Extended Care Infected Insect Bites Service Tier 2(a) (Patients Age 1 year and above)

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: This service is available to patients who are registered with a GP in NHSE&I Midlands Region

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

Treat patients presenting with superficial infection of the skin following an insect bite with the following symptoms that are indicative of Eron Class 1 Cellulitis. Symptoms may include; Redness of skin; Pain or tenderness to the area; Swelling of skin; Skin may feel hot in the area surrounding the bite; Blistering	
Patient has no signs of systemic toxicity	
Patient has no uncontrolled co-morbidities and can be managed with oral antimicrobials.	
Treatment via this PGD should only be initiated where there is clear evidence of infection, indicated by cellulitis that is present or worsening at least 24 hours after the initial bite(s).	

Exclusion Criteria – patient not to be treated under PGD

No clear evidence of infection. Initial swelling/inflammation around the site of the bite should be managed in accordance with self-care guidance outlined in the 'Advice to patients' section of the PGD.			
Signs of sepsis such as: patches of **discoloured skin** indicative of haemorrhagic (purpuric) rash; decreased **urination; changes** in **mental** ability; **problems** breathing; **abnormal** heart functions; **chills** due to fall in body temperature; **unconsciousness**.			
Patient already taking oral antibiotics		Immunocompromised patient	
Cellulitis that has progressed beyond Eron Class 1		Patient aged under one year	
Signs of systemic illness such as: Fever; Headache; Chills; Weakness		A very large area of red, inflamed skin	
Rapidly spreading erythema and fulminant sepsis seen with necrotising fasciitis.		If the area affected is causing numbness, tingling, or other changes in a hand, arm, leg, or foot	
If the skin appears black		Facial cellulitis	
Animal (dogs, cats etc.) or human bites		Pregnancy and breastfeeding	
More than 2 episodes of infected insect bites treated under this PGD within previous 12 months		Moderate to severe renal and/or hepatic impairment	

Pharmacist to give the following advice to all patients with Insect Bites

Initial pain and swelling as a result of an insect bite should be managed with appropriate OTC pain relief such as paracetamol or ibuprofen, and the use of a cold compress (flannel or cloth cooled with cold water) over the affected area. There is little good evidence to support the use of oral antihistamines or topical corticosteroids.

Hygiene measures are important to aid healing It is recommended that the patient:

Wash the affected areas with soapy water	
Keep hands clean before and after touching the skin	
Avoid scratching affected areas, and keep fingernails clean and cut short, wear cotton gloves if necessary	

Treatment Options under PGD. *Patient to be treated for 7 days*

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

Where patient can take penicillin? Use flucloxacillin		**Penicillin allergy/sensitivity Use clarithromycin**	

Pharmacist Advice to be given to all patients who receive PGD treatment:

Take doses regularly and finish the course
If symptoms have not improved after 7 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

Flucloxacillin Supply (1st line) – see PGD for full details including cautions. 7 day course

Exclusion Criteria

Allergy/hypersensitivity to Penicillins, cephalosporins		Renal or Hepatic impairment	
Previous history of flucoxacillin-associated jaundice / hepatic dysfunction			
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid – sulfinpyrazone- piperacillin- oral typhoid vaccine-bacteriostatic drugs. Caution with paracetamol. Check BNF and/or SPC			

Use oral capsules for patients age 12 years and above, use suspension in these patients only if they are genuinely unable to swallow capsules. Doses should be administered on an empty stomach one hour before or two hours after meals

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

Aged 1- 2 years; 62.5mg–125mg four times a day* Aged 2-9 years; 250mg four times a day

Aged 10-17 years; 250mg-500mg four times a day* **Usual adult dosage:** 500mg four times a day

* 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.

Counselling for Flucloxacillin

Take doses with full glass of water. Take at regular six hourly intervals if possible, 1 hour before or 2 hours after food. Do not lie down immediately after taking flucloxacillin.		The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash	
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

Clarithromycin Supply (2nd line) - see PGD for full details including cautions. 7 day course

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin		Renal and/or hepatic impairment	
History of QT prolongation or ventricular cardiac arrhythmia		Hypokalaemia	
Pregnancy		Breastfeeding	
Clarithromycin is specifically contraindicated for use with the following medicines: astemizole, cisapride, oral midazolam, lomitapide, pimozide, terfenadine, ticagrelor, ranolazine, ergotamine or dihydroergotamine, and colchicine.			
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin. **Check BNF/SPC**			

Children aged 1 to 11 years, dosage *by weight. 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

Usual adult dosage for infected insect bites (12 yrs+): 500mg twice daily

Use suspension for patients up to 12 years of age, oral tablets for all patients 12+ providing they can be swallowed.

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

Counselling for Clarithromycin

Store tablets and syrup below 25°C		Take doses at regular twelve hourly intervals	
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache		If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.	

Medication Supply Information:

Drug, Presentation and Quantity given ……

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

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

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:**

Patients should be asked to 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.