

Supply of Doxycycline by Community Pharmacists to Patients with an Exacerbation of COPD

Protocol Number 476 Version 2

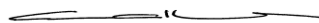


Date protocol prepared: March 2018

Date protocol due for review: March 2020

Expiry date: March 2021

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

Organisation	NHS Forth Valley
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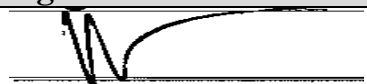

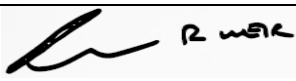
Job Title	Name	Signature	Date
Director of Nursing	Angela Wallace		4/5/18
Medical Director	Andrew Murray		4/5/18
Director of Pharmacy	Scott Mitchell		7/5/18

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


Practitioners seeking to supply **doxycycline** 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 **doxycycline** for **an infective exacerbation of COPD**.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	Dr. William Newman		2/5/18
Pharmacist	Kirstin Cassells		2/5/18
Nurse			
Microbiologist (if appropriate)	Dr. Robbie Weir		2/5/18
Paediatrician (if appropriate)	NA		

Approval from Patient Group Directions Group

	Chair	Signed on behalf of group	Date
Patient Group Directions Group	Scott Mitchell		7/5/18

Supply of Doxycycline by Community Pharmacists to patients with an exacerbation of COPD protocol number 476 version 2
 The following Patient Group Direction for Supply of Doxycycline by Community Pharmacists to patients with an exacerbation of COPD 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	To allow Community Pharmacists to supply doxycycline to patients with an infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD) who have an allergy to penicillin.
Inclusion Criteria	Definite diagnosis of COPD Infective exacerbation characterised by development or increase in sputum purulence and one or more of the following <ul style="list-style-type: none"> - increase in shortness of breath - increase in sputum volume Patient has Forth Valley COPD “self-management plan” agreed with GP which allows for treatment from Community Pharmacist
Exclusion Criteria	<ol style="list-style-type: none"> 1. Known allergy to doxycycline 2. Pregnancy 3. Breast Feeding 4. Patients with rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltase insufficiency. 5. Myasthenia gravis 6. Systemic lupus erythematosus (SLE) 7. Patients receiving the following medications; methotrexate, oral ciclosporin, oral retinoids. 8. Patients taking ergotamine or methysergide 9. Course of antibiotics within the last month with no resolution of symptoms 10. More than 2 supplies by community pharmacist in any 3 month period 11. Patient does not have Forth Valley COPD “self-management plan” at time of presentation
Caution/ Need for further advice	<ol style="list-style-type: none"> 1. The absorption of doxycycline may be impaired by concurrently administered antacids containing aluminium, calcium, magnesium or other drugs containing these cations; oral zinc, iron salts or bismuth preparations. Dosages should be maximally separated. 2. For patients taking warfarin - advise patient to contact GP Practice as soon as practical to arrange to have INR checked.
Action if Patient declines or is excluded	Refer patient to GP or Out of Hours via Professional to Professional Line

DRUG DETAILS

Name, form & strength of medicine	Doxycycline 100mg capsules
Legal Status	POM
Route/ Method	Oral
Dosage	200mg day 1 then 100mg daily
Frequency	Daily
Duration of treatment	5 days
Maximum or minimum treatment period	
Quantity to Supply/ administer	6
Side Effects	<p>Common side effects include headache, nausea and vomiting.</p> <p>For a full list of side effects – refer to Summary of Product Characteristics. A copy of this must be available to the health professional administering medication under this Patient Group Direction This can be accessed at www.medicines.org.uk</p> <p>Patients experiencing any adverse effects should discuss this with their GP or Community Pharmacist.</p> <p>All adverse reactions that are serious or result in harm should be reported to the MHRA through the Yellow Card Scheme http://yellowcard.mhra.gov.uk/</p>
Advice to patient/carer	<p>Inform patients of possible side effects and their management. The Manufacturer Patient Information Leaflet should be given. Patients taking antacids containing aluminium, calcium, magnesium or other drugs containing these cations; oral zinc, iron salts or bismuth preparations should be advised to avoid taking these at the same time as doxycycline.</p> <p>Patients receiving warfarin should be advised to have their INR checked.</p>
Follow up	Patients not improving after a few days of starting antibiotic course or if any deterioration should be advised to contact GP or NHS 24 out of hours service.

STAFF CHARACTERISTICS

Qualifications	Pharmacist on the practising section of the current GPhC register
Specialist competencies or Qualifications	<p>Attendance at local training events on COPD.</p> <p>Completion of NES COPD interactive resource – via NES TURAS https://turasdashboard.nes.nhs.scot</p>
Continuing Training & Education	Up to date knowledge in therapeutic area

REFERRAL ARRANGEMENTS & AUDIT TRAIL

Referral arrangements	Patients who are not improving or feel their condition is getting worse should seek urgent treatment from their GP or through NHS24 out of hours.
Records/audit trail	<p>Record of supply must be made on PMR and in the patient's self-management card. This should include the date of supply, the dosing instructions and the advice given re side effects and follow up.</p> <p>The record on the PMR should include the name of the pharmacist making the supply and criteria satisfied for supply i.e. presenting symptoms.</p> <p>Record "supplied via Patient Group Direction (PGD)"</p> <p>A computer or manual record of all patients receiving doxycycline through this PGD must be kept for audit purposes.</p> <p>The patient's GP must be made aware of the supply within 72 hours of supply being made using the agreed pro-forma.</p>
Reference sources and comments	<ol style="list-style-type: none"> 1. Chronic Obstructive Pulmonary Disease. National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care. CG101. June 2010 2. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for Diagnosis, Management and Prevention of COPD. 2015 (www.goldcopd.com) 3. BNF – Current Edition 4. Summary of product characteristics

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Doxycycline by Community Pharmacists for the management of COPD working in Forth Valley Community Pharmacies protocol number 476 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 Doxycycline 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 Doxycycline by Community Pharmacists working in Forth Valley Pharmacies.

Please return this form (page 6) to Pharmacy Services, Falkirk Community Hospital, Westburn Avenue, Falkirk. FK1 5QE (Fax Number 01324 673616) and retain a copy in each pharmacy premises you wish to provide the medicine from. Each authorised pharmacy practitioner should be provided with an individual copy of the authorised PGD and a photocopy of the document showing their authorisation.

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT
Patient Group Direction for Supply of Doxycycline by Community Pharmacists to Patients with an exacerbation of COPD
Protocol Number 476 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 it is my professional responsibility to ensure all those signed below have had their professional registration confirmed as per normal company processes and have signed the necessary PGD paperwork* to enable them to work within the confines of this PGD.

*The professional signing the PGD paperwork accepts personal responsibility for having undertaken all the mandatory training requirements for the PGD.

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

Name (in block capitals)	Signature	Date

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