University Hospitals of Derby and Burton
NHS Foundation Trust

# PATIENT GROUP DIRECTION (PGD)

## Supply/Administration of PHENOXYMETHYLPENICILLIN

## By Registered Nurses, Emergency Nurse Practitioners(ENP), Emergency Care Practitioners(ECP) and Emergency Physiotherapy Practitioners (EPP) In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

## Documentation details

| | |
|---|---|
| Reference no: | UHDB194 |
| Version no: | 1 |
| Valid from: | 24/08/2022 |
| Review date: | 24/02/2024 |
| Expiry date: | 23/08/2024 |

## Change history

| Version number | Change details | Date |
|---|---|---|
| 1 | New template<br>Convert to new format<br>Update available TTO pack information and align doses with available TTO packs<br>Update dose and course length in line with latest BNF / BNFc recommendations | 9/2/2022 |
| | | |
| | | |

## Glossary

| Abbreviation | Definition |
|---|---|
| ENT | Ears, Nose and Throat |
| CPR | Cardiopulmonary resuscitation |
| | |
| | |

## 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 |
|---|---|
| Dr Sarah Pearson | ED Consultant |
| Angelina Dyche | Pharmacist |
| Alannah Davies | Representative of RNMHP Group RGN |
| | |
| | |
| | |

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 | 9/2/2022 |

## *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 Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals |
| **Limitations to authorisation** |
| Nil |

| **Organisational Authorisation (legal requirement).** | | | |
|---|---|---|---|
| **Role** | **Name** | **Sign** | **Date** |
| Medicines Safety Officer<br><br>*Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)* | James Hooley | **Signed copy held in Pharmacy** | **24/08/2022** |

| Additional signatories (required as per legislation and locally agreed policy) | | | |
|---|---|---|---|
| **Role** | **Name** | **Sign** | **Date** |
| Antimicrobial Pharmacist<br><br>*Clinical Pharmacist from PGD working group* | Angelina Dyche | Signed copy held in Pharmacy | 11/07/2022 |
| Consultant, Emergency Medicine<br><br>*Doctor* | Sarah Pearson | Signed copy held in Pharmacy | 17/08/2022 |
| ENP/Senior Sister<br><br>*Registered Professional representing users of the PGD* | Alannah Davies | Signed copy held in Pharmacy | 17/08/2022 |

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 professional with current professional registration operating within their usual scope of practice. Must be a profession permitted by current legislation to practice under a patient group direction. |
| **Initial training** | - Completion of all essential-to-role training as outlined in the UHDB PGD policy.<br>- Individual has read and understood full content of this PGD and signed authorisation (section 7)<br>- Completion of Medicines Management Drug Assessment<br>- 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 for: ENT illnesses. |
| **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<br><br>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 either authorising manager (section 7) or the manager within the PGD working group ( |
| **Ongoing training and competency** | - Annual Medicines Safety Training (essential to role)<br>- Review/repeat initial training above when this PGD is revised<br>- The registered healthcare practitioner will ensure Anaphylaxis / CPR training is kept updated yearly.<br>- The registered healthcare professional must actively take part in CPD and annual individual performance reviews.<br>-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** | Acute sore throat |
| **Criteria for inclusion** | Please note: The majority of sore throats are viral; most patients do not benefit from antibiotics.<br><br>If a bacterial infection is suspected, streptococcus is a likely causative organism.<br><br>Patients with a Centor criteria score of 3 or 4 are more likely to benefit from immediate or backup antibiotics.<br><br>Centor Criteria:<br>• History of fever over 38°C<br>• Tonsillar exudate<br>• Tender anterior cervical lymphadenopathy or lymphadenitis<br>• Absence of cough<br><br>Each of the Centor criteria score 1 point (maximum score of 4).<br>A score of 0, 1 or 2 is thought to be associated with a 3 to 17% likelihood of isolating streptococcus.<br>A score of 3 or 4 is thought to be associated with a 32 to 56% likelihood of isolating streptococcus.<br><br>See:https://www.nice.org.uk/guidance/ng84/chapter/recommendations for further guidance.<br><br>The following symptoms may also be useful to predict patients who are at higher risk of group A beta-haemolytic streptococcus (GABHHS) and complications, and may benefit from antibiotics. These are:<br><br>- Patient systemically unwell – associated with acute sore throat<br>- Unilateral peri-tonsillitis<br>- Patient with high risk of serious illness from acute infection<br>- History of otitis media<br>- Patient over 6 months old<br>- Consent gained – if less than 16 years consider requirements for consent.<br><br>Centor score of 1 or 2 should be advised of self-care symptoms |
| **Criteria for exclusion** | • Known allergy to penicillin or other ingredients in the formulation– see Clarithromycin PGD as alternative, please see the following for ingredients and excipients:<br>https://www.medicines.org.uk/emc/product/6952/smpc<br>https://www.medicines.org.uk/emc/product/6953/smpc<br>https://www.medicines.org.uk/emc/product/10628/smpc |

| | |
|---|---|
| | • Consent not gained<br>• Breathing difficulties/stridor<br>• Vomiting<br>• Previous throat infection in last month<br>• Patient currently taking methotrexate, azathioprine, ciclosporin, aminosalicylates such as mesalazine, long term steroids).<br>• Children under 6 month old<br>• Pregnant women/breast feeding<br>• Severe renal/hepatic insufficiency.<br>• Oral Penicillins are not indicated in patients with severe illness or with a gastrointestinal disease that causes persistent nausea, vomiting, gastric dilation, cardio spasm, intestinal hyper motility or diarrhoea, because absorption may be reduced. |
| **Cautions including any relevant action to be taken** | • Caution for cephalosporin-sensitive patients, as there is some evidence of partial cross-allergenicity between the cephalosporins and penicillins. Patients have had severe reactions (including anaphylaxis) to both drugs. If the patient experiences an allergic reaction phenoxymethylpenicillin should be discontinued and treatment with the appropriate agents initiated (e.g. adrenaline and other pressor amines, antihistamines and other corticosteroids).<br>• History of allergic diathesis or with bronchial asthma.<br>• In patients undergoing long-term phenoxymethylpenicillin treatment the complete and differential blood count, as well as the liver and kidney function, should be monitored.<br>• Bacterial resistance to antibiotics<br>• Caution should be used when treating patients with a history of antibiotic associated colitis.<br>• During treatment with phenoxymethylpenicillin non-enzymatic glucose tests may be false-positive. |
| **Action to be taken if the patient is excluded** | • Record reasons for exclusion in patient notes<br>• Advise patient on alternative treatment<br>• If has allergy to clarithromycin, refer to GP. |
| **Action to be taken if the patient or carer declines treatment** | • Document advice given<br>• Advise patient on alternative treatment |
| **Arrangements for referral for medical advice** | • Referral to GP if patient is allergic to the antibiotic therapies available and patient has bacterial infection.<br>• Occasional need for follow up with GP to support full course (e.g. if needs 10 day course of liquid which only has a 7 day expiry then patient needs referral for follow up prescription/supplies)<br>• Any signs of peri-tonsillar abscess (quinsy), cellulitis or Lemierre syndrome, patient to be referred to an ENT doctor at Queens Hospital Burton in line with pathway. |

## 5. Description of treatment

| | |
|---|---|
| **Name, strength & formulation of drug** | **Phenoxymethylpenicillin (Pen V) 250mg tablets OR Phenoxymethylpenicillin (Pen V) 250mg/5ml** |
| **Legal category** | POM |

| | |
|---|---|
| **Route / method of administration** | Oral<br>Oral solution should be reconstituted as directed on the bottle, following manufacturer's instructions. |
| **Indicate any off-label use (if relevant)** | Nil |
| **Dose and frequency of administration** | **Child 1–11 months**<br>62.5 mg 4 times a day, alternatively 125 mg twice daily<br><br>**Child 1–5 years**<br>125 mg 4 times a day, alternatively 250 mg twice daily<br><br>**Child 6–11 years**<br>250 mg 4 times a day, alternatively 500 mg twice daily<br><br>**Child 12–17 years**<br>500 mg 4 times a day, alternatively 1000 mg (1g) twice daily<br><br>**Adult**<br>500 mg 4 times a day, alternatively 1000 mg (1g) twice daily |
| **Duration of treatment** | Four times or Twice a day (Dose dependent as above) for 5-10 days.<br><br>As per NICE, a 5 day course may be sufficient for symptomatic cure; whilst a 10 day course may increase the chance of microbiological cure.<br><br>**PLEASE NOTE:** Symptoms can last for around a week, but most people will get better within this time without antibiotics, regardless of cause (bacteria or virus). |
| **Quantity to be supplied (leave blank if PGD is administration ONLY)** | **Children 1 month – 11 months:** to be supplied with 1x 100ml bottle of liquid suspension. Complete label as appropriate. Advise of 7 day expiry from date of reconstitution. Any remaining liquid to be taken to local chemist to dispose of safely. Obtain further supply from GP to complete 10 day course.<br><br>**Children 1 year – 5 years:** to be supplied with 1x 100ml bottle of liquid suspension. Complete label as appropriate. Advise of 7 day expiry from date of reconstitution. Any remaining liquid to be taken to local chemist to dispose of safely. Obtain further supply from GP to complete 10 day course.<br><br>**Children 6 year – 11 years:** to be supplied with 1x 100ml bottle of suspension. Complete label as appropriate. Advise of 7 day expiry from date of reconstitution. Any remaining liquid to be taken to local chemist to dispose of safely. Obtain further supply from GP to complete 10 day course.<br><br>**Children 12 years and over /Adults:** to be supplied with (if require liquid) 2x 100ml bottle liquid suspension. Complete label as appropriate. Advise of 7 day expiry from date of reconstitution. Any remaining liquid to be taken to local chemist to dispose of safely. Obtain further supply from GP to complete 10 day course. |

| | |
|---|---|
| | **Adults:** to be supplied with 3 x 28 x 250mg tablets. Complete labels on boxes as appropriate. Advised patient to take any remaining tablets after completing 10 day course to local chemist to dispose of safely. |
| **Storage** | Unconstituted powder: Store in a dry place below 25°C. Protect from light.<br><br>Reconstituted oral solution: Store for 7 days in a refrigerator (2 °C - 8 °C).<br><br>Oral tablets: Store below 25°C.<br><br>Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below:<br><br>Available from the electronic Medicines Compendium website accessed at:<br>https://www.medicines.org.uk/emc/product/10628/smpc#STORAGE<br>On 30/9/21. |
| **Drug interactions** | The following interactions have been identified and should be considered where it is known a patient is on the following medicines:<br><br>- Bacteriostatic antibiotics such as tetracycline, erythromycin, chloramphenicol and sulphonamides.<br>- Concomitant use of uricosuric drugs (e.g. probenecid and sulfinpyrazone)<br>- Methotrexate<br>- Anticoagulant such as warfarin, coumarin, phenindione<br>- Typhoid vaccines<br>- Neomycin<br>- Potassium sparing diuretics e.g. Amiloride and Spironolactone<br><br>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website:<br>https://www.medicines.org.uk/emc/product/10628/smpc#INTERACTIONS |
| **Adverse reactions** | The following side effects are common:<br>• Diarrhoea<br>• Hypersensitivity<br>• Nausea<br>• Skin reactions<br>• Thrombocytopenia<br>• Vomiting<br><br>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website:<br>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<br>• Record all adverse drug reactions (ADRs) in the patient's medical record.<br>• 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.<br>• If Anaphylaxis occurs treat as per local emergency protocols and transfer to A&E via 999 if appropriate to area. |
| **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** | • It is important to complete the course of medication as partially taken course of antibiotics can increase the incidence of antibiotic resistance. NOTE: oral solutions do not last the full course (10 days), once reconstituted so further supply is needed from GP.<br>• Take the medicines on an empty stomach. This means 1 hour before or 2 hours after food.<br>• Oral liquid suspension should be stored in a refrigerator and shaken before each dose<br>• If taking warfarin/ acenocoumarol/ phenindione advise patient to take make a note of date starting penicillin in yellow book, be extra vigilant for signs of elevated INR. Patient may wish to seek advice from their INR monitoring service who will advise on changes to monitoring if necessary.<br>• Seek medical advice if any signs of allergic reaction/hypersensitivity or anaphylaxis.<br>• Inform the individual/carer of possible side effects and their management.<br>• The individual/carer should be advised to seek medical advice in the event of an adverse reaction.<br>• If no improvement in symptoms within 48 hours off treatment with self-care i.e. analgesia and adequate intake of oral fluids, see GP. |
| **Records** | Record in an ePMA system if implemented in your area as this will ensure all legal criteria are fulfilled and auditable.<br>Otherwise, records can be made in the medical notes or within the patient pathway (e.g. in day-case or triage where a pathway booklet is in use) but must include the legal requirements below.<br>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:<br>• name of individual, address, date of birth and GP with whom the individual is registered (if relevant)<br>• name of registered health professional |

| | |
|---|---|
| | • name of medication supplied/administered<br>• date of supply/administration<br>• dose, form and route of supply/administration<br>• quantity supplied/administered<br>• batch number and expiry date (if applicable e.g. injections and implants)<br>• advice given, including advice given if excluded or declines treatment details of any adverse drug reactions and actions taken<br>• Confirm whether supplied and/or administered via Patient Group Direction (PGD)<br>• Records should be signed and date (or a password controlled e- records).<br>• All records should be clear, legible and contemporaneous.<br>• 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 Medicines Compendium<br>https://www.medicines.org.uk/emc/product/6952/smpc<br>https://www.medicines.org.uk/emc/product/6953/smpc<br>https://www.medicines.org.uk/emc/product/10628/smpc<br>Accessed 03/10/21<br>• Electronic BNF<br>https://bnf.nice.org.uk/drug/phenoxymethylpenicillin.html<br>• NICE Medicines practice guideline “Patient Group Directions”<br>https://www.nice.org.uk/guidance/mpg2<br>• NICE Guidance “Sore throat (acute) antimicrobial prescribing”<br>https://www.nice.org.uk/guidance/ng84/chapter/recommendations<br>• https://www.bnf.org/wp-content/uploads/2021/07/summary-antimicrobial-prescribing-guidance_july-21-for-BNF.pdf |

## 7. Registered health professional authorisation sheet

**PGD Name [version]: ED MIU and Ambulatory Care Phenoxymethylpenicillin (Pen V)**
**PGD ref: UHDB194**
**Valid from: 24/08/2022 Expiry date: 23/08/2024**

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.