



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