Patient Group Direction

Supply of Flucloxacillin 500mg Capsules By Community Pharmacists for the Management of Skin Infections Protocol number 503 Version 2

Date protocol prepared: March 2019

Date protocol due for review: March 2021

Expiry date: **March 2022**

This patient group direction must be signed by all health care professionals involved in its use. The NHS organisation should hold the original signed copy. The PGD must be easily accessible in the clinical setting.

Organisation	NHS Forth Valley

Job Title	Name	Signature	Date
Director of Nursing	Angela Wallace	Signed by Angela Wallace	8/3/19
Medical Director	Andrew Murray	Signed by Andrew Murray	8/3/19
Director of Pharmacy	Scott Mitchell	Signed by Scott Mitchell	8/3/19

This document authorises the supply of **Flucloxacillin 500mg capsules** by appropriate practitioners to patients who meet the criteria for inclusion under the terms of the document.

Practitioners seeking to supply **Flucloxacillin 500mg capsules** must ensure that they assess all clients to make sure they meet the criteria before supplying the product.

The purpose of this Patient Group Direction is to help patients by ensuring that they have ready access to a quality assured service which provides a timely, consistent and appropriate supply of **Flucloxacillin 500mg capsules** for the treatment of **skin infections** patients.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	David Herron	Signed by David Herron	7/3/19
Pharmacist	Kirstin Cassells	Signed by Kirstin Cassells	8/3/19
Nurse			
Microbiologist (if appropriate)	Robbie Weir	Signed by Robbie Weir	6/3/19
Paediatrician (if appropriate)			

Approval from Patient Group Directions Group

	Chair	Signed on behalf of group	Date
Patient Group Directions Group	Scott Mitchell	Signed by Scott Mitchell	8/3/19

The following Patient Group Direction for Supply of **Flucloxacillin 500mg capsules** by Community Pharmacists for the Management of skin infections may be used from the following business/practice:

Name:

Address:

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

CLINICAL CONDITION

Indication	Treatment of Skin Infection
Inclusion Criteria	○ Infected insect bite ○ Cellulitis (patient afebrile and healthy other than cellulitis) ○ Paronychia (nail infection)
Exclusion Criteria	○ Patient under 18 years old ○ Beta-lactam antibiotic (e.g. penicillins, cephalosporins) allergy or allergy to excipients of the capsules ○ Cellulitis where patient is febrile and/or unwell (i.e. features suggestive of systemic infection). ○ Cellulitis from human or animal bite ○ Cellulitis related to surgical wound ○ Peri-orbital (preseptal) cellulitis ○ Diabetic foot infection ○ History of MRSA infection or colonisation ○ History of injecting drug use (e.g. illicit drugs, anabolic steroids) ○ Pregnant or breastfeeding ○ Known hepatic Impairment ○ Known renal Impairment ○ Previous history of flucloxacillin associated jaundice/hepatic dysfunction ○ Porphyria ○ Informed consent not obtained ○ Concomitant use of : ○ Probencid ○ Sulfinpyrazone ○ Methotrexate ○ Oral typhoid capsule ○ Piperacillin ○ Warfarin
Caution/ Need for further advice	Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with Flucloxacillin has been stopped. Healthcare professionals are reminded that:

	• Flucloxacillin should not be used in patients with a history of jaundice/hepatic dysfunction associated with Flucloxacillin • Careful enquiry should be made about hypersensitivity reactions to beta-lactam antibacterials Caution- drug interactions- see BNF and Summary of Product Characteristics.
Action if Patient declines or is excluded	Refer patient to GP Practice / Out Of Hours for review

DRUG DETAILS

Name, form & strength of medicine	Flucloxacillin 500mg capsules
Legal Status	POM
Route/ Method	Oral
Dosage	500mg
Frequency	Four times daily
Duration of treatment	Seven days
Maximum or minimum treatment period	Seven days
Quantity to Supply/ administer	1 x 28 capsules
Side Effects	Minor gastro-intestinal disturbances. For a full list of side effects – refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional administering medication under this Patient Group Direction. This can be accessed on www.medicines.org.uk All adverse reactions that are serious or result in harm should be reported to the MHRA through the Yellow Card Scheme. Online reporting available from http://yellowcard.mhra.gov.uk/.
Advice to patient/carer	Ensure patient is aware that if symptoms worsen, the patient becomes systemically unwell, or develops a temperature then they should seek medical advice that day. If symptoms have not improved after 7 days treatment, then patients should be advised to seek further medical advice. Inform patient of possible side effects and their management and who to contact should they be troublesome. Advise patient of the importance of taking Flucloxacillin regularly and completing the course. If rash or other signs of hypersensitivity occur, stop

	taking the medicine and contact your doctor for advice Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food. Latest recommendations are that no additional contraceptive precautions are required when combined oral contraceptives are used with antibacterials that do not induce liver enzymes,e.g. Rifampicin, unless diarrhoea and vomiting occur. The Drug Manufacturer Patient Information Leaflet should be given. Patients should be informed who to contact should they experience an adverse drug reaction.
Follow up	Advise patient to seek medical advice should symptoms worsen or not improve

STAFF CHARACTERISTICS

Qualifications	Pharmacist currently registered with the General Pharmaceutical Council.
Specialist competencies or Qualifications	Any pharmacist approved under local training
Continuing Training & Education	Up to date knowledge in therapeutic area

REFERRAL ARRANGEMENTS & AUDIT TRAIL

Referral arrangements	Ensure patient is aware that if symptoms worsen, the patient becomes systemically unwell, or develops a temperature then they should seek medical advice that day either from their GP Practice or through OOH centres. If symptoms have not improved after 7 days treatment, then patients should be advised to seek further medical advice.
Records/audit trail	A record of supply should be made on PMR which includes Name, strength, form and pack size of medicine supplied Dose and route of administration Date of supply and name of person making supply The medicine must be labelling in accordance with requirements detailed in the current version of Medicines, Ethics and Practice. The GP must be notified that a supply has taken place using the GP

	notification form. The patient's GP must be informed if the patient experiences an adverse drug reaction. A computer or manual record of all individuals receiving a supply under this PGD should also be kept for audit purposes. Any adverse events/incidents should be reported to the PGD group in addition to any existing pharmacy processes Records of supply should be kept for 8 years.
Reference sources and comments	Electronic Medicines Compendium (www.medicines.org.uk) Current edition of the British National Formulary (BNF)

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Flucloxacillin 500mg capsules by Community Pharmacists for the management of skin infections working in Forth Valley Community Pharmacies protocol number 503 Version 2

Individual Authorisation

This PGD does not remove inherent professional obligations or accountability

I_____ (please print in capitals), confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which the supply of the medicine will take place and agree to provide this medicine only in accordance with this PGD.

I understand that it is the responsibility of the pharmacist to act in accordance with the Code of Ethics for Pharmacists and to keep an up to date record of training and competency. I understand it is also my responsibility to ensure that all consultations with patients occur within a private and confidential area of the pharmacy.

I have read and fully understand the Patient Group Direction for the supply of Flucloxacillin 500mg capsules and agree to provide this medicine only in accordance with this PGD in NHS Forth Valley Community Pharmacies.

Name of Pharmacist (in block capitals)_____

GPhC Number _____ Employee ☐ Locum ☐ Relief Pharmacist ☐

If you are a locum please provide a contact email address: _____

Normal NHS Forth Valley Pharmacy Location
(Please state contractor code)

_____

Signature _____

Date _____

Note :
A copy of this agreement must be signed by each pharmacy practitioner who wishes to be authorised to use the PGD for Supply of Flucloxacillin 500mg capsules by Community Pharmacists working in Forth Valley Pharmacies.

Please return this page either by mail to Community Pharmacy Development Team, NHS Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR **OR** by email to FV-UHB.communitypharmacysupport@nhs.net attaching a scanned / photographed image. A copy should be retained in each pharmacy premises you provide the service in

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Patient Group Direction for Supply of Flucloxacillin 500mg capsules by Community Pharmacists to Patients with Skin Infections Protocol No. 503 version 2

Name of Premises & Contractor Code_____

Address of Premises_____

PROFESSIONAL AGREEMENT

I have read and confirm that I have understood the above named patient group direction. **The people below have been authorised to use this protocol.** I confirm that I understand that it is my professional responsibility to ensure all those signed below are professionally registered and have undertaken all the mandatory training requirements to enable them to work under this PGD. A current version of the PGD is available in the above named premises.

Signature of **Lead Pharmacist** for the contractor code

Name (in block capitals)	Signature	Date

Name of Professional (IN BLOCK CAPITALS)	Registration Number	Signature	Date