

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.

Minor Ailments	When to refer
Cold	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Foreign body in the ear ▪ Pain ▪ Dizziness ▪ Tinnitus ▪ Treatment failure
Headache	<ul style="list-style-type: none"> ▪ 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 ▪ Recurring headaches

Minor Ailments	When to refer
Constipation	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Blood in the stools ▪ With abdominal pain or vomiting ▪ Weight loss ▪ Persistent change in bowel habit ▪ Longer than 3 weeks
Mouth ulcers	<ul style="list-style-type: none"> ▪ 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

Minor Ailments	When to refer
Cystitis	<ul style="list-style-type: none"> ▪ Diabetics ▪ Immunocompromised patient ▪ Pregnant ▪ Men ▪ Children ▪ Elderly women ▪ Vaginal discharge ▪ Haematuria (presence of blood in the urine) ▪ With fever, nausea and or vomiting ▪ Pain or tenderness in the loin area ▪ Recurrent cystitis ▪ Failed treatment ▪ Longer than 2 days
Primary dysmenorrhoea	<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge ▪ Heavy or unexplained bleeding ▪ Showing signs of systematic infection e.g. fever ▪ Symptoms suggesting secondary dysmenorrhoea
Vaginal thrush	<ul style="list-style-type: none"> ▪ Diabetics ▪ More than two attacks in the last six months ▪ Failed OTC treatment ▪ Pregnant ▪ Vulval or vaginal sores ulcers or blisters ▪ Vaginal discharge that is green-yellow or blood stained ▪ Vaginal discharge that is foul smelling ▪ Under 16 or over 60 years of age ▪ No improvement within 7 days of treatment ▪ Previous history of STD (sexually transmitted infection) or exposure to partner with STD ▪ Abnormal or irregular vaginal bleeding ▪ Any associated lower abdominal pain or dysuria
Athlete's foot	<ul style="list-style-type: none"> ▪ Not responded to the appropriate treatment ▪ Nail involvement ▪ Spreading to other parts of the foot ▪ Diabetics ▪ Signs of bacterial infection e.g. weeping, pus or yellow crusts
Cold sores	<ul style="list-style-type: none"> ▪ Longer than 2 weeks ▪ Lesions inside the mouth ▪ Eye is affected ▪ Immunocompromised patients ▪ Signs of secondary bacterial infection e.g. weeping, pus, yellow crust ▪ Babies and children ▪ Severe, widespread or worsening lesions ▪ Painless lesion

Minor Ailments	When to refer
Warts and verrucas	<ul style="list-style-type: none"> ▪ Anogenital warts ▪ Facial warts ▪ Diabetics ▪ Immunocompromised patient ▪ Bleeding or itching ▪ Changed in size or colour ▪ OTC treatment that has been unsuccessful following 3 months of treatment