

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