# Appendix 2 - Self Care advice pad for product purchase\*

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| **Resident name:** | **D.O.B** |
| **Care Home:** | |
| **Location of HCP (e.g. surgery/pharmacy):** | |
| **HCP Name:** | **HCP Signature:** |
| **Role of HCP:** | **Date:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical condition** | **Treatment**  **suggested** | **Directions – either:**  **Tick “as per packet” or if other specify** | | **Duration of t treatment**  **(** |
| Acute sore throat | Choose an item. | As per packet | Other: | Choose an item. |
| Infrequent cold sores of lip | Choose an item. | As per packet | Other: | Choose an item. |
| Conjunctivitis | Choose an item. | As per packet | Other: | Choose an item. |
| Coughs and colds and nasal  congestion | Choose an item. | As per packet | Other: | Choose an item. |
| Haemorrhoids (piles) | Choose an item. | As per packet | Other: | Choose an item. |
| Mild cystitis | Choose an item. | As per packet | Other: | Choose an item. |
| Mild Irritant Dermatitis | Choose an item. | As per packet | Other: | Choose an item. |
| Dandruff | Choose an item. | As per packet | Other: | Choose an item. |
| Diarrhoea (Adults) | Choose an item. | As per packet | Other: | Choose an item. |
| Dry eyes/sore tired eyes | Choose an item. | As per packet | Other: | Choose an item. |
| Earwax | Choose an item. | As per packet | Other: | Choose an item. |
| Excessive sweating | Choose an item. | As per packet | Other: | Choose an item. |
| Head lice | Choose an item. | As per packet | Other: | Choose an item. |
| Indigestion and Heartburn | Choose an item. | As per packet | Other: | Choose an item. |
| Infrequent Constipation | Choose an item. | As per packet | Other: | Choose an item. |
| Insect bites/stings | Choose an item. | As per packet | Other: | Choose an item. |
| Mild acne (under 65 years) | Choose an item. | As per packet | Other: | Choose an item. |
| Mild Dry Skin | Choose an item. | As per packet | Other: | Choose an item. |
| Sunburn | Choose an item. | As per packet | Other: | Choose an item. |
| Sun protection | Choose an item. | As per packet | Other: | Choose an item. |
| Mild to moderate hay  fever/allergic rhinitis | Choose an item. | As per packet | Other: | Choose an item. |
| Minor burns and scalds | Choose an item. | As per packet | Other: | Choose an item. |
| Minor conditions associated  with pain, discomfort and/fever | Choose an item. | As per packet | Other: | Choose an item. |
| Mouth ulcers | Choose an item. | As per packet | Other: | Choose an item. |
| Oral Thrush | Choose an item. | As per packet | Other: | Choose an item. |
| Prevention of dental caries | Choose an item. | As per packet | Other: | Choose an item. |
| Ringworm/athletes foot | Choose an item. | As per packet | Other: | Choose an item. |
| Threadworm | Choose an item. | As per packet | Other: | Choose an item. |
| Travel sickness | Choose an item. | As per packet | Other: | Choose an item. |
| Warts and Verruca | Choose an item. | As per packet | Other: | Choose an item. |
| Probiotics | Choose an item. | As per packet | Other: | Choose an item. |
| Vitamins and minerals | Choose an item. | As per packet | Other: | Choose an item. |
| Glucosamine and Chondroitin | Choose an item. | As per packet | Other: | Choose an item. |

**\*Please note: this is not a prescription and the recommended product will need to be purchased**