## Minor Ailments - When to Refer

The following table lists some minor ailments that are commonly seen in the pharmacy with information on when you should refer the patient to the GP.

<table>
<thead>
<tr>
<th>Minor Ailments</th>
<th>When to refer</th>
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| **Cold**            | - Ear ache that is severe  
                      | - Vulnerable patient groups e.g. very young, very elderly, heart disease, lung disease, asthma  
                      | - Fever and cough that is persistent  
                      | - Chest pain  
                      | - Shortness of breath that can't be explained  |
| **Cough**           | - Longer than 2 weeks and not improving  
                      | - Chest pain  
                      | - Shortness of breath  
                      | - Wheezing  
                      | - Recurring cough present at night  
                      | - Whooping cough/croup  
                      | - Cough or wheezing that may be drug induced e.g. ace inhibitors and beta blockers  
                      | - Yellow, green, brown or blood stained phlegm/sputum  
                      | - Offensive or foul smelling phlegm/sputum  |
| **Sore throat**     | - Dysphagia (difficulty in swallowing)  
                      | - Longer than 7-10 days  
                      | - Hoarseness persisting for more than three weeks  
                      | - Sore throat with a skin rash  
                      | - White spots, exudate or pus on the tonsils with a high temperature and swollen glands  
                      | - Recurrent bouts of infection  
                      | - Suspected adverse drug reaction e.g. carbimazole  
                      | - Failed treatment  
                      | - Breathing difficulties  |
| **Ear wax**         | - Foreign body in the ear  
                      | - Pain  
                      | - Dizziness  
                      | - Tinnitus  
                      | - Treatment failure  |
| **Headache**        | - Headache associated with recent head injury/trauma  
                      | - Children under 12  
                      | - Associated with stiff neck, fever and or rash  
                      | - Sudden onset and or severe pain  
                      | - Suspected adverse drug reaction e.g. oral contraceptive pill  
                      | - Associated with drowsiness, blackouts, unsteadiness, visual disturbances or vomiting  
<pre><code>                  | - Recurring headaches  |
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| **Constipation** | ▪ Blood in the stools  
▪ Pain on defecation  
▪ Suspected drug induced constipation e.g. opiates, antidepressants  
▪ With abdominal pain, vomiting or bloating  
▪ Weight loss  
▪ Failed treatment  
▪ Change in bowel habit of more than 2 weeks |
| **Diarrhoea** | ▪ Persistent change in bowel habit  
▪ Recent travel which was abroad  
▪ Presence of blood/mucus in the stools  
▪ Diarrhoea with severe vomiting and fever  
▪ Signs of dehydration e.g. dry mouth, drowsiness or confusion, passing little urine, sunken fontanelle and eyes  
▪ Longer than 3 days in older children and adults (longer than 1 day in babies under 1 years and 2 days in children under 3 years and elderly)  
▪ Suspected drug induced diarrhoea e.g. antibiotics  
▪ Severe abdominal pain |
| **Dyspepsia** | ▪ Unexplained weight loss  
▪ Suspected drug induced dyspepsia e.g. ferrous sulphate, NSAIDs  
▪ Persistent vomiting  
▪ Persistent symptoms (more than 5 days) or recurring  
▪ Black or tarry stools  
▪ Severe pain  
▪ Pain radiating to other areas of body e.g. arm  
▪ Symptoms developing for the first time in patients aged 45 years or over  
▪ Dysphagia (difficulty in swallowing)  
▪ Failed treatment |
| **Haemorrhoids** | ▪ Blood in the stools  
▪ With abdominal pain or vomiting  
▪ Weight loss  
▪ Persistent change in bowel habit  
▪ Longer than 3 weeks |
| **Mouth ulcers** | ▪ Lasting longer than 3 weeks  
▪ Suspected adverse drug reaction e.g. NSAIDS  
▪ Crops of 5-10 or more ulcers  
▪ Rash  
▪ Diarrhoea  
▪ With weight loss  
▪ Involvement with other mucous membranes |
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<tr>
<td>Cystitis</td>
<td>• Diabetics&lt;br&gt;• Immunocompromised patient&lt;br&gt;• Pregnant&lt;br&gt;• Men&lt;br&gt;• Children&lt;br&gt;• Elderly women&lt;br&gt;• Vaginal discharge&lt;br&gt;• Haematuria (presence of blood in the urine)&lt;br&gt;• With fever, nausea and or vomiting&lt;br&gt;• Pain or tenderness in the loin area&lt;br&gt;• Recurrent cystitis&lt;br&gt;• Failed treatment&lt;br&gt;• Longer than 2 days</td>
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<td>Primary dysmenorrhoea</td>
<td>• Abnormal vaginal discharge&lt;br&gt;• Heavy or unexplained bleeding&lt;br&gt;• Showing signs of systematic infection e.g. fever&lt;br&gt;• Symptoms suggesting secondary dysmenorrhoea</td>
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<td>Vaginal thrush</td>
<td>• Diabetics&lt;br&gt;• More than two attacks in the last six months&lt;br&gt;• Failed OTC treatment&lt;br&gt;• Pregnant&lt;br&gt;• Vulval or vaginal sores ulcers or blisters&lt;br&gt;• Vaginal discharge that is green-yellow or blood stained&lt;br&gt;• Vaginal discharge that is foul smelling&lt;br&gt;• Under 16 or over 60 years of age&lt;br&gt;• No improvement within 7 days of treatment&lt;br&gt;• Previous history of STD (sexually transmitted infection) or exposure to partner with STD&lt;br&gt;• Abnormal or irregular vaginal bleeding&lt;br&gt;• Any associated lower abdominal pain or dysuria</td>
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<td>Athlete's foot</td>
<td>• Not responded to the appropriate treatment&lt;br&gt;• Nail involvement&lt;br&gt;• Spreading to other parts of the foot&lt;br&gt;• Diabetics&lt;br&gt;• Signs of bacterial infection e.g. weeping, pus or yellow crusts</td>
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<td>Cold sores</td>
<td>• Longer than 2 weeks&lt;br&gt;• Lesions inside the mouth&lt;br&gt;• Eye is affected&lt;br&gt;• Immunocompromised patients&lt;br&gt;• Signs of secondary bacterial infection e.g. weeping, pus, yellow crust&lt;br&gt;• Babies and children&lt;br&gt;• Severe, widespread or worsening lesions&lt;br&gt;• Painless lesion</td>
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<tr>
<td>Warts and verrucas</td>
<td>- Anogenital warts</td>
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<td>- Facial warts</td>
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<td>- Diabetics</td>
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<td>- Immunocompromised patient</td>
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<td>- Bleeding or itching</td>
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<td>- Changed in size or colour</td>
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<td>- OTC treatment that has been unsuccessful following 3 months of treatment</td>
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