University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Supply of *Staphylococcus aureus* (MRSA / MSSA) decolonisation of elective admission and renal dialysis patients By registered nurses in all divisions at all UHDB sites

Documentation details

Reference no:	UHDB 006
Version no:	2
Valid from:	16/11/2023
Review date:	16/05/2026
Expiry date:	15/11/2026

Change history

Version number	Change details	Date
1	Transferred to UHDB format/reference number. PGD now includes all sites at UHDB	September 2020
2	Addition - *Staphylococcus aureus* to name of PGD Addition of Cardiothoracic patients under Leicester Hospitals who attend pre-op clinics at UHDB prior to high-risk procedures at Leicester. They do not need to be screened prior to starting decolonisation treatment.	August 2023

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 an existing PGD, replace the previous names with the individuals involved for this version

Name	Designation
Natasha Booth	Rotational Band 6 Pharmacist
Justine Halliwell	Deputy Head Infection Prevention & Control
Dr Katherine Hardy	Microbiology Consultant and Infection Control Doctor

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	12/7/2023

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
All hospital sites at UHDB. May be supplied at pre-op assessment clinic, outpatient clinic, day case patients or in renal dialysis

Organisational approval (legal requirement)			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer	James Hooley	**Signed copy held by Pharmacy**	**16/11/2023**

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
Microbiology Consultant	Dr Katherine Hardy	**Signed copy held by Pharmacy**	28/09/2023
Deputy Head Infection Prevention & Control	Justine Halliwell	**Signed copy held by Pharmacy**	27/10/2023

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	Registered Nurse with a current NMC registration.
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 Has undertaken training on MRSA/MSSA screening and decolonisation.
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 the senior individual responsible for authorising individuals (Section 7) to act under the PGD and further training provided as required.
Ongoing training and competency	It is the responsibility of the individual registered nurse to remain updated, with evidence of continued professional development.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

MEDICINE DETAILS
MUPIROCIN NASAL OINTMENT

4A. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	As a first line option for all elective admission patients and renal dialysis patients found to be MRSA or MSSA positive who require decolonisation. To be used in accordance with the Trust policy for MRSA screening and decolonisation, or local guidelines for MSSA screening and decolonisation. To be used for high-risk cardiothoracic patients under University Hospitals of Leicester attending pre-op clinics at UHDB. These patients will be swabbed and require decolonisation at pre-op regardless of results. Treatment to be started 3 days prior to admission (as per Leicester University Hospitals MRSA Prevention, Management and Screening policy).
Criteria for inclusion	All divisions – adults and children; may be supplied at pre-op assessment clinic, outpatient clinic, day case patients or in renal dialysis. Positive MRSA/MSSA result on screening (not including patients from Leicester as above).
Criteria for exclusion	Previous sensitivity or intolerance to the drug or any ingredient. Pregnant and lactating women. MRSA/MSSA resistant to mupirocin. Patients receiving decolonisation as an inpatient.
Cautions including any relevant action to be taken	Nil
Action to be taken if the patient is excluded	Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.
Action to be taken if the patient or carer declines treatment	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate.
Arrangements for referral for medical advice	Outpatients – contact clinic it was issued from.

5A. Description of treatment

Name, strength & formulation of drug	Mupirocin nasal ointment 2% (Bactroban®).
Legal category	Prescription only medicine (POM).
Route / method of administration	Topical.

Dose and frequency of administration	To be applied to the inner surface of both nostrils three times a day.
Duration of treatment	5 days.
Quantity to be supplied	One 3g tube. Up to 3 courses may be provided in accordance with the Trust policy for MRSA screening and decolonisation, depending on the procedure that the patient is undergoing. Supply an individual container for each patient to be labelled with their name and date of issue.
Storage	Stock must be securely stored below 25 degrees Celsius according to organisation medicines policy and in conditions in line with the summary of product characteristics (SPC), which is available from the electronic medicines compendium website: www.medicines.org.uk
Drug interactions	No interactions with mupirocin are anticipated.
Identification & management of adverse reactions	The following side effects are common with mupirocin: • Urticaria • Pruritis • Burning sensation • Rash Consult medical advice if an adverse event occurs. Document in the medical notes. All serious adverse reactions must be reported under the National Yellow Card system. **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. Report via organisation incident policy**.**
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Monitor for sensitivity reactions. Verbal and written advice on why decolonisation treatment is needed and how to use it**.** The individual/carer should be advised to seek medical advice in the event of an adverse reaction. Patients undergoing an implant of prosthetic material should be rescreened for MRSA and given further decolonisation as detailed in the Trust MRSA policy.
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of 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 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. For renal patients document as above on the Vital data system used for dialysis patients.

MEDICINE DETAILS NASEPTIN NASAL OINTMENT	
Chlorhexidine dihydrochloride	**0.1% w/w**
Neomycin sulfate	**0.5% w/w**

4B. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	As a second line option for all elective admission patients and renal dialysis patients found to be MRSA or MSSA positive who require decolonisation. To be used in accordance with the Trust policy for MRSA screening and decolonisation, or local guidelines for MSSA screening and decolonisation.
Criteria for inclusion	All divisions – adults and children; may be supplied at pre-op assessment clinic, outpatient clinic, day case patients or in renal dialysis. Positive MRSA/MSSA result on screening where mupirocin nasal ointment is either unavailable or the isolate is resistant to mupirocin. To be used for high-risk cardiothoracic patients under University Hospitals of Leicester attending pre-op clinics at UHDB if prior resistance known to mupirocin. These patients will be swabbed and require decolonisation at pre-op regardless of results. Treatment to be started 3 days prior to admission (as per Leicester University Hospitals MRSA Prevention, Management and Screening policy).
Criteria for exclusion	Previous sensitivity or intolerance to the drug or any ingredient. Allergy to peanuts (as Naseptin contains arachis oil). Allergy to soya (as nut allergy may be related to soya allergy). Patients receiving decolonisation as an inpatient.
Cautions including any relevant action to be taken	Nil.
Action to be taken if the patient is excluded	Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.
Action to be taken if the patient or carer declines treatment	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate.
Arrangements for referral for medical advice	Outpatients – contact clinic it was issued from.

5B. Description of treatment

Name, strength & formulation of drug	Naseptin nasal ointment	
	Chlorhexidine dihydrochloride	0.1% w/w
	Neomycin sulfate	0.5% w/w

Legal category	Prescription only medicine (POM).
Route / method of administration	Topical.
Dose and frequency of administration	To be applied to the inner surface of both nostrils four times a day.
Duration of treatment	10 days
Quantity to be supplied	One 15g tube. Up to 3 courses may be provided in accordance with the Trust policy for MRSA screening and decolonisation, depending on the procedure that the patient is undergoing. Supply an individual container for each patient to be labelled with their name and date of issue.
Storage	Stock must be securely stored under 30 degrees Celsius according to organisation medicines policy and in conditions in line with the summary of product characteristics (SPC), which is available from the electronic medicines compendium website: www.medicines.org.uk
Drug interactions	No interactions with Naseptin are anticipated.
Identification & management of adverse reactions	Irritative skin reactions and hypersensitivity reactions. Consult medical advice if an adverse event occurs. Document in the medical notes. All serious adverse reactions must be reported under the National Yellow Card system. **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. Report via organisation incident policy.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Monitor for sensitivity reactions. Verbal and written advice on why decolonisation treatment is needed and how to use it. The individual/carer should be advised to seek medical advice in the event of an adverse reaction. Patients undergoing an implant of prosthetic material should be rescreened for MRSA and given further decolonisation as detailed in the Trust MRSA policy.
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of 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 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. For renal patients document as above on the Vital data system used for dialysis patients.

MEDICINE DETAILS
OCTENISAN BODY WASH

4C. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	All elective admission patients and renal dialysis patients found to be MRSA or MSSA positive who require decolonisation. To be used in accordance with the Trust policy for MRSA screening and decolonisation, or local guidelines for MSSA screening and decolonisation. To be used for high-risk cardiothoracic patients under University Hospitals of Leicester attending pre-op clinics at UHDB. These patients will be swabbed and require decolonisation at pre-op regardless of results. Treatment to be started 3 days prior to admission (as per Leicester University Hospitals MRSA Prevention, Management and Screening policy).
Criteria for inclusion	All divisions – adults and children aged over 3; may be supplied at pre-op assessment clinic, outpatient clinic, day case patients or in renal dialysis. Positive MRSA/MSSA result on screening.
Criteria for exclusion	Previous sensitivity or intolerance to the drug or any ingredient. Patients receiving decolonisation as an inpatient.
Cautions including any relevant action to be taken	Nil.
Action to be taken if the patient is excluded	Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.
Action to be taken if the patient or carer declines treatment	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate.
Arrangements for referral for medical advice	Outpatients – contact clinic it was issued from.

5C. Description of treatment

Name, strength & formulation of drug	Octenisan body wash octenidindihydrochloride 0.3%
Legal category	General sale list (GSL).
Route / method of administration	Topical.
Dose and frequency of administration	All patients wash once daily. Wash hair with Octenisan on days 2 and 4 if using mupirocin. Wash hair with Octenisan four times within 10 days if using naseptin.

Duration of treatment	5 days if using in combination with mupirocin nasal ointment. 10 days if using in combination with Naseptin nasal ointment.
Quantity to be supplied	500ml bottle per course of decolonisation. Up to 3 courses of decolonisation may be provided in accordance with the Trust policy for MRSA screening and decolonisation, depending on the procedure that the patient is undergoing. Supply an individual container for each patient to be labelled with their name and date of issue.
Storage	Stock must be securely stored according to organisation medicines policy.
Drug interactions	No interactions with Octenisan are anticipated.
Identification & management of adverse reactions	Rarely local intolerance such as slight burning sensation, redness or itching. Consult medical advice if an adverse event occurs. Document in the medical notes. All serious adverse reactions must be reported under the National Yellow Card system.
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. Report via organisation incident policy**.**
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Monitor for sensitivity reactions. Verbal and written advice on why decolonisation treatment is needed and how to apply it**.** The individual/carer should be advised to seek medical advice in the event of an adverse reaction. Patients undergoing an implant of prosthetic material should be rescreened for MRSA and given further decolonisation as detailed in the Trust MRSA policy.
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of 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 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. For renal patients document as above on the Vital data system used for dialysis patients.

6. Key references

Key references	*Electronic Medicines Compendium: http://www.medicines.org.uk/* *Electronic BNF: https://bnf.nice.org.uk/* *NICE Medicines practice guideline "Patient Group Directions" : https://www.nice.org.uk/guidance/mpg2* *UHDB MRSA/MSSA decolonization policy on KOHA (koha-ptfs.co.uk)* *For University of Leicester patients only:* *University Hospitals of Leicester NHS Trust, Methicillin resistant Staphylococcus Aureus (MRSA) Prevention Management and Screening Policy available on line (www.leicesterhospitals.nhs.uk) accessed 12/7/23*

7. Registered health professional authorisation sheet

PGD Name & Version: MRSA/MSSA decolonisation of elective admission and renal dialysis patients (v2) **PGD ref: UHDB006**
Valid from: 16/11/2023 **Expiry date: 15/11/2026**

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 the PGD e-Learning package via My Learning Passport (or ESR).
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 should be retained 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.