

NHS Pharmacy First – referrals for minor illnesses

Service suitability

The service is only for patients aged over 1 year.

CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	<ul style="list-style-type: none"> Bee sting Wasp sting 	<ul style="list-style-type: none"> Stings with minor redness 	<ul style="list-style-type: none"> Stings with minor swelling 	<ul style="list-style-type: none"> Drowsy / fever Fast heart rate 	<ul style="list-style-type: none"> Severe swellings or cramps
COLDS	<ul style="list-style-type: none"> Cold sores Coughs 	<ul style="list-style-type: none"> Flu-like symptoms 	<ul style="list-style-type: none"> Sore throat 	<ul style="list-style-type: none"> Lasted +3 weeks Shortness of breath 	<ul style="list-style-type: none"> Chest pain Unable to swallow
CONGESTION	<ul style="list-style-type: none"> Blocked or runny nose 	<ul style="list-style-type: none"> Constant need to clear their throat 	<ul style="list-style-type: none"> Excess mucus Hay fever 	<ul style="list-style-type: none"> Lasted +3 weeks Shortness of breath 	<ul style="list-style-type: none"> 1 side obstruction Facial swelling
EAR	<ul style="list-style-type: none"> Earache 	<ul style="list-style-type: none"> Ear wax Blocked ear 	<ul style="list-style-type: none"> Hearing problems 	<ul style="list-style-type: none"> Something may be in the ear canal Discharge 	<ul style="list-style-type: none"> Severe pain. Deafness Vertigo
EYE	<ul style="list-style-type: none"> Conjunctivitis Dry/sore tired eyes Eye, red or Irritable 	<ul style="list-style-type: none"> Eye, sticky Eyelid problems 	<ul style="list-style-type: none"> Watery / runny eyes 	<ul style="list-style-type: none"> Severe pain Pain 1 side only 	<ul style="list-style-type: none"> Light sensitivity Reduced vision
GASTRIC / BOWEL	<ul style="list-style-type: none"> Constipation Diarrhoea Infant colic 	<ul style="list-style-type: none"> Heartburn Indigestion 	<ul style="list-style-type: none"> Haemorrhoids Rectal pain, Vomiting or nausea 	<ul style="list-style-type: none"> Severe / on-going Lasted +6 weeks 	<ul style="list-style-type: none"> Patient +55 years Blood / Weight loss
GENERAL	<ul style="list-style-type: none"> Hay fever 	<ul style="list-style-type: none"> Sleep difficulties 	<ul style="list-style-type: none"> Tiredness 	<ul style="list-style-type: none"> Severe / on-going 	
GYNAE / THRUSH	<ul style="list-style-type: none"> Cystitis Vaginal discharge 	<ul style="list-style-type: none"> Vaginal itch or soreness 		<ul style="list-style-type: none"> Diabetic / Pregnant Under 16 / over 60 Unexplained bleeding 	<ul style="list-style-type: none"> Pharmacy treatment not worked Had thrush 2x in last 6 months
PAIN	<ul style="list-style-type: none"> Acute pain Ankle or foot pain Headache Hip pain or swelling Knee or leg pain 	<ul style="list-style-type: none"> Lower back pain Lower limb pain Migraine Shoulder pain 	<ul style="list-style-type: none"> Sprains and strains Thigh or buttock pain Wrist, hand or finger pain 	<ul style="list-style-type: none"> Condition described as severe or urgent Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> Chest pain / pain radiating into the shoulder Pharmacy treatment not worked Sudden onset
SKIN	<ul style="list-style-type: none"> Acne, spots and pimples Athlete's foot Blisters on foot Dermatitis / dry skin Hair loss 	<ul style="list-style-type: none"> Hay fever Nappy rash Oral thrush Rash - allergy Ringworm / threadworm 	<ul style="list-style-type: none"> Scabies Skin dressings Skin rash Warts/verrucae Wound problems 	<ul style="list-style-type: none"> Condition described as severe or urgent Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> Pharmacy treatment not worked Skin lesions / blisters with discharge Diabetes related?
MOUTH / THROAT	<ul style="list-style-type: none"> Cold sore blisters Flu-like symptoms Hoarseness 	<ul style="list-style-type: none"> Mouth ulcers Sore mouth Sore throat 	<ul style="list-style-type: none"> Oral thrush Teething Toothache 	<ul style="list-style-type: none"> Lasted +10 days Swollen painful gums Sores inside mouth 	<ul style="list-style-type: none"> Unable to swallow Patient has poor immune system Voice change
SWELLING	<ul style="list-style-type: none"> Ankle or foot swelling Lower limb swelling 	<ul style="list-style-type: none"> Thigh or buttock swelling Toe pain or swelling 	<ul style="list-style-type: none"> Wrist, hand or finger swelling 	<ul style="list-style-type: none"> Condition described as severe or urgent Condition ongoing for +3 weeks 	<ul style="list-style-type: none"> Discolouration to skin Pharmacy treatment not worked Recent travel abroad