

Impetigo PGD – Staffordshire Pharmacies

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: The service is only available to patients who are registered with a GP in Staffordshire or Shropshire

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Inclusion Criteria

Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusted plaques (typically up to 2cm in diameter)	
Generally painless, but sometimes itchy	
Affecting areas of the face, typically around the mouth and nose	

Pharmacist to give advice on Impetigo

Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:

Wash the affected areas with soapy water	
Wash hands after touching a patch of impetigo	
Avoid scratching affected areas, and keep fingernails clean and cut short	
Avoidance of sharing towels, flannels and so on until the infection has cleared	
Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started.	

Exclusion Criteria

Bullous impetigo		Age less than 1 year	
Patients who are systemically ill must be referred to GP		Significant inflammation around lesions - possible cellulitis. Requires urgent referral	
Lesions that are painful		Renal and/or hepatic impairment	
Recurrent impetigo infection treated within previous 4 weeks			

Treatment Options under PGD. *All Treatment is for 5 Days*

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Supply flucloxacillin for 5 days		Penicillin allergy/sensitivity Supply Clarithromycin for 5 days	
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Patients should report any serious adverse reaction to the pharmacist:

The pharmacist should notify patient's GP, record the information on the PMR, complete and submit a yellow card.

Flucloxacillin Supply – 5 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins	Renal or Hepatic impairment
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC	

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children’s dosage: Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Under 2 years; 62.5mg–125mg four times a day for 5 days*

Aged 2-9 years; 250mg four times a day for 5 days

Aged 10-12 years; 250mg-500mg four times a day for 5 days*

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Usual adult dosage (12 yrs+): 500mg four times a day for 5 days

Counselling for Flucloxacillin

Provide information leaflet and discuss as necessary	Take doses at regular six hourly intervals if possible on an empty stomach,
Complete the course	If symptoms have not improved after 5 days, advise patient to contact their GP
The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash	Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.
Store capsules below 25 degrees	Store syrup in refrigerator and shake before each use

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Medication Supply Information:

Drug, presentation and quantity given.....

Clarithromycin Supply - 5 day supply see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin	Renal and/or hepatic impairment
History of QT prolongation or ventricular cardiac arrhythmia	Hypokalaemia
Pregnancy	Breastfeeding
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. Check BNF/SPC This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin	

Use oral tablets for all age groups providing they can be swallowed.

PTO

Clarithromycin (Continued)

Use oral tablets for all age groups providing they can be swallowed.

Children's dosage: (All children aged 1 to 11 years) Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Body weight up to 8kg: 7.5mg/kg twice daily 8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily
 20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Usual adult dosage (12 yrs+): 500mg twice daily

Counselling for Clarithromycin

Provide information leaflet and discuss as necessary		Take doses at regular twelve hourly intervals	
Complete the course		If symptoms have not improved after 5 days, advise patient to contact their GP	
Store tablets and syrup below 25°C			
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache		Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment	
If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.		Check current meds / any OTCs for potential interactions	

Medication Supply Information:

Drug, presentation and quantity given.....

Where a supply was made, the following must also be completed:

PMR entry completed		Tablets labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed? NB retain in pharmacy in case requested by NHSE			

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

Client's Signature:			Date:
Pharmacists Name:	GPhC number:	Signature:	Date: