Medicines are available in a pharmacy to make sure the customer receives appropriate information and advice.

See page 4, Facts Behind the Fact Card: Pharmacy and Pharmacist Only medicines

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Quality care – providing good practice and profit
By Jill Malek

Pharmacists and pharmacy assistants have always played a major role in primary healthcare. Today, we are seeing more and more customers wanting to self-treat minor illnesses. Customers are coming to the pharmacy for information and solutions to their healthcare problems and we must be ready with health information and to help them self-medicate safely and efficiently. This is our opportunity!

Customers often present at pharmacies after self-treating with products bought from supermarkets and health food stores which may not have adequately treated their condition. This is where trained staff can step in and play an active role in managing these conditions by offering direct patient care – something supermarkets cannot do. All pharmacy staff can share their knowledge and take the opportunity to make a greater contribution to positive customer health outcomes.

In this month’s inPHARMation some common every day examples of issues involving Schedule 2 and 3 medicines are examined. These thought-provoking examples emphasise the need for pharmacists and pharmacy staff to provide guidance and best practice, evidence-based advice to customers.

Schedule 2 and 3 medicines are now seen as vital for pharmacy both from the health and patient outcomes perspective and from the financial contribution they make to pharmacy profitability. Therefore, it is crucial that pharmacists and pharmacy staff deal appropriately with situations involving the recommendation and sale of these medicines. The need for ongoing staff training is essential. Pharmacy assistants need to know what products are in the S2 and S3 categories, how to identify them and when to refer to a pharmacist. Pharmacists need to engage with customers not only from behind a counter but also in the aisles of the pharmacy.

Education and specific product knowledge is the difference between what pharmacy staff can offer a customer and what they can get in a supermarket. Providing a relevant self care Fact Card whether it be Thrush and Vaginal discharge or Migraine and Chronic pain is a great opportunity to give the customer up-to-date, accurate and evidence-based information and gives the customer a ‘take home’ message.

As stated in the recently released, Now or never: shaping pharmacy for the future by the Royal Pharmaceutical Society of Great Britain, ‘a list of services in a pharmacy window will not suffice – pharmacists need to be out at the front of pharmacies actively engaging in conversation with people and offering services to those coming in.’

So go on, take up the challenge – engage with your customers. Remember they often come to the pharmacy with a complex set of symptoms and chronic illnesses seeking advice. Customers want to speak to the pharmacist and they need your support and knowledge.

Electronic delivery
The Health column is available weekly by email. If your pharmacy would like to receive the column, please send your email details to psc.nat@psa.org.au

As a Pharmacist you have a vital role to play in Australian healthcare. Pregnancy, Birth and Baby is here to support you and your patients.

Becoming a parent can sometimes be challenging or overwhelming. Its reassuring to know that Pharmacists can refer patients to Pregnancy, Birth and Baby for safe, reliable information and support, at any time of the day or night.

“When Georgia was a newborn, I had some issues with breastfeeding. When I called the Pregnancy, Birth and Baby helpline I was reassured that my problem was a normal one, and I received practical advice on how to treat it.” Courtney Young, Pregnancy, Birth and Baby caller.

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Pharmacy and Pharmacist Only medicines

By Jill Malek

Pharmacists have always had a role in primary health care but as more consumers want to self-treat minor illnesses and receive more self care information, their role is expanding. When consumers enter the pharmacy, they are primarily seeking advice and solutions to their health problems.

Learning objectives

After reading this article, the pharmacist should be able to:

- Recognise the need for pharmacists to engage with consumers when recommending non-prescription medicines
- Describe how the pharmacy’s workflow can be designed to maximise the pharmacist’s time to engage with consumers
- Discuss the pharmacist’s role in recommending and providing certain S3 medicines.

Competencies addressed (2010): 1.1, 1.2, 1.3, 2.1, 2.3, 2.4, 2.6, 6.1, 6.2, 6.3, 7.1.

Pharmacists have a responsibility to ensure the safe and judicious provision of non-prescription medicines and therapeutic devices appropriate to consumers’ needs, and to encourage consumers to actively participate in decision making. Providing consumers with advice about self-medication is an important role for pharmacists.1

Pharmacists can have an active role in managing long-term conditions, self care and public health. To do this they need to offer direct patient care, an opportunity for pharmacists to share their knowledge and an opportunity to make a greater contribution to positive consumer health outcomes.2 As stated in the recently released, Now or never: shaping pharmacy for the future by the Royal Pharmaceutical Society of Great Britain, ‘a list of services in a pharmacy window will not suffice – pharmacists need to be out at the front of pharmacies actively engaging in conversation with people and offering services to those coming in.’3

Engaging with consumers

Engaging with consumers can be difficult. Conversations with consumers about their health issues can also be time consuming. Consumers often present at pharmacies after self treating with products bought from supermarkets and health food stores which may not have adequately treated their condition. They come to the pharmacy with a complex set of symptoms and chronic illnesses, want to speak to the pharmacist and need their support.4

To engage more fully with consumers, particularly when recommending S2 (Pharmacy) and S3 (Pharmacist Only) medicines, pharmacists need to alter their work practices. They must position themselves on the ‘shop floor’, making themselves readily accessible to consumers and ready to address consumer enquiries. This may be a new practice experience for some pharmacists, and some may not feel confident in this role. Although this lack of confidence may be associated with a perceived lack of skills or knowledge,
it is more likely attributed to a lack of familiarity with this new way of practising and stepping outside the traditional dispensary role assumed by pharmacists.5

Some suggestions to facilitate pharmacists’ engagement with consumers include:

• effective use of highly trained dispensary assistants allowing the pharmacist to leave the dispensary and spend time with consumers

• using primary care pharmacists who provide specialised health services and have a non-dispensing role

• using visible identifiers of the pharmacist (e.g. name badges, white coats) allowing for easy identification of the pharmacist by consumers

• ongoing staff training for all pharmacy staff focusing on product knowledge

• using pharmacy protocols, e.g. What-stoP-go or carer or ones developed by the pharmacy to ensure the consumer’s questions and healthcare issues are effectively addressed and legislative requirements are met

• using PSA Pharmacist Only guidance documents ensuring the pharmacist meets legislative requirements as well as providing for the consumer’s needs6

• having written product information and Self Care Fact Cards readily available to reinforce the information consumers have received from all pharmacy staff members

• offering pharmacy services such as MedsCheck for longer consultations.

It is important to remember that Pharmacy and Pharmacist Only medicines represent a significantly profitable category in the pharmacy. Providing exceptional service in this category can make a positive impact on overall profitability. Consumer service in this area involves having well trained pharmacy staff who are able to give appropriate, individually tailored advice to consumers about the medicine being purchased or requested.7 8

PSA’s Pharmacy Support Program offers pharmacies across Australia access to a facilitator or coach to support you in your pharmacy to implement professional services, to effect change and address implementation challenges. This method has been demonstrated to result in significant and importantly, sustained improvements in practice organisation, processes and service delivery. To find out more visit www.psa.org.au/pharmacy-support/program

Health information
Medicines information is widely available in the public domain; consumers increasingly obtain information not only from healthcare providers but from the internet, package inserts, advertisements, and family and friends.5

Providing advice and medicines information is an essential pharmacist responsibility. Pharmacists often need to convert complex medical information into practically applicable information for the consumer. To do this they need to ask the right questions and deliver concise messages that are tailored to the consumers’ needs.1

Requests for non-prescription medicines can be symptom based, occurring when a consumer asks for advice to treat specific symptoms they are experiencing, or product based, when the consumer asks for a specific product by name. Either type of request requires a specific approach to ensure the consumer receives a response that will help them implement recommendations. See Practice point 1.

Pharmacist Only medicines
Pharmacists must be directly involved during the supply of a Pharmacist Only medicine.9 Pharmacists are required to do more than simply acknowledge the sale of this type of medicine but must engage with the consumer. This can be achieved by following a systematic procedure, and supporting pharmacy staff to follow the procedure e.g. WHAT-STOP-GO and CARER. Pharmacists may prefer to customise these procedures based on consumer need to provide individualised patient care.4

Practice point 2 provides an overview of the considerations when supplying Pharmacy and Pharmacist Only medicines.

Practice point 1

Product-based requests
1. Explain why you need to ask questions.
2. Ask how they found the product worked for them.
3. Ask the consumer to tell you about the product.
4. Acknowledge their experience with using the product.

Symptom-based request
1. Gather information by active listening and reflecting on the consumer’s comments.
2. Ask about the consumer’s experience with the condition, including past treatment.
3. Support the consumer to make an informed decision on treatment.

Facts Behind the Fact Card

Pharmacy and Pharmacist Only medicines
Pharmacist Only module number 246
Below are a series of scenarios which discuss the need for the pharmacist to engage with the consumer during the provision of S3 medicines.

**Bacterial conjunctivitis**

Anita comes into the pharmacy and asks for some chloramphenicol eye drops. Her eye is red and watery. She has also self-selected a bottle of contact lens cleaning solution and places it on the counter.

Chloramphenicol 0.5% eye drops are an S3 medicine that can be recommended for the treatment of bacterial conjunctivitis. 10

See Practice point 3.

People who wear contact lenses have a 6% chance per year of developing problems associated with their use, although the majority of these problems will be fairly minor. These conditions may include dry eyes, bacterial or allergic conjunctivitis and microbial keratitis.11

Contact lens wearers may be unaware of the risks associated with wear and specifically with poor contact lens hygiene. Pharmacists should educate contact lens wearers on the need for good lens care to reduce the incidence of microbial keratitis associated with their use.12

If a contact lens wearer, presents with a history of pain and irritation or watering eyes and red eye, they should be referred immediately to a general practitioner (GP) for further examination. The problem may be associated with the lens itself, conjunctival or corneal problems.13

You ask Anita if the eye drops are for her and if she wears contact lens. She says the drops are for her as her eye is painful and watery. She says the eye feels gritty as well. She also wears contact lens.

A contact lens wearer who presents with a possible eye infection should be referred to a GP. Although chloramphenicol has proven efficacy when associated with bacterial conjunctivitis caused by staphylococcal infections, it has the potential to delay treatment of microbial keratitis in people who wear contact lenses. Keratitis caused by Pseudomonas spp. and Klebsiella spp. are not susceptible to chloramphenicol and treatment with these eye drops would not be appropriate.11

**Nausea**

Jennifer, a 27-year-old woman, walks up to you in the pharmacy and asks for something for nausea. She says that she feels sick and just can’t get rid of it.

Nausea has many causes, including pregnancy, postoperative, food poisoning, motion sickness, radio and chemotherapy, and emotional stress. Thorough questioning is required to try to determine the cause.13

Most cases of nausea are acute and self-limiting. Chronic nausea may have many potential causes and a significant number of patients remain undiagnosed despite extensive investigation. Chronic symptoms are defined as those lasting one month or more. Pharmacists should ask how long they have experienced the nausea.13

**Box 1. Common medicines causing nausea and vomiting**11

- Cancer chemotherapy
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Digoxin (nausea can occur at therapeutic levels)
- Antiarrhythmics
- Oral antidiabetics (especially metformin)
- Antibiotics (especially erythromycin, bactrim)
- Sulfasalazine
- Nicotine patches
- Narcotics
- Antiparkinsonian drugs
- Anticonvulsants (including at therapeutic doses)
- High dose vitamins
Certain medicines, alcohol and illicit drugs are also associated with nausea. Medication side effects usually present acutely soon after commencing the drug. Pharmacists should ask if the consumer is taking any medicines, including vitamins, herbs and over-the-counter medicines, as well as taking an alcohol and drug history. Any recent change in the consumer’s medication regimen is particularly relevant. Any recently commenced medicine should also be considered as a potential cause of nausea. However, some are particularly prone to cause this side effect. Questioning should focus on the potential causes of nausea and may include:

- Are you pregnant?
- Do you have associated vomiting or diarrhea?
- Have you recently started on a new medicine or changed dose?
- Do you have a headache?
- Do you have a stiff neck?
- For how long have you been nauseous?

Jennifer tells you she is not pregnant, doesn’t have a migraine or isn’t taking any medicines. On further questioning, she tells you that she has been stressed at work and hasn’t been able to sleep. Her boyfriend suggested she use some of his nicotine patches to calm her nerves as smoking always helps him.

You are unable to recommend prochlorperazine for her nausea as it is only scheduled S3 for treatment of nausea associated with migraine. There is no off label non-prescription use. Refer to Practice point 4 Guidance for the provision of a Pharmacist Only medicine; Prochlorperazine.

Jennifer’s symptoms of nausea may be associated with her current stress, lack of sleep and her use of the nicotine patch. You advise Jennifer to remove the nicotine patch as this may be contributing to her nausea. Jennifer has mentioned that she is highly stressed and you provide her with some strategies for reducing her stress including increasing her exercise, reducing her caffeine and alcohol intake and eating her evening meal before 8pm.

You also give her Sleeping problems and Relaxation techniques Self Care Fact Cards.

Pain

Mike is a 28-year-old builder who has come to the pharmacy for some Nurofen Plus. He says he’s used it for about a week since he ‘pulled a muscle’ in his back on a building site. He asks if there is anything else that might help him.

Consumers often come to pharmacies to talk about pain. Pharmacists have to be ready to engage with these consumers about their pain and pain management, particularly as they may have already started to self-treat with analgesics purchased from a supermarket, or are long-term users of pain medicines and are still experiencing chronic pain symptoms. Pharmacists often need to give advice about complex pain conditions, such as musculoskeletal pain, or recurring headaches. Consumers also want to discuss pain relief, pain medicines and pain management. Pharmacists need to recognise when pain is not being adequately treated; these consumers may not ask for help but need to be identified and their pain better managed.

Pharmacists and pharmacy assistants need to be aware of the potential for overuse of over-the-counter combination analgesic products containing codeine, which can lead to toxicity from the non-opioid analgesics such as renal failure and gastrointestinal perforation from ibuprofen. Treatment with simple analgesics, or other opioids if required, provides a more predictable response.

An individual’s response to codeine is variable. As codeine requires conversion to morphine to exert an analgesic effect, those who are slow metabolisers may not be able to convert enough codeine to experience analgesia and those who are very fast metabolisers, may be at risk of opioid toxicity. Some drugs may also affect the efficacy of codeine by interfering with the CYP2D6 metabolism pathway e.g. paroxetine, sertraline and citalopram.

Considerations when supplying chloramphenicol eye drops for bacterial conjunctivitis.

- Some of the reasons why referral to an optometrist or GP might be necessary are:
  - eyes are sensitive to light
  - swelling around the eye or severe eye pain
  - vision is affected
  - eye movement is restricted
  - cornea is cloudy
  - copious yellow-green discharge
  - the person wears contact lenses
  - suspected eye injury
  - the drops are for a child <2 years.
- One-to-two drops should be placed into the eye every two hours initially and then every six hours as the infection improves.
- When placing the drops into the affected eye(s), the person should tilt their head back, lower and pull out their eyelid gently to form a pouch to drop the eye drop into.
- Try not to touch the tip of the dropper to the eye as this may spread the infection.
- Symptoms should improve within 48 hours of treatment. If symptoms don’t resolve within this period, the person should consult a GP or optometrist.
- If untreated, symptoms may resolve spontaneously within five days.
John Bell says

Practice point 4

Pharmacist advice when supplying codeine.16

- Determine frequency and duration of use – if using regularly and for long periods of time, consider referral to the GP.
- Discuss effectiveness of codeine – if codeine is not effective in treating the pain, referral to the GP should be considered.
- Advise on other pain management techniques – depending on the history of the pain, other management options such as physiotherapy, massage, or acupuncture may be suggested.
- Drowsiness – some people may experience drowsiness when using codeine; if affected, consumers should be advised not to drive or operate machinery.
- Constipation – some individuals may experience constipation when using codeine; the use of a laxative such as docusate and senna may be recommended.
- Combination products – other products may also contain codeine; consumers should be advised to ascertain the ingredients of the product and to avoid taking other products containing codeine.

Everyone perceives pain issues differently. Personalising the conversation with consumers about their pain will help the pharmacist identify the best available pain management options.

After taking a history of his injury including when it occurred, how he did it, how painful it is, any restrictions to the range of movements and if it is getting worse, you suggest that Mike’s acute lower back pain would be better treated by a combination of rest, exercises and simple analgesics.

Mike’s use of ibuprofen/codeine combined product is not providing him with adequate pain relief. There is no conclusive evidence that combining codeine (8–15 mg) with other analgesics such as ibuprofen has any benefits over non-opioid analgesics used alone.16

You suggest that Mike stop taking the Nurofen Plus and take paracetamol regularly, e.g. paracetamol 665 mg, 2 tablets three times a day. You encourage Mike to see a doctor if his condition does not improve after two weeks.16

Mike would benefit from a longer consultation about his pain issues and pain management. You suggest a MedsCheck and he readily agrees, even though he has to pay for this service as he is ineligible for a funded/claimable MedsCheck. You also refer Mike to a physiotherapist who specialises in back pain and will develop customised exercises to help relieve his pain.

You give Mike the Pain relievers and Sprains and strains Self Care Fact Cards and suggest using hot/cold packs on his back as well as gentle massage of the painful area.
Breathlessness

Peter comes into the pharmacy. He is short of breath after exercising and would like a Ventolin inhaler. He says that he has used his inhaler three times this week and has not run out.

Use of short acting beta-agonists (SABA) (e.g. salbutamol and terbutaline) is approved for the prevention and relief of bronchospasms. They have rapid onset of action (5–15 minutes), short duration of action (3–6 hours) and similar efficacy. They are used prophylactically before exercise to help prevent exercise-induced asthma. They should be only used as needed. Adverse effects include tremor, palpitations, headache and hyperglycaemia.

Exercise-induced asthma is the short-lived narrowing of the airways that follows vigorous exercise in a dry environment by clinically-recognised people with asthma. Exercise-induced asthma occurs in around 50–65% of people with asthma who are being treated with inhaled corticosteroids. Severe exercise-induced asthma is accompanied by arterial hypoxemia and lung hyperinflation, and requires medical attention.

Pharmacists have a role in managing asthma. The aim of asthma management is to achieve good long-term asthma control. The criteria for assessment of control includes recent use of SABA; recent symptom frequency (daytime and nocturnal); recent exacerbations; and current lung function. Asthma severity is classified according to the intensity of treatment required to achieve good asthma control and refers to the underlying status of the asthma (as distinct from the severity of asthma exacerbations). See Practice point 5.

Peter has exercise-induced asthma which appears to be poorly controlled shown by his regular use of the SABA. You explain to Peter that his asthma symptoms are best controlled if the inhaler is used before exercise and with the regular use of an inhaled corticosteroid. As Peter’s asthma is not controlled, you refer him to his doctor for further review of his symptoms and medicines.

You ask Peter to demonstrate his use of the inhaler. His technique is poor and he has trouble co-ordinating his breath with the pressurised metered dose of medicine which may explain his uncontrolled asthma. You suggest using a spacer to help him receive the correct dose of medicine and ask a pharmacy assistant to demonstrate its use.

You provide him with the Asthma and Asthma medicines Self Care Fact Cards.

Emergency contraception

Sally approaches you in the pharmacy and asks for ‘the morning after pill’. You take her to the consultation area in the pharmacy and ask her how long it has been since she had sexual intercourse. She replies that it’s been about four days.

Levonorgesteral is registered for use as an emergency contraceptive within 12 hours but no later than 72 hours after unprotected sex. However, although its efficacy decreases with time, it can still be given within 96 hours and up to 120 hours afterwards but its efficacy is uncertain. See Practice point 6.

Levonorgesteral acts to mainly delay or inhibit ovulation. If the woman is already pregnant, levonorgesteral will not disrupt or harm an established pregnancy as it cannot disrupt an implanted fertilised egg and evidence suggests it does not affect implantation.

In the consultation area, you ask Sally some questions from the Emergency Contraceptive (EC) checklist to ensure it is appropriate for her. You explain to Sally that EC is registered for use within 72 hours of unprotected sex and show her the product information. As it has been about 84 hours since sexual intercourse, you explain that it will not be as effective but she can still take it.

Sally decides to use the emergency contraceptive and you record that you have supplied the emergency contraceptive to Sally for use greater than 72 hours after sexual intercourse and have explained that its efficacy may be diminished.

Practice point 5

The main steps involved in asthma management are:

- accurate diagnosis
- assessment of the patient’s level of asthma control and risk of future adverse outcomes
- achieving and maintaining good asthma control through:
  - appropriate use of medicines
  - appropriate management of exacerbations
  - use of an asthma action plan.
- patient education including advice on smoking cessation, inhaler technique, avoiding environmental triggers and the importance of adherence to therapy
- regular monitoring and review of:
  - level of control
  - inhaler technique
  - adherence to therapy and asthma action plan.

Related Fact Cards

- Vomiting and diarrhoea
- Chronic pain
- Sprains and strains
- Asthma
- Asthma medicines
- Contraception
- Red and dry eyes
Practice point 6

Considerations when supplying levonorgesterol for emergency contraception

- The effectiveness of emergency contraception declines with time after unprotected intercourse.
- Referral to a GP or sexual health clinical might be appropriate if the person is under the age of 16, or it has been more than 72 hours since unprotected intercourse, or if it is likely that the person is already pregnant.
- If sexual assault is suspected, the pharmacist should offer support and assistance with reporting the incident to the police and facilitate referral to a sexual assault referral centre or GP.
- One tablet of 1.5 mg or two tablets of 750 mcg can be taken as soon as possible and within 72 hours of unprotected intercourse. If preferred, one 750 mcg tablet can be taken as soon as possible and a second 750 mcg tablet can be taken 12 hours after the first dose.
- A pregnancy test three weeks after the dose of emergency contraception might be advisable to ascertain whether pregnancy has occurred.

You suggest that a pregnancy test three weeks after the dose of emergency contraception might be advisable to determine whether pregnancy has occurred.

You supply Sally with the PSA Emergency Contraception Pill (ECP) factsheet1 and also emphasise the need for ongoing contraception and provide the Contraception Self Care Fact Card.

You also advise Sally that the ECP does not protect against sexually transmissible infections (STIs).

You explain that most STIs show no symptoms and if undiagnosed or untreated STIs can lead to serious complications like infertility. For this reason you encourage Sally to have a sexual health check with her GP or family planning clinic within 2–3 weeks.

References
Assessment questions for the pharmacist

Pharmacy and Pharmacist Only medicines

Circle one correct answer from each of the following questions.

Before undertaking this assessment, you need to have read the Facts Behind the Fact Card article and the associated Fact Cards.

This activity has been accredited by PSA as a Group 2 activity. Two CPD credits (Group 2) will be awarded to pharmacists with four out of five questions correct. PSA is accredited by the Australian Pharmacy Council to accredit providers of CPD activities for pharmacists that may be used as supporting evidence of continuing competence.

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Please retain a copy for your own purposes. Photocopy if you require extra copies.

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1. The pharmacist’s role in providing non-prescription medicines is:
   a) to be directly involved in the sale of all medicines sold in the pharmacy.
   b) to be available to provide advice on all medicines sold in the pharmacy.
   c) to ensure that all pharmacy staff members are able to provide advice about Pharmacist Only medicines.
   d) to provide advice to every person who requests a Pharmacy medicine.

2. Direct involvement in the sale of Pharmacist Only medicines includes:
   a) ensuring that the medicines are safe and appropriate for the consumer’s therapeutic needs.
   b) nodding to the pharmacy assistant to acknowledge that they are supplying a Pharmacist Only medicine.
   c) applying a label with the directions for use to a Pharmacist Only medicine without speaking to the consumer.
   d) making Pharmacist Only medicines available for self-selection by the consumer.

3. The pharmacy’s workflow can be designed to maximise the pharmacist’s time to engage with consumers by:
   a) positioning the pharmacist in the pharmacy.
   b) having dispensary technicians process all prescriptions.
   c) offering additional pharmacy services such as MedsCheck and Home Medicines Reviews for longer consultations between the pharmacist and the consumer.
   d) all of the above.

4. Pharmacists can encourage good asthma control by consumers through:
   a) monitoring the appropriate use of medicines.
   b) regular review of inhaler use.
   c) use of an asthma action plan.
   d) all of the above.

5. Which of the following medicines commonly causes nausea?
   a) Paracetamol.
   b) Ramipril.
   c) Gliclazide.
   d) Rosuvastatin
**Pharmacy and Pharmacist Only medicines**

By Jill Malek

Medicines are available in a pharmacy to make sure the customer receives appropriate information and advice. Pharmacy assistants need to interpret the customer’s needs and provide them with the best possible health information. Some customers requiring advice about medicines or medical conditions need to be referred to the pharmacist.

**Schedules**

Certain medicines are classified to restrict the customer’s access to them. This classification is based on the chance of these medicines affecting customers’ health and safety. These classifications are known as schedules.

Scheduling of medicines is a safeguard for customers. It reduces the risk of harm if they were able to self-select these medicines.

In the pharmacy, Schedule 2 (S2) medicines, known as Pharmacy medicines, and Schedule 3 (S3), known as Pharmacist Only medicines, are available without a prescription. These medicines are considered to be safe for most people to use for the treatment of minor illnesses. Health advice from the pharmacist may be necessary to make sure these medicines are used safely and effectively. See Table 1.

**Labelling**

Pharmacy and Pharmacist Only medicines are labelled clearly. The labels are in capitals, in bold print and are on the first line/s of the main label i.e. the top of the packaging or label. This is how you can identify the schedule of the medicine.

Different quantities of the same medicine may have different schedules and this is shown by the labelling. For example, a box of 48 paracetamol tablets is labelled ‘PHARMACY MEDICINE’ showing that this quantity of tablets is a scheduled medicine (S2) and can only be sold in a pharmacy where the customer has access to advice and counselling if necessary. A box of 24 paracetamol tablets is not labelled with these words, it is a non-scheduled medicine and can be sold anywhere. See Table 1.

**Storage**

Storage is another way to identify Pharmacy and Pharmacist Only medicines. These medicines must be stored under certain conditions. Pharmacy medicines
must be placed in a position in the pharmacy where the pharmacist can provide advice if required. Customers can choose these medicines from a shelf within the pharmacy. Pharmacist Only medicines must be placed in a location in the pharmacy that does not allow customers to self-select these medicines. Refer to Table 1.

Recommending medicines

Pharmacy assistants can recommend Pharmacy medicines to customers but cannot recommend Pharmacist only medicines; instead must refer the customer to the pharmacist.

Protocols have been designed to help in the recommendation of Pharmacy and Pharmacist Only medicines. These protocols and procedures give you guidance in handling customer requests for these medicines and must be followed consistently either in a symptom-based request or a product-based request.

Commonly used protocols for Pharmacy and Pharmacist Only medicines are CARER and WHAT-STOP-GO. Your pharmacy may have also developed their own protocols for supplying non-prescription medicines.

Using protocols

Be confident when asking the customer certain questions. Even if customers ask for scheduled medicines by name, the protocol for supply of these medicines must still be followed. You cannot assume that the customer has made the correct diagnosis or has requested the most appropriate product.

Richard is 65 years old. He regularly gets his prescriptions dispensed at the pharmacy and mentions that his big toe nails are very thick and chalky and keep breaking. He asks if there is anything he can do to stop this?

From Richard’s description, he may have a fungal infection in the nails. Fungal nail infections can affect both toenails and fingernails, but toenail infections are more common and usually occur in older adults. These infections can cause a variety of changes in the affected nail including thickening, white patches, brittleness and separation of the nail from the nail bed.

You use the WHAT-STOP-GO protocol to help to ask the right questions and to gather information.

From the appearance of Richard’s toe nails, they appear to be infected with a fungus. His toe nails have been like this for about six months.

As the nail bed and white crescent shaped part of the nail do not appear to be affected you suggest Amorolfine nail lacquer as a possible treatment. You explain to Richard that the nail lacquer must be applied once or twice weekly and the nail must be filed before each application. Richard must continue with the treatment for 6–12 months until the affected nail regrows.

Richard needs to protect the skin around the nail from the nail lacquer. You suggest putting some Vaseline on this skin. He also must be careful to wash his hands thoroughly before and after use of the nail treatment.

Referring to the pharmacist

All requests for Pharmacist Only medicines need to be referred to the pharmacist. Some requests for Pharmacy medicines or complex symptom-based requests (e.g. a customer asks for advice to treat specific symptoms they are experiencing) may also need the advice of the pharmacist to make sure medicines are used safely and effectively. Your pharmacy may also have special situations which are referred to the pharmacist.

If you need to refer a customer to the pharmacist, explain the reason to the customer. Tell the pharmacist any information you have gathered from the customer in an accurate and confidential manner. Refer to Box 1 for triggers or situations when you will need to refer the customer to the pharmacist.

Andrea is a regular customer and you notice she is looking in the antifungal section of the pharmacy. You approach her and ask if she needs any help. She picks up a tube of Canesten cream and asks if this would be helpful for thrush.

Thrush is a common term used to describe a fungal infection. It may occur in the mouth, vaginal area, nappy area and between skin folds. Symptoms of the infection vary depending on where it is located on the body. It is important to ask Andrea:

• Who is the treatment for?
• What are her symptoms?
• Where are her symptoms?
• How long has she had these symptoms?

Andrea says that the cream is for her. She thinks she has vaginal thrush as she has some discharge and is very itchy. She also mentions that last time she had these symptoms she used this cream.

The description of Andrea’s symptom makes you think she may have vaginal thrush. All antifungal medicines for vaginal use are Pharmacist Only and must be recommended by the pharmacist. Andrea has self-selected a topical antifungal cream which is not appropriate for her condition. Also she mentions she has had thrush previously which may indicate an underlying disease such as diabetes.

You explain you are going to refer her to the pharmacist who will provide the correct medicine and medical advice. While Andrea is waiting to speak to the pharmacist, you give her the Thrush and Vaginal discharge Self Care Fact Cards.

Table 1. Legislative differences between Pharmacy medicines and Pharmacist Only medicines

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Supply</th>
<th>Storage</th>
<th>Labelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy medicine</td>
<td>A pharmacist or pharmacy assistant must give appropriate advice and information</td>
<td>In a position where the pharmacist can provide advice if required</td>
<td>PHARMACY MEDICINE</td>
</tr>
<tr>
<td>(Schedule 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist Only medicine</td>
<td>A pharmacist must be consulted Pharmacist can recommend Schedule 3 medicines Pharmacy/dispensary assistants cannot recommend Schedule 3 medicines</td>
<td>Out of direct access to customers so they cannot self-select these items</td>
<td>PHARMACIST ONLY MEDICINE</td>
</tr>
<tr>
<td>(Schedule 3)</td>
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</tbody>
</table>
Counter Connection

Box 1. Triggers for referral to the pharmacist

- Request for a product that is not appropriate to treat their symptoms
- Symptoms are recurring, persistent or have worsened
- Young or elderly customers
- Customer has unusual or alarming symptoms
- Customers with other medical conditions
- Pregnancy or breastfeeding
- Customers taking other medicines
- Customers with allergies
- Treatment requested has not worked or has caused side effects
- You are unsure, suspect misuse or abuse

Peter comes into the pharmacy and asks for a box of Mersyndol. He says he has used it before.

Although you have only recently started working in the pharmacy, you know where this product is kept but are unsure what it is used to treat. From the labelling and storage of the product, you know that Peter’s request must be referred to the pharmacist. It is a Pharmacist Only medicine.

You have just completed training in the WHAT-STOP-GO protocol and ask Peter if the medicine is for him, what are his symptoms and has he used any other treatment. He replies that he has a migraine which is just starting at the front of his head and he hasn’t taken anything yet.

You tell Peter that you must refer his request to the pharmacist who will assess his pain needs. You speak to the pharmacist in a quiet manner and explain Peter’s request and tell the patient information you have gathered.

While Peter is waiting to speak with the pharmacist, you direct him to a chair, provide him with the Migraine and Chronic pain Self Care Fact Cards and suggest he may benefit from a cold pack placed on his forehead to ease the pain and an eye mask for blocking out light when he is resting.

The sale of Pharmacy and Pharmacist Only medicines is an important role of pharmacies. Supply of these medicines can impact on customer health and well-being, and is also an important aspect of pharmacy business and profitability. By being confident and capable, you can help ensure that customers use Pharmacy and Pharmacist only medicines appropriately.

Tips for providing information and advice

- Provide the customer with all the information they need about the medicine. Consider offering a Consumer Medicines Information (CMI) leaflet.
- Give the customer any follow-up advice; what to do if symptoms don’t improve or if they experience any side effects. Encourage the customer to return to the pharmacy if they are concerned.
- Provide any relevant self care and/or lifestyle advice; give written/printed information to support this such as Self Care Fact Cards.

Talking to the customer

When you are recommending a medicine or answering a product request, keep your answers simple and focus on the most important issues. Written/printed information, such as Self Care Fact Cards, can help the customer understand and remember any information. To reinforce the information you have given to the customer, repeat the most important information at the end of the conversation.

Present information to the customer in a clear and logical order. An appropriate order might be:

- What the medicine is used for: how the medicine will help the customer’s symptoms or condition.
- How to use the medicine: how much to take, how often, with or without food.
- Common side effects: what side effects the customer may experience and what to do if this occurs.
- What to do if the symptom/condition does not resolve.

Some customers may focus on the side effects. It is good to explain there may be possible side effects with any medicine, but not everyone experiences side effects. If they are concerned about any side effects, refer them to the pharmacist.
**Assessment questions for the pharmacy assistant**

**Pharmacy and Pharmacist Only medicines**

<table>
<thead>
<tr>
<th>Personal ID number:</th>
<th>Full name:</th>
<th>Pharmacy:</th>
<th>Address:</th>
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**Pharmacy and Pharmacist Only medicines assessment questions for the pharmacy assistant**

Circle one correct answer from each of the following questions.

Before undertaking this assessment, you need to have read the Counter Connection article and the associated Fact Cards. The pass mark for each module is five correct answers. Participants receive one credit for each successfully completed module. On completion of 10 correct modules participants receive an Achievement Certificate.

**Assessment due 30 April 2014**

Please retain a copy for your own purposes. Photocopy if you require extra copies.

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1. **Which of the following best describes Pharmacy (S2) medicines?**
   - a) They can only be sold in pharmacies with the direct involvement of the pharmacist.
   - b) They can only be sold in pharmacies where professional advice is available.
   - c) They can only be sold in pharmacies on a prescription.
   - d) They can only be sold in pharmacies by pharmacy assistants.

2. **The role of the pharmacy assistant in supplying non-prescription medicines includes:**
   - a) Asking additional questions to determine whether referral to a doctor is required.
   - b) Providing advice on dosage, what to expect from treatment and adverse effects of Pharmacist Only (S3) medicines.
   - c) Providing advice on dosage, what to expect from treatment and adverse effects of Pharmacy (S2) medicines.
   - d) Determining appropriateness of more complex symptom-based requests for Pharmacy medicines and direct product requests for Pharmacist Only medicines to the pharmacist.

3. **Referral to the pharmacist is required for which of the following customers?**
   - a) 13-year-old Kate.
   - b) Mrs Jones whose symptoms have got worse in the past week.
   - c) Anthea who has just come home from hospital with her new baby, Liam.
   - d) All of the above.

4. **After reading the Chronic pain Self Care Fact Card, some non-medicine therapies to manage pain include:**
   - a) Tailored exercise programs.
   - b) Long distance running.
   - c) Paracetamol.
   - d) None of the above.

5. **When providing information to a customer about a Pharmacy medicine, the MOST appropriate order might be:**
   - a) The price of the medicine, how many there are in the pack, how to use the medicine and if there are any side effects associated with the medicine.
   - b) What the medicine is used for, how to use the medicine, common side effects of the medicine and what to do if the symptom/condition does not resolve.
   - c) The side effects of the medicine, who you know has used the medicine, and what to do if the symptom/continue continues.
   - d) How to use the medicine, if there is a different sized pack and what the medicine is used to treat.

6. **Medicines must be stored in the correct location in the pharmacy based on their schedule. Which of the following medicines is in the correct place?**
   - a) A packet of 48 paracetamol tablets is on a shelf next to the jelly beans.
   - b) Boxes of 24 paracetamol/codeine tablets are in the S3 pain section of the pharmacy located in an area that is not accessible by customers.
   - c) Ventolin inhalers are positioned next to the spacers in the pharmacy shop floor.
   - d) Hydrocortisone 1% ointment is placed next to the moisturisers and other skincare creams.
Self Care achievers

Self Care presents certificates to staff who successfully complete a year of Counter Connection modules. We would like to congratulate the following people:

Year 3
Tara Potter
Jacqui Wiltshire
Katrina Kunz
Angela Ayub

Year 2
Mollie Redford
Sara Verity
Ivana Fabris
Karen Green
Asha Das

Year 1
Trudy Britton
Wendy Allen
Annette Astles
Melinda Auld
Darleen Simpson
Anita Kerwin
Dianna Lee
Anna Juralowicz
Alison Gillett
Jacquie Smith
Debbie De Bono
Rebecca Bennett
Karra Lantry
Katrina Tan
Rhonda Davidge
Daniel Ferrington
Tracey Newell
Patricia Hannon
Lauren Marchant
Jenifer Rees
Kristen Vine
Katelin Opferkuch
Amy Bowen
Lisa Bougon
Sharon Harris
Susanne Chidiac
Grace Rainey
Catherine Moore
Emma Leeson

Conferences and calendar dates

Conferences
- PSA NSW Branch Annual Therapeutic Update 7–9 March 2014 The Crown Plaza, Terrigal NSW
- Australian Pharmacy Professional Conference and trade exhibition 2014 13–16 March 2014 Gold Coast, Qld www.appconference.com
- CPExpo Connecting practice to patient outcomes 30 May–1 June Sydney, NSW www.psa.org.au/cpexpo
- Pharmacy 2014 – The Pharmacy Management Conference 30 July–1 August Surfers Paradise Marriott Resort & Spa, Qld

National health calendar dates

March 2014
- All Month National Epilepsy Awareness Month Epilepsy Australia www.epilepsyaustralia.net
- All Month Melanoma March Melanoma Institute Australia www.melanoma.org.au
- 9–15 World Glaucoma Week Glaucoma Australia www.glaucoma.org.au
- 10–16 International Brain Awareness Week Brain Foundation www.brainfoundation.org.au
- 13–20 Coeliac Awareness Week Coeliac Australia www.coeliac.org.au
- 20 World Oral Health Day Australian Dental Association NSW Branch www.adansw.com.au
- 26 Purple Day for Epilepsy Awareness Epilepsy Australia www.epilepsyaustralia.net

April
- 11 World Parkinson’s Day Parkinson’s Queensland www.parkinsons-qld.org.au
- 18 Good Friday
- 21 Easter Monday
- 25 Anzac Day