

Patient Group Direction

Supply of flucloxacillin in patients aged 1-17 years for the treatment of skin infections by Community Pharmacists Protocol Number 648 Version 1

Date protocol prepared: August 2023

Date protocol due for review: August 2025

Expiry date: August 2026

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
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Job title	Name	Signature	Date
Director Of Nursing	Frances Dodd	Signed by Frances Dodd	19/1/24
Medical Director	Andrew Murray	Signed by Andrew Murray	15/12/23
Director of Pharmacy	Laura Byrne	Signed by Laura Byrne	22/1/24

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

Practitioners seeking to supply flucloxacillin 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 in the treatment of skin infection in patients aged 1-17 years.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	David Herron	Signed by David Herron	15/12/23
Pharmacist	Hollie Houghton	Signed by Hollie Houghton	5/12/23
	Euan Proud	Signed by Euan Proud	6/12/23
Nurse			
Microbiologist (if appropriate)	Robbie Weir	Signed by Robbie Weir	15/12/23
Paediatrician (if appropriate)	David Watson	Signed by David Watson	15/12/23

Approval from Patient Group Directions Group

	Chair	Signed on behalf of group	Date
Patient Group Directions Group	Laura Byrne	Signed by Laura Byrne	22/1/24

Lead Author responsible for updating change history:

Change history

Version	Date	Summary of changes
1	29/8/23	New PGD

The following Patient Group Direction for Supply of flucloxacillin by Community Pharmacists for the Management of Mild Skin Infections in those aged 1 – 17 years old 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 bacterial skin infection in patients aged between 1-17 years.
Inclusion Criteria	<ul style="list-style-type: none"> • Infected insect bite • Cellulitis (patient afebrile and healthy other than cellulitis) • Acute paronychia with signs of cellulitis • Impetigo where there is more than one 'island' of infection <p>Children under 16 should demonstrate competence under Lord Fraser rules, or consent for treatment must be given by an adult with parental responsibility</p>
Exclusion Criteria	<ul style="list-style-type: none"> • Patient under 1 year old • Patient 18 years or older (use national PGD) • Known hypersensitivity to beta-lactam antibiotic (penicillins or cephalosporins) or any excipients • Cellulitis where patient febrile and/or unwell (i.e. features suggestive of systemic infection) • Cellulitis related to a human or animal bite • Cellulitis related to surgical wound or chronic wound/ leg ulcer or burns • Peri-orbital (preseptal)/facial cellulitis present • Cellulitis on arms or torso not linked to an insect bite • Recurrent cellulitis i.e. more than once within a year • Acute paronychia with signs of cellulitis AND a collection of pus requiring drainage AND/OR in severe pain • Diabetic foot infection • Known hepatic impairment or flucloxacillin associated jaundice • Known severe renal impairment • History of MRSA infection or colonisation in the last 3 months. • History of injecting drug use (e.g. illicit drugs, anabolic steroids) • Concomitant use of interacting medication e.g. probenecid,

	methotrexate, oral typhoid capsule, warfarin <ul style="list-style-type: none"> • History of porphyria • Known immunosuppression or taking immunosuppressants • Pregnant or breastfeeding • Informed consent not obtained
Caution/ Need for further advice	Healthcare professionals are reminded that: <ul style="list-style-type: none"> • Careful enquiry should be made about hypersensitivity reactions to beta-lactam antibacterials • Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with flucloxacillin has been stopped. Cautions - see BNF and Summary of Product Characteristics
Action if Patient declines or if excluded	Refer patient to GP Practice / Out Of Hours for review If excluded due to surgical wound/leg ulcer or burn refer to local treatment centre.

DRUG DETAILS

Name, Form and Strength of drug	Flucloxacillin 250mg and 500mg capsules Flucloxacillin 125mg/5ml and 250mg/5ml oral solution (Sugar and Sugar Free formulations)
Legal status	Prescription only medicine (POM)
Route/ method	oral
Dosage	Dosage is dependent on age, weight and severity of infection. <ul style="list-style-type: none"> • Refer to children's BNF and BNF. Usual children's dosage; <ul style="list-style-type: none"> - Aged 12-23 months; 62.5mg–125mg* - Aged 2-9 years; 125mg-250mg* - Aged 10-17 years; 250mg-500mg* *Use the higher dosage in each age range unless judged necessary to use lower children's BNF dose. <ul style="list-style-type: none"> • Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation. Wherever possible, patients aged 12 years and over should be treated with solid dosage forms and suspension only reserved for those who are genuinely unable to swallow tablets / capsules.
Frequency	Four times daily (during waking hours)
Duration of Treatment	5 days
Storage	Capsules – Store in a dry place below 25°C Un-constituted powder: Store in a dry place below 25°C. Reconstituted oral suspension: Store between 2-8°C in a refrigerator and discard any remaining suspension after 7 days
Quantity to supply/ administer	Capsules – provide 5 days treatment

	Oral solution – provide 5 days treatment in multiples of 100ml
Side Effects	<p>Minor gastro-intestinal disturbances e.g. nausea, vomiting, diarrhoea Hypersensitivity</p> <p>For a full list of side effects – refer to the marketing authorisation holder’s 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</p> <p>All adverse reactions that are serious or result in harm should be reported to the MHRA through the Yellow Card Scheme https://yellowcard.mhra.gov.uk/ .</p>
Advice to Patient/ Carer	<ul style="list-style-type: none"> • Take this medicine when your stomach is empty. This means an hour before food or 2 hours after food • Advise patient of the importance of taking flucloxacillin regularly and completing the course • Inform patient of possible side effects and their management and who to contact should they be troublesome • If rash or other signs of hypersensitivity occur, stop taking the medicine and contact your doctor for advice • Ensure patient is aware that if symptoms worsen, the patient becomes systemically unwell e.g. develops a temperature, racing heartbeat, rapid shallow breathing or confusion then they should seek medical advice that day • If symptoms have not improved after 2-3 days treatment, then patients should be advised to seek further medical advice • Latest recommendations are that no additional contraceptive precautions are required when combined oral contraceptives are used with antibacterials that do not induce liver enzymes, 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 be improving after 2-3 days

STAFF CHARACTERISTICS

Qualifications	Pharmacist currently registered with the General Pharmaceutical Council.
Specialist competencies or qualifications	<p>Any pharmacist approved under local training</p> <p>Pharmacists must have the necessary competencies and training to use the PGD and be authorised to use the PGD by their Lead Pharmacist.</p>

	<p>Under PGD legislation there can be no delegation. Administration of Penicillin has to be by the same practitioner who has assessed the patient under the PGD.</p> <p>Adhere to the GPhC Standards for Pharmacy Professionals May 2017 and subsequent updates.</p>
Continuing Training and education	<p>Up to date knowledge in therapeutic area</p> <p>Pharmacists must have up to date knowledge of Penicillin evidenced through ongoing CPD.</p>

REFERRAL ARRANGEMENTS AND AUDIT TRAIL

Referral arrangements	<p>If symptoms have not improved after 2-3 days treatment, then patients should be advised to seek further medical advice.</p>
Records/ audit trail	<p>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</p> <p>The medicine must be labelled in accordance with requirements detailed in the current version of Medicines, Ethics and Practice.</p> <p>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.</p> <p>A computer or manual record of all individuals receiving a supply under this PGD should also be kept for audit purposes.</p> <p>Any adverse events/incidents should be reported to the PGD group in addition to any existing pharmacy processes For children retain records until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 3 years after death.</p>
Reference Sources/comments	<p>Electronic Medicines Compendium (www.medicines.org.uk)</p> <p>Current edition of the British National Formulary (BNF)</p>

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Flucloxacillin by Community Pharmacists for the management of skin infections in patients aged 1 – 17 years by Community Pharmacists working in Forth Valley Community Pharmacies Protocol number 648 Version1

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 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 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.communitypharmacysupport@nhs.scot 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 by
Community
Pharmacists to Patients with skin infections
Protocol No. 648 Version 1

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