

Patient Group Direction

Supply of Penicillin V (Phenoxymethylpenicillin) for the treatment of acute sore throats by Community Pharmacists in those aged 5 years and over Protocol Number 647 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	18/1/24
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 Penicillin V (Phenoxymethylpenicillin) by appropriate practitioners to patients who meet the criteria for inclusion under the terms of the document.

Practitioners seeking to supply Penicillin V (Phenoxymethylpenicillin) 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 Penicillin V (Phenoxymethylpenicillin) in the treatment of acute sore throats in patients aged over 5 years.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	David Herron	Signed by David Heron	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

Supply of Penicillin for the treatment of acute sore throats by community pharmacists in those aged 5 years and over 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 acute sore throat in patients ages 5 years and over.
Inclusion Criteria	<ul style="list-style-type: none"> • Valid informed consent <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> <ul style="list-style-type: none"> • Patients 5 years or over with an acute sore throat with a Fever PAIN score of 4 or 5: • Fever PAIN criteria: <ul style="list-style-type: none"> • Fever in the last 24 hours • Purulence • Attending rapidly (under 3 days) • Severely inflamed tonsils • No cough or coryza (catarrhal inflammation of the mucus membrane in the nose) • Give a score of 1 to each of the criteria present (maximum score of 5). Higher scores suggest more severe symptoms and likely bacterial (streptococcal) cause. • A score of 0 or 1 is associated with 13-18% likelihood of streptococcus • A score of 2 or 3 is associated with at 34-40% likelihood of streptococcus • A score of 4 or 5 is associated with a 62-65% likelihood of streptococcus <p>Antibiotics should be avoided where possible as most throat infections are caused by viruses. Symptoms can last for around 1 week, but most people will get better within this time without antibiotics, regardless of cause</p>
Exclusion Criteria	<ul style="list-style-type: none"> • No valid informed consent • Age under 5 years • Fever pain score 0-3 • Uvula deviation • Severe suppurative complications (e.g. peri-tonsillar abscess or cellulitis (Quinsy) parapharyngeal abscess,

	<p>retropharyngeal abscess, or Lemierre syndrome) as there is a risk of airway compromise or rupture of the abscess- refer to secondary care immediately</p> <ul style="list-style-type: none"> • Adult epiglottitis – suggested by severe and acute onset of sore throat and fever, muffled voice, drooling and stridor (do not examine the throat of anyone with possible epiglottitis and refer to secondary care immediately) • Child epiglottitis – high fever, sore throat, noisy breathing and dribbling (do not examine the throat of anyone with possible epiglottitis and refer to secondary care immediately) • Stridor or respiratory difficulty or severe airway obstruction • Signs of sepsis or meningitis • Dehydration or reluctance to take fluids – fluid intake less than 50% of normal • Infection with Herpes virus • Risk of airway compromise or rupture of the abscess • Difficulty breathing • Difficulty speaking • Profoundly and systemically unwell and/ or risk of immunosuppression. • Pregnancy • Breastfeeding • Known hypersensitivity to beta-lactam antibiotics (e.g. penicillins /cephalosporins) or their excipients • Penicillin-associated jaundice or hepatic dysfunction • Patients who are immuno-compromised (including treatment with methotrexate) • Severe hepatic impairment • Previous course of antibiotics for the same episode • Patients with atypical symptoms e.g. other rashes/lesions • Patients prescribed warfarin
Caution/ Need for further advice	<p>Healthcare professionals are reminded that:</p> <ul style="list-style-type: none"> • Careful enquiry should be made about hypersensitivity reactions to beta-lactam antibacterials • Diphtheria: characteristic tonsillar or pharyngeal membrane.
Action if Patient declines or if excluded	<p>Refer patient to GP Practice / Out Of Hours/ Emergency Dept for review</p>

DRUG DETAILS

Name, Form and Strength of drug	Phenoxymethylpenicillin 125mg/5ml oral solution Phenoxymethylpenicillin 250mg/5ml oral solution Phenoxymethylpenicillin 250mg tablets
Legal status	Prescription only medicine (POM)
Route/ method	Oral
Dosage	Children 5 years 125mg Children 6 to 11 years 250mg Children 12 to 17 years 500mg Adults 500mg Take on an empty stomach (30 minutes before food or 2 hours after) where possible
Frequency	Four times daily (during waking hours)
Duration of Treatment	5 days or 10 days if a recurrent sore throat (previous episode within past 12 months).
Storage	Tablets – 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	children 5 years old: 1 x 100ml Penicillin V 125mg/5ml oral solution Children 6-11 years old: 20x250mg tablets or 1 x 100ml Penicillin V 250mg/5ml oral solution Children 12 to 17 years old: 40x250mg tablets or 2x 100ml Penicillin V 250mg/5ml oral solution Adults: 40 x 250mg Penicillin V tablets or 2x 100ml Penicillin V 250mg/5ml oral solution Or double if treating a recurrent sore throat (10 day supply)
Side Effects	Side effects are usually mild and transient, but may include: <ul style="list-style-type: none"> • Hypersensitivity reactions including urticaria and rashes • Nausea/vomiting, stomach pain, gastro intestinal disturbances, diarrhoea and antibiotic associated colitis • Fever, joint pains • Angioedema, anaphylaxis, serum sickness like reactions • Haemolytic anaemia, intestinal nephritis, leucopenia, thrombocytopenia, coagulation disorders • Central nervous system toxicity

	<p>Use the Yellow Card System to report unexpected adverse drug reactions directly to the CSM. Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF or via www.yellowcard.gov.uk</p> <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
Advice to Patient/Carer	<ul style="list-style-type: none"> • Take this medicine when your stomach is empty. This means 30 minutes before food or 2 hours after food where possible • Advise patient of the importance of taking phenoxymethylpenicillin 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 improve

STAFF CHARACTERISTICS

Qualifications	Pharmacist currently registered with the General Pharmaceutical Council.
Specialist competencies or qualifications	<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>

	Ability to examine an oro-pharynx
Continuing Training and education	Up to date knowledge in therapeutic area

REFERRAL ARRANGEMENTS AND AUDIT TRAIL

Referral arrangements	If symptoms have not improved after 5 days treatment, then patients should be advised to seek further medical advice
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. For adults retain records of supply for 8 years</p>
Reference Sources/comments	<p>Electronic Medicines Compendium (www.medicines.org.uk) Current edition of the British National Formulary (BNF)</p>

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Penicillin by Community Pharmacists for the management of acute sore throats in those aged 5 years and over by Community Pharmacists working in Forth Valley Community Pharmacies Protocol number 647 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 Penicillin 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 Penicillin 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 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 Penicillin and above
by Community Pharmacists to Patients with acute sore
throats in those aged 5 years and over
Protocol No. 647 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