Patient Group Direction

Supply of Clarithromycin in Penicillin Allergic Patients aged 1-12 years for the Treatment of Mild Skin Infections by Community Pharmacists Protocol Number 655 Version 2

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

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

Practitioners seeking to supply Clarithromycin 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 Clarithromycin in the treatment of skin infection in patients aged 1 year and over

Signatures of those developing the Patient Group Direction

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

Approval from Patient Group Directions Group

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

Lead Author responsible for updating change history:

Change history

Version	Date	Summary of changes
1	3/6/24	New PGD
2	18/11/25	Change in age parameters

The following Patient Group Direction for Supply of Clarithromycin by Community Pharmacists for the Management of Mild 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 bacterial skin infection in patients with an allergy to penicillin.
Inclusion Criteria	• 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 **Children under 16 should demonstrate competence under Lord Fraser rules, or consent for treatment must be given by an adult with parental responsibility**
Exclusion Criteria	• **Patients who are not allergic to beta-lactam antibiotic (penicillin or cephalosporins (Use PGD 'Treatment of Mild Skin Infection with Penicillin)** • **Patients who are allergic to penicillins but are over 12years (Use PGD 'Treatment of Mild skin infection with doxycycline** • Patient under 1 year of age • Cellulitis where patient febrile and/or unwell (i.e. features suggestive of systemic infection) – ensure the patient has had no temperature within the last 24 hours • 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 • History of recent injecting drug use (e.g. illicit drugs, anabolic steroids)

	• Individuals currently taking/receiving the following medicines known to cause agranulocytosis (e.g. methotrexate, sulfasalazine, carbimazole, propylthiouracil, cotrimoxazole, valganciclovir, clozapine, carbamazepine, all chemotherapy) • Known myasthenia gravis • Known history of QT prolongation (congenital or acquired), or ventricular cardiac arrhythmia, including torsades de pointe • Concomitant use of another medication known to cause QT prolongation (e.g. see Drug interactions section for further information or recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Known electrolyte disturbances (hypokalaemia or hypomagnesaemia) • History of porphyria • Known immunosuppression or taking immunosuppressants • Pregnant or breastfeeding • Known heart disease (e.g. coronary artery disease, severe cardiac insufficiency, bradycardia < 50 beats per minute) • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Informed consent not obtained
Caution/ Need for further advice	• Caution should be exercised when supplying clarithromycin, a strong cytochrome P450 (CYP) 3A4 inhibitor to individuals taking the following medicine(s), that are known or suspected to be affected by clarithromycin: • Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione): rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with clarithromycin and should be counselled re: seeing medical attention if any episode of bleeding develops while taking. • Direct oral anticoagulants (DOACs) (e.g. apixaban, dabigatran, edoxaban, rivaroxaban) Increased risk of bleeding when given with clarithromycin. Individuals should be advised to seek medical attention if any episode of bleeding develops while taking. • Statins: Simvastatin use is contraindicated with clarithromycin. Counsel individuals taking other statins of the risk of rhabdomyolysis while taking clarithromycin and to seek medical attention if muscle pain develops. Consider withholding statin while taking clarithromycin to reduce risk of rhabdomyolysis. • Calcium channel blockers: risk of hypotension (low blood pressure) when taking clarithromycin with amlodipine,

	diltiazem, felodipine, lercanidipine, nifedipine or verapamil. Counsel individuals of the risk and advise to avoid driving/operating machinery if light headed/dizzy. • Oral hypoglycaemic agents (e.g. sulphonylureas)/insulin: Use with clarithromycin can cause low blood glucose levels (hypoglycaemia). Advise individuals to monitor blood glucose levels more regularly while taking. • Digoxin: Concomitant use with clarithromycin can increase digoxin levels. Advise individuals of symptoms of digoxin toxicity (change in vision e.g. blurred vision, diarrhoea, confusion, dizziness, nausea, vomiting, skin rash) and to seek medical attention if any of these develop. • Caution should be exercised when supplying clarithromycin to individuals taking medicines known to cause hypokalaemia (e.g. diuretics, corticosteroids, xanthines): may cause electrolyte disturbances – monitoring may be indicated. Advise individuals to contact their prescriber to discuss need. • Caution should be exercised when supplying clarithromycin tablets or oral suspension (or oral solution) to individuals who should avoid the following excipients: • Lactose, sucrose, fructose and sorbitol: Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose 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

DRUG DETAILS

Name, Form and Strength of drug	Clarithromycin 250mg and 500mg tablets Clarithromycin 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 and weight. • Refer to cBNF and BNF. **Child 12 months –11 years (body-weight up to 8 kg)** 7.5mg/kg twice daily for 5 days. **Child 12 months–11 years (body-weight 8–11 kg)** 62.5mg twice daily for 5 days. **Child 12 months–11 years (body-weight 12–19 kg)** 125mg twice daily for 5 days. **Child 12 months–11 years (body-weight 20–29 kg)**

	187.5mg twice daily for 5 days. **Child 12 months–11 years (body-weight 30–40 kg)** 250mg twice daily for 5 days.
Frequency	Twice daily (during waking hours)
Duration of Treatment	5 days
Storage	Tablets – Store in a dry place below 25°C Un-constituted powder: no storage precautions required. Reconstituted oral suspension: Do not store above 25'C. Do not refridgerate or freeze. Keep bottle tightly closed
Quantity to supply/ administer	Tablets – provide 5 day course Liquid – provide 5 day course in multiples of 100mls
Side Effects	Minor gastro-intestinal disturbances e.g. nausea, vomiting, diarrhoea Hypersensitivity The following side effects are listed in the product SPC/BNF as very common or common with clarithromycin (but may not reflect all reported side effects): • Gastrointestinal discomfort; including dyspepsia, diarrhoea, nausea and vomiting, abdominal pain, pancreatitis • Abnormal liver function tests • Decreased appetite • Dizziness • Headache • Hearing impairment • Insomnia • Skin rashes/reactions, hyperhidrosis, paresthesia • Taste altered • Vasodilation • Vision disorders Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. 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
Advice to Patient/ Carer	Advise patient of the importance of taking clarithromycin 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, and/or 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	Pharmacists must have the necessary competencies and training to use the PGD and be authorised to use the PGD by their Lead Pharmacist. Under PGD legislation there can be no delegation. Administration of clarithromycin has to be by the same practitioner who has assessed the patient under the PGD. Adhere to the GPhC Standards for Pharmacy Professionals May 2017 and subsequent updates.
Continuing Training and education	Up to date knowledge in therapeutic area Pharmacists must have up to date knowledge of Clarithromycin evidenced through ongoing CPD.

REFERRAL ARRANGEMENTS AND AUDIT TRAIL

Referral arrangements	If symptoms have not improved after 5 days of treatment, then patients should be advised to seek further medical advice
Records/ audit trail	A record of supply should be made on the 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 labelled 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 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.
Reference Sources/comments	Electronic Medicines Compendium (www.medicines.org.uk) Current edition of the British National Formulary (BNF)

PATIENT GROUP DIRECTION AUTHORISATION DOCUMENT

Supply of Clarithromycin by Community Pharmacists for the management of Mild Skin Infections working in Forth Valley Community Pharmacies
Protocol Number 655 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 Clarithromycin 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 Clarithromycin 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 Clarithromycin by Community Pharmacists to Patients with Mild Skin Infections Protocol Number 655 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