

## Community Pharmacy Minor Ailments Service (MAS): Skin conditions June 2023

### Eligibility Criteria:

Eligible Service Users, presenting with skin conditions outlined below, and are:

- Children aged over 6 months or 1 year (see specific conditions) and under 14 years.
- Whānau of the children with the same condition.
- Any patients who meet at least one of the following:
  - Identify as Māori or Pasifika ethnicity.
  - Have a Community Services card (CSC).
  - Have been physically displaced or isolated due to Cyclone Gabrielle.
  - Live in a R2 or R3 rural community. See classifications [here](#).

### Skin assessment

- Complete Hand hygiene/gloves needed if wound is discharging.
- Explain skin assessment procedure to patient/family/whanau and ask permission to touch patient.
- Describe clinical observations & diagnostic features.
- Assess history of contact with other infected/or infested patient or any social risk factors.
- Check for underlying risk factors such as cuts/lacerations/spider bites.
- Check for red flags and danger signs see below.

### 'Red Flag' symptoms

If the patient presents with the following signs or symptoms they need to actively referred to a GP or urgent care:

- Systemically unwell; vomiting, lethargy, inability to drink, fever >38°C.
- Immuno-compromised.
- Swelling or redness circumferential of a limb or joint or close to a joint that is too painful to move or bear weight on.
- Swelling in a hand or foot affecting normal function.
- Purulent lesion with any of the following: Palpable fluid filled cavity, draining pus.
- Red, warm, tender area of swelling.
- Red lines on the skin spread out from the affected area.
- Diagnostic uncertainty.
- Potential for use of antibiotics.
- Conditions not responding or improving where a patient has previously accessed MAS.

### Advice to patients on topical medications

The patient or caregiver will need to be provided with information on each medication supplied. As well as specific information on each product (see below) in general the following information applies to topical medications:

- Wash hands before and after applying.
- Store below 25°C.
- Keep this medicine out of the reach of children.
- Do not keep/ use this medicine when no longer needed or after its expiry date.

**Medications funded for use in the MAS pathway are outlined in under each condition below.**

<b>MINOR CUTS AND GRAZES ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Insect bites or small wounds such as minor cuts, scrapes or grazes.
<b>Scope</b>	Persons <b>aged over 12 months</b> who have insect bites, minor cuts, scrapes, or skin infections.
<b>Clinical assessment</b>	Assess patient for any red flag signs and refer if appropriate. Patient should also be referred if they have a deep cut that won't stop bleeding.
<b>Advice to patient</b>	Where and when to seek help with symptoms worsen. See: <a href="https://www.health.govt.nz/system/files/documents/topic_sheets/skin-conditions-cuts-scratches-grazes-nov13.pdf">https://www.health.govt.nz/system/files/documents/topic_sheets/skin-conditions-cuts-scratches-grazes-nov13.pdf</a>
<b>Treatment - Medication options:</b>	
<b>Hydrogen Peroxide Cream 1% (Crystaderm)</b>	
<b>Indications</b>	Minor wound, cut, scratch graze to prevent infection.
<b>Dosage and instructions</b>	After gently washing the area with warm soapy water apply two to three times daily for 5 – 7 days. Cover the area with a dressing or plaster. Monitor daily for signs of infection spreading.
<b>Exclusions</b>	Hypersensitivity or allergy to any of the ingredients
<b>Precautions</b>	Do not use on large areas of open skin due to stinging, consider povidone-iodine instead. Do not use near the eye. Incompatible with products containing iodine or potassium permanganate.
<b>Side Effects</b>	Stinging on application. Bleaching of fabrics take care when applying.
<b>Additional Information</b>	<a href="#">hydrogen peroxide (topical) - New Zealand Formulary (nzf.org.nz)</a>
<b>Povidone-Iodine 10% (Betadine ointment /Riodine solution)</b>	
<b>Indications</b>	Minor wound, cut, scratch graze to prevent infection for patients <b>aged over 2 years</b> .
<b>Dosage and instructions</b>	After washing the area apply two to three times daily for 5 to 7 days. Cover the area with a dressing or plaster and monitor at least daily for signs of infection spreading.
<b>Exclusions</b>	Hypersensitivity or allergy to any of the ingredients.
<b>Precautions</b>	Pregnancy, breastfeeding, lithium treatment, large open wounds.
<b>Side Effects</b>	Rarely causes sensitivity, may interfere with thyroid function tests
<b>Additional Information</b>	<a href="#">povidone-iodine - New Zealand Formulary (nzf.org.nz)</a>

<b>HEAD LICE ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Head lice (Common names: kutis, nits, bugs, utu, riha)
<b>Scope</b>	Persons aged <b>over 12 months</b> , who have head lice <b>and their household members/close contacts</b> who have head lice or are likely to have head lice.
<b>Clinical assessment</b>	<p>Signs indicative of headlice include:</p> <ul style="list-style-type: none"> <li>• Tickling or itching of scalp</li> <li>• Visible red bumps, sores, scratches</li> <li>• Visible eggs, lice, or nits</li> </ul> <p>Asses for any sores, scratches, or possible impetigo on scalp. Assess patient for any red flag signs and refer if appropriate. Check if household members/close contacts are symptomatic and treat as appropriate.</p>
<b>Advice to patient</b>	<ul style="list-style-type: none"> <li>• Use the wet combing method to treat and detect head lice. Do this every 2 to 3 days and continue until no live lice are found for 3 days in a row.</li> <li>• Continue to check for head lice for 2 weeks after an infestation to ensure all family members are clear (approximately 50% of patients experience no symptoms).</li> <li>• If a family member contracts head lice check everyone and treat all infected household members on the same day.</li> <li>• Remember to repeat treatment on 7 days and you may need another treatment at 14 days.</li> <li>• Brush hair daily - this injures lice and prevents them laying eggs.</li> <li>• Keep hair short or tie up long hair in ponytail or bun to help prevent catching head lice.</li> <li>• Do not share combs/brushes/hats/ribbons/clips /helmets.</li> <li>• Inform close contacts and school to avoid re-infestation.</li> <li>• Return to the pharmacy for a repeat assessment if symptom persist</li> </ul> <p>See: <a href="https://www.kidshealth.org.nz/sites/kidshealth/files/pdfs/headlice%20wet-comb%20technique%20kidshealth%20final.pdf">https://www.kidshealth.org.nz/sites/kidshealth/files/pdfs/headlice%20wet-comb%20technique%20kidshealth%20final.pdf</a> See: <a href="https://health.govt.nz/products/head-lice">https://health.govt.nz/products/head-lice</a></p>
<b>Treatment - Medication options:</b>	
<b>Dimethicone Lotion 4%</b>	
<b>Dispensing instructions</b>	Dispense quantity sufficient to complete initial and repeat treatment for both initial patient and symptomatic household contacts. Provide metal lice comb.
<b>Indications</b>	Head lice or visible eggs
<b>Dosage and instructions</b>	Apply dimethicone solution to dry hair using enough treatment to thoroughly moisten the hair and scalp comb through with a regular comb. Leave the treatment on the hair/scalp for 8 hours (overnight) then wash off hair with regular shampoo and conditioner. Use a head lice comb after conditioning hair to remove any dead lice/nits. Repeat the treatment in 7 days and may need to repeat a third time if still not clear. Ensure all symptomatic family members/household contacts also repeat the treatment.
<b>Exclusions</b>	Allergy to any of the ingredients within the product.
<b>Precautions</b>	Avoid contact with the eyes and with open wounds or cuts.
<b>Side Effects</b>	Rare incidence mild transient burning or stinging, temporary redness of skin
<b>Additional Information</b>	<a href="https://www.kidshealth.org.nz/dimethicone-lotion-treating-head-lice">https://www.kidshealth.org.nz/dimethicone-lotion-treating-head-lice</a> <a href="https://www.nzf.govt.nz/healthcare/medicines/Head%20lice%20-%20New%20Zealand%20Formulary%20(nzf.org.nz)">Head lice - New Zealand Formulary (nzf.org.nz)</a>

<b>SCABIES ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Scabies (mate māngeongo riha)
<b>Scope</b>	Persons <b>aged over 12 months</b> with scabies <b>and their household members/close contacts.</b>
<b>Clinical assessment</b>	<p>Signs indicative of scabies include:</p> <ul style="list-style-type: none"> <li>• Itching</li> <li>• Visible papules, burrows, bumps, tiny hives, rash, or blisters on wrist, between fingers, waist, buttocks, armpits.</li> <li>• Young children or immunocompromised patients may also have these on their neck, face, hands, and soles of the feet.</li> </ul> <p>Check if close contact or family member has an itch or has recently been diagnosed with scabies.</p> <p>Assess for any impetigo or infection. Assess patient for any red flag signs and refer if appropriate. Patients should also be referred if there is broken skin or signs of infection. Children under 2 years must be referred to GP for treatment.</p> <p>See: <a href="https://dermnetnz.org/images/scabies-images">https://dermnetnz.org/images/scabies-images</a></p> <p>Treat all household members and close contacts at the same time.</p>
<b>Advice to patient</b>	<ul style="list-style-type: none"> <li>• Scabies is spread through skin-to-skin contact with a person who has scabies, or through shared bedding or clothing.</li> <li>• You need to treat scabies with a lotion or cream called permethrin. It won't go away on its own.</li> <li>• Everyone who lives in the same household as the infested person needs to be treated at the same time.</li> <li>• Treatment needs to be repeated 7 days later. This is important one treatment alone often does not kill all the scabies mites.</li> <li>• Wash all clothing and bedding in hot water after treatment.</li> <li>• The itch may continue for a few weeks even though the mite is gone.</li> <li>• See your doctor if itchiness continues for longer than 6 weeks.</li> <li>• Inform close contacts and school to avoid re-infestation.</li> </ul> <p>See: <a href="https://www.health.govt.nz/system/files/documents/topic_sheets/skin-scabies-a4page.pdf">https://www.health.govt.nz/system/files/documents/topic_sheets/skin-scabies-a4page.pdf</a> <a href="https://health.govt.nz/products/get-rid-of-scabies">https://health.govt.nz/products/get-rid-of-scabies</a></p>
<b>Treatment - Medication options:</b>	
<b>Permethrin 5% cream or lotion</b>	
<b>Indication</b>	Scabies or crab lice
<b>Dispensing instructions</b>	Dispense quantity sufficient to complete initial and repeat treatment for both initial patient and symptomatic household contacts. As a guide: most adults need one 30mL bottle of lotion although larger adults may need two bottles per treatment, children 5-12 years may only need half a bottle, younger children 2-5 years, a quarter of a bottle.
<b>Dosage and instructions</b>	Apply permethrin to cool and dry skin (if you have just had a bath or shower, wait for a little while to let your skin cool before applying). Apply permethrin to every patch of skin over the whole body, from head to toe, including the scalp, face, neck, ears down to the soles of the feet. Make sure you apply to the areas between the fingers and toes, wrists, armpits, belly button, genitals, and buttocks. (Women- under the breasts and around the nipples too) If a part of the body such as your hands are washed within 8 hours of applying permethrin,

	<p>you will need to re-apply it immediately. Permethrin must stay on the body for at least 8 hours (up to 12 hours) to kill the mites. It is best applied just before going to bed to avoid it being washed off. Wash off in the morning, (or 8 to 12 hours after application) and wear clean clothes. Everyone living in the same household must be treated.</p> <p>Repeat the treatment 7 days later. Do not apply permethrin treatment more than twice without medical advice. Overuse can irritate the skin.</p>
<b>Exclusions</b>	Allergy to any of the ingredients within the product.
<b>Precautions</b>	<p>Avoid contact with eyes and broken skin.</p> <p>Breastfeeding: if you are breastfeeding a child, wash off the permethrin from your nipples before you breastfeed, and then re-apply afterwards.</p>
<b>Side Effects</b>	Pruritus, erythema, stinging; <i>rarely</i> rash, oedema.
<b>Additional Information</b>	<a href="http://nzf.org.nz">permethrin - New Zealand Formulary (nzf.org.nz)</a>

<b>IMPETIGO ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Impetigo (also known as school sores)
<b>Scope</b>	Persons <b>aged over 12 months</b> with <b>3 or less impetigo lesions smaller than the size of a 10 cent coin.</b>
<b>Clinical assessment</b>	<p>The typical presentation of impetigo includes:</p> <ul style="list-style-type: none"> <li>• Starts as little blisters, which break and start to weep, usually pus or sometimes a clearer liquid.</li> <li>• Weeping patches tend to grow larger. Yellow or brownish scabs then form.</li> <li>• Can burn or itch.</li> </ul> <p>Assess patient for any red flag signs and refer if appropriate. Patient should also be referred if:</p> <ul style="list-style-type: none"> <li>• <u>there are more than 3 impetigo lesions or they are larger than the size of a 10 cent coin.</u></li> <li>• <u>Signs of bullous impetigo: bullae which do not form honey coloured crust when burst (instead leave a scaly rim), can occur on trunk of body, systemic symptoms (such as fever) more likely.</u></li> </ul> <p>Consider any complicating factors such as eczema, spider/insect bites, cuts, grazes, scabies or head lice.</p>
<b>Advice to patient</b>	<ul style="list-style-type: none"> <li>• Impetigo is very contagious.</li> <li>• Do not attend school/kura or day-care centre until patient has completed 24 hours of treatment.</li> <li>• Keep sores covered with dressings/plasters to prevent spreading/infecting others.</li> <li>• No swimming until completely healed.</li> <li>• Change and launder sheets, towels, clothing child has worn to prevent reinfection.</li> <li>• Do not share baths/showers/towels clothing with other family members until clear.</li> <li>• Where and when to seek additional medical help if the patient gets worse or has a reaction.</li> </ul> <p>See: <a href="https://www.health.govt.nz/system/files/documents/topic_sheets/skin-conditions-impetigo-nov13.pdf">https://www.health.govt.nz/system/files/documents/topic_sheets/skin-conditions-impetigo-nov13.pdf</a></p>
<b>Treatment - Medication options:</b>	
<b>Hydrogen Peroxide Cream 1% (Crystaderm)</b>	
<b>Indications</b>	Impetigo sores.
<b>Dosage and instructions</b>	After gently washing the area with warm soapy water apply two to three times daily for 7 days. Treatment may be safely continued for up to 3 weeks. Cover the area with a dressing or plaster until healed to prevent spreading the infection to others. Monitor daily for signs of infection spreading.
<b>Exclusions</b>	Hypersensitivity or allergy to any of the ingredients.
<b>Precautions</b>	Do not use on large areas of open skin due to stinging. Do not use near the eye. Incompatible with products containing iodine or potassium permanganate
<b>Side Effects</b>	Stinging on application. Bleaching of fabrics take care when applying.
<b>Additional Information</b>	<a href="#">hydrogen peroxide (topical) - New Zealand Formulary (nzf.org.nz)</a>

<b>ECZEMA ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Eczema
<b>Scope</b>	Persons <b>aged over 6 months</b> who have eczema.
<b>Clinical assessment</b>	<p>The typical presentation of eczema includes:</p> <ul style="list-style-type: none"> <li>• Itch</li> <li>• Scratching</li> <li>• Eczematous lesions – inflamed, dry, scaling, and crusted areas of skin</li> <li>• Relapsing course with flares at varying frequency and periods of remission.</li> </ul> <p>Assess patient for any red flag signs and refer if appropriate. Patients should also be referred if:</p> <ul style="list-style-type: none"> <li>• Sudden generalised eczema flare</li> <li>• Itchy skin with history of dry skin/eczema Lesions with pus or crusts, weeping or blisters.</li> <li>• Non-responsive to adequate topical eczema treatment.</li> </ul>
<b>Advice to patient</b>	<ul style="list-style-type: none"> <li>• You can easily manage most eczema at home but it needs care every day. There is no cure for eczema – just good management.</li> <li>• Children with eczema are more likely to get skin infections if the skin is dry and cracked. Keep skin moisturised.</li> <li>• When the skin is red, itchy or rough (inflamed), apply steroid creams once a day just to the red itchy areas.</li> <li>• When the inflammation has gone away, you can stop using steroid creams, but keep using moisturisers every day.</li> <li>• If the steroid cream does not make the inflammation better in 2 weeks, see your doctor.</li> <li>• Where and when to seek additional medical help if the patient gets worse or has a reaction.</li> </ul> <p>See: <a href="https://www.healthnavigator.org.nz/health-a-z/e/eczema-children/">https://www.healthnavigator.org.nz/health-a-z/e/eczema-children/</a></p>
<b>Treatment - Medication options:</b>	
<b>Emollients:</b>	
<b>Emulsifying ointment, Paraffin liquid + paraffin soft white, Cetomacrogol aqueous 90% (900 mg/g) + glycerol 10% (100 mg/g), Aqueous Cream SLS free, Cetomacrogol cream, Fatty cream</b>	
<b>Indications</b>	Moisturise skin and use as a soap substitute.
<b>Dosage and instructions</b>	Apply directly to the skin twice daily and more frequently if needed. Use as a soap substitute: Wet skin by soaking in bath. Add emulsifying ointment melted in hot water to the bath and soak for a further 5-10 minutes. Rinse off. Apply moisturiser after bath or shower.
<b>Exclusions</b>	Allergy to any of the ingredients within the product.
<b>Precautions</b>	All paraffin containing emollients carries a fire risk, there may also be a risk with paraffin free products. Patients should be warned that emollient products comes in contact with clothing, bedding and dressings and should be kept away from naked flames.
<b>Additional Information</b>	<a href="https://www.nzf.org.nz/">Emollients - New Zealand Formulary (nzf.org.nz)</a>
<b>Hydrocortisone 1% cream</b>	
<b>Indications</b>	Eczema and dermatitis in <b>persons aged over 2 years</b> .
<b>Dosage and instructions</b>	Apply twice daily to affected area(s), cover with emollient. In order to minimise the adverse effects apply to affected area(s) only. Prolonged use should be monitored by a doctor.
<b>Exclusions</b>	Hypersensitivity or allergy to any ingredients in the product.

<b>Precautions</b>	Do not use on broken skin. Do not use near the eye. Caution in diabetes as may affect glycaemic control.
<b>Side Effects</b>	Overuse can cause thinning of the skin. Consult a doctor if condition worsens after using treatment. Contact a doctor any changes in vision (including blurred vision).
<b>Additional Information</b>	<a href="#">hydrocortisone (topical) - New Zealand Formulary (nzf.org.nz)</a>



<b>FUNGAL SKIN INFECTIONS ASSESSMENT/TREATMENT/ADVICE</b>	
<b>Condition</b>	Fungal skin infections.
<b>Scope</b>	Persons <b>aged over 6 months</b> with superficial fungal skin infections.
<b>Clinical assessment</b>	Superficial fungal infections of the skin are common and generally mild. There are a variety of different types of fungal skin infections. <a href="#">Dermnet</a> is a good resource to help with clinical assessment. Assess patient for any red flag signs and refer if appropriate. Patients should also be referred if they are immunocompromised, the skin is broken or there are signs of bacterial infection.
<b>Advice to patient</b>	General measures to reduce infection include: <ul style="list-style-type: none"> <li>• Keep the affected skin clean and dry.</li> <li>• Carefully clean the shower or bath using bleach.</li> <li>• Hot wash socks, towels, bathmats at a temperature of at least 60°C.</li> <li>• Regularly wash floors where you walk bare foot and avoid walking bare foot where others might walk.</li> <li>• Do not share towels, clothing, or sheets.</li> <li>• Avoid long periods in occlusive footwear.</li> <li>• Avoid long periods in occlusive clothing, or long periods wearing the same clothing.</li> </ul> Advise patient where and when to seek additional medical help if the patient gets worse or has a reaction.
<b>Treatment - Medication options:</b>	
<b>Clotrimazole cream</b>	
<b>Indication</b>	Fungal infection of the skin.
<b>Dosage and instructions</b>	Apply twice daily to clean dry skin, continue using for 2 weeks after the condition has cleared. If no response refer to doctor.
<b>Exclusions</b>	Allergy or hypersensitivity to Clotrimazole.
<b>Precautions</b>	Avoid contact with eyes and mucous membranes. Cream may damage condoms and diaphragms.
<b>Side Effects</b>	Allergy to any of the ingredients within the product.
<b>Additional Information</b>	<a href="#">clotrimazole (topical) - New Zealand Formulary (nzf.org.nz)</a>
<b>Miconazole 2% with Hydrocortisone 1% cream</b>	
<b>Indication</b>	Fungal infection of the skin with inflammation.
<b>Dosage and instructions</b>	Apply to clean dry skin once or twice daily for 5 to 7 days. Once inflammatory symptoms resolve continue using antifungal without hydrocortisone for two weeks after the area has cleared.
<b>Exclusions</b>	Allergy or hypersensitivity to any of the ingredients.
<b>Precautions</b>	Avoid broken skin. Do not use around the eyes. Caution in Diabetes as may affect glycaemic control. Caution in pregnancy-weigh up risk versus benefit. Watch for visual disturbance refer to Ophthalmologist/Optomtrist. Avoid prolonged use, particularly on the face. Abrupt discontinuation may cause rebound dermatitis.
<b>Side Effects</b>	Overuse can cause thinning of the skin. Contact doctor if condition worsens after using treatment or if you experience any changes in vision (including blurred vision).
<b>Additional Information</b>	<a href="#">miconazole + hydrocortisone - New Zealand Formulary (nzf.org.nz)</a>

**Acknowledgements:** Content was adapted from the CCHV Upper Hutt MAS protocol.

**Disclaimer:** The information and advice contained in this document is aimed at health professionals, based upon evidence from available resources at our disposal at the time of publication, and reflects best practice. However, this information is not a substitute for clinical judgment and individualised medical advice. Health Hawke's Bay accepts no responsibility or liability for consequences arising from use of this information.

### Version control

Version	Date	Summary of changes
1	31 May 2023	
2	19 June 2023	Review and reclassification of ages for each condition. Addition of Māori or Pasifika criteria.