# 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:**  |

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|  **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 nasalcongestion | 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 hayfever/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**