

## Laceration Treatment Protocol

### Treatment

- Lacerations should be limited to single layer injuries that are able to be approximated and do not involve tendons, nerves or major blood vessels
- All lacerations are to be cleaned / irrigated with warmed normal saline to ensure the removal of all foreign bodies.
- Motor, neurological and vascular function should be assessed and documented prior to any intervention
- If the wound is on a non-functional, dry area of the body then a skin adhesive may be considered
- Skin adhesive (Glue) application
  1. The procedure should be explained to the client
  2. The wound should be cleaned and haemostasis achieved prior to closure
  3. The glue vial should be prepared according to the manufacture's recommendations
  4. The edges of the wound should be approximated
  5. A single line of glue should be applied over the full length of the laceration
  6. Wait 30 seconds prior to applying subsequent layers
  7. Apply second and third layers over the length of the laceration slightly increasing in width with each application
- If the wound is large and may come under tension, or be in a moist environment the suture closure of the wound should be considered
  1. The procedure should be explained to the client
  2. The wound should be cleaned prior to closure
  3. The equipment required to close the wound with sutures should be prepared
  4. Local anaesthetic should be administered into the wound either via irrigation or subcutaneously through the damaged tissue
  5. The edges of the wound should be approximated
  6. Place the first suture half way along the laceration and work out from this point on alternate sides. Use the minimal number of sutures to maintain approximation of the wound
  7. If the injury is a Y or V shape flap, start by approximating the point of the laceration
  8. The suture needle should be held in the needle holding forceps and enter the skin 5mm from the edge, curving 5mm deep and exiting on the opposite side of the laceration 5mm from the edge
  9. The suture material should then be pulled through leaving a small tail and a knot appropriate for the suture material made
  10. The tails of the suture should be cut leaving approximately 5mm
- Non invasive closure measures (Glue or adhesive strips) should be considered before choosing to suture
- On completion of the closure motor, neurological and vascular function should be reassessed to ensure no new deficit has arisen during closure
- The dressing utilised to protect a laceration is based on the closure method used:
  - Skin glue – No dressing required
  - Sutures – Non-Adherent Dressing (NAD)
  - Adhesive strips – NAD

- Assistance with wound closure should be sought prior to beginning the procedure if required
- Antibiotics should be considered if there is risk of wound contamination or if the laceration is of the hand .

### Advice

- Lacerations should be kept clean and dry for at least the first 2-3 days post closure
  - Lacerations post closure should be kept elevated to reduce swelling and pain
  - Lacerations of the hand and face should be managed in consultation with the Plastics Registrar for those injuries which cannot be treated by the Walk-in Centre's Advanced Practice Nurses or Nurse Practitioners as they fall outside their level of expertise. The decision to consult with the Plastics Registrar will be based on clinical judgement of the nursing staff treating the wound.
  - **The Canberra Hospital Registrar Review Clinic referral process**
    - Contact, via TCH Switch (02) 6244 2222, and present the case to the appropriate Registrar
- Note: If, after discussion with the Registrar, the client's required treatment falls out of the clinical scope of the WiC they will require redirection to the ED**
- Complete the TCH Registrar Review Clinic front sheet and checklist
  - Complete the client notes and fax them with the completed cover sheet to the Review Clinic (02) 6244 4107
  - Ensure that the Client understands that they will be contacted by the Review Clinic with an appointment time and date
  - Lignocaine + Adrenaline should not be used on; fingers, toes, genitalia, ears or the nose
  - Skin adhesive will slough off in 5-10 days and should not be removed manually
  - If sutures are utilised to close the wound the client should be advise to attend their GP for Removal of Sutures (ROS):
    - Face 5-7 days
    - Head, body and limbs 10-14 days
  - The client's immunisation status should be assessed with all lacerations and an ADT booster provided as required
  - Client Information Sheet – "Care of wounds information sheet"

Medication Standing Orders	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Lignocaine OR Lignocaine with Adrenaline</li> <li>• ADT</li> <li>• Dermabond</li> </ul>	
References	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	18 May 2010
<b>Date reviewed:</b>	30 November 2010, 30 November 2012, 31 March 2014
<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Cuts and Grazes

#### Expected Healing Time

- The symptoms associated with a cut or graze normally last 2-3 days
- Where the cut or graze is impacts on the healing time:
  - Face 5-7 days
  - Head, body and limbs 10-14 days

#### Expected Symptoms

- Swelling and pain are common with cuts and grazes
- If the cut is over a joint and has been stitched closed you may feel pulling with movement

#### Common Management of Symptoms

- You should keep the dressing on and dry for the first 2-3 days after the injury
- If the outer dressing become soiled, it should be replaced with a similar dressing
- Cuts and grazes can be cleaned with warm water. Antiseptic solutions should not be used on an open wound as they slow the growth of new skin
- If you have sutures you should return to your GP for removal of the stitches at the time specified below:
  - Face 5 - 7 days
  - Head, body and limbs 10 - 14 days
- If your cut was closed with skin glue you do not need to have it removed as it will come away like a scab within 2 weeks
- If you have a graze, it should heal within the expected time and no further care is required

#### Common Medications

- Paracetamol and Ibuprofen are common pain relievers used in the management of cuts and grazes
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

August 2012

REMOVE AND INSERT NEW INFORMATION SHEET



<b>Contusion Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Acute management of an uncomplicated contusion from a blunt force trauma should be guided by the RICE mnemonic</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>RICE               <ul style="list-style-type: none"> <li>Rest — Avoid activity for the first 48–72 hours following injury</li> <li>Ice — Apply ice wrapped in a damp towel for 15 – 20 minutes every 2–3 hours during the day for the first 48–72 hours following the injury. Do not leave ice on while asleep</li> <li>Compression — A simple elastic bandage or sporting support (Only applied to a limb injury), which should be snug, but not tight. Remove before going to sleep</li> <li>Elevation — Advise the person to rest with the affected limb elevated and supported on a pillow until the swelling is controlled, and to avoid prolonged periods of standing or physical activity</li> </ul> </li> <li>Advise the person to avoid HARM in the first 72 hours after the injury by applying the following mnemonic:               <ul style="list-style-type: none"> <li>Heat (e.g. hot baths, saunas, heat packs)</li> <li>Alcohol (Increases bleeding and swelling and decreases healing)</li> <li>Range of movement (Exercise may cause further damage)</li> <li>Massage (May increase bleeding and swelling)</li> </ul> </li> <li>Client Information Sheet – Bruising after Injury</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>	
<b>Approval</b>	
<b>Date of effect:</b>	18 May 2010
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<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Bruising after an injury

#### Expected Length of Symptoms

- The symptoms associated with a bruise normally last 2-3 days
- Dependant on how bad the damage is all discolouration should resolve completely after 2-3 weeks

#### Expected Symptoms

- Swelling and pain are common with bruising after an injury

#### Common Management of Symptoms

- Avoid exercise and prolonged activity for the first 2-3 days
- To reduce pain and swelling, apply ice wrapped in a damp towel in the first 2-3 days. Do not leave ice on while asleep
  - Ice on for 15–20 minutes
  - then
  - Ice off for 2–3 hours
- If the bruise is on an arm or leg, a firm, but not tight, elastic bandage or a sporting support from the chemist will help reduce swelling. Bandages or supports should be removed before going to sleep
- When resting, the limb should be elevated and supported on a pillow until the swelling has gone down
- Avoid exercise, heat, alcohol and massage in the first 2 days, as they may make the swelling and pain worse
- After the first 2-3 days it is essential that you move around as much as you can without causing pain

#### Common Medications

- Anti-inflammatory ointments are commonly used in the management of pain and swelling associated with a bruise
- Paracetamol and Ibuprofen may aid in the relief of symptoms
- All of these medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Abrasion Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• Prior to the cleaning of an abrasion injury the wound may be irrigated with lignocaine to aid in pain relief</li> <li>• All abrasions should be cleaned with warm saline to ensure the removal of all foreign bodies, exudate and / or blood clots</li> <li>• The site of injury should be covered with a suitable non-adhesive dressing that will tolerate the degree of exudate. Silicone mesh dressings are effective in preventing dressing adherence to the wound</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• Antiseptic solutions should not be used to irrigate the wound even in the presence of infection</li> <li>• Decreased mobilisation of the wound for 2-3 days post injury</li> <li>• The client should be made aware of the signs of infection</li> <li>• Client Information Sheet – Cuts and Grazes</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• ADT</li> <li>• Lignocaine</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>	
<b>Approval</b>	
<b>Date of effect:</b>	18 May 2010
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Burn Treatment Protocol
Treatment
<ul style="list-style-type: none"> <li>• All burns need to be cooled for 20 minutes under cool running water immediately on arrival to the Centre (this may be in addition to the first aid management already attended by the client)</li> <li>• Remove clothing covering burn site</li> <li>• Remove any dressings, applied prior to arrival, from the burn site</li> <li>• Remove any jewellery from the effected limb or burn site</li> <li>• All full thickness burns should be referred to the Emergency Department</li> <li>• Assess burn wound, debriding non-viable superficial tissue and apply appropriate dressing: <ul style="list-style-type: none"> <li>○ Partial thickness (superficial) – Silicone based dressing</li> <li>○ Deep dermal (partial thickness) – Silicone based dressing or silver dressing.</li> </ul> </li> <li>• Tetanus immunisation should be attended to as appropriate</li> </ul>
Advice
<ul style="list-style-type: none"> <li>• All clients with deep dermal burn injuries should be cared for in consultation with and reviewed by the Plastic Surgeons</li> <li>• All full thickness burns should be referred to the Emergency Department</li> <li>• All burns covering more than 10% total body surface area should be referred to the Emergency Department</li> <li>• Burn surface area should be assessed via the Rule of Nines</li> <li>• The Palmer method for assessment of burn surface area should be used for burns on children</li> <li>• <b>The Canberra Hospital Registrar Review Clinic referral process</b> <ul style="list-style-type: none"> <li>○ Contact, via TCH Switch (02) 6244 2222, and present the case to the appropriate Registrar</li> </ul> </li> </ul> <p><b>Note: If, after discussion with the Registrar, the client's required treatment falls out of the clinical scope of the WiC they will require redirection to the ED</b></p> <ul style="list-style-type: none"> <li>○ Complete the TCH Registrar Review Clinic front sheet and checklist</li> <li>○ Complete the client notes and fax them with the completed cover sheet to the Review Clinic (02) 6244 4107</li> <li>○ Ensure that the client understands that they will be contacted by the Review Clinic with an appointment time and date</li> </ul> <ul style="list-style-type: none"> <li>• Client Information Sheet – Burns</li> </ul>
Medication Standing Orders
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• ADT</li> </ul>

References	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	18 May 2010
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## Walk-in Centre Information Sheet

### Burns

#### Expected Length of Injury

- The symptoms associated with a superficial burn normally last up to 1 day and should improve rapidly after cooling and the application of a dressing

#### Expected Symptoms

- Swelling and pain are common with burn injuries
- If the burn is a little deeper blisters may form and the skin break leading to a clear yellow fluid to ooze from the wound
- Scar tissue may form over the burn area during healing

#### Common Management of Symptoms

- The most important burn management is the first aid cooling of the wound under clean cold running water for 20 minutes immediately after the injury
- Oil based creams / lotions should not be applied to burn injuries
- Cling wrap is the most appropriate dressing to apply to a burn injury after cooling and before seeing a healthcare professional
- You should keep the specialised burn dressing on and follow the care instructions provided by the healthcare staff for 3-7 days after the injury. After this time you can gently wash the wound with clean water
- If the outer dressing becomes soiled, it should be replaced with a similar dressing
- Burn injuries can be cleaned with water. Antiseptic solutions should not be used on an open wound as they slow the growth of new skin
- If you have a superficial burn injury, it should be healed after 5-7 days and no further care is required

#### Common Medications

- Paracetamol and Ibuprofen are common pain relievers used in the management of burns
- All of these medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

## Suture Removal Treatment Protocol

### Treatment

#### Scope of Practice:

- Patients with external sutures due for removal in the absence of:
  - Complications
  - Wound infection
  - Plastic surgery

#### Procedure:

- Take patient history and confirm appropriateness of WiC suture removal
- Explain procedure to client
- Obtain verbal consent, document this
- Assemble equipment, using universal precautions
- Remove sutures and apply steristrips if required
- Give appropriate care advice / follow-up
- Document condition of wound and procedure in CECC software

### Advice

Refer to GP or NP:

- Patients with wound infections and/or symptoms of infection, e.g. febrile, redness, swelling exudate
- Patients with complex wounds requiring plastics review and intervention
- Sutures in post-operative wounds with complications

<b>Medication Standing Orders</b>	
<b>References</b>	
•	•
<b>Approval</b>	
<b>Date of effect:</b>	14 September 2010, 30 November 2012, 31 March 2014
<b>Next review due:</b>	31 March 2016



## Wound Dressings Treatment Protocol

### Treatment

#### Scope of Practice:

- Patients with wounds that have been dressed elsewhere and are due for a dressing change in the absence of:
  - Complications
  - Wound infection
  - Plastic surgery

#### Procedure:

- Take patient history and confirm appropriateness of WiC Wound Dressing change
- Explain procedure to client
- Obtain verbal consent, document this
- Assemble equipment, using universal precautions
- Remove old dressing, assess wound, cleanse with Normal Saline, apply appropriate clean dressing
- Give appropriate care advice / follow-up
- Document condition of wound and procedure in CECC software

### Advice

Refer to GP or NP:

- Patients with wound infections and/or symptoms of infection, e.g. febrile, redness, swelling, exudate
- Patients with complex wounds requiring plastics review and intervention
- Sutures in post-operative wounds with complications

<b>Medication Standing Orders</b>	
<b>References</b>	
•	•
<b>Approval</b>	
<b>Date of effect:</b>	14 September 2010, 30 November 2012, 31 March 2014
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**Clinical Impressions:****Asthma**

Condition	Criteria	Treatment
<b>Severe Asthma</b>	<ul style="list-style-type: none"> <li>• Persons presenting with a complaint of asthma with the following symptoms:               <ul style="list-style-type: none"> <li>○ Wheeze</li> <li>○ Chest tightness</li> <li>○ Shortness of breath</li> <li>○ Cough</li> <li>○ Physical exhaustion</li> <li>○ Able to talk in words only and no wheeze audible</li> <li>○ Tracheal tug and accessory muscle use</li> <li>○ Pulse &gt; 120 beats per minute</li> <li>○ SpO<sub>2</sub> &lt; 90% room air</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call AMBULANCE</li> <li>• Salbutamol Treatment Protocol</li> <li>• Oxygen Therapy to keep oximetry above 90%</li> </ul>
<b>Moderate Asthma</b>	<ul style="list-style-type: none"> <li>• Persons presenting with a complaint of asthma with the following symptoms:               <ul style="list-style-type: none"> <li>○ Wheeze</li> <li>○ Chest tightness</li> <li>○ Shortness of breath</li> <li>○ Tracheal tug and accessory muscle use</li> <li>○ Cough</li> <li>○ PEF 50-75% predicted or best if known</li> <li>○ Able to talk in phrases only</li> <li>○ Respiratory rate &gt;( needs to be age appropriate) breaths per minute</li> <li>○ Pulse &gt; 100(need age appropriate number) beats per minute</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to ED Protocol</li> <li>• Call Ambulance 0 000</li> <li>• Salbutamol Treatment Protocol</li> <li>• Oxygen Therapy</li> </ul>

	○ SpO <sub>2</sub> 90% < 95% room air	
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<b>Mild Asthma – previously diagnosed</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of asthma, with a previous diagnosis of asthma, with the following symptoms:               <ul style="list-style-type: none"> <li>Wheeze</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Cough</li> <li>Able to talk in sentences</li> <li>SpO2 &gt;95%</li> <li>Age appropriate respiratory rate</li> <li>PEF &gt;75% predicted of best if known</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Asthma Treatment Protocol</li> <li>Client Information Sheet – Asthma</li> </ul>
<b>Mild Asthma - undiagnosed</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of Asthma, without a previous diagnosis of Asthma, with the following symptoms:               <ul style="list-style-type: none"> <li>Wheeze</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Cough</li> <li>Able to talk in sentences</li> <li>SpO2 &gt;95%</li> <li>Age appropriate respiratory rate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP within 24 hours</li> <li>If client &lt;10 years, or complicating social factors, treat, provided information and redirection advice</li> <li>Salbutamol Treatment Protocol</li> </ul>
<b>Recurrent non-specific cough</b>	<ul style="list-style-type: none"> <li>Person presenting with Asthma like symptoms complaining of a recurrent, commonly dry, cough in the absence of a wheeze</li> <li>Cough is non-responsive to therapy(what sort)</li> <li>Client is otherwise well</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP Protocol</li> <li>NP review</li> </ul>
<b>Chronic Bronchitis and Bronchiectasis</b>	<ul style="list-style-type: none"> <li>Person presenting with Asthma like symptoms where coughing is the major symptom</li> <li>Cough is commonly moist and productive and</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP Protocol</li> <li>NP review</li> </ul>

	worse in the morning	
<b>Exercise-induced dyspnoea</b>	<ul style="list-style-type: none"> <li>• Person presenting with Asthma like symptoms characterised by dyspnoea or acute air hunger especially in dry air and typically occurring 5-10 mins after stopping exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to GP Protocol</li> <li>• NP review</li> </ul>

**References:**

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries
- National Asthma Council

Asthma Treatment Protocol	
Treatment	
<ul style="list-style-type: none"> <li>Mild and non-oxygen dependant moderate asthmatics (<math>SpO_2 &gt; 94\%</math>RA) should be treated with bronchodilators and possibly steroids according to their respiratory and clinical history</li> <li>Clients should only be discharged when their symptoms have abated</li> <li>The diagnosis of asthma should be based on spirometry findings displaying significant reversible airflow limitation. <b>This diagnosis can be suspected but will require confirmation outside of the WiC</b></li> <li>Clients presenting with mild asthma-like symptoms that have not been previously diagnosed should be redirect to their GP or ED (see guidelines) long term for management but should be provided /offered treatment.</li> <li>Clients presenting with mild asthma symptoms that have been previously diagnosed as asthma should be treated in the WiC with Salbutamol, have asthma action plan reviewed, and referred back to their GP for further management</li> </ul>	
Advice	
<ul style="list-style-type: none"> <li>If a client presents with a history of asthma, that is not responding to their normal medication regime or asthma action plan, the client must be referred back to their GP for further investigation and management</li> <li>The causative factors for Asthma should be considered and managed as appropriate <ul style="list-style-type: none"> <li>Allergies (cigarette smoke, pollen, dust mites, etc)</li> <li>Exercise</li> <li>Upper Respiratory Tract Infections</li> <li>Temperature changes</li> </ul> </li> <li>All clients with a diagnosis of asthma, no matter the severity, should have an asthma action plan and be self managed in collaboration with their GP</li> <li>Asthmatics should carry their medications with them at all times and seek immediate medical attention if their medications are found ineffective</li> <li>Metered dose inhalers should be used in conjunction with a spacer device to optimise drug absorption</li> <li>Client information sheet - Asthma</li> </ul>	
Medication Standing Orders	
<ul style="list-style-type: none"> <li>Salbutamol</li> </ul>	

References	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> <li>National Asthma Council, 2009</li> </ul>
Approval	
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## Walk-in Centre Information Sheet

### Asthma

#### Expected Length of Illness

- The symptoms associated with an acute episode of Asthma normally last 2-3 days
- Asthma is a chronic episodic condition that needs to be closely managed with your GP or Respiratory Physician

#### Expected Symptoms

- Wheeze
- Chest tightness
- Shortness of breath
- Cough

#### Common Management of Symptoms

- Asthma can be fatal and the symptoms are always taken seriously. The following 4 steps should be taken in the event of an acute asthma attack:
  1. Sit down and remain calm
  2. Shake a blue reliever (salbutamol) puffer and take 4-6 puffs for child 6yrs and under and 8-12 for anyone over 6 yrs for severe separate puffs through the spacer. Administer 1 puff, take 4 breaths, and repeat until 4 puffs have been given
  3. Wait 4 minutes. If there is no improvement repeat step 2
  4. If there is no improvement four minutes after the second set of puffs, immediately call an ambulance. Keep repeating steps 2 and 3 while waiting for the ambulance
- If you are requiring use of your reliever every 4 hours or less then you should present to the Emergency Department for review
- If you are regularly requiring your reliever more than twice per week during the day, or waking up in the middle of the night and using your reliever more than twice per month, you should be reviewed by your GP as soon as possible.
- All persons with Asthma should have an Asthma management plan and carry their medications with them at all times

Asthma is commonly made worse by food and pollutant allergies (eg cigarette smoke, house dust mites or pollens), exercise, chest infections and temperature changes (especially breathing in cold air). These Asthma triggers should be identified by the Asthma sufferer and avoided where possible.

#### Common Medications

- Salbutamol (known as a reliever) is commonly used in the acute management of Asthma
- There are many other medications, known as preventers, that may be used to manage Asthma, you should discuss these with your GP
- Asthma relieving medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222

- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

**Clinical Impressions:****Bites and Stings**

<b>Condition</b>	<b>Criteria</b>	<b>Treatment</b>
<b>Insect Sting</b>	<ul style="list-style-type: none"> <li>• Persons presenting post insect bite / sting</li> <li>• Localized pain, swelling and erythema at the site of the bite or sting</li> </ul>	<ul style="list-style-type: none"> <li>• Sting Treatment Protocol</li> <li>• Client Information Sheet – Insect Sting</li> </ul>
<b>Bee Sting</b>	<ul style="list-style-type: none"> <li>• Confirmed sting by a bee</li> <li>• Localized pain, swelling and erythema at the site of the sting</li> </ul>	<ul style="list-style-type: none"> <li>• Sting Treatment Protocol</li> <li>• Client Information Sheet – Insect Sting</li> </ul>
<b>European Wasp Sting</b>	<ul style="list-style-type: none"> <li>• Person presenting complaining of being stung by a wasp</li> <li>• Painful red lumps which can be several centimetres across</li> <li>• Lumps may become itchy after a few days</li> </ul>	<ul style="list-style-type: none"> <li>• Sting Treatment Protocol</li> <li>• Client Information Sheet – Insect Sting</li> </ul>
<b>Cat or Dog Bite</b>	<ul style="list-style-type: none"> <li>• For any bite or scratch from a cat or dog</li> </ul>	<ul style="list-style-type: none"> <li>• Bite Treatment Protocol</li> <li>• Client Information Sheet – Cat/ Dog bite</li> </ul>
<b>Human Bite</b>	<ul style="list-style-type: none"> <li>• For any bites from a human</li> </ul>	<ul style="list-style-type: none"> <li>• Bite Treatment Protocol</li> <li>• Client Information Sheet – Human Bite</li> </ul>
<b>Bat Bite</b>	<ul style="list-style-type: none"> <li>• Any bite from a bat</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to ED Protocol</li> </ul>
<b>Other Spider Bite</b>	<ul style="list-style-type: none"> <li>• Persons presenting complaining of a spider bite</li> <li>• If possible identify spider via chart and document</li> <li>• Localized pain, swelling and erythema at the site of the bite</li> </ul>	<ul style="list-style-type: none"> <li>• Spider Bite Treatment Protocol</li> <li>• Client Information Sheet – Spider Bite</li> </ul>

<b>Red Back Spider Bite</b>	<ul style="list-style-type: none"> <li>Persons presenting complaining of a red back spider bite               <ul style="list-style-type: none"> <li>Affected limb pain and sweating, may be severe</li> <li>Abdominal cramping</li> </ul> </li> <li>Apply an icepack</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to ED Protocol</li> </ul>
<b>Funnel Web and Mouse Spider Bites</b>	<ul style="list-style-type: none"> <li>Persons presenting complaining of a funnel web spider bite or mouse spider bite</li> </ul>	<ul style="list-style-type: none"> <li>Immobilise limb and apply compression bandage</li> <li>Redirect to ED Protocol</li> </ul>
<b>Snake Bite</b>	<ul style="list-style-type: none"> <li>Any bite involving a snake</li> <li>Symptoms of snake bite poisoning include:               <ul style="list-style-type: none"> <li>Paralysis</li> <li>Abdominal pain and vomiting</li> <li>Sweating</li> <li>Double or blurred vision</li> <li>Headache</li> <li>Difficulty swallowing and breathing</li> <li>Weakness or fainting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Immobilise limb and apply compression bandage</li> <li>Redirect to ED Protocol</li> </ul>
<b>Ticks, Mites, Fleas</b>	<ul style="list-style-type: none"> <li>For any bite involving ticks, mites or fleas</li> </ul>	<ul style="list-style-type: none"> <li>Sting Treatment Protocol</li> <li>Client Information Sheet – Insect Sting</li> </ul>
<b>Caterpillars</b>	<ul style="list-style-type: none"> <li>Hairy caterpillars, including ‘Spitfires’ can cause severe itch if the hairs get into the skin and then break off</li> </ul>	<ul style="list-style-type: none"> <li>Sting Treatment Protocol</li> <li>Client Information Sheet – Insect Sting</li> </ul>
<b>Centipedes</b>	<ul style="list-style-type: none"> <li>Severe burning pain and numbness around the bite</li> </ul>	<ul style="list-style-type: none"> <li>Sting Treatment Protocol</li> <li>Client Information Sheet – Insect Sting</li> </ul>
<b>Scorpions</b>	<ul style="list-style-type: none"> <li>Severe pain, swelling and redness</li> </ul>	<ul style="list-style-type: none"> <li>Sting Treatment Protocol</li> <li>Client Information Sheet – Insect Sting</li> </ul>
<b>Ants</b>	<ul style="list-style-type: none"> <li>Redness, swelling and pain</li> </ul>	<ul style="list-style-type: none"> <li>Sting Treatment Protocol</li> <li>Client Information Sheet – Insect Sting</li> </ul>
<b>Marine stings</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of a marine sting injury</li> </ul>	<ul style="list-style-type: none"> <li>Marine Sting Treatment Protocol</li> <li>Client Information Sheet - Marine Stingers</li> </ul>

#### References:

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries NPS.org.au accessed October 2009
- Clinical Toxinology, Women's and Children's Hospital and University of Adelaide, South Australia <http://www.toxinology.com/index.cfm> accessed 22 October 2009
- White J, 'Venoms', 'Venomous Australian Snakes', 'Terrestrial Animals', 'Marine Animals', Current Therapeutics, February 2002, vol 43, No.2.
- CSIRO 'Review of public health advice about ticks': [http://www.publish.csiro.au/?act=view\\_file&file\\_id=NB04047.pdf](http://www.publish.csiro.au/?act=view_file&file_id=NB04047.pdf) accessed October 2009
- Red Cross First Aid: <http://www.redcross.org.au/media/SnakeBite.pdf>
- Australian Prescriber: <http://www.australianprescriber.com/magazine/29/6/156/8/>

<b>Sting Treatment Protocol</b>
<b>Treatment</b>
<ul style="list-style-type: none"> <li>• If a person has been stung and the stinger is still in place:               <ul style="list-style-type: none"> <li>◦ Remove it as soon as possible by scraping the stinger off with a piece of card, or blade</li> </ul> </li> <li>• Remove ticks as soon as possible. Use Tick remover located in clean utility as appropriate.</li> <li>• Wash the area of the bite or sting with drinking water or normal saline</li> <li>• Apply ice to reduce pain and swelling. Elevate the limb to reduce swelling</li> <li>• If significant swelling or irritation is noted an anti-histamine should be initiated</li> <li>• Consider tetanus immunisation status</li> </ul>
<b>Advice</b>
<ul style="list-style-type: none"> <li>• Never squeeze a stinger or use tweezers to remove a stinger, as this will cause more venom to go into the skin</li> <li>• If the pain associated with the bite becomes worse and/or does not settle down within a day, or if the client notes a rash or swelling away from where the bite is, they should follow up their care with their GP</li> <li>• The client should be made aware of the signs of infection and informed to follow up their care with their GP if they note any infection</li> <li>• The client should be encouraged not to scratch the bite or sting site, as this will cause the site to swell and itch more, and increase the chance of infection. If the client complains of the desire to itch consider an anti-histamine</li> <li>• Bites from fleas, mites and bedbugs may be due to an infestation. The source of the infestation should be confirmed and eliminated with insecticides available from the supermarket. Be aware of allergies and sensitivities of persons in the household / place of work before using insecticides</li> <li>• Client Information Sheet – Insect Sting</li> </ul>
<b>Medication Standing Orders</b>
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Promethazine</li> <li>• ADT</li> </ul>

References	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	
Approval	
<b>Date of effect:</b>	18 May 2010
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## Walk-in Centre Information Sheet

### Insect Sting

#### Expected Length of Symptoms

- The symptoms associated with an insect bite or sting usually settle down within 24 - 48 hours

#### Expected Symptoms

- Stings and bites mostly cause pain at the site
- There is often a red and swollen area around the bite
- Some bites may itch

#### Common Management of Symptoms

- Cold packs applied to the bite area may help with pain or itching
- Raising the part of the body that has been stung may help to prevent or reduce swelling
- There is no need to cover the bite site with any type of dressing
- Bite and sting creams may help in the reduction of swelling, pain and itch
- Do not scratch the area, as it may become infected

#### Common Medications

- Ibuprofen for pain and swelling
- Paracetamol may also aid in the relief of symptoms
- Anti-histamine creams or tablets may also help with swelling, pain and itching
- All of these medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## Bite Treatment Protocol

### Treatment

#### For Cat or Dog Bites:

- Remove any foreign bodies (e.g. teeth) from the wound whilst irrigating it thoroughly with normal saline
- Do not close the wound
- Apply Primapore to the wound
- Consider antibiotics:
  - For wounds with delayed presentation ( ≥ 8 hours)
  - For people who are at risk of serious wound infection (diabetics, cirrhotic, asplenic, immunosuppressed and prosthetic valves or joints)
- Consider tetanus immunisation status

#### For human bites:

- As above
- Antibiotics should be started on all people presenting with a human bite

### Advice

- Significant bite wounds to the hands, feet or face should be referred to a Plastic Surgeon through the Registrar Review Clinic
- **The Canberra Hospital Registrar Review Clinic referral process**
  - Contact, via TCH Switch (02) 6244 2222, and present the case to the appropriate Registrar
- **Note: If, after discussion with the Registrar, the client's required treatment falls out of the clinical scope of the WiC they will require redirection to the Emergency Department**
  - Complete the TCH Registrar Review Clinic front sheet and checklist
  - Complete the client notes and fax them with the completed cover sheet to the Review Clinic (02) 6244 4107
  - Ensure that the client understands that they will be contacted by the Clinic with an appointment time and date
- If foreign bodies are not able to be removed from the wound then the client should be redirected to the Emergency Department
- Keep wound area clean and dry for 5 - 7 days
- The dressing may be removed after 2 days
- If the pain associated with the bite becomes worse and/or does not settle down within a day, or if the client notes a rash or swelling away from where the bite is, they should follow up their care with their GP
- The client should be made aware of the signs of infection and informed to follow up their care with their GP if they note any infection
- Client Information Sheet – Dog or Cat Bites

- Client Information Sheet – Human Bites

### Medication Standing Orders

- Paracetamol
- Ibuprofen
- Amoxycillin and Clavulanate
- ADT

### References

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009

### Approval

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## Walk-in Centre Information Sheet

### Dog or Cat Bites

#### Expected Length of Symptoms

- The symptoms associated with a cat or dog bite should resolve themselves within 24 hours and the wound heal within 5 – 7 days
- Dog and cat bites are a common occurrence but can lead to serious infections

#### Expected Symptoms

- Redness and swelling around the wound
- Pain

#### Common Management of Symptoms

- Wounds from animal bites are not usually stitched or glued closed as this may trap infections inside the wound
- The wound should be cleaned with drinking water or salty water and a non adherent dressing applied
- You may require antibiotics and a tetanus immunisation booster

#### Common Medications

- Ibuprofen is commonly used for pain and swelling
- Paracetamol may also help with pain
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## Walk-in Centre Information Sheet

### Human Bites

#### Expected Length of Symptoms

- The symptoms associated with a human bite should resolve within 24 hours and the wound heal within 5 – 7 days

#### Expected Symptoms

- Redness and swelling around the wound
- Pain

#### Common Management of Symptoms

- Wounds from human bites are not usually stitched or glued closed as this may trap infections inside the wound
- The wound should be cleaned with drinking water or salty water and a non adherent dressing applied
- Bites sustained from humans frequently become infected, so people with a human bite wound will be started on antibiotics and given a tetanus booster

#### Common Medications

- Ibuprofen is commonly used for pain and swelling
- Paracetamol may also help with pain
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

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<b>Spider Bite Treatment Protocol</b>
<b>Treatment</b>
<ul style="list-style-type: none"> <li>• Wash the area of the bite with drinking water or normal saline</li> <li>• Apply an icepack to the bite site to relieve pain and swelling</li> <li>• Anti-histamines should be considered for the management of localised reactions secondary to a spider bite</li> <li>• Tetanus immunization status should be considered</li> </ul>
<b>Advice</b>
<ul style="list-style-type: none"> <li>• The funnel web and mouse spider bites are venomous and the client should be immobilised and a pressure bandage applied prior to redirection to the ED</li> <li>• Red back spider bites are venomous and may lead to severe pain. In some instances anti-venom administered in the ED may be required to manage symptoms</li> <li>• White tail spiders are venomous though in most cases the reaction will be localised and uncomplicated</li> <li>• The wolf, huntsman and black house spiders are considered relatively harmless spiders and may cause localised pain, swelling and itchiness</li> <li>• All spider bites have the potential to cause necrotising arachnidism. Signs of blistering and ulceration should be noted and the client redirected to the ED</li> <li>• If the pain associated with the bite becomes worse and/or does not settle down within a day, or if the client notes a rash or swelling away from where the bite is, they should follow up their care with their GP</li> <li>• The client should be made aware of the signs of infection and informed to follow up their care with their GP if they note any infection</li> <li>• Client Information Sheet – Spider Bites</li> </ul>
<b>Medication Standing Orders</b>
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Promethazine</li> <li>• ADT</li> </ul>

References	
<ul style="list-style-type: none"> <li>• Clinical Toxinology, Women's and Children's Hospital and University of Adelaide, South Australia <a href="http://www.toxinology.com/index.cfm">http://www.toxinology.com/index.cfm</a> accessed October 2009</li> <li>• Hawdon G, Sutherland S, &amp; Winkel K, 'Australian spider bites', Australian Doctor, 9 July, 1999, i-viii.</li> <li>• Nimorakiotakis B, Winkel KD 'Spider bite - the red back spider and its relatives' Australian Family Physician Vol 33, No 3 March 2004, p153-157.</li> </ul>	
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## Walk-in Centre Information Sheet

### Spider Bite

#### Expected Length of Illness

- Symptoms usually resolve spontaneously within 24 - 48 hours

#### Expected Symptoms

- Spider bites mostly cause pain where the bite is
- Some bites cause pain and swelling around the bite at first, followed later by itching
- There is often a red and swollen area around the bite
- Some spider bites occasionally lead to headaches and vomiting

#### Common Management of Symptoms

- Put a cold pack on the area of the bite
- Raise the part of the body that has been stung to prevent or reduce swelling
- Do not scratch the area, as it may become infected

#### Common Medications

- Ibuprofen is commonly used for pain and swelling
- Paracetamol may also help with pain
- Local anaesthetic ointments can aid in the relief of itch and pain
- All of these medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

**Clinical Impressions:****Gastroenteritis**

<b>Condition</b>	<b>Criteria</b>	<b>Treatment</b>
<b>Melaena</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of diarrhoea</li> <li>Frank moderate to large blood is noted in the stool</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP Protocol</li> </ul>
<b>Diarrhoea in the presence of pus or mucous</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of diarrhoea</li> <li>Pus / mucous is noted in the stool</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP Protocol</li> </ul>
<b>Diarrhoea</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of diarrhoea</li> </ul>	<ul style="list-style-type: none"> <li>Diarrhoea Treatment Protocol</li> <li>Client Information Sheet – Gastroenteritis</li> </ul>
<b>Haematemesis</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of vomiting</li> <li>Frank moderate to large blood is noted in the vomitus</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to ED Protocol</li> </ul>
<b>Vomiting</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of vomiting, with or without fever</li> </ul>	<ul style="list-style-type: none"> <li>Vomiting Treatment Protocol</li> <li>Client Information Sheet – Gastroenteritis</li> </ul>
<b>Hyperemesis</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of vomiting during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP /ED Protocol</li> </ul>

**References:** National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries



<b>Diarrhoea Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• The primary management of acute diarrhoea is based on oral rehydration</li> <li>• An abdominal examination should be conducted and the findings documented prior to any treatment</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• Increase fluid intake. Soft drinks and juices with high sugar content should be avoided</li> <li>• Alcohol and diuretic-effect drinks should be avoided</li> <li>• Increase starchy type foods in the diet</li> <li>• Inform the client that they should seek medical advice if you are unable to keep fluids down or symptoms become worse</li> <li>• Inform the client to be alert to changes in the loose stool such as the presence of mucous or blood</li> <li>• Ibuprofen or Paracetamol may be used to manage fever and / or abdominal cramps associated with diarrhoea</li> <li>• Anti-motility medications may be used with caution to reduce the frequency of bowel movements</li> <li>• Anti-motility medications must not be taken by children <math>\leq 12</math> years</li> <li>• Client Information Sheet – Gastroenteritis</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Gastrolyte R</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>	
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<b>Vomiting Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• The primary management of acute vomiting is based on oral rehydration</li> <li>• Anti-emetic medications should be used to reduce the frequency of vomiting</li> <li>• Analgesia may be of benefit to reduce the symptoms of abdominal pain associated with vomiting</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• Increase fluid intake. Soft drinks and juices with high sugar content should be diluted</li> <li>• Clients should be advised to drink small amounts of fluids slowly and regularly</li> <li>• Alcohol and diuretic effect drinks should be avoided</li> <li>• Inform the client that they should seek medical advice if they are unable to keep fluids down or their symptoms become worse</li> <li>• Inform the client to be alert to changes in the vomitus such as the presence of blood</li> <li>• Ibuprofen or Paracetamol may be used to manage fever and / or abdominal cramps associated with vomiting</li> <li>• Antiemetic medications must not be prescribed to children <math>\leq 12</math> years</li> <li>• Clients taking the oral contraceptive pill should be advised to continue taking the pill and use alternate contraception during this period and for 14 days after they cease vomiting</li> <li>• Client Information Sheet – Gastroenteritis</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen should be used with caution in anyone experiencing gastric upset</li> <li>• Metoclopramide</li> <li>• Gastrolite R</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
<b>Approval</b>	
<b>Date of effect:</b>	18 May 2010
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## **Walk-in Centre Information Sheet**

### **Gastroenteritis (Vomiting and diarrhoea)**

#### **Expected Length of Illness**

- Gastroenteritis settles by itself and lasts 1 – 2 days

#### **Expected Symptoms**

- Abdominal cramps and pains
- Nausea, vomiting and diarrhoea
- Frequent passing of loose, watery stools

#### **Common Management of Symptoms**

- Good hand hygiene is essential
- In some cases a person may experience either vomiting or diarrhoea on its own
- Young children and the elderly are at the greatest risk for suffering dehydration
- You should increase the amount of fluids you are drinking to prevent dehydration.
- When drinking you should drink small amounts slowly and regularly
- Oral rehydration drinks are helpful to replace lost salts and minerals
- You should avoid fatty, sweet or spicy foods and alcohol, while introducing more starchy foods like bread, banana and rice. Children should be encouraged to eat whatever they are interested in
- You may become very unwell if you are unable to keep fluids down

#### **Common Medications**

- Anti-vomiting and anti-diarrhoeal medications may reduce the symptoms associated with gastroenteritis although some medication should be used with caution
- Paracetamol may relieve the symptoms of abdominal cramping
- All of these medications are available without a script at your chemist

#### **When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

**Clinical Impressions:****Skin Conditions**

Condition	Criteria	Treatment
<b>Boils</b>	<ul style="list-style-type: none"> <li>• A boil is a red, hot, tender inflammatory nodule with walled-off purulent material, arising from a hair follicle. Boils can exude pus and necrotic material</li> <li>• Boils can be single or occur in crops</li> <li>• Boils initially appear as firm, erythematous nodules, which can become fluctuant (a wave-like feeling on palpating skin overlying a fluid-filled cavity with non-rigid walls, e.g. a cavity containing pus) and painful</li> <li>• Commonly-involved sites for boils include hair-bearing areas of the face, neck, axillae, buttocks, groin, and the ano-genital region</li> </ul>	<ul style="list-style-type: none"> <li>• Boil / Carbuncle Treatment Protocol</li> <li>• Client Information Sheet – Boil / Carbuncle</li> </ul>
<b>Carbuncles</b>	<ul style="list-style-type: none"> <li>• A carbuncle is caused by infection of a group of adjoining hair follicles which develop into large, swollen, tender masses with multiple points draining pus. There may be inflammation in surrounding and underlying connective tissue</li> <li>• Common sites for carbuncles include the back of the neck, shoulders, hips and thighs</li> </ul>	<ul style="list-style-type: none"> <li>• Boil / Carbuncle Treatment Protocol</li> <li>• Client Information Sheet – Boil / Carbuncle</li> </ul>
<b>Paronychia</b>	<ul style="list-style-type: none"> <li>• Swelling, pain, or erythema at the base or side of the fingernail</li> <li>• In severe cases there may be extension to the proximal nail edge (eponychium), abscess formation with fluctuance, and subungual abscess (floating nail) if there is pus present under the nail plate</li> </ul>	<ul style="list-style-type: none"> <li>• Paronychia Treatment Protocol</li> <li>• Client Information Sheet – Paronychia</li> </ul>
<b>Urticaria</b>	<ul style="list-style-type: none"> <li>• The rash can be localised or generalised, depending on the causative agent</li> </ul>	<ul style="list-style-type: none"> <li>• Urticaria Treatment Protocol</li> <li>• Client Information Sheet</li> </ul>

	<ul style="list-style-type: none"> <li>• Characteristics of an urticarial rash include: <ul style="list-style-type: none"> <li>○ Small raised areas (1–2 cm) of the skin (wheals) that develop suddenly</li> <li>○ Wheals can be red or white, and are itchy and surrounded by an area of redness (flare)</li> </ul> </li> <li>• Usually, wheals last less than 24 hours (physical urticaria wheals may only last 1–2 hours) and fade before the surrounding flare, making the skin look blotchy</li> <li>• The rash may disappear completely, but may reappear in hours or days</li> <li>• Wheals may coalesce with others making the rash look extensive</li> <li>• If the wheals remain for longer than 24 hours and are painful and dark (leaving a residual pigmented lesion such as petechial haemorrhage, purpura or bruising), consider a diagnosis of vasculitic urticaria. The person may also have systemic symptoms e.g. fever, malaise, and arthralgia</li> </ul>	– Urticaria
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<b>Contact Dermatitis</b>	<p><b>Acute allergic contact dermatitis:</b></p> <ul style="list-style-type: none"> <li>• Redness, itch, and scaling</li> </ul> <p><b>Irritant contact dermatitis:</b></p> <ul style="list-style-type: none"> <li>• The main symptoms are burning, stinging, and soreness</li> </ul> <p><b>All forms of contact dermatitis present similarly:</b></p> <ul style="list-style-type: none"> <li>○ The acute phase is often characterized by erythema and vesiculation</li> <li>○ In allergic contact dermatitis, there may not be a sharp demarcation of the affected regions</li> <li>○ In irritant contact dermatitis, affected regions are sharply demarcated and in areas of contact only</li> </ul>	<ul style="list-style-type: none"> <li>• Contact Dermatitis Treatment Protocol</li> <li>• Client Information Sheet - Contact Dermatitis</li> </ul>
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<b>Fungal infections</b>	<p><b>On the body:</b></p> <ul style="list-style-type: none"> <li>The rash typically presents as one or more red or pink, flat or slightly raised, patches of skin which enlarge to become ring-shaped lesions with red, scaly borders with a clear central area</li> </ul> <p><b>In the groin:</b></p> <ul style="list-style-type: none"> <li>The most commonly affected areas are the inguinal folds and proximal medial thighs. The peri-anal skin and buttocks may be affected, but in men the penis and scrotum are often spared</li> <li>The clinical presentation is variable, but the lesions are commonly red to red-brown, flat or slightly raised plaques with active borders (pustules or vesicles). They often itch, and in some cases there is uniform scale without central clearing</li> <li>White, cracked, or macerated areas between the toes (inter-digital type). This is the most common type of athlete's foot</li> <li>More diffuse, scaling pattern involving the entire sole and side of the foot (moccasin-type)</li> <li>Inflammatory vesicobullous eruption, mainly on the soles of the feet (vesicobullous type)</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to Community Pharmacy Protocol</li> <li>Client Information Sheet - Fungal Infection</li> </ul>
<b>Impetigo</b>	<ul style="list-style-type: none"> <li>Small vesicles (tiny blisters) sometimes with surrounding redness that gradually becomes pus filled and rupture easily</li> <li>Discharge dries to form a yellow crust (hallmark of impetigo)</li> <li>Individual lesions rarely exceed 1-2 cm</li> <li>Satellite lesions occur initially and sometimes form to form larger lesions</li> </ul>	<ul style="list-style-type: none"> <li>Widespread and multiple lesions: Redirect to GP Protocol</li> <li>Impetigo Treatment Protocol</li> <li>Client Information Sheet - Impetigo</li> </ul>

<b>Non-Specific Viral Rash</b>	<ul style="list-style-type: none"> <li>• A rash that does not present as any specific virus</li> <li>• Where meningitis or allergy has been excluded</li> <li>• The client is unwell with mild symptoms of URTI and / or a mild fever</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Specific Viral Rash Treatment Protocol</li> <li>• Client Information Sheet - Viral Rash</li> </ul>
<b>Meningitis</b>	<ul style="list-style-type: none"> <li>• Persons presenting with meningeal signs: <ul style="list-style-type: none"> <li>○ Fever</li> <li>○ Mottled complexion</li> <li>○ Lethargy</li> <li>○ Neck stiffness</li> <li>○ Photophobia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call Ambulance 0 000</li> <li>• Notify Infection Control on 6244 2512. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours ?REMOVE</li> </ul>
<b>Measles</b>	<ul style="list-style-type: none"> <li>• Prodromal symptoms are similar to those of other upper respiratory tract infections</li> <li>• Koplik's spots may appear towards the end of the prodromal phase and are highly suggestive of measles. These consist of blue-grey specks on a red base on the buccal mucosa, and have been likened to grains of sand or salt</li> <li>• The rash usually develops 2–4 days after prodromal symptoms. It appears on the face first (when other symptoms tend to be at their most severe, including fever) before descending down the body to the trunk and extremities, and forming on the palms and soles last, over the course of about 4 days</li> <li>• The rash is erythematous and maculopapular, and may become confluent as it progresses, particularly on the face and neck. The rash peels off or fades after it has been present on an area for about 5 days, with the total duration of rash being about 1 week, after which time the person should feel better</li> <li>• Becoming commoner in adults 30-40 years</li> </ul>	<ul style="list-style-type: none"> <li>• Requires Additional Airborne Precautions as per TCH Infection Prevention and Control Manual</li> <li>• Redirect to GP Protocol</li> <li>• Client Information Sheet - Measles</li> <li>• Notify Infection Control on 6244 2512 immediately. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours)</li> <li>• WILL BE REFERRED BY PHO FOR Measles prophylaxis</li> </ul>
<b>Rubella</b>	<ul style="list-style-type: none"> <li>• Rubella presents with a rash of pink,</li> </ul>	<ul style="list-style-type: none"> <li>• Requires Additional Airborne Precautions as</li> </ul>



	<p>discrete macules that coalesce as they develop</p> <ul style="list-style-type: none"> <li>• The rash usually starts behind the ears and on the face, and then spreads to the trunk and the extremities (similar to measles)</li> <li>• However, the infection is generally mild, and the person does not present with high fever</li> </ul>	<p>per TCH Infection Prevention and Control Manual</p> <ul style="list-style-type: none"> <li>• Rubella Treatment Protocol</li> <li>• Client Information Sheet - Rubella</li> <li>• Notify Infection Control on 6244 2512. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours)</li> </ul>
<b>Chickenpox</b>	<ul style="list-style-type: none"> <li>• Chickenpox is characterized by a vesicular rash, and often fever and malaise</li> <li>• Fever, runny nose, cough and tiredness may start 1-2 days before the rash</li> <li>• The rash is very itchy and last 4-6 days before turning into scabs and drying out</li> <li>• The rash is usually more concentrated on the trunk, face and scalp</li> <li>• The rash can occur in different stages at any one time, new blisters can be forming as old blisters form scabs</li> <li>• Incubation is 10-21 days</li> <li>• Adults can be very unwell and require GP review</li> </ul>	<ul style="list-style-type: none"> <li>• Varicella Treatment Protocol</li> <li>• Client information Sheet - Chickenpox</li> <li>• Notify Infection Control on 6244 2512. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours ?REMOVE</li> <li>• Need to complete report of notifiable disease form)</li> </ul>

<b>Hand, Foot and Mouth Disease</b>	<ul style="list-style-type: none"> <li>• Symptoms can vary between mild and severe</li> <li>• Symptoms start to appear 3-7 days after being infected with the virus</li> <li>• The early symptoms of hand, foot and mouth disease include:               <ul style="list-style-type: none"> <li>○ fever</li> <li>○ loss of appetite</li> <li>○ sore throat</li> <li>○ small flat or raised red spots in the mouth, throat, and skin</li> <li>○ generally feeling unwell</li> </ul> </li> <li>• After 12-36 hours, any red spots will develop into yellowy-red ulcers in your mouth, around the roof of your mouth, tongue and inside cheeks</li> <li>• After 1-2 days, sores develop on the palms of hands, the soles of feet and between fingers and toes</li> <li>• If an adult develops Hand, Foot and Mouth disease, their symptoms will usually be much milder compared with those of a child</li> </ul>	<ul style="list-style-type: none"> <li>• Coxsackie Virus Treatment Protocol</li> <li>• Client Information Sheet - Hand, Foot and Mouth Virus</li> </ul>
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<b>Scabies</b>	<ul style="list-style-type: none"> <li>• Generalised itching is the most common presenting symptom and is most intense at night and when the person is warm (a lack of a history of itching does not exclude scabies)</li> <li>• A history of contact with someone with scabies</li> <li>• Lesions are papules, vesicles, pustules and nodules</li> <li>• A more generalized, symmetrical, itchy, papular eruption is unrelated to obvious mite activity. This is most commonly seen around the axillae, the peri-areolar region of the breasts in women, and the abdomen, buttocks and thighs</li> <li>• Nodules may develop at sites such as the elbows, anterior axillary folds, penis and scrotum</li> <li>• Inflammatory papules and nodules on the male genitalia, sometimes surmounted by burrows are diagnostic of scabies</li> <li>• In adults and older children, sites of burrows include the inter-digital web spaces, wrists, anterior axillary folds, peri-umbilical skin, pelvic girdle including buttocks, ankles, penis and the peri-areolar region of the breasts in women. Burrows on the trunk are uncommon in adults. In the elderly, burrows commonly occur on the palms and soles and may be numerous</li> <li>• Papulosquamous lesions on the trunk, often surmounted by burrows, are common. Secondary eczematization is often troublesome</li> <li>• In immunocompromised people, mites can also infect the face, neck, scalp and ears</li> <li>• Papules and vesicles commonly develop into secondary lesions and may confuse the clinical picture</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to Community Pharmacy Protocol</li> <li>• Redirect to GP Protocol if concerns of crusted scabies – call GP prior to redirecting client</li> <li>• Client Information Sheet - Scabies</li> </ul>
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<b>Shingles</b>	<ul style="list-style-type: none"> <li>• Prodrome (1–4 days before the rash): fever and myalgia, with burning, tingling, numbness or pruritus in the affected skin</li> <li>• Acute (painful rash lasting 7–10 days): macules and papules develop into vesicular lesions in a dermatomal distribution (most commonly on the thorax). These then burst releasing varicella-zoster virus</li> <li>• Need to refer to GP within 72 hrs of rash onset for antivirals</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to GP Protocol (phone call to GP ahead of client visit)</li> <li>• Active redirection to the GP</li> <li>• Client Information Sheet - Shingles</li> </ul>
<b>Burns</b>	<ul style="list-style-type: none"> <li>• Persons presenting with a complaint of a burn or scald</li> <li>• Partial thickness (superficial) burns appear red and are commonly painful</li> <li>• Deep dermal (partial thickness) burns appear red with peeling and blistering of the skin</li> <li>• Full thickness burns appear black, grey or white with charring and have little or no pain</li> </ul>	<ul style="list-style-type: none"> <li>• All full thickness burns to be redirected to the ED</li> <li>• Burn Treatment Protocol</li> <li>• Client Information Sheet – Burns</li> </ul>
<b>Head lice / pubic lice</b>	<ul style="list-style-type: none"> <li>• Suspect infestation with head lice if there is itching of the scalp and / or eggs are seen attached to hair</li> <li>• Although itching of the scalp is a common presenting symptom of infestation with head lice, itching by itself is not indicative of active head lice infestation</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to Community Pharmacy Protocol</li> <li>• Client Information Sheet - Head Lice</li> <li>• Client Information Sheet - Pubic Lice</li> </ul>

<b>Atopic dermatitis</b>	<ul style="list-style-type: none"> <li>• Client presenting with eczema-type skin condition:             <ul style="list-style-type: none"> <li>○ Dry, red irritated skin regions</li> <li>○ Scaly areas commonly on the front of the elbows and the back of the knees</li> <li>○ Itch</li> <li>○ Small blisters may be noted</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Atopic Dermatitis Treatment Protocol</li> <li>• Client Information Sheet - Eczema</li> </ul>
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**References:**

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries
- NPS.org.au
- ACT Education and Training School Policy: Infectious Diseases- Outbreak Procedures and Exclusion Periods 2002
- TCH Infection Prevention and Control Manual: Notification of Notifiable Diseases

## Boil / Carbuncle Treatment Protocol

### Treatment

#### Non-fluctuant boils / carbuncles

- Magnaplast from Community Pharmacy as per directions
- Redirect to GP if:
  - The client is generally unwell
  - There is also fever or cellulitis (or NP review)
  - The lesion is large or on the face
  - There are other co-morbidities (e.g. diabetes)

#### For fluctuant boils/carbuncles

- If the boil is less than 2cm in diameter then incise the boil using a sterile needle or blade, after cleaning with saline. Use gentle pressure to express the exudate and apply a sterile NAD
- If boil is greater than 2cm redirect GP
- Redirect to GP if:
  - The client is generally unwell
  - There is fever or cellulitis
  - The lesion is large or on the face
  - There are other co morbidities (e.g. diabetes)
- Consider tetanus immunisation status

### Advice

- See GP for follow up in 2 days
- Monitor for any spreading redness, temperature or feeling unwell and see GP sooner if any of these occur
- To avoid several other boils growing, it is important to prevent the infection from spreading. Wash the area around the boil thoroughly and often, preferably with antiseptic soap
- For recurrent boils, redirect to GP
- Client Information Sheet – Boils and Carbuncles

Medication Standing Orders	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Lignocaine</li> <li>• Lignocaine and Adrenaline</li> </ul>	
References	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	18 May 2010
<b>Date reviewed:</b>	31 August 2010, 31 August 2012, 31 March 2014
<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Boils and Carbuncles

#### Expected Length of Infection

- The boil may be drained or heal by itself. In most cases the boil will resolve within 7-14 days

#### Expected Symptoms

- Boils tend to get more painful as they grow larger
- Red, irritated hard or soft lump

#### Common Management of Symptoms

- A boil is an inflamed, pus-filled swelling usually caused by an infected hair follicle
- Boils often occur in places where clothing catches on the skin, where the body rubs against itself, or where the skin is sweaty. For example:
  - On the neck
  - Under the armpits
  - In the groin
  - Between the buttocks
- Keep the area around the boil clean, preferably using an antiseptic soap
- Soak a clean cloth in warm salty water (mix a couple of spoonfuls of salt in a bowl of water) and press it against boil, gently squeezing / massaging at the same time

#### Common Medications

- Paracetamol and Ibuprofen are common pain relievers
- Magnaplast is a cream that helps draw out and drain the pus collection in a boil
- These medications are available without a script at your chemist



**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

Paronychia Treatment Protocol	
Treatment	
<p><b><u>Non-fluctuant Paronychia</u></b></p> <ul style="list-style-type: none"> <li>• Magnaplast paste from community pharmacy as per directions</li> </ul> <p><b><u>For fluctuant Paronychia</u></b></p> <ul style="list-style-type: none"> <li>• If the Paronychia is fluid filled and stretched due to size, lance using a sterile needle or blade, after cleaning with saline. Use gentle pressure to express the exudate and apply a sterile NAD</li> <li>• Consider tetanus immunisation status</li> </ul>	
Advice	
<ul style="list-style-type: none"> <li>• See GP for follow up in 2 days</li> <li>• Monitor for any spreading redness, temperature or feeling unwell and see GP sooner if any of these occur</li> <li>• The client should be referred to their GP if the nail bed is involved</li> <li>• Client Information Sheet - Paronychia</li> </ul>	
Medication Standing Orders	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Lignocaine</li> <li>• ADT</li> </ul>	
References	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	18 May 2010
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<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Paronychia

#### Expected length of infection

- The infection may be drained or heal by itself. In most cases a Paronychia will resolve within 7-14 days

#### Expected symptoms

- Redness
- Swelling
- Pain
- Solid or fluid filled lump

#### Common management of symptoms

- A Paronychia is a localised bacterial infection around the nail
- In some cases a Paronychia may be opened and drained, if so a dressing may be applied and this should be kept clean and dry
- Keep the area around the nail clean, preferably using an antiseptic soap for hand washing
- Soak a clean cloth in warm salty water (mix a couple of spoonfuls of salt in a bowl of water) and press it against area, gently squeezing / massaging at the same time to relieve pressure in an undrained Paronychia
- Rest and elevate the limb

#### Common medications

- Paracetamol and Ibuprofen are common pain relievers
- Magnaplast is a cream that helps draw out and drain the pus collection in a Paronychia
- These medications are available without a script at your chemist

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

Urticaria Treatment Protocol	
Treatment	
<ul style="list-style-type: none"> <li>• Anti-histamines are the primary treatment for Urticaria</li> </ul>	
Advice	
<ul style="list-style-type: none"> <li>• Acute Urticaria is usually preceded by an exposure to an allergen. Identification of this allergen and its avoidance may reduce the incident of Urticaria</li> <li>• The client could discuss allergen testing and long term allergy management with their GP</li> <li>• Icepacks and soothing lotions may also reduce the severity of the itch associated with Urticaria welts</li> <li>• Client Information Sheet –Urticaria (Hives)</li> </ul>	
Medication Standing Orders	
<ul style="list-style-type: none"> <li>• Promethazine</li> </ul>	
References	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	18 May 2010
<b>Date of review:</b>	31 August 2010, 31 August 2012, 31 March 2014
<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Urticaria (Hives)

#### Expected length of rash

- An episode of urticaria normally resolves itself within a few days

#### Expected symptoms

- Welts (Raised, red, itchy rash that appears on the skin)

#### Common management of symptoms

- Urticaria happens when a trigger, normally an allergen (something that produces an allergic reaction) is swallowed or inhaled by the affected person, producing a skin reaction
- Treatment for acute urticaria is normally not required, as the symptoms in most cases are mild
- If the rash is distressing or itchy, soothing creams or lotions such as Calamine may be of benefit
- Icepacks may also reduce the severity of the itch associated with urticaria welts
- Anti-histamine medications may reduce the severity and itchiness of the welts

#### Common medications

- Anti-histamine medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Contact Dermatitis Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Emollient moisturisers form the basis of the management for the treatment of contact dermatitis</li> <li>Where there are signs of secondary infection associated with dermatitis follow Infection Treatment Protocol</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>There are two types of contact dermatitis: allergic and irritant, both of which damage the skin</li> <li>It is important to avoid damage to the skin through exposure to common irritants such as chemicals, heat and soaps</li> <li>Emollient moisturisers and coal tar products may reduce the symptoms of contact dermatitis by recreating the skins natural barrier</li> <li>Anti-inflammatory creams or gels may help in reducing the symptoms associated with dermatitis</li> <li>Client Information Sheet – Contact Dermatitis</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Promethazine</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
<b>Approval</b>	
<b>Date of effect:</b>	18 May 2010
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<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Contact Dermatitis

#### Expected length of rash

- Once the cause of the rash has been removed the dermatitis rash should settle between 7-14 days
- Most people report at least some improvement immediately with treatment

#### Expected symptoms

- Burning
- Stinging and soreness
- Red, blistered, dry or cracked skin

#### Common management of symptoms

- Contact dermatitis occurs when your body comes into contact with a particular substance which causes your skin to become inflamed
- There are two types of contact dermatitis:
  - **Allergic Contact Dermatitis:** This type of dermatitis is caused by contact with something that causes an allergic reaction in the skin
  - **Irritant Contact Dermatitis:** This type of dermatitis is caused by contact with something that irritates the skin
- Avoiding the cause of the irritation or allergy is the best management of dermatitis
- Once contact has occurred the irritant should be washed off thoroughly to reduce reactions
- If contact with known irritants is unavoidable then you should always wear protective clothing
- Emollient moisturising creams (e.g. Sorbolene, Lanolin) are commonly used to reduce the symptoms of dermatitis as they recreate the normal barrier of the skin

#### Common medications

- Emollient moisturisers and anti-inflammatory ointments may help in reducing the symptoms associated with dermatitis
- These lotions are available without a script at your chemist



**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

## Fungal Infections Treatment Protocol

### Treatment

#### Tinea Pedis (athlete's foot)

Symptoms include itchiness and foot odour; white & soggy top layer of skin after immersion in water / sweat; scaling, maceration & fissuring of the skin between toes

#### Tinea Corporis (ringworm infection of the body)

Symptoms include spreading circular erythematous lesions; central areas usually normal; mild itch

#### Tinea Manuum (ringworm infection of the hand)

Symptoms include scaling of palms, usually unilateral, spreading edges, erythematous; may be associated with tinea pedis

### Treatment

Clotrimazole 1% cream or lotion from Community Pharmacy as per directions

- Redirect to GP if:
  - The area is widespread and oral agents should be considered

There are other co-morbidities (e.g. diabetes)

#### Tinea Capitis (infection of the scalp)

Predominately in children. Symptoms include patches of partial alopecia, scaly patches

- Redirect to GP for oral agents

#### Onychomycosis (fungal nail infection)

- Redirect to GP for oral agents

### Advice

- Keep area clean and as dry as possible
- Apply creams / powders after area clean and dry
- Wear garments made of natural absorbent fibres, such as cotton and wool, to allow for better circulation of air and reduce sweating
- Change and wash clothes / garments daily, i.e. new socks, underwear changed and cleaned
- Expose area to air as much as possible, i.e. wear sandals
- Avoid common public bathing areas, i.e. hot tubs
- Client Information Sheet – Fungal Infections

Medication Standing Orders	
<ul style="list-style-type: none"> <li>• NA</li> </ul>	
References	
<ul style="list-style-type: none"> <li>• Murtagh's General Practise, 4<sup>th</sup> edition, 2007</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
Approval	
<b>Date of effect:</b>	14 September 2010, 31 March 2014
<b>Next review due:</b>	31 March 2016



## Walk-in Centre Information Sheet

### Fungal Infections

#### Expected length of infection

- Fungal skin infections require treatment with an anti-fungal cream
- Most courses of treatment will heal the infection within 2 - 3 weeks

#### Expected symptoms

- Itchy, red, scaly, skin
- The appearance of a ring-like rash on your skin

#### Common management of symptoms

- Fungal infections can occur on your skin, nails or scalp
- Wash any affected areas of skin before drying it thoroughly. Pay special attention to any skin folds, and the areas between your toes
- Do not scratch affected areas of your skin, or scalp because this could spread the infection to other parts of your body
- Fungal infections are very contagious and can be transmitted via clothing, towels, footwear and even flooring. You should ensure that all clothing is washed thoroughly and floor surfaces, especially in the bathroom, are cleaned with an anti-microbial solution
- Wearing thongs in public bathrooms and showers may help prevent fungal infections

#### Common medications

- Anti-fungal creams are available from your Community Pharmacy
- These anti-fungal treatments are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Impetigo Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Antibiotic ointment forms the basis of the management for the treatment of impetigo</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Impetigo is a Staphylococcus or Streptococcus skin infection and is very contagious</li> <li>Persons affected by impetigo should remain absent from school or work until they have begun antibiotic therapy and have covered all sores with waterproof dressings</li> <li>Increased levels of hygiene may reduce the severity of an impetigo outbreak</li> <li>Clothing, bed linen and towels should be washed more regularly during an outbreak where sores are present</li> <li>Impetigo is rarely complicated and shouldn't lead to scarring of the skin</li> <li>Client Information Sheet – Impetigo (School Sores)</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Mupirocin</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
<b>Approval</b>	
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## Walk-in Centre Information Sheet

### Impetigo (School Sores)

#### Expected length of illness

- Impetigo usually heals completely within 7 days without scarring. Serious complications are rare

#### Expected symptoms

- Itch and redness of the skin
- Clusters of blisters, commonly around the nose and mouth
- The blisters rupture within 1 - 2 days and scab over

#### Common management of symptoms

- Wash the affected areas with soapy water
- Wash hands after touching a patch of impetigo, and after applying antibiotic cream
- Avoids scratching affected areas, and keeps fingernails clean and cut short
- Avoids sharing towels, flannels, clothing and bathwater until the infection has cleared

#### When to stay at home

- Impetigo can be passed on to others. If you have impetigo you should stay at home until treatment has started. Sores on exposed areas should be covered with a waterproof dressing before returning to school or work

#### Common medications

- Antibiotic ointment leads to a more rapid healing of impetigo sores
- Impetigo antibiotic ointment treatments are available with a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Varicella Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• Anti-viral medication should only be administered to those persons who are at risk of complications from varicella such as: <ul style="list-style-type: none"> <li>○ Persons with pre-existing skin disorders</li> <li>○ Immunosuppressed clients</li> </ul> </li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• Chickenpox is a viral infection that is rarely complicated in children though may lead to severe disease in adults, pregnant women and immunocompromised persons</li> <li>• Pregnant women, immunocompromised clients and persons with severe disease should be referred to their GP for treatment and medication</li> <li>• Varicella is a reportable infection <ul style="list-style-type: none"> <li>○ Notify Infection Control on 6244 2512. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours) ?REMOVE</li> <li>○ Staff need to complete notifiable disease form</li> </ul> </li> <li>• Varicella is infectious and affected persons should remain absent from school or work until the last blister has scabbed over, usually 5 days post presentation of the rash</li> <li>• If the rash is distressing or itchy, soothing creams or lotions such as Calamine may be of benefit</li> <li>• Icepacks may also reduce the severity of the itch associated with Chickenpox</li> <li>• Some scarring of the skin may occur with Chickenpox</li> <li>• Client Information Sheet – Chickenpox</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Promethazine</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>
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## **Walk-in Centre Information Sheet**

### **Chickenpox**

#### **Expected length of illness**

- The itchy rash of chickenpox usually lasts between 5 - 7 days

#### **Expected symptoms**

- The most common symptom of chickenpox is a red rash, which covers the body
- Some people may experience mild flu-like symptoms
- The rash starts as small, itchy, red spots. After about 12 hours the spots develop into blisters, which may be itchy
- After a few days, the blisters dry out and crust over. After 1 - 2 weeks, the scabs will fall off

#### **Common management of symptoms**

- Chickenpox usually clears up by itself without treatment
- When suffering from chickenpox, drink extra fluids and increase rest
- If the rash is distressing or itchy, soothing creams or lotions such as Calamine may be of benefit as may oatmeal type baths
- Icepacks may also reduce the severity of the itch associated with Chickenpox

#### **When to stay at home**

- Chickenpox can be passed on to others. If you have Chickenpox you need to stay at home until the last blister has scabbed over. Let people who you have been in close contact with over the past 24 hours know that you have Chickenpox as they may need immunisation to avoid complications

#### **Common medications**

- Paracetamol and Ibuprofen are used for the pain or discomfort of Chickenpox
- These medications are available without a script at your chemist



**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## **Walk-in Centre Information Sheet**

### **Measles**

#### **Expected length of illness**

- The symptoms associated with measles usually lasts between 10 - 14 days

#### **Expected symptoms**

- Cold-like symptoms, such as runny nose, swollen eyelids, watery eyes, aches and pains sneezing and a dry cough
- Sensitivity to light
- A mild to high fever
- Tiny greyish-white spots in the mouth and throat
- Tiredness, irritability, poor appetite and general lack of energy
- A red - brown rash appears 3 to 4 days after the first symptoms, and last for up to 8 days. The spots usually start behind the ears, spread around the head and neck then spread to the rest of the body. The spots start small but quickly get bigger and often join together

#### **Common management of symptoms**

- There is no cure for measles. The body will fight off the infection itself
- The measles virus can also cause chest infections and other problems
- Closing curtains or dimming lights can help reduce light sensitivity
- Damp cotton wool can be used to clean away any crustiness around the eyes. Use one piece of cotton wool per wipe for each eye. Gently clean the eye from inner (nose side) to the outer side
- Increased rest and fluids are important

#### **When to stay at home**

- Measles can be passed on to others. Stay home for at least 4 days after the rash appears. Let people you have been in close contact with over the past 48 hours know that you have measles as they may need to see their doctor
- Client to be informed of the need to notify Health Protection

#### **Common medications**

- Paracetamol and Ibuprofen are used for pain or discomfort with the measles
- These medications are available without a script at your chemist

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Rubella Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Supportive therapy is advised for persons suffering from rubella</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Persons suffering from rubella should increase the amount of fluid they are taking and rest</li> <li>Rubella is a viral infection that is rarely complicated though may lead to severe disease in pregnant women and immunocompromised persons</li> <li>Pregnant women, immunocompromised clients and persons with severe disease should be referred to their GP for treatment and medication</li> <li>Rubella is a reportable infection               <ul style="list-style-type: none"> <li>Notify Infection Control on 6244 2512. On weekends call Health Protection Service Emergency Pager (02) 9962 4155 (24 Hours)</li> <li>Need to complete notifiable form</li> </ul> </li> <li>Rubella is infectious and affected persons should remain absent from school for 4 days post presentation of the rash</li> <li>Client Information Sheet – Rubella (German measles)</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
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## Walk-in Centre Information Sheet

### Rubella (German measles)

#### Expected length of illness

- The symptoms associated with rubella usually lasts between 10 - 14 days

#### Expected symptoms

- Cold-like symptoms, such as runny nose, swollen eyelids, watery eyes, aches and pains, sneezing and a dry cough
- Headaches
- Tiredness, irritability, poor appetite and general lack of energy
- A red - brown rash appears 3 to 4 days after the first symptoms, and lasts for up to 8 days. The spots usually start behind the ears, spread around the head and neck then spread rest of the body. The spots start small but quickly get bigger and often join together

#### Common management of symptoms

- There is no cure for rubella. The body will fight off the infection itself
- Damp cotton wool can be used to clean away any crustiness around the eyes. Use one piece of cotton wool per wipe for each eye. Gently clean the eye from inner (nose side) to the outer side
- Increased rest and fluids are important

#### When to stay at home

- Rubella can be passed on to others. Stay home for at least 4 days after the rash appears. Let people you have been in close contact with over the past 2 weeks know that you have rubella as they may need to see their doctor

#### Common medications

- Paracetamol and Ibuprofen are used for the pain or discomfort of rubella
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Coxsackie Virus Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Supportive therapy is advised for persons suffering from hand, foot and mouth disease</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Persons suffering from the coxsackie virus should increase the amount of fluid they are taking and rest</li> <li>Hand, foot and mouth disease is a viral infection that is rarely complicated</li> <li>The virus is found in the faeces, and can still be there for several weeks after the client has recovered. Extra care should be taken with hygiene practices during this period</li> <li>Persons suffering from hand, foot and mouth disease should not attend school or work until all the blisters have dried up, usually 2 – 7 days</li> <li>Client Information Sheet – Hand, foot and mouth</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
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## Walk-in Centre Information Sheet

### Hand, Foot and Mouth Virus

#### Expected length of illness

- The symptoms associated with hand, foot and mouth virus usually last up to 10 days

#### Expected symptoms

- Fever, loss of appetite, sore throat, small flat or raised red spots in the mouth, throat, and skin and generally feeling unwell
- After 12 hours the red spots develop into yellowy-red ulcers in the mouth. These ulcers may be sore and uncomfortable, making it difficult to eat, drink and swallow
- After 1 - 2 days, sores may develop on the palms of your hands, the soles of your feet, and between your fingers and toes. In some cases, they also develop on the buttocks and genitals. The sores last for about 3 - 6 days and may be itchy and uncomfortable

#### Common management of symptoms

- There is no specific treatment for hand, foot and mouth virus. The condition usually clears up by itself after about 10 days
- You can help to ease the symptoms of hand, foot and mouth virus by resting and drinking plenty of fluids

#### When to stay at home

- Hand, foot and mouth virus can be passed on to others. If you have hand, foot and mouth virus you should stay at home if you feel unwell or until all blisters have dried up, approximately 2 – 7 days

#### Common Medications

- Paracetamol and Ibuprofen are used to treat the fever, pain or discomfort
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Non-Specific Viral Rash Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Supportive therapy is advised for persons suffering from a non-specific viral rash</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Persons suffering from the a non-specific viral rash should increase the amount of fluid they are taking and rest</li> <li>Non blanching viral rashes should be referred to the ED</li> <li>Allergy based rashes should be reviewed under a treatment protocol such as urticaria</li> <li>Most non-specific viral rashes are rarely complicated</li> <li>Client Information Sheet – Viral Rash</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
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## **Walk-in Centre Information Sheet**

### **Viral Rash**

#### **Expected Length of Illness**

- The symptoms associated with a non-specific viral rash usually settle within 3 - 7 days

#### **Expected Symptoms**

- Rash
- Sore throat
- Headache
- Runny nose
- Cough
- Mild temperature

#### **Common Management of Symptoms**

- Antibiotics will not treat a viral rash. Most viral rashes will resolve themselves within a week
- Drink plenty of fluids
- Rest

#### **Common Medications**

- Paracetamol and Ibuprofen are used to treat fever, pain or discomfort
- These medications are available without a script at your chemist

#### **When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

### Scabies Treatment Protocol

#### Treatment

Highly infectious skin infestation cause by a tiny mote called *Sarcoptes scabiei*.

Symptoms include intense itching (worse with warmth and at night), erythematous popular rash, usually on hands and wrists, can also affect male genitalia, elbows, axilla, feet, ankles, female nipples

#### Treatment

Permethrin 5% cream from Community Pharmacy as per directions

#### Advice

- Treat the whole family at the same time, even if they do not have itch. Do not treat infants under 2 months with Permethrin
- Repeat treatment in 1 week for moderate to severe infections
- Apply cream to entire body from jaw line down
- Wash bed linen and clothes in hot water and hand in sun
- Client Information Sheet – Scabies

### Medication Standing Orders

- NA

#### References

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Murtagh's General Practice, 4<sup>th</sup> edition, 2007</li> </ul> | <ul style="list-style-type: none"> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul> |
|--|---|

#### Approval

**Date of effect:** 14 September 2010

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**Next Review Due:** 31 March 2016



## **Walk-in Centre Information Sheet**

### **Scabies**

#### **Expected Length of Illness**

- Scabies should resolve within hours of treatment
- The itchiness associated with scabies can continue for several weeks after treatment

#### **Expected Symptoms**

- Scabies is a contagious skin condition that causes intense itching
- The scabies mites will also leave small red blotches and lines on the skin

#### **Common Management of Symptoms**

- Scabies can be spread through close contact and, less commonly, through contact with clothes and bed linen
- Scabies can usually be treated using special creams. In order to prevent re-infection, it is important that all members of the household are treated, as well as any close contacts
- Follow-up treatment after seven days is advised to make sure the treatment is successful
- On the same day that you first apply the cream, you should also wash all clothes, bed linen, and towels in hot water. If you are unable to wash certain items, place them in a plastic bag for at least 72 hours, by which time the mites will have died. It is not necessary to fumigate furniture, pets, or carpets

#### **When to stay at home**

- Scabies can be passed onto others. If you have scabies you should stay at home until after treatment has commenced

#### **Common Medications**

- Medicated creams to treat scabies are very effective and should be used twice for maximum treatment effect
- These medications are available without a script at your chemist
- In some cases when the itch of the scabies is very bad, a steroid cream may be required. This is available via prescription from your GP

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## Walk-in Centre Information Sheet

### Shingles

#### Expected Length of Illness

- An episode of shingles usually lasts between 2 - 4 weeks

#### Expected Symptoms

- Lines of pain
- The shingles rash usually follows about 2 - 3 days after the start of the pain

#### Common Management of Symptoms

- Early treatment may reduce the severity of your symptoms and your risk of developing complications. There is no cure for shingles but, with treatment, your symptoms can be eased
- If you develop the shingles rash, you should try to keep the rash as clean and dry as possible. Wearing loose fitting clothing may also help you to feel more comfortable
- The application of icepacks to the affected area may relieve the symptoms associated with shingles
- As well as pain relieving medication, some people with shingles may also be prescribed an anti-viral medicine. These anti-viral medicines are most effective when they are taken within 72 hours of your rash appearing
- A person who has shingles is contagious until the last blister has scabbed over. This will normally occur 5 - 7 days after your symptoms started

#### Common Medications

- Paracetamol and Ibuprofen are used to treat pain or discomfort
- These medications are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## **Walk-in Centre Information Sheet**

### **Head Lice**

#### **Expected Length of Illness**

- Head lice will not resolve itself, treatment is required. Once treatment has begun the lice should be gone within 7 to 10 days
- The itch associated with head lice may not settle immediately after treatment. This does not mean that the treatment was not effective

#### **Expected Symptoms**

- Red spots on the scalp
- Itch
- Visible lice or eggs on the scalp and hair

#### **Common Management of Symptoms**

- Sometimes an infestation is marked by tiny red spots on the scalp. Lice and their eggs may be visible in the hair behind the ears and at the nape of the neck
- If you, or your children, have head lice you should check the rest of the family and alert close friends, and your child's school
- Lice can be a persistent and a recurring nuisance, so it is important to treat them quickly and thoroughly. Wash the infested persons bedding in hot water
- Head lice can be treated at home by either using a wet comb with conditioner, or medicated lotions, combined with a special nit comb

#### **When to stay at home**

- Lice can be passed onto others through head to head contact. If you have head lice you should stay at home until after treatment has commenced and no more lice can be found on combing

#### **Common Medications**

- Medicated shampoo and nit combs
- These medications and products are available without a script at your chemist

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014



## **Walk-in Centre Information Sheet**

### **Pubic Lice (Crab lice)**

#### **Expected Length of Condition**

- Pubic lice will not resolve by itself, treatment is required. Once treatment has begun the lice should be gone within 7 to 10 days
- The itch associated with pubic lice may not settle immediately after treatment. This does not mean that the de-lousing treatment was not effective

#### **Expected Symptoms**

- Red spots associated with hair regions
- Itch
- Visible lice or eggs

#### **Common Management of Symptoms**

- Pubic lice can sometimes affect the hair of the armpit, eyebrows, eyelashes, beard and torso. Medicated creams should not be used on the eyelashes, instead use petroleum gel
- Lice can be a persistent and a recurring nuisance, so it is important to treat them quickly and thoroughly. Wash infested persons bedding, clothing and towels in hot water
- To prevent lice returning, all people that you are in close contact with should be treated at the same time. This includes sexual partners and members of your household
- As pubic lice are usually contracted through sexual contact, you should also consider being tested for sexually transmitted infections
- The medicated cream should be applied to all hair regions from neck to toes, including the skin between the vagina/penis and the anus and the anal area. Clear instructions are provided with the medicated cream

#### **Common Medications**

- Medicated creams, available without a script from Community Pharmacy



**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Atopic Dermatitis (Eczema)</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Emollient moisturisers form the basis of the management for the treatment of eczema</li> <li>Where there are signs of secondary infection associated with atopic dermatitis antibiotic therapy should be instituted through the GP</li> <li>Topical steroids may be instituted through the GP</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Eczema is a genetic condition that affects the body's ability to repair damaged skin</li> <li>It is important to avoid damage to the skin though exposure to common eczema irritants such as heat and soaps</li> <li>Emollient moisturisers and coal tar products applied immediately after bathing or swimming reduce eczema flare ups</li> <li>Topical steroids may help in reducing the symptoms associated with eczema</li> <li>Sunlight has been found to help reduce the severity of eczema flare ups</li> <li>Client Information Sheet – Eczema</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>N/A</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	<ul style="list-style-type: none"> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>
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## Walk-in Centre Information Sheet

### Eczema

#### Expected length of rash

- Eczema occurs rapidly and the rash may last between 1 day and 2 weeks

#### Expected symptoms

- Dry skin
- Red irritated skin regions
- Scaly areas commonly around the elbows and knees
- Itch
- Occasionally small blisters may be noted

#### Common management of symptoms

- It is important to avoid damage to the skin though exposure to common eczema irritants such as heat and soaps
- Apply barrier moisturisers immediately after bathing or swimming to reduce eczema flare ups
- Coal tar type soaps can help prevent the itch associated with eczema whilst bathing
- Sunlight has been found to help reduce the severity of eczema flare ups, though it is important to avoid sunburn

#### Common medications

- Barrier moisturisers and steroid creams may help in reducing the symptoms
- These simple therapies are available without a script at your chemist

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

**Clinical Impressions:****Upper Respiratory Tract Infection**

Condition	Criteria	Treatment
<b>Common Cold</b>	<ul style="list-style-type: none"> <li>• Client presents with symptoms suggestive of a common cold:               <ul style="list-style-type: none"> <li>○ Sore throat</li> <li>○ Nasal irritation with congestion and discharge</li> <li>○ Cough and sneezing</li> <li>○ Headache</li> <li>○ Muscular pain with malaise</li> </ul> </li> <li>• Generally do not look 'unwell'</li> <li>• Fever is unusual in adults and if present will be a low-grade fever</li> <li>• Younger children and babies may experience nasal congestion that interferes with breathing, feeding and sleeping</li> </ul>	<ul style="list-style-type: none"> <li>• Common Cold Treatment Protocol</li> <li>• Client Information Sheet – Common Cold</li> <li>• 'Common colds need common sense' – National Prescribing Service (NPS)</li> </ul>

<b>Influenza</b>	<ul style="list-style-type: none"> <li>• Client presents with symptoms suggestive of a common cold, including:             <ul style="list-style-type: none"> <li>○ Loss of appetite (anorexia)</li> <li>○ Insomnia</li> <li>○ Dry, unproductive cough</li> <li>○ Fever (typically &gt; 38°C)</li> </ul> </li> <li>• Generally look 'unwell'</li> <li>• Less commonly, the person may experience ocular symptoms such as sensitivity to light (photophobia), burning sensations, and pain upon eye movement</li> <li>• Although rhinitis may be present (as nasal discharge and sneezing), it is not usually the defining symptom</li> <li>• Children tend to have milder symptoms of shorter duration. They are also more likely to present with complications such as lower and upper respiratory tract infections, and extra pulmonary manifestations (such as vomiting, abdominal pain and diarrhoea)</li> </ul>	<ul style="list-style-type: none"> <li>• Requires Additional Airborne Precautions as per TCH Infection Prevention and Control Manual</li> <li>• Influenza Treatment Protocol</li> <li>• Client Information Sheet – Influenza</li> <li>• Influenza information - ACT Health</li> </ul>
<b>Tonsillitis</b>	<ul style="list-style-type: none"> <li>• Client presents complaining of a sore throat with the following symptoms:             <ul style="list-style-type: none"> <li>○ Pyrexia</li> <li>○ Exudate / pus visible on tonsils</li> <li>○ Lymphadenopathy involving tonsular glands</li> </ul> </li> <li>• No cough or symptoms of common cold or influenza</li> </ul>	<ul style="list-style-type: none"> <li>• Tonsillitis Treatment Protocol</li> <li>• Client Information Sheet – Tonsillitis</li> </ul>

<b>Sinusitis</b>	<ul style="list-style-type: none"> <li>• Client presenting with sinus pain including the following symptoms:             <ul style="list-style-type: none"> <li>○ Muco-purulent nasal discharge</li> <li>○ Headache</li> <li>○ Tenderness over sinuses especially unilateral maxillary tenderness</li> <li>○ Tenderness on percussion of maxillary molar that cannot be attributed to a single tooth</li> <li>○ Pressure sensation when bending forward</li> <li>○ Pyrexia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Sinusitis Treatment Protocol</li> <li>• Client Information Sheet – Sinusitis</li> </ul>
<b>Allergic Rhinitis / Hayfever</b>	<ul style="list-style-type: none"> <li>• Client presenting with hayfever-like symptoms:             <ul style="list-style-type: none"> <li>○ Frequent sneezing</li> <li>○ Runny or blocked nose</li> <li>○ Itchy, irritated or watery eyes</li> <li>○ An itchy throat, mouth, nose and / or ears</li> <li>○ History of atopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Allergic Rhinitis Treatment Protocol</li> <li>• Client Information Sheet – Hayfever</li> </ul>
<b>Sore throat</b>	<ul style="list-style-type: none"> <li>• Client presenting with a complaint of a sore throat in the presence of:             <ul style="list-style-type: none"> <li>○ A rash</li> <li>○ Splenic tenderness</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Redirect to GP protocol</li> </ul>

**References:**

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries
- NPS.org.au

<b>Common Cold Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>As there is no treatment for the common cold, symptom management should be the focus</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Hand washing is essential</li> <li>No treatments are available that reliably shorten the duration of the common cold. Antibiotics are ineffective</li> <li>The symptoms of common cold are unpleasant, the illness usually resolves spontaneously in a few days and complications rarely occur. Symptoms peak after 3–5 days. Most symptoms resolve completely after 7–14 days, although a mild cough may persist for longer</li> <li>An increased fluid intake and the consumption of nutritious food with increased rest, may reduce symptom severity</li> <li>Steam inhalation may help to relieve congestion. Care should be taken to avoid scalding. Sitting in the bathroom with a running hot shower is a safe option</li> <li>Vapour rubs may soothe respiratory symptoms (avoid application to the facial area)</li> <li>Gargling with salt water or sucking menthol sweets may help to relieve sore throat or nasal congestion</li> <li>Nasal saline drops may help relieve nasal congestion. 1 or 2 drops applied to the nostrils of infants may help feeding</li> <li>Client Information Sheet – Common Cold</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	
<b>Approval</b>	
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## **Walk-in Centre Information Sheet**

### **Common Cold**

#### **Expected Length of Illness**

- The common cold has a rapid onset, with symptoms at their worst after 3–5 days
- Most symptoms resolve completely after 7–14 days, although a mild cough may persist for up to 3 weeks

#### **Expected Symptoms**

- Common symptoms include cough, sore throat, runny or a blocked nose and sneezing
- Rare symptoms include sore eyes, muscle aches and pains, tiredness, headaches, shivering and a loss of hunger

#### **Common Management of Symptoms**

- Comfort measures and rest are the best management
- Drink extra fluid during the course of the illness to balance for the excess water lost through sweating and the runny nose. Whenever you are thirsty you should drink more fluids
- While extra rest is advised, normal activity will not make the illness last longer
- Steam inhalation, such as in the shower, may help to relieve congestion, care should be taken to avoid burns
- Vapour rubs from the chemist may reduce a cough and blocked nose
- Gargling with salt water or sucking menthol sweets may help to relieve sore throat or a blocked nose
- Salt water drops for the nose from the chemist may help relieve the blocked nose of a small child
- No treatments shorten the duration of the common cold
- Antibiotics are ineffective and may make you worse
- Very high temperatures, difficulty breathing or becoming confused may indicate you are very unwell

#### **Common Medications**

- Paracetamol or Ibuprofen may relieve the symptoms of headache, muscle ache or fever
- These and many other over the counter medications are available without a script at your pharmacy. You should discuss these options with your Pharmacist.



**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Influenza Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Uncomplicated seasonal influenza requires no specific treatment. Symptom management should be the focus</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Hand washing is essential to minimise transmission</li> <li>Reassure the person that the symptoms of uncomplicated influenza (including fever) usually resolve within 1 week. Other symptoms (such as cough, headache, insomnia, weakness and loss of appetite) may take 2 weeks or more to resolve</li> <li>Routine follow up is not necessary, but advise the person they should have a lower threshold for seeking help if they are caring for a young child or baby with influenza, as children cannot accurately communicate their symptoms</li> <li>The client should be advised to see their GP when they are better about receiving the seasonal flu vaccination</li> <li>Advise the person to: <ul style="list-style-type: none"> <li>Drink adequate fluids and take Paracetamol or Ibuprofen for symptomatic relief</li> <li>Rest in bed if they are feeling fatigued</li> <li>Stay off work or school during the infectious period, for most people about 1 week will be adequate</li> </ul> </li> <li>Client Information Sheet – Influenza</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	
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## **Walk-in Centre Information Sheet**

### **Influenza**

#### **Expected Length of Illness**

- Most influenza symptoms will resolve within a week
- Some symptoms such as the cough may last for 2 weeks or more

#### **Expected Symptoms**

- Fever
- Aching muscles
- Sore throat
- Runny nose
- Cough

#### **Common Management of Symptoms**

- Keep comfortable and rest. Increasing the amount of rest that you have allows your body to focus on fighting the virus
- Drink plenty of fluids to keep hydrated
- Gargling with salt water or sucking menthol sweets may help to relieve sore throat or a blocked nose
- Salt water drops for the nose from the chemist may help relieve the blocked nose of a small child
- You should cough and sneeze into a disposable tissue, discard this tissue straight after use and wash your hands
- Very high temperatures, difficulty breathing or becoming confused may indicate you are very unwell

#### **When to stay at home**

- As influenza is infectious it is important that you stay at home for at least a week after the symptoms start. It is also important to reduce close contact with other persons within the house

#### **Common Medications**

- Paracetamol or Ibuprofen may help to relieve the symptoms of headache, muscle ache and fever.
- These medications are available without a script at your chemist

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Tonsillitis Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• As there is no treatment for a sore throat (Pharyngitis), symptom management should be the focus</li> <li>• Where bacterial tonsillitis is indicated (fever, tonsil exudate, cervical lymphadenopathy with an absence of cough) antibiotic therapy is indicated</li> <li>• An abdominal examination should be conducted to examine for splenic tenderness in conjunction with pharyngitis</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• While the symptoms of a sore throat are unpleasant, the illness usually resolves spontaneously in a few days and complications rarely occur</li> <li>• An increased fluid intake and the consumption of nutritious food with increased rest, may reduce symptom severity</li> <li>• Gargling with salt water or sucking lozenges may help to relieve sore throat</li> <li>• Persons that have had tonsillitis diagnosed 3 or more times in one year should be referred to their GP</li> <li>• Clients with a sore throat and a rash or splenic tenderness should be redirected to their GP</li> <li>• Client Information Sheet – Sore Throat</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Phenoxyethylpenicillin</li> <li>• Roxithromycin</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> </ul>	
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## **Walk-in Centre Information Sheet**

### **Sore Throat**

#### **Expected Length of Illness**

- Most sore throats are not serious and pass within 3-7 days without the need for medical treatment

#### **Expected Symptoms**

- Painful, tender feeling at the back of your throat and discomfort upon swallowing
- Fever
- Aching
- Headache
- Tiredness

#### **Common Management of Symptoms**

- Most sore throats do not require antibiotics
- Avoid food or drink that is too hot because this could irritate your throat
- Eating cool, soft food and drinking cool liquids may help to relieve symptoms
- Adults and older children may find that sucking lozenges or ice cubes, can provide additional relief from their symptoms
- Regularly using a mouthwash or warm, salty water may help to reduce any swelling or pain
- Very high temperatures, the inability to drink fluids, a rash, abdominal pain or difficulty breathing may indicate you are very unwell

#### **Common Medications**

- Paracetamol or Ibuprofen may help to relieve the symptoms of a sore throat, headache, muscle ache and fever
- These medications are available without a script at your chemist
- In some cases, where a bacterial tonsillitis is diagnosed, antibiotics may be prescribed

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Sinusitis Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>Antibiotic therapy should be used to manage sinusitis if the symptoms have been present for &gt; 7 days</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>Reassure the person that the symptoms of sinusitis usually resolve within 1 week</li> <li>Advise the person to:               <ul style="list-style-type: none"> <li>Drink adequate fluids and take Paracetamol or Ibuprofen for symptomatic relief</li> <li>Rest in bed if they are feeling fatigued</li> </ul> </li> <li>Steam inhalation may help to relieve congestion. Care should be taken to avoid scalding. Sitting in the bathroom with a running hot shower is a safe option</li> <li>Gargling with salt water or sucking menthol sweets may help to relieve nasal congestion</li> <li>Decongestants (intranasal or oral) and Normal Saline nasal irrigation may increase sinus drainage decreasing symptoms. Decongestants should not be used for more than 3 days</li> <li>Nasal steroid inhalers and anti-histamines may be appropriate. Available from Community Pharmacy</li> <li>Client Information Sheet – Sinusitis</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>Paracetamol</li> <li>Ibuprofen</li> <li>Amoxicillin</li> <li>Cefaclor</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> <li>Therapeutic Guidelines, 2009</li> <li>Australian Medicines Handbook, 2009</li> </ul>	
<b>Approval</b>	
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## **Walk-in Centre Information Sheet**

### **Sinusitis**

#### **Expected Length of Illness**

- Acute sinusitis often develops quickly following a cold or flu and the symptoms often settle without treatment within 7 days
- In many cases you won't be able to tell the difference between a common cold and sinusitis within the first week of symptoms

#### **Expected Symptoms**

- Pain and tenderness beside and above the nose
- Headache (Pain may be worse when you move your head)
- You may experience a toothache type pain or jaw pain when you eat
- Blocked or runny nose with green or yellowish mucus
- Fever

#### **Common Management of Symptoms**

- Stay comfortable and rest
- Drink extra fluid throughout your illness
- Salt water nasal sprays or sucking menthol sweets may help to relieve the blocked nose
- Steam inhalation, such as in the shower, may help to relieve congestion, care should be taken to avoid burns
- Heat packs applied over forehead may help to relieve nasal pressure and congestion
- Very high temperatures or difficulty breathing may indicate you are very unwell

#### **Common Medications**

- Paracetamol or Ibuprofen may help to relieve the symptoms of headache and fever
- Decongestant nasal sprays may help to reduce the sinus blockage and pain
- Nasal steroid inhalers and anti-histamines may help to relieve symptoms
- These medications are available without a script at your chemist
- In some cases, where a bacterial sinusitis is diagnosed, antibiotics may be prescribed

**When to Seek Further Advice**

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

<b>Allergic Rhinitis Treatment Protocol</b>	
<b>Treatment</b>	
<ul style="list-style-type: none"> <li>• Anti-histamines should be used to manage the symptoms of allergic rhinitis (hayfever)</li> <li>• Ensure allergens are removed from the client's face through facial washing with clean tap water and eye irrigation with normal saline</li> </ul>	
<b>Advice</b>	
<ul style="list-style-type: none"> <li>• The client should be advised to avoid irritants such as pollens, house dust mites, cosmetics, dust or chemical exposure</li> <li>• Allergen testing may be arranged through the GP for problematic allergic rhinitis</li> <li>• Client Information Sheet – Hayfever</li> <li>• Nasal steroid inhalers available from Community Pharmacy</li> </ul>	
<b>Medication Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Loratadine</li> <li>• Promethazine</li> </ul>	
<b>References</b>	
<ul style="list-style-type: none"> <li>• National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries 2009</li> <li>• Therapeutic Guidelines, 2009</li> <li>• Australian Medicines Handbook, 2009</li> </ul>	
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## Walk-in Centre Information Sheet

### Hayfever

#### Expected Length of Illness

- The symptoms associated with hayfever can be very unpleasant and often seasonal

#### Expected Symptoms

- Irritation and redness of the eye/s
- Sneezing with a runny nose
- Sinus pressure
- Possible itchy ears, nose and throat
- Possible headaches

#### Common Management of Symptoms

- Identify and avoid common causes of a hayfever reaction. These include irritants such as pollens, house dust mites, cosmetics, dust, grasses or chemical exposure
- Ensure that irritants are removed from the face and eyes, through facial washing and splashing your eyes with clean tap water. Cold compresses over the closed eyes may also help
- If possible, stay indoors during spring, on windy days or after thunderstorms as these are the times that you will find the greatest amount of irritants in the air
- Some people may suffer from hayfever all year round, this is called perennial allergic rhinitis
- If you suffer regularly from hayfever, or your medications are no longer relieving your hayfever symptoms or your hayfever is stopping you from sleeping, you should seek further health care advice

#### Common Medications

- Antihistamine tablets and eye drops or nasal steroid medications are commonly used in the management of hayfever
- Most of these medications are available without a script at your chemist
- Care should be taken when taking antihistamine medications as they may make some people drowsy

#### When to Seek Further Advice

- If you are worried call healthdirect on 1800 022 222
- If your symptoms do not improve you should see your General Practitioner
- You should seek urgent medical attention at the Emergency Department or by dialling 000 if you are very unwell

March 2014

**Clinical Impressions:****Limb Muscle Injury**

Condition	Criteria	Treatment
<b>Neurovascular compromise ankle</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of limb pain</li> <li>Neurological deficit noted distal to the site of complaint</li> <li>Vascular deficit noted distal to the site of complaint</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to ED Protocol</li> </ul>
<b>Contusion / strain</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of a contusion to the limbs</li> <li>Person presents with mechanism of injury consistent with a muscle strain</li> <li>Bruising in subadjacent tissues with tenderness on palpation</li> </ul>	<ul style="list-style-type: none"> <li>Contusion Treatment Protocol</li> <li>Client Information Sheet – Bruising after Injury</li> </ul>
<b>Chronic muscle pain</b>	<ul style="list-style-type: none"> <li>Persons presenting with a complaint of chronic muscle pain without a traumatic mechanism</li> </ul>	<ul style="list-style-type: none"> <li>Redirect to GP Protocol</li> </ul>

**References:**

- National Health Service Institute for Innovation and Improvement: Clinical Knowledge Summaries
- Stiell I., Greenberg G., McKnight R., Nair R., McDowell I. and Worthington J., (1992). A study to develop clinical decision rules for the use of radiography in acute ankle injuries. Ann Emerg Med. 1992 Apr; 21(4):384-90.