

Appendix I: Training Links

DISCLAIMER: The below videos are for information only and should not be used for the diagnosis or treatment of medical conditions. Abraham The Pharmacist has used all reasonable care in compiling the information but make no warranty as to its accuracy. Always consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions.

Also see: <https://www.abrahamthepharmacist.com/>

How To Use An Inhaler | How To Use A Ventolin Inhaler Properly Correctly | Asthma Inhaler Technique



<https://www.youtube.com/watch?v=iO8HpORGHOA>

Common inhaler technique mistakes:

- Not breathing out first. When you breathe out fully (or as much as you comfortably can) just before taking your inhaler, you create more space in your airways for your next breath in. This means that you can breathe in deeper and for longer when you inhale your asthma medicine - giving it the best chance of reaching the small airways deep inside your lungs, and being most effective.
- Not holding your breath after taking your inhaler. If you've been advised to hold your breath after taking in your inhaler, it's very important to do so. When you hold your breath after inhaling the medicine, you are keeping your airways still. This gives more time for the medicine to get into your lungs. If you can hold your breath for 10 seconds, this is ideal but if this isn't possible, you will still benefit by holding it for as long as you feel comfortable.
- Not priming the aerosol inhaler device. Aerosol inhalers require priming (so you get the right amount of medicine when you use it) before using for the first time, or if they have not been used for a while - always refer to information leaflet.
- Not shaking your MDI before use and between puffs. If you don't shake the canister, the asthma medicine and propellant (the substance which helps turn the medicine into aerosol form) will not mix together properly and too much or too little of one will be released.
- Inhaling too early before pressing the canister. If you're already half way through breathing in by the time the medicine is released from the inhaler, you won't have enough time to finish breathing in all the medicine because your lungs will already be full. If this happens, some of the medicine will end up being sprayed in your mouth and hitting the back of your throat and not being carried down to your lungs where it's needed.
- Inhaling too late after pressing the canister (unless you're using a spacer). It takes less than half a second from the time the canister is pressed for all the medicine inside the inhaler to

be released. If you breathe in after this time, some of the medicine will end up being sprayed in your mouth and not to your lungs where it's needed.

- Not leaving enough time between doses. You need to give your inhaler a good shake between doses and then wait at least 30 to 60 seconds before taking the next puff.

JUST ASK:

If you're ever unsure about your inhaler technique always double check with your pharmacist, nurse practitioner or GP.

How to treat an asthma attack video link:

<https://www.youtube.com/watch?v=wmDL3iA9Zu4>

How To Swallow Tablets Easily | Best Easy Way Technique To Swallow Capsules | Difficulty Swallowing



<https://www.youtube.com/watch?v=-a5b2u7MG7U>

How To Use Nasal Spray | How To Use Nasal Spray Properly | Nasal Spray Technique (2018)



<https://www.youtube.com/watch?v=mYQhlaolKj0>

What are nasal sprays:

Nasal sprays are a solution or suspension of medicine. They are sprayed into the nostrils, usually to produce a local effect directly inside the nose.

Some nasal sprays are used to administer medicine that acts on other parts of the body. In these cases the medicine is absorbed into the bloodstream from the lining of the nose, which is rich in blood vessels.

Other useful information:

- Do not share nasal sprays with other people.

- Decongestant nasal sprays should not be used for longer than 5-7 days, as this can cause the nasal congestion to come back (rebound congestion).
- EXPIRY: never use your nasal spray after the expiry date as it may be contaminated with dirt or bacteria. Follow the printed instructions given with your spray. Write the date you open your nasal spray on the bottle so you know when to throw it away.
- Always use the nasal spray according to the printed label or as instructed by your doctor or pharmacist.
- Your nasal spray should be cleaned at least once a week, or more frequently if it becomes blocked. Follow the printed instructions supplied with the spray.
- Inform your doctor or pharmacist if you accidentally take more than you were supposed to.
- Nasal sprays are only intended for use in the nose and must not be taken by mouth.
- Once you have finished the treatment course, carefully dispose of any leftover nasal spray, or return it to your pharmacist for disposal.
- Always keep medicines out of the reach of children.

If you have any further questions please speak to your pharmacist.

How To Use Eye Drops (2018)



<https://www.youtube.com/watch?v=meft0OwowLE>

Wrist-knuckle technique:

1. Check the expiry date on your eye drop bottle, and shake if required.
2. Wash your hands before opening the bottle.
3. Lie down or sit down and tilt your head back.
4. Make a fist with one hand and use your knuckles to pull your lower eyelid downwards. Place your other hand with the eye drop bottle onto your knuckles (see video).
5. Look up and squeeze one drop into your lower eyelid, making sure the nozzle does not touch your eye, eyelashes or eyelid.

6. Close your eye and press gently on the inner corner of your eye (punctum hold) for 1-2 minutes to ensure the drop is fully absorbed.

Top tips when using eye drops:

- Wash your hands and shake the bottle (if advised on the information leaflet) before use.
- Never share your eye drops with anyone else.
- Store them as instructed, whether that is at room temperature (never near a radiator) or in the fridge.
- Use your drops only within the expiry date on the bottle, and within the expiry once opened. This is usually 28 days once the bottle is open, but can vary for different eye drop bottles, so always check to ensure they are safe to use. This is to ensure they are not contaminated or have become less effective. It is a good idea to write the date that you open the bottle and the future expiry onto the label so you know when it will expire.
- Some of the single dose unit drops may be packaged within a sachet or pouch inside the box, and when the seal is open, all the drops within the sachet/pouch have a limited expiry date, for example seven days. Look at the leaflet that comes with your drops or check with your pharmacist to be sure you know the correct expiry once opened.
- Order further supplies from your GP before your bottle has finished. This will ensure that you do not run out of drops.
- Use your eye drops at the same time each day, and as evenly spaced out throughout the day as possible.
- Only administer the number of drops advised by your clinician.
- If you are using more than one type of drop in the same eye, remember to leave a five minute gap between drops to allow the first drop to be absorbed. Otherwise, the second drop will wash the first drop out, causing it to have been ineffective.
- If you are using an eye ointment at the same time as your eye drops, always use your eye drops first and leave a five minute gap before using the ointment.
- If you are having difficulty opening your drop container or bottle, or having difficulty squeezing a drop into your eye, speak to your pharmacist as they can recommend useful administration aids that can help.
- If you use contact lenses, never put a drop in your eye whilst wearing a lens unless advised by your clinician and allow 15 minutes after using your drops before inserting a lens. Contact lens wearers should avoid using eye drops which contain preservatives. Please speak to your doctor or pharmacist about alternative preservative free eye drops.

How To Use Steroid Cream | How To Use Steroid Ointment | How To Use Steroid Cream For Eczema (2018)



<https://www.youtube.com/watch?v=Lp5f6qvW50k>

What are topical steroids:

Topical steroids work by reducing inflammation in the skin. They are used for various skin conditions including eczema. (Steroid medicines that reduce inflammation are sometimes called corticosteroids. They are very different to the anabolic steroids which are used by some bodybuilders and athletes.)

There are many types and brands of topical steroid. However, they are generally grouped into four categories depending on their strength - mild, moderately potent, potent and very potent. There are various brands and types in each category. For example, hydrocortisone cream 1% is a commonly used steroid cream and is classed as a mild topical steroid. The greater the strength (potency), the more effect it has on reducing inflammation but the greater the risk of side-effects with continued use.

Creams are usually best to treat moist or weeping areas of skin. Ointments are usually best to treat areas of skin which are dry or thickened. Lotions may be useful to treat hairy areas such as the scalp.

How to apply topical steroids:

Always follow your healthcare professionals instructions on how much to apply and how often.

Most people only need to use the medication once or twice a day for a week or two, although occasionally your doctor may suggest using it less frequently over a longer period of time.

The medication should only be applied to affected areas of skin. Gently smooth it into your skin in the direction the hair grows.

If you're using both topical corticosteroids and emollients, you should apply the emollient first. Then wait about 15 minutes before applying the topical corticosteroid.

Fingertip units:

The amount of topical steroid that you should apply is commonly measured by fingertip units (FTUs). One FTU is the amount of topical steroid that is squeezed out from a standard tube along an adult's fingertip. (This assumes the tube has a standard 5 mm nozzle.) A fingertip is from the very end of the finger to the first crease in the finger.

One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together.

Two FTUs are about the same as 1 g of topical steroid. For example, say you treat an area of skin the size of eight adult hands. You will need four FTUs for each dose. (This is 2 g per dose. If the dose is once a day, then a 30 g tube should last for about 15 days of treatment.)

Please visit the following links for more information on topical steroids and the FTUs for different parts of the body:

<https://patient.info/skin-conditions/atopic-eczema/topical-steroids-for-eczema>
<https://www.nhs.uk/conditions/topical-steroids/#how-to-use-topical-corticosteroids>

Side effects:

Short courses of topical steroids (fewer than four weeks) are usually safe and usually cause no problems. Problems may develop if topical steroids are used for long periods, or if short courses of stronger steroids are repeated often. The main concern is if strong steroids are used on a long-term basis. Side-effects from mild topical steroids are uncommon.

Side-effects from topical steroids can either be local or systemic. Local means just affecting that bit of skin and systemic means affecting the whole person.

Please visit the links above for more information on topical steroids.

How To Use Eye Ointment | How To Apply Ointment To The Eyes | How To Administer An Eye Ointment



<https://www.youtube.com/watch?v=MqzmmW1IPuU>

Using an eye ointment:

1. Wash your hands well before you use the eye ointment.
2. Sit or stand in front of a mirror.
3. Remove the cap from the tube.
4. Tilt your head back a little and pull the lower lid of your eye out to form a pocket.
5. Hold the tube upside down near to your eye.
6. Apply enough pressure to the tube to release a thin line of ointment along the inside of the lower eyelid. Try not to touch your eye as you do this.

7. Give the tube a little twist at the end to cut the ointment from the tube.
8. Close your eye for 30 seconds to 1 minute then blink a few times to spread the ointment around the inside of your eye.
9. Your vision may become a little blurred after you use an eye ointment. If you blink several times after you apply your eye ointment your vision should clear. Try not to rub your eyes.
10. Repeat the process in your other eye if directed by your healthcare professional.
11. When you have finished, remember to replace the cap on the tube in order to prevent the ointment from becoming contaminated. Try not to touch the top of the tube.

Some points about eye ointments:

Eye ointments are free from germs (sterile) before the bottle top is opened. Once it is opened:

- Keep the tube closed in a cool, dark place (unless otherwise advised).
- Do not let the top of the tube touch your eye, fingers, or any other surface. This is to keep it free from germs such as bacteria.
- Do not let anyone else use your eye ointment and do not use anyone else's eye ointment yourself.
- Throw out the tube (and get a new one if required) after the recommended time. This is often four weeks after first opening the tube - always check information leaflet for exact time frame.
- Never keep opened tubes to use later. There is a risk that the ointment may become infected if it is kept and used for longer than advised. You may wish to write the date that you opened the tube on the label so you will know when it is time to throw it out.
- Do not wear contact lenses whilst using eye ointments unless otherwise advised. (Some drugs and preservatives in eye ointments can accumulate in soft contact lenses and may cause harm.)

Using other eye ointments or drops:

If you need to use two eye ointments, you should apply one of the eye ointments as per the instructions above; then, wait about half an hour before you apply the second eye ointment. This is in order to allow enough time for the first eye ointment to be absorbed.

If you have been prescribed an eye drop as well as an eye ointment you should normally apply the eye drop first. Wait five minutes and then apply your eye ointment.

Warfarin: Information About Warfarin | Warfarin Interactions | Warfarin Side Effects (2018) Coumadin



<https://www.youtube.com/watch?v=rRs5y3o1BZ4>

What is Warfarin:

Warfarin is the main oral anticoagulant used in the UK. An anticoagulant is a medicine that prevents blood clotting.

Clotting (thickening) is a complex process involving a number of substances called clotting factors.

Clotting factors are produced by the liver and help control bleeding. They work with cells that trigger the clotting process (platelets) to ensure blood clots effectively.

Warfarin blocks one of the enzymes (proteins) that uses vitamin K to produce clotting factors. This disrupts the clotting process, making it take longer for the blood to clot.

When is Warfarin prescribed:

Anticoagulant medicines, such as warfarin, are often prescribed for people who've had a condition caused by a blood clot or have an increased risk of developing harmful blood clots.

Taking Warfarin:

It's very important that you take warfarin exactly as directed. Don't increase your prescribed dose unless the doctor in charge of your care advises you to.

Warfarin is taken once a day, usually in the evening. It's important to take your dose at the same time each day, before, during or after a meal.

The aim of warfarin therapy is to decrease the blood's tendency to clot, but not stop it clotting completely. This means the dose of warfarin you're taking must be carefully monitored and, if necessary, adjusted.

You'll have regular blood tests at your GP surgery or local anticoagulant clinic to make sure your dose is correct.

The INR is a measure of how long it takes your blood to clot. When you start taking warfarin, you may be given a yellow booklet about anticoagulants, which explains your treatment.

Interactions with Warfarin:

Medicines

Warfarin can interact with many other medicines, herbal medicines and supplements. Always ask your pharmacist, GP or staff at your anticoagulant clinic before you take them as they may interact with your warfarin.

Also visit <https://bnf.nice.org.uk/interaction/warfarin.html>... to check medication interactions.

Foods and drink

Foods containing large amounts of vitamin K include:

- Green leafy vegetables, such as broccoli and spinach
- Vegetable oils
- Cereal grains
- Small amounts of vitamin K can also be found in meat and dairy foods.

When your first dose of warfarin is prescribed, it doesn't matter how much vitamin K you're eating because the dosage will be based on your current blood clotting levels.

However, if you make significant changes to your diet, such as increasing your vitamin K intake or cutting out foods that contain vitamin K, it could interfere with how warfarin works.

Consult the healthcare professional responsible for your care before making any significant changes to your diet while taking warfarin. Why you should avoid cranberry juice whilst taking warfarin is in the link lower down.

Alcohol

Getting drunk or binge drinking is dangerous while taking warfarin. It may increase the effect of the drug, increasing the risk of bleeding.

See links below for more information.

Side effects, when to seek medical attention & more information:

<https://patient.info/medicine/warfarin-an-anticoagulant>

Fire Hazard With Paraffin Based Emollients | Flammable Skin Creams | Reduce Fire Risk Of Paraffin Based Emollients



<https://www.youtube.com/watch?v=nq7JtvRdtWY>

Fire hazard with paraffin based skin products on dressing and clothing:

The fire risk is increased when people use paraffin based cream or ointments regularly but do not change clothes or bedding often, paraffin residue can soak into the fabric, making it flammable. Sparks from a cigarettes or other fire sources can then react with the paraffin residue.

The national patient safety agency (NPSA) had commissioned fire testing to determine the potential risk of paraffin based products and their fire risk. They concluded that paraffin contamination on clothing leads to a more rapidly growing fire, which burns much more intensely and is harder to extinguish.

Emollients associated with an increased fire risk:

Skin products containing paraffin based products, for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment, in contact with dressings and clothing are easily ignited with a naked flame or a cigarette.

The evidence currently only relates to White Soft Paraffin and there is currently no evidence of a risk of fire hazard with preparations containing concentrations of white soft paraffin lower than 50%, however the NPSA has taken the view that this risk could apply to any paraffin 'based' product.

How to reduce fire hazard risk with paraffin based emollients:

- Stop smoking (or being near to people who are smoking), or exposure to any open flame or other potential cause of ignition during treatment.
- Regularly change clothing or bedding impregnated with paraffin based products (preferably on a daily basis), as the paraffin soaks into the fabrics and can potentially be a fire hazard. Chairs or seating may also have the potential to become contaminated so cover with a throw and wash regularly.
- Washing instructions to reduce paraffin - High temperature wash (90C) with biological washing powder.
- Tell your friends, family and carers about the fire hazard risk of your treatment so they can be more careful.