurantoin 100mg MR capsules (Supply)	
	- Currently taking: magnesium trisilicate, sulfinpyrazone, probenecid, dapsons, prilocaine or quinolones (e.g. ciprofloxacin, levofloxacin, moxifloxacin or ofloxacin) - Avoid for 14 days before and 10 days after receiving live cholera vaccines - Avoid for 3 days before and 3 days after receiving live typhoid vaccines. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Females 18 years of age and over: 100mg MR capsule two times daily for 3 days. Children aged 12 to 17 years: 100mg MR capsule two times daily for 3 days. Maximum daily dose under this PGD is 200mg daily.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Maximum of 3 days
Maximum or minimum treatment period	Maximum of 3 days
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 100mg MR capsules [1 x 6 (3 day course)]
Potential Adverse Reactions	Hypersensitivity reactions, rash, peripheral neuropathy, nausea, vomiting, diarrhoea and abdominal pain. May interfere with some tests for glucose in the urine. Refer to BNF/BNFC for other side-effects.
Advice	- Take with or just after a meal - This may colour your urine yellow/brown. This is harmless - May cause dizziness and drowsiness. If affected do not drive or operate machinery

Minor Illness PGD Formulary

Nitrofurantoin 100mg MR capsules (Supply)	
	• Treatment should be discontinued if acute pulmonary reactions occur, e.g. fever, chills, cough or dyspnoea • Take at regular intervals and complete the course unless otherwise directed by a doctor • Seek advice if symptoms worsen or have not improved within 3 days • Self-management strategies including maintaining a good fluid intake, wearing loose fitting underwear/clothing, wearing cotton underwear and avoidance of vaginal deodorants • Ways to prevent re-infection – e.g. double voiding, voiding after sexual intercourse • Paracetamol and ibuprofen may relieve dysuric pain and discomfort • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 30°C.

Minor Illness PGD Formulary

Omeprazole 20mg Capsules (Supply)	
Legal Status	POM
Indication	Third line option for acid reflux following unsuccessful treatment with Peptac® or Gaviscon® Advance.
Inclusion Criteria	Adults 18 years of age or over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following: • Under 18 years of age • Allergy or hypersensitivity to omeprazole or any of the excipients • Liver disease • Pregnancy • Breast feeding • Currently taking: antivirals, e.g. atazanavir, nelfinavir, rilpivirine, saquinavir or tipranavir, cilostazol, citalopram, clopidogrel, clozapine, digoxin, erlotinib, escitalopram, itraconazole, ketoconazole, methotrexate, phenytoin, St John's Wort, tacrolimus or warfarin. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	20mg capsule once daily Maximum dose under this PGD is 20mg daily.
Frequency of dose/Duration of treatment	Once daily dose. For a maximum duration of no more than 28 days.
Maximum or minimum treatment period	For a maximum duration of no more than 28 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 20mg capsules [1 x 7 or 1 x 28 capsules].

Minor Illness PGD Formulary

Omeprazole 20mg Capsules (Supply)	
Potential Adverse Reactions	GI disturbances and headache, abdominal pain, constipation, diarrhoea, flatulence, nausea and vomiting. Refer to BNF for other side-effects.
Advice	• Swallow capsules whole • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	In the presence of any alarm symptom (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, haematemesis or melena) and when gastric ulcer is suspected or present, malignancy should be excluded, as treatment may alleviate symptoms and delay diagnosis.
Storage	Store below 25°C. Aluminium/Aluminium blister pack: Store in the original package to protect from moisture. HDPE tablet container: Keep the bottle tightly closed to protect from moisture.

Minor Illness PGD Formulary

Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)								
Legal Status	GSL, P							
Indication	- Treatment of mild to moderate pain and/or pyrexia in individuals 3 months of age and over. - Post immunisation pyrexia for babies aged 2 to 3 months of age.							
Inclusion Criteria	Adults and children 3 months of age and over (2 to 3 months if post immunisation pyrexia).							
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; - Under 3 months of age or under 2 months of age if not for post immunisation pyrexia - Allergy or hypersensitivity to paracetamol or any of the excipients - Alcohol dependence - Renal or hepatic impairment - Taking other medicines containing paracetamol - Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours. - Suppositories may contain soya oil so not to be given to patients allergic to peanut or soya. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.							
Dose/Maximum total dose Cont.	<table border="1"> <thead> <tr> <th>Age Range (Est. weight ranges)</th><th>Dose</th><th>Preferred Product</th></tr> </thead> <tbody> <tr> <td>Adult (>50 kg)</td><td>500mg to 1g every 4 to 6 hours to a maximum of 8 tablets in 24 hours. (Note: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4 to 6 hours).</td><td>500mg tablets Or 500mg Suppositories (2x250mg)</td></tr> </tbody> </table>		Age Range (Est. weight ranges)	Dose	Preferred Product	Adult (>50 kg)	500mg to 1g every 4 to 6 hours to a maximum of 8 tablets in 24 hours. (Note: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4 to 6 hours).	500mg tablets Or 500mg Suppositories (2x250mg)
Age Range (Est. weight ranges)	Dose	Preferred Product						
Adult (>50 kg)	500mg to 1g every 4 to 6 hours to a maximum of 8 tablets in 24 hours. (Note: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4 to 6 hours).	500mg tablets Or 500mg Suppositories (2x250mg)						

Minor Illness PGD Formulary

Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)

Age Range (Est. weight ranges)	Dose	Preferred Product
Children: 16 to 17 years (>50 kg)	500mg to 1g every 4 to 6 hours to a maximum of 8 tablets in 24 hours. (Note: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4 to 6 hours).	500mg tablets Or 500mg Suppositories (2x250mg)
12 to 15 years (39 to 50 kg)	500mg every 4 to 6 hours. Maximum 4 doses in 24 hours	Or 250mg/5mL oral Suspension
10 to 11 years (32 to 35 kg)	500mg every 4 to 6 hours. Maximum 4 doses in 24 hours	250mg/5mL oral Suspension
8 to 9 years (25 to 30 kg)	375mg (7.5mLs of 250mg/5mL oral Suspension) every 4 to 6 hours. Maximum 4 doses in 24 hours	250mg/5mL oral Suspension Or
6 to 7 years (20 to 23 kg)	250mg (5mL of 250mg/5mL oral liquid) every 4 to 6 hours. Maximum 4 doses in 24 hours	250mg or 2x125mg suppository
4 to 5 years (15 to 18 kg)	240mg (10mLs of 120mg/5mL oral Suspension) every 4 to 6 hours. Maximum 4 doses in 24 hours.	120mg/5mL oral Suspension Or 125mg suppository
2 to 3 years	180mg every 4 to 6 hours. Maximum 4 doses per day	120mg/5mL oral Suspension
6 to 23 months	120mg every 4 to 6 hours, maximum 4 doses in 24 hours.	120mg/5mL oral Suspension
3 to 5 months	60mg every 4 to 6 hours, maximum 4 doses in 24 hours.	120mg/5mL oral Suspension
2 to 3 months	Post immunisation pyrexia only 60mg every 4 to 6 hours, maximum 2 doses in 24 hours	
*125mg suppositories can be administered if oral preparation is not suitable and they can provide the required dose Maximum total daily dose allowed under this PGD is 4g, noting maximum for ages.		

Minor Illness PGD Formulary

Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 8 days.
Maximum or minimum treatment period	For a maximum duration of no more than 8 days.
Route/Method of Administration	Oral (tablets/suspension/sachets) or rectal (suppositories)
Quantity to be supplied	Supply 500mg tablets [1 x 32] or 120mg/5mL oral suspension [1 x 12 sachets] or 250mg/5mL oral suspension [1 x 10 sachets] or 120mg/5mL suspension [1 x 100mL] or 125mg suppositories [1 x 10].
Potential Adverse Reactions	Hypersensitivity reactions including skin rashes and blood disorders have been reported rarely. Speed of absorption may be increased by metoclopramide and domperidone. Note: Oral coumarin anticoagulants (prolonged regular use may enhance the anticoagulant effect. INR should be checked if individual continues to take paracetamol for more than 5 days). Refer to BNF/BNFC for other side-effects.
Advice to Individual	• Do not exceed recommended dose • Do not to take other medicines containing paracetamol • If taking oral coumarin anticoagulants to have INR checked if they continue to take paracetamol regularly for longer than 5 days • Take at regular intervals • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Massage sachets before use • For suspension shake bottle for at least 10 seconds before use • Read the manufacturer's PIL.
Follow up (If applicable)	N/A

Minor Illness PGD Formulary

Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)	
Storage	Tablets - Store below 25°C. Suppositories - Do not store above 30°C. Suspension – protect from light and store in original container. Store below 25°C.

Minor Illness PGD Formulary

Peptac® Peppermint Liquid (Supply)	
Legal Status	GSL
Indication	First line to treat mild symptoms of gastro-oesophageal reflux such as dyspepsia, heartburn and flatulence.
Inclusion Criteria	Adults and children 12 years of age or over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 12 years of age • Allergy or hypersensitivity to sodium alginate or any of the excipients • Heart failure • Renal failure • Hepatic failure. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	10 to 20mL after meals and at bedtime.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Peptac® Peppermint Liquid [1 x 150mL] (Supply a 5mL spoon with the liquid).
Potential Adverse Reactions	This medicinal product contains 286.5mg (12.45mmol) sodium per 20mL dose, equivalent to 14.3% of the WHO recommended maximum daily intake for sodium. The maximum daily dose of this product is equivalent to 57.2 % of the WHO recommended maximum daily intake for sodium. This product is considered high in sodium.

Minor Illness PGD Formulary

Peptac® Peppermint Liquid (Supply)	
	Each 10mL dose contains 160mg (1.6mmol) of calcium carbonate. Care needs to be taken in treating patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi. Refer to BNF/BNFC for other side-effects.
Advice	• Take after meals and at bedtime • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL • There may require to be a time interval between taking Peptac and other medicines – warning labels on medicines will state “Do not take indigestion remedies 2 hours before or after you take this medicine”
Follow up (If applicable)	N/A
Storage	Do not store above 25°C. Do not refrigerate or freeze.

Minor Illness PGD Formulary

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Legal Status	POM
Indication	Acute Exacerbation of Mild to Moderate Asthma. Note: Refer to Treatment of Mild to Moderate Asthma and Treatment of Severe Asthma (From BTS/SIGN Guideline 158).
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following: • Under 2 years of age • Allergy or hypersensitivity to prednisolone or any of the excipients • Systemic infections unless specific anti-infective therapy is employed • Ocular herpes simplex because of possible perforation • Recent myocardial infarction • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption • Existing or previous history of severe affective disorders or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis • Pregnancy or breastfeeding • Currently taking: coumarin anticoagulants (e.g. warfarin), antiepileptics (e.g. carbamazepine, phenytoin, primidone and barbiturates), antifungals (e.g. itraconazole, ketoconazole or amphotericin), ritonavir, carbimazole, ciclosporin, erythromycin, methotrexate, rifamycins, retinoids or tetracyclines. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Adults 18 years of age and over with acute asthma: Initial dose of 40mg soon after administration of bronchodilator therapy (see BTS guidelines in the BNF). If acute asthma under control, individual to be given a 4 day course of 40mg daily (to achieve 5 day course of steroids in total).

Minor Illness PGD Formulary

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
	Children 2 to 18 years of age with acute asthma that has responded to initial bronchodilator therapy (see BTS guidelines in the BNF) and who do not require hospital admission: 30 to 40mg daily for those over 5 years of age. 20mg for those 2 to 5 years of age. Treatment for up to 3 days is usually sufficient. If a child is already on prednisolone the dose needs to be adjusted to provide prednisolone 2mg/kg daily – up to a maximum of 60mg a day. Maximum dose under this PGD is 60mg daily.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose. For a maximum duration of no more than 5 days.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral administration.
Quantity to be administered/supplied	Supply 5mg plain tablets [1 x 30] or 5mg soluble tablets [1 x 10]. Note: Where the pack size does not meet dose schedule sufficient packs should be supplied to individual to meet dose schedule and excess tablets should be removed from the over-labelled individual packs and disposed of in the appropriate waste stream.
Potential Adverse Reactions	Dyspepsia, nausea, hypokalaemia and hypersensitivity reactions. Steroid psychosis – psychological symptoms may arise after a few days of treatment. Advise individual/carer to seek medical advice if this occurs. Refer to BNF/BNFC for other side-effects.

Minor Illness PGD Formulary

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Advice	• Plain tablets should only be taken by mouth and can be swallowed with water • Take with or after food • Take tablets as a single dose in the morning • Plain tablets should not be taken at the same time as indigestion remedies • The soluble form should be dissolved in water and taken immediately • It is important to be aware that contracting chickenpox during treatment or for a period afterwards can be dangerous. Advise the individual if they do not have a definite history of chickenpox and anyone in their family or regular contacts catches chickenpox it is important to contact a doctor immediately. Do not stop the treatment. It is also important the individual contacts a doctor if they contract chickenpox within a 3 month period after stopping treatment • Advise individual to take particular care to avoid contact with measles and to contact a doctor immediately if they or anyone in their family or regular contacts catches measles • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	Supply steroid emergency card to individual and advise them to follow the advice.
Storage	Tablets: Store in a cool dry place. Soluble tablets: Do not store above 25°C.

Minor Illness PGD Formulary

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
Legal Status	POM
Indication	Nausea and vomiting – not to be used in palliative care.
Inclusion Criteria	Adults 18 years of age or over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 18 years of age • Allergy or hypersensitivity to prochlorperazine or any of the excipients • Heart failure (injection only) Individuals with cardiac disease and high risk factors for stroke • Hypothyroidism • Cardiac Disease • Epilepsy • Pheochromocytoma (injection only) • Myasthenia gravis • Narrow angle glaucoma • Parkinson's disease • Prostatic hypertrophy • Renal or hepatic impairment • Existing blood dyscrasias • Pregnancy or breastfeeding • Rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency (buccal tablet only) • Currently taking: CNS depressants (including alcohol), antimalarials (e.g. artemether with lumefantrine or arteminol with piperazine), desferrioxamine, lithium and other drugs known to prolong QT interval (e.g. citalopram, escitalopram, amiodarone, disopyramide, dronedarone, risperidone, methadone or droperidol), ritonavir or atomoxetine. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Intramuscular (IM) injection: One 12.5mg dose. Buccal Tablets: One or two 3mg buccal tablet(s) placed high between upper lip and gum twice daily.

Minor Illness PGD Formulary

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
	Maximum dose under this PGD is 12.5mg for IM and up to 12mg daily for buccal tablets.
Frequency of dose/Duration of treatment	Once only intramuscular injection of 12.5mg One or two 3mg buccal tablet(s) twice daily for a maximum duration of no more than 3 days.
Maximum or minimum treatment period	Buccal tablets for a maximum duration of no more than 3 days.
Route/Method of Administration	Injection: Intramuscular deep injection into upper outer quadrant of gluteal region. Buccal Tablets: Oral administration placed high between upper lip and gum to dissolve.
Quantity to be administered/supplied	12.5mg/1mL ampoules [1 x 10 x 1mL] (Administration) Supply 3mg buccal tablets [1 x 8].
Potential Adverse Reactions	• Drowsiness, dizziness, dry mouth, insomnia, agitation and mild skin reactions may occur • Extrapyrimal reactions are very unlikely at the recommended dosage • QT interval prolongation • Neuroleptic malignant syndrome (hyperthermia, rigidity, autonomic dysfunction and altered consciousness) may occur with any neuroleptic • Use of the buccal tablets may occasionally result in local irritation to the gum and mouth. Refer to BNF for other side-effects.
Advice	• Place the buccal tablet high up along the top gum under the upper lip either side of your mouth as indicated above and allow it to dissolve slowly and completely. The tablet will soften and adhere to the gum, taking, for example, between 1 and 2 hours to dissolve completely • May cause drowsiness and if affected not to drive or operate machinery • Take at regular intervals and complete the course unless otherwise directed by a doctor (tablets) • Advise on storage or expiry details and to dispose of any unused medicines appropriately (tablets)

Minor Illness PGD Formulary

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
	• Avoid alcoholic drink • Photosensitisation – avoid exposure to direct sunlight and use sunscreen • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Solution for injection: Keep ampoules in the outer carton, in order to protect from light. Discoloured solutions should not be used. Buccal tablets: Protect from light.

Minor Illness PGD Formulary

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
Legal Status	POM
Indication	Relief of symptoms of acute mild to moderate asthma exacerbation in individuals over 2 years (peak flow 50 to 75% of predicted or best). Refer to PGD Monograph for Prednisolone. Refer to GP after administration.
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 2 years of age • Allergy or hypersensitivity to salbutamol or any of the excipients • Currently taking non-selective β-blocking drugs. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	For the treatment of an acute exacerbation of moderate asthma in individuals 18 years of age and over: Initial dose 200micrograms (2 puffs), inhaled as 2 separate puffs via an appropriate spacer up to a maximum of 1000micrograms (10 puffs). If no improvement after five doses (1000micrograms) via volumatic spacer then discuss with OOH GP to consider hospital admission. For the treatment of acute mild to moderate asthma in individuals aged under 18 years of age: Initial dose 200micrograms (2 puffs), inhaled as 2 separate puffs via an appropriate spacer up to a maximum of 1000micrograms (10 puffs). If response is poor individuals aged under 18 years of age should be admitted to hospital. Individuals aged under 18 years of age presenting with severe asthma should be admitted to hospital immediately.

Minor Illness PGD Formulary

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
	Supply Dose: (provide spacer if necessary) 2 years of age and over: 100 to 200micrograms (1 to 2 puffs) as required up to four times daily. Maximum dose under this PGD is 1000micrograms (10 puffs) daily.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral inhalation. The aerosol spray is inhaled through the mouth into the lungs. After shaking the inhaler, the mouthpiece is placed in the mouth and the lips closed around it. The actuator is depressed to release a spray, which must coincide with inspiration of breath.
Quantity to be administered/supplied	Supply 100microgram/dose metered dose inhaler [x1].
Potential Adverse Reactions	Fine tremor, nervous tension, headache, palpitations, tachycardia, disturbances of sleep, angioedema, urticaria, hypokalaemia, mouth and throat irritation, muscle cramps, nausea. Refer to BNF/BNFC for other side-effects.
Advice	• Give clear advice regarding worsening statement • Advise individual inhalers can be returned to pharmacy for recycling • Read the manufacturer's PIL.
Follow up (If applicable)	After administration monitor pulse rate, respiratory rate and peak flow to demonstrate improvement. Advise individual to have an asthma review at GP surgery within 48 hours.

Minor Illness PGD Formulary

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
Storage	Store below 30°C. Protect from frost and direct light. The therapeutic effect of this medication may decrease when the canister is cold. The canister should not be broken, punctured or burnt, even when apparently empty.

Minor Illness PGD Formulary

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
Legal Status	POM
Indication	First line for acute uncomplicated urinary tract infection. Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance
Inclusion Criteria	Adults and children 6 months of age and over.
Exclusion Criteria	Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following; • Under 6 months of age • History of allergy or hypersensitivity to trimethoprim, co-trimoxazole or any of the excipients • Patients already taking antibiotic prophylaxis for recurrent UTI • Recent urine culture showing resistance to trimethoprim • A prior episode of UTI in last 28 days treated with an antibiotic • 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months • Vaginal discharge or irritation (reduces the likelihood of UTI) • Frank haematuria (blood in urine) • Symptomatic for 7 days or longer • Immunosuppression • Blood dyscrasias • Acute porphyria • Severe hepatic impairment • Renal impairment • Folate deficiency • Known electrolyte imbalance (particularly hyperkalaemia) or on medication which predisposes to development of hyperkalaemia • Pregnancy • Breastfeeding • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption • Avoid for 14 days before and 10 days after receiving live cholera vaccines • Avoid for 3 days before and 3 days after receiving live typhoid vaccines

Minor Illness PGD Formulary

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
	Currently taking: ACE inhibitors (increased risk of hyperkalaemia), acenocoumarol, azathioprine, ciclosporin, clozapine, colistimethate, dapsone, digoxin, eplerenone, immunosuppressants, mercaptopurine, methotrexate, phenytoin, potassium supplements, pyrimethamine, renin angiotensin receptor blockers (increased risk of hyperkalaemia), repaglinide, rifampicin, spironolactone or warfarin. You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Males 16 years of age and over: 200mg twice daily for 7 days. Females 16 years of age and over: 200mg twice daily for 3 days. Children 12 to 15 years of age: 200mg twice daily for 3 days. Children 6 to 11 years of age: 100mg twice daily for 3 days. Children 6 months to 5 years of age: 50mg twice daily for 3 days. Maximum dose under this PGD is 400mg daily.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Maximum of 3 days for children and females. Maximum of 7 days for males.
Maximum or minimum treatment period	Maximum of 3 days for children and females. Maximum of 7 days for males.
Route/Method of Administration	Oral administration

Minor Illness PGD Formulary

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
Quantity to be supplied	For females, children and males under 16 years of age supply 200mg tablets [1 x 6]. For males 16 years and over supply 200mg tablets [1 x 14]. Or 50mg/5mL oral suspension [1 x 100mL if prescribed 50mg or 100mg twice a day; or 2 x 100mL if prescribed 200mg twice a day for 3 days/3 x 100mL if prescribed 200mg twice a day for 7 days]. Supply a 5mL spoon or oral syringe with the suspension.
Potential Adverse Reactions	GI disturbances, electrolyte imbalance, rash. Refer to BNF/BNFC for other side-effects.
Advice	• Take at regular intervals and complete the course unless otherwise directed by a doctor • Ensure patient is aware that if symptoms worsen, they experience significant flank pain, become systemically unwell, or develop a fever, then they should seek medical advice that day • Seek advice if symptoms worsen or have not improved within 3 days • Self-management strategies including maintaining a good fluid intake, wearing loose fitting underwear/clothing, wearing cotton underwear and avoidance of vaginal deodorants • Ways to prevent re-infection – e.g. double voiding, voiding after sexual intercourse • Paracetamol and ibuprofen may relieve dysuric pain and discomfort • Advise on storage or expiry details and to dispose of any unused medicines appropriately • The suspension must be shaken well before use • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Tablets: Store below 25°C in the original container. Suspension: Store in the original container.