University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration and Supply of Flucloxacillin By Registered Nurses, Emergency Nurse Practitioners (ENP) and Emergency Care Practitioners (ECP) In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injury departments at Samuel Johnson and Sir Robert Peel Community Hospitals

Documentation details

Reference no:	UHDB281
Version no:	1
Valid from:	05/10/2023
Review date:	05/04/2025
Expiry date:	04/10/2025

Change history

Version number	Change details	Date
1	New UHDB Format	21/09/2023

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD, or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Aron Fudger	Emergency Nurse Practitioner
Venkat Thungala	ED Consultant
Angelina Dyche	Antimicrobial Pharmacist
Mohima Akhtar	BAMBU Pharmacist

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed
Angelina Dyche	Antimicrobial Pharmacist	21/09/2023

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injury departments at Samuel Johnson and Sir Robert Peel community hospitals.
Limitations to authorisation
Only ENPs can follow this PGD within ED and ambulatory care at QHB. All suitably trained staff meeting the requirements of section 3 may be trained to perform this role within MIUs at Sir Robert Peel and Samuel Johnson community hospitals.

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medication Safety Officer	James Hooley	**Signed copy held by Pharmacy**	05/10/2023

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Antimicrobial Pharmacist	Angelina Dyche	**Signed copy held by Pharmacy**	25/09/2023
ED Consultant	Venkat Thungala	**Signed copy held by Pharmacy**	25/09/2023
Emergency Nurse Practitioner	Aron Fudger	**Signed copy held by Pharmacy**	25/09/2023

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of staff

Qualifications and professional registration	Qualified Emergency Nurse Practitioners with current Nursing & Midwifery Council (NMC) or Emergency Care Practitioners from one of the professions listed in legislation who can perform under PGD. Also for community hospital MIUs only: NMC registered nurses who have received adequate training.
Initial training	- Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Individual has read and understood full content of this PGD and signed authorisation (section 7) - Completion of Medicines Management Drug Assessment - Deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD and Trust clinical guidelines
Competency assessment	Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
Ongoing training and competency	• Annual Medicines Safety Training (essential to role) • Review/repeat initial training above when this PGD is revised • The registered healthcare practitioner will ensure. • Anaphylaxis/CPR training is kept updated yearly. • The registered healthcare professional must actively take part in CPD and annual individual performance reviews. • Regular training and updating in safeguarding children and vulnerable adults as per trust policy
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	As per UHDB Trust antibiotic guidelines for the following conditions: • Empirical treatment of cellulitis class 1 in adult patients in line with the guideline 'Erysipelas and Cellulitis in Adults' accessed online: UHDB Erysipelas and Cellulitis in Adults (koha-ptfs.co.uk) • Empirical treatment of cellulitis class 1 in paediatric patients in line with the guideline 'Cellulitis-Paediatric Clinical Guideline' accessed online: UHDB Cellulitis -Paediatric Clinical Guidelines (koha-ptfs.co.uk) • Prevention or treatment of infection in traumatic lacerations as defined in the guideline 'Lacerations – Antibiotic Guideline'. As either: patients presenting with signs of an infected laceration with no history/evidence of contamination with high risk material or patients with clean wounds at high risk of it becoming infected. Guideline accessed online: Lacerations - Antibiotic Guideline (koha-ptfs.co.uk)
Criteria for inclusion	• Patients presenting to requiring treatment for the conditions specified above • The patient must be able to take the medicine orally • Patients who are pregnant and/or breast feeding are included
Criteria for exclusion	• Patients less then 1month old • Patients in whom consent for treatment has not been gained • Patients who cannot swallow, are nil by mouth, or have difficulty swallowing food or drink or are awaiting a swallow reflex test • Patients with a previous hypersensitivity to penicillins, other betalactam antibiotics or any other ingredient contained within flucloxacillin capsules or suspension. • Patients who are MRSA positive or where microbiological results indicate that flucloxacillin is not an appropriate choice. • Patients with cellulitis in close proximity to a medical device (such as a prosthetic joint) • Wounds caused by an animal or human bite (separate guidelines exist) • Hand infections or facial cellulitis (separate guidelines exist) • Deep or extensive wounds with substructure or tendon damage or where there is reduced sensation distal to injury • Immunocompromised patients • Patients with severe renal impairment (creatinine clearance • Patients with hepatic impairment, cholestatic jaundice or previous antibiotic associated jaundice or hepatic dysfunction • Patients already taking a prescribed antibiotic • Patients currently taking any of the following drugs: Methotrexate; Coumarin anticoagulants (e.g. warfarin, acenocoumarol).

Cautions including any relevant action to be taken	• Flucloxacillin has been associated with hepatitis and cholestatic jaundice and these effects may be seen up to 2 months after treatment with flucloxacillin has been stopped. Advise patients to look out for onset of jaundice and to seek medical advice should jaundice occur during or after treatment with flucloxacillin. • The risk of hepatotoxicity is further increased in patients already taking other medicines that increase the risk of hepatic toxicity. Advise patients as above. • Flucloxacillin is a penicillin antibiotic. ○ For administration, ensure emergency drugs and equipment, including adrenaline, are available for the treatment of anaphylaxis. ○ For supply, ensure patients are told about the possibility of allergic reactions and that they should seek urgent medical help if they experience any signs of a systemic allergic reaction (such as swelling of the face, lips throat or tongue or breathing problems)
Action to be taken if the patient is excluded	• Refer to a senior Emergency Department doctor or independent prescriber for review and prescribing of an alternative agent, if appropriate. • Record reasons for exclusion in patient's medical notes. • Advise patient on alternative treatment.
Action to be taken if the patient or carer declines treatment	• Document refusal, action taken and advice given in nursing documentation. • Advise the patient on alternative treatment options. • Refer to medical staff if appropriate.
Arrangements for referral for medical advice	• Refer to a senior Emergency Department doctor or independent prescriber for review or advice. In an emergency at MIU, call 999 for urgent medical transfer. • Patient should consult their own GP if there is no improvement in 72 hours (48 hours for a child) despite commencing antibiotic treatment or sooner if condition deteriorates.

5. Description of treatment

Name, strength & formulation of drug	Flucloxacillin, 500mg Capsules Flucloxacillin, 250mg Capsules Flucloxacillin, 250mg/5ml Suspension
Legal category	Prescription only medication (POM)

<table>
<tr><td>Route / method of administration</td><td>Oral
Capsules – swallow whole with water.
Suspension – Reconstitute as directed on bottle with potable water.</td></tr>
<tr><td>Indicate any off-label use (if relevant)</td><td>N/A</td></tr>
<tr><td>Dose and frequency of administration</td><td><table>
<tr><th>Age</th><th>Dose</th></tr>
<tr><td>1 month – 1 year</td><td>125mg four times a day</td></tr>
<tr><td>2 year – 9 years</td><td>250mg four times a day</td></tr>
<tr><td>10 years – 17 years</td><td>500mg four times a day</td></tr>
<tr><td>Adult</td><td>500mg –1000mg four times a day</td></tr>
</table></td></tr>
<tr><td>Duration of treatment</td><td>Cellulitis class 1 as per the UHDB ‘Erysipelas and Cellulitis in Adults’ guideline: 5-7 days

Cellulitis class 1 as per the UHDB ‘Cellulitis -Paediatric Clinical Guideline’: 5-7 days

Treatment of infection in traumatic lacerations as defined in the adult guideline ‘Lacerations – Antibiotic Guideline’ for patients presenting with signs of an infected laceration with no history/evidence of contamination with high risk material (treatment): 5-7 days

Prevention of infection in traumatic lacerations as defined in the adult guideline ‘Lacerations – Antibiotic Guideline’ for patients with clean wounds at high risk of it becoming infected (prophylaxis): 3 days</td></tr>
<tr><td>Quantity to be supplied (leave blank if PGD is administration ONLY)</td><td>Supply sufficient quantity to complete the 3, 5 or 7 day course. If the quantity of a full box or suspension in one bottle exceeds the amount required supply the full box/bottle but if there is any leftover advise patient to dispose of it safely (via local pharmacy).
Preparations available for supply:
- 250mg capsules
- 500mg capsules
- 250mg/5ml suspension

Each box/bottle must be appropriately labelled with:
- Patients name
- Drug name
- Strength and form
- Clear dosage instructions
- Date of supply
- Name and address of supplying unit

1 prescription charge per item should be levied if the patient normally pays for prescriptions.</td></tr>
<tr><td>Storage</td><td></td></tr>
</table>

	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Store at room temperature, not exceeding 25°C
Drug interactions	The following interactions have been identified and should be considered where it is known a patient is on the following medicines: • Methotrexate (increased risk of methotrexate toxicity) • Warfarin or acenocoumarol (increased INR monitoring recommended) • Probenecid & sulfinpyrazone decrease the excretion of flucloxacillin which may increase chances of side effects • Paracetamol (increased risk of high anion gap metabolic acidosis) • Drugs that cause hypokalaemia (monitor potassium) • Oral Typhoid vaccine may be inactivated by flucloxacillin • Sugammadex effectiveness may be reduced by flucloxacillin A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Adverse reactions	The following side effects are common: • Nausea • Vomiting • Diarrhoea • Hypersensitivity • Skin reactions • Thrombocytopenia A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use. • In case of anaphylaxis, follow the Trust management guidelines. Adrenaline is available in blue anaphylaxis boxes and in resus trollies located within the Emergency Department.
Written information to be given to patient or carer	Ensure TTO pack contains patient information leaflet (PIL) and issue the Emergency Department patient leaflet on 'Antibiotics'.

Patient advice / follow up treatment	Inform the individual/carer of possible side effects and their management. • The patient/carer should be advised to seek medical advice in the event of an adverse reaction. • Patients should be advised to continue taking this medicine until they have completed the course, even if they feel better. If they stop treatment early, the infection could come back. • The patient should be advised to seek review with their own GP (General Practitioner) or review clinic arranged for follow-up accordingly as indicated by the presenting concerns. • The patient should return to the department for reassessment if symptoms are not resolving or get worse despite treatment. Capsules: - Take 1 hour before meals or 2 hours after food - Take at regular intervals - Complete the prescribed course unless your doctor advises you to do so. Suspension: - Take 1 hour before meals or 2 hours after food - May need to store in fridge (please check packaging) - Shake well before each use - Take at regular intervals - Complete the prescribed course - If there is any left please take to local pharmacy for safe disposal - Supply a 5ml syringe and instruct on usage General: - Analgesia can be used when using antibiotics
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all the following: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered. • batch number and expiry date (if applicable e.g. injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether supplied and/or administered and that this was done via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous.

	If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.

6. Key references

Key references	*Electronic BNF for children https://bnfc.nice.org.uk/ accessed on line 5/7/23* *Electronic Medicines Compendium http://www.medicines.org.uk/* *Electronic BNF https://bnf.nice.org.uk/ accessed online 5/7/23* *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* UHDB guideline 'Erysipelas and Cellulitis in Adults' Erysipelas and Cellulitis in Adults UHDB guideline 'Lacerations – Antibiotic Guideline' Lacerations - Antibiotic Guideline (koha-ptfs.co.uk) UHDB guideline 'Cellulitis - Paediatric Full Clinical Guideline' koha-ptfs.co.uk UHDB PGD Ref: UHDB225 RDH –ED-Emergency Nurse Practitioner – Flucloxacillin 500mg capsules TTO pack expiry date 15/1/2025

7. Registered health professional authorisation sheet

PGD Name [version]: QHB/SJH/SRP - Emergency Department, Ambulatory Care and Minor Injuries Unit – Flucloxacillin [v1]
PGD ref: UHDB281

Valid from: 05/10/2023 Expiry date: 04/10/2025

Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read MUST match this authorisation form.

Registered health professional
By signing this patient group direction you are indicating that

a) You agree to and understand all content and commit to only work within this framework.
b) You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
c) You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

Patient group directions do not remove inherent professional obligations or accountability.
It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager / Assessor

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.