

Patient Group Direction

Supply of Doxycycline in Penicillin Allergic Patients aged 12 years and over for the Treatment of Mild Skin Infections by Community Pharmacist

Protocol Number 711 Version 1


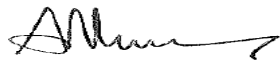

Date protocol prepared: May 2026

Date protocol due for review: 31 May 2028

Expiry date: 31 May 2029

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	Karen Goudie		6/5/26
Medical Director	Andrew Murray		6/5/26
Director of Pharmacy	Laura Byrne		7/5/26

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 a **mild skin infection if they are penicillin allergic**.

Signatures of those developing the Patient Group Direction

Job Title	Name	Signature	Date
Doctor	David Herron		24/3/26
Pharmacist	Hollie Houghton		24/3/26
	Euan Proud		5/5/26
Nurse			
Microbiologist (if appropriate)	Dr. Robbie Weir		24/3/26
Paediatrician (if appropriate)	David Watson		25/3/26

Approval from Patient Group Directions Group

	Chair	Signed on behalf of group	Date
Patient Group Directions Group	Jonathan Cavan		7/5/26

Lead Author responsible for updating change history:

Change history

Version	Date	Summary of changes
1	13/11/25	New PGD

The following Patient Group Direction for Supply of Doxycycline by Community Pharmacists to penicillin allergic patients with a mild skin infection 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 with an allergy to penicillin.
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"> • Patients who are not allergic to beta-lactam antibiotic (penicillin or cephalosporins (Use PGD ‘Treatment of Mild Skin Infection with Penicillin)) • Children under 12 years of age (Use PGD treatment of mild skin infections with clarithromycin) • Known allergy to doxycycline, tetracyclines or any other excipients • Pregnancy • Breast Feeding • 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 • Known severe renal impairment • History of MRSA infection or colonisation

	<ul style="list-style-type: none"> • History of recent injecting drug use (e.g. illicit drugs, anabolic steroids)(Use PGD Supply of Co-Amoxiclav to for the Management of Skin Infections associated with injection site complications) • Patients with rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltase insufficiency. • Myasthenia gravis • Systemic lupus erythematosus (SLE) • Concomitant use of interacting medication See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP/OOH for consideration of an alternative treatment
Caution/ Need for further advice	<ul style="list-style-type: none"> • The absorption of doxycycline may be impaired by concurrently administered antacids containing aluminium, calcium, magnesium or other drugs containing these cautions; oral zinc, iron salts or bismuth preparations. Dosages should be maximally separated by at least 2-3 hours. • For patients taking warfarin - advise patient to contact GP Practice as soon as practical to arrange to have INR checked. • Use in caution with patients who have alcohol dependence or who are receiving potentially hepatotoxic drugs.(See BNF) • Use in caution with patients who have photosensitivity. Avoid exposure to sunlight or sun lamp
Action if Patient declines or is excluded	Refer patient to GP or NHS 24 Out of Hours

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

<p>Side Effects</p>	<p>Common side effects include headache, nausea and vomiting.</p> <p>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</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>
<p>Advice to patient/carer</p>	<p>The Manufacturer Patient Information Leaflet should be given.</p> <p>Patients taking antacids containing aluminium, calcium, magnesium or other drugs containing these cautions; 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> <p>Ensure patient is aware that if symptoms worsen or becomes systemically unwell, then they should seek medical advice that day.</p> <p>If symptoms have not improved after 5 days treatment, then patients should be advised to seek further medical advice.</p> <p>Inform patient of possible side effects and their management and who to contact should they be troublesome. Visual disturbances such as blurring of vision may occur during treatment with doxycycline and in such cases please advise patients that they must refrain from driving or operating machinery.</p> <p>Advise patient of the importance of taking regularly and completing the course.</p> <p>The Manufacturer Patient Information Leaflet should be given.</p> <p>Patients should be informed who to contact</p>
<p>Follow up</p>	<p>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.</p>

STAFF CHARACTERISTICS

Qualifications	Pharmacist currently on the practising section of pharmaceutical register held by 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 doxycycline 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 & Education	<p>Pharmacists must have up to date knowledge of Doxycycline evidenced through ongoing CPD.</p> <p>Have undertaken appropriate training to carry out clinical assessment of patient leading to treatment according to the indications listed in this PGD</p> <p>Be able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent</p> <p>Attendance at local training events on COPD.</p>

REFERRAL ARRANGEMENTS & AUDIT TRAIL

Referral arrangements	<p>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.</p> <p>If symptoms have not improved after 5 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 and in the patient's self-management card which includes</p> <ul style="list-style-type: none"> • Name, strength, form and pack size of medicine supplied • Dose and route of administration • Date of supply and name of person making supply • Criteria satisfied for supply i.e. presenting symptoms. • Advice given re side effects and follow up. <p>The medicine must be labelled in accordance with requirements detailed in the current version of Medicines, Ethics and Practice.</p> <p>The patient's GP must be notified that a supply has taken place within 72 hours of supply being made using the agreed pro-forma. 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>Record “supplied via Patient Group Direction (PGD)”</p> <p>Any adverse events/incidents should be reported to the PGD group in addition to any existing pharmacy processes</p> <p>Records of supply should be kept for 8 years.</p>
Reference sources and 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

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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 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.

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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

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