Patient Group Direction for the supply of Phenoxyethylpenicillin – Sept 2017

CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR TREATMENT OF SORE THROAT

PHENOXYMETHYL PENICILLIN

Version Control

This document is only valid on the day it was printed

The current version of this document will be found at; http://www.southstaffs.slpc.co.uk/services/pharmacy-first-services/pharmacy-first-extended-care-pilot/

Revision History

Date of this revision: N/A

Date of next revision: Sept 2019 (or in response to new local/national guidelines)

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Change description</th>
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<tr>
<td>1.1 / 2017</td>
<td>Sept 2017</td>
<td>Andrew Pickard</td>
<td>N/A</td>
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Authorisation

This document requires authorisation by the following individuals:

<table>
<thead>
<tr>
<th>Name and Designation</th>
<th>Organisation</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
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<td>29/08/2017</td>
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</tbody>
</table>
### Staff Characteristics

| 1. Professional qualifications to be held by staff undertaking PGD | Community pharmacists accredited by NHS England North Midlands to provide the Pharmacy First Extended Care Service (Pilot) |
| 2. Competencies required to be held by staff undertaking this PGD | Has a clear understanding of the legal requirements to operate a PGD. Competent to follow and administer PGD showing clear understanding of indications for treatment (and subsequent actions to be taken), and the treatment itself. Has a clear understanding of the drug to be administered including side effects and contraindications. All clinicians operating within the PGD have a personal responsibility to ensure their on-going competency by continually updating their knowledge and skills. |
| 3. Specialist qualifications, training, experience and competence considered relevant to the clinical condition treated under this PGD | The community pharmacist must be registered with the General Pharmaceutical Council, and have attended the CPPE training workshop - Advanced training in assessment and management of urgent cases as approved by NHS England |
### Clinical Details

| Indication | Painful, inflamed throat which makes swallowing difficult.  
| Not giving antibiotic prescriptions for sore throats reduces re-attendance rates. Most are viral and self-limiting and resolve in three days in 40% of people and one week in 85% of people  
| Phenoxythymethylpenicillin is considered as first line treatment for sore throat |

| Inclusion Criteria | Adults or children aged 1 year and over presenting with symptoms of acute, uncomplicated sore throat.  
| In addition the patient must have a FeverPAIN score of 2 or above which is suggestive of a streptococcal bacterial infection.  
| Each of the FeverPAIN criteria (below) score 1 point (maximum score of 5).  
| **Fever**  
| **Purulence**  
| **Attend rapidly (3 days or less)**  
| **Severely Inflamed tonsils**  
| **No cough or coryza** |

| Exclusion Criteria | Children under 1 year of age  
| Patients with a known hypersensitivity to penicillin  
| Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders)  
| Patients presenting with severe symptoms (inability to swallow, acute onset, high temperature) which may be indicative of epiglottitis  
| Anyone who has stridor, breathing difficulty, or dehydration.  
| Persistent sore throat especially if unilateral (possible cancer)  
| Persistent change in voice (possible cancer)  
| Problems swallowing (dysphagia/odynophagia) (possible cancer, dehydration)  
| Smoking / alcohol are risk factors for cancer  
| Quincy (tonsillar abscess)  
| Immunocompromised patients due to medical condition |
or due to medication. Conditions causing immunosuppression can present as a sore throat

- Masses / unilateral swellings (possible cancer)
- Persistent mouth ulcer/lesions (possible cancer)
- Scarlet fever
- Suspected Kawasaki disease

| Management of excluded clients | Phone 999 immediately for anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration, that is associated with sore throat.
- If patient meets exclusion criteria, refer to a medical practitioner. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. Patients presenting with any of the following symptoms must be referred to A&E;
  - Severe suppurative complications (e.g. peri-tonsillar abscess or cellulitis, parapharyngeal abscess, retropharyngeal abscess, or Lemierre syndrome) as there is a risk of airway compromise or rupture of the abscess.
  - Signs of being markedly systemically unwell and is at risk of immunosuppression.
  - Suspected Kawasaki disease.
  - Diphtheria: characteristic tonsillar or pharyngeal membrane.
  - Signs of being profoundly unwell and the cause is unknown or a rare cause is suspected, for example: Stevens–Johnson syndrome or Yersinial pharyngitis
- Record the reason for exclusion and any action taken on PharmOutcomes.

| Management of patients requiring referral | If patient declines treatment or advice, ensure the following details are recorded on PharmOutcomes;
- The advice given by the clinician
- Details of any referral made
- The intended actions of the patient (including parent or guardian).
## Drug Details

| Name, form & strength of medicine | Phenoxy methylpenicillin 250mg tablets  
Phenoxy methylpenicillin 125mg/5ml or 250mg/5ml oral solution |
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<tbody>
<tr>
<td>Legal classification</td>
<td>Prescription Only Medicine (POM)</td>
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<tr>
<td>Route/Method</td>
<td>Oral</td>
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| Dosage/Frequency/Duration of Treatment | Children aged 1 -5 years – 125mg every six hours for 10 days  
Children aged 6-12 years – 250mg every six hours for 10 days  
Over 12 years and adults – 500mg every six hours for 10 days  
Phenoxy methylpenicillin should be taken at least 30 minutes before or 2 hours after food |
| Quantity to supply/administer      | 80 x 250mg tablets or 2 x100ml bottles of oral solution to provide 10 days treatment |
| Storage                            | Tablets – Store in a dry place below 25°C  
Unconstituted powder: Store in a dry place below 25°C. Protect from light  
Reconstituted oral solution: Store for 7 days in a refrigerator. The shelf life of reconstituted oral solution is generally 7 days, so this must be considered when providing treatment for 10 days |
| Cautions                           | • Penicillin should be used with caution in individuals with histories of significant allergies and/or asthma  
• Administer with caution in those who have significantly impaired renal function  
• Prolonged use of antibiotics may promote the over growth of non-susceptible organisms, including fungi. If super infection occurs, appropriate measures should be taken.  
| Side Effects                        | Common side effects include;  
• Nausea, vomiting, abdominal pain, diarrhoea |
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- Urticarial, erythematous or mobilliform rash and pruritus

For uncommon and rare side effects refer to the SPC

Use the Yellow Card System to report adverse drug reactions directly to the MHRA. [http://yellowcard.mhra.gov.uk/](http://yellowcard.mhra.gov.uk/)

### Drug interactions

- Aminoglycosides: Neomycin is reported to reduce the absorption of phenoxymethylpenicillin.
- Anticoagulants: Penicillins may interfere with anticoagulant control.
- Bacteriostatic antibiotics: Certain bacteriostatic antibiotics such as Chloramphenicol, Erythromycin and Tetracyclines have been reported to antagonise the bactericidal activity of penicillins and concomitant use is not recommended.
- Guar gum: Reduced absorption of phenoxymethylpenicillin
- Metotrexate: Use of Phenoxympenemethylpenicillin while taking metotrexate can cause reduced excretion of metotrexate thereby increasing the risk of toxicity.
- Probenecid: Reduced excretion of phenoxymethylpenicillin by competing with it for renal tubular secretion.
- Sulfinpyrazone: Excretion of penicillins reduced by sulfinpyrazone.
- Typhoid vaccine (oral): Penicillins may inactivate oral typhoid vaccine if ingested concomitantly.


### Advice to patients

- Reassure the individual that a sore throat is generally self limiting, with most immunocompetent people recovering after 7 days with or without antibiotic treatment.
- Advise regular use of paracetamol or ibuprofen to relieve pain and fever
- Provide advice regarding food and drink to avoid exacerbating pain (e.g. avoid hot drinks).
- Adults or older children may find sucking throat lozenges, hard boiled sweets, ice, or flavoured frozen desserts (such as ice lollies) to provide additional symptomatic relief.
- Encourage adequate fluid intake to avoid dehydration
if fever is present.

- Suggest the use of simple mouthwashes (e.g. warm salty water) at frequent intervals until the discomfort and swelling subside.

### Records and Follow Up

#### Follow up

- Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell
- If patient experiences severe side effects, discontinue treatment immediately and refer to GP

#### Records/audit trail

- In discussion with the client enter consultation details onto the relevant module within PharmOutcomes or complete the paper proforma if unable to access PharmOutcomes at the time of the consultation. All consultations must be entered onto PharmOutcomes on the day that the consultation takes place.
- Details of the supply must also be made in the patients (PMR) record.
- All supplies of phenoxymethylpenicillin must be labelled in accordance with the labelling requirements for a dispensed medicine as stated within Schedule 5 of The Medicines (Marketing Authorisations etc) Regulations 1994. No 3144 as amended. In addition to the above, the label must also state the words “Supplied under a PGD” to help with audit purposes.
- Informed verbal consent should be obtained (for clients aged under 16 years, Fraser guidelines should be followed)
- Electronic patient records and/or the completed paper proforma should be retained for adults for a period of 10 years after attendance and for children until the child is 25 years old. Computerised patient medication records are recommended to be kept.
- If the client is excluded, a record of the reason for exclusion must be documented within PharmOutcomes, and any specific advice that has been given.
- In every case when a supply of phenoxymethylpenicillin is made in accordance with this PGD, the Pharmacist must inform the patients GP of the supply within two working days. This will be done through secure nhs.net email accounts via PharmOutcomes once the
consultation data has been recorded within the specified module. On the rare occasion where no nhs.net account is available to PharmOutcomes, the Pharmacist will be informed by the system and must make alternative arrangements to send the information (within two working days).

**Adverse drug reactions**

All serious adverse reactions must be reported to MHRA via the yellow card system [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk).

A client presenting with a suspected serious ADR should be referred to their medical practitioner.

**Date last reviewed:** September 2017  
**Date for next review:** September 2019  
**Expiry date:** 31st December 2019  
**Version No:** 1.1 / 2017

**References**

BNF – Current Version  
Clinical knowledge summaries – Sore Throat - 2015  
Antimicrobial prescribing guidelines in general practice (Staffordshire) – 2016  
Antibiotic guidance for Shropshire and Powys Primary Care – 2015  
Electronic Medicines Compendium – SPC  
Phenoxymethylpenicillin – 2017  
NICE Guideline – Acute Sore Throat (Antimicrobial prescribing) 2017

**Glossary**

BNF – British National Formulary  
CKS – Clinical Knowledge Summaries  
SPC – Summary of Product Characteristics  
PIL – Patient Information Leaflet  
PGD – Patient Group Direction  
PMR – Patient Medication Record  
POM – Prescription Only Medicine  
MHRA – Medicines and Healthcare Products Regulatory Agency  
ADR – Adverse Drug Reaction  
LPC – Local Pharmaceutical Committee
PGD Workgroup

The following individuals have been involved with the development and production of this PGD;

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
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<td>Pharmacy Advisor – NHS England North Midlands</td>
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<td>Dr Gill Hall FRPharmS</td>
<td>Service Development Officer – South Staffordshire LPC</td>
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<td>Tania Cork MRPharmS</td>
<td>Chief Operating Officer – North Staffs and Stoke LPC</td>
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<td>Peter Prokopa MRPharmS</td>
<td>Chief Officer – South Staffordshire LPC</td>
</tr>
<tr>
<td>Lindsey Fairbrother MRPharmS</td>
<td>Secretary – Shropshire LPC</td>
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Register of practitioners qualified to supply Phenoxyimethylpenicillin via PGD

Operation of this PGD is the responsibility of the commissioner and service providers.

The practitioner must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Contractors who are commissioned to provide the service will be notified of any amendments, and provided with updated documentation for use by individual practitioners.

NHS England authorise this PGD for use by accredited Community Pharmacists delivering the service from community pharmacies that meet the requirements as outlined in the service specification and that have been commissioned by NHS England.

This page must be completed and retained by each individual Pharmacist who intends to work in accordance with this PGD.

Professional Responsibility and Declaration

- I have successfully completed the relevant training as outlined in the Service Specification and this Patient Group Direction
- I agree to maintain my clinical knowledge appropriate to my practice in order to maintain competence to deliver this service
- I am a registered pharmacist with the General Pharmaceutical Council
- I confirm that indemnity insurance is in place to cover my scope of practice
- I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD

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<thead>
<tr>
<th>Name of professional (please print)</th>
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PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY

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