

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

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

Medical condition	Treatment suggested	Directions – either: Tick “as per packet” or if other specify		Duration of treatment
Acute sore throat	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Infrequent cold sores of lip	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Conjunctivitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Coughs and colds and nasal congestion	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Haemorrhoids (piles)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild cystitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild Irritant Dermatitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Dandruff	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Diarrhoea (Adults)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Dry eyes/sore tired eyes	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Earwax	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Excessive sweating	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Head lice	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.

Indigestion and Heartburn	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Infrequent Constipation	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Insect bites/stings	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild acne (under 65 years)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild Dry Skin	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Sunburn	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Sun protection	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild to moderate hay fever/allergic rhinitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Minor burns and scalds	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Minor conditions associated with pain, discomfort and/fever	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mouth ulcers	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Oral Thrush	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Prevention of dental caries	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Ringworm/athletes foot	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Threadworm	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Travel sickness	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Warts and Verruca	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Probiotics	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Vitamins and minerals	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Glucosamine and Chondroitin	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.

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