

## Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

### DOXYCYCLINE CAPSULES 100MG

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
<b>Indication</b>	Adults presenting to MIU needing prophylaxis against infection following animal or human bites or puncture wounds who are <b>allergic to penicillin. To be taken with metronidazole.</b>
<b>Inclusion criteria</b>	Individuals presenting with penetrating bites or wounds suitable for treatment outside of hospital who are allergic to penicillin
<b>Exclusion criteria</b> If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Children (see below) Superficial bites where the skin is not broken – these require local treatment only. No significant penicillin allergy Severe bites eg. deep penetration and/or delayed presentation should be referred to a prescriber for Ciprofloxacin & Clindamycin as per Worcestershire Antibiotics Guidelines p46 Hypersensitivity to doxycycline or any of the tetracyclines Individuals taking retinoids (acne treatment). Pregnancy / breastfeeding Renal or hepatic impairment Individuals with systemic lupus erythematosus (SLE) or myasthenia gravis Symptoms suggesting septic arthritis (red & tender joints)
<b>Cautions - Seek further advice from doctor before proceeding and document advice</b>	Current gastro-intestinal infection or disturbance Taking any medicine which interacts as listed in BNF Appendix 1 or SPC eg Methotrexate, Ergotamine, Antacids, Warfarin etc. People who are exposed to excessive UV light, e.g. those travelling abroad or using sunbeds If bitten abroad and rabies is a possibility contact Health Protection Agency, CCDC or local microbiologist For human bites consider blood-borne viruses. Follow the blood borne contamination incident policy (see below).
<b>Further information</b>	For penicillin allergic children use clarithromycin & metronidazole The blood borne contamination incident policy can be found on the Worcestershire Health Services website: <a href="http://www.worcestershirehealth.nhs.uk/infection-control-service/policies-procedures/">http://www.worcestershirehealth.nhs.uk/infection-control-service/policies-procedures/</a> (Blood Borne contamination incident Appendix i)
<b>Action if patient declines or is excluded</b>	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.

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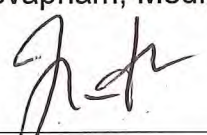
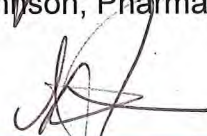
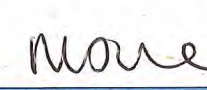
### DOXYCYCLINE CAPSULES 100MG

Drug Details	
<b>Name, form &amp; strength of medicine</b>	Doxycycline capsules 100mg
<b>Legal status</b>	Prescription Only Medication (POM)
<b>Route/Method</b>	Oral
<b>Dosage / frequency</b>	One capsule to be taken twice a day (preferably during meals but not immediately before going to bed)
<b>Duration of treatment</b>	Seven days
<b>Quantity to supply</b>	14 capsules
<b>Side effects</b>	<p>See SPC &amp; BNF for full details.</p> <p>Nausea, vomiting, diarrhoea, headache, flushing, tinnitus</p> <p>Erythema due to sun exposure - the patient should stop treatment and contact clinic for advice.</p> <p>Visual disturbances such as blurring of vision may occur during treatment with doxycycline and in such cases, patients must be informed to refrain from driving or operating machines.</p>
<b>Advice to patient/carer</b>	<p>Read patient information leaflet</p> <p>Take dose twice a day for 7 days.</p> <p>Swallow capsules whole with a glass of water or with food in a sitting or standing position and not immediately before going to bed (to reduce the risk of oesophageal irritation).</p> <p>Avoid antacids, and zinc or iron supplements for at least 2 hours before and after treatment</p> <p>If gastrointestinal disturbances are significant, contact clinic.</p> <p>Avoid strong sunlight or sunbeds during treatment and stop medication if erythema develops</p> <p>INR can be altered following a course of antibiotics in patients taking warfarin. The patient should be advised to have an INR measured during the time they are on the antibiotic.</p> <p><i>In the past there have been concerns that some antibacterials that do not induce liver enzymes reduce the efficacy of combined oral contraceptives by impairing the bacterial flora responsible for recycling ethinylestradiol from the large bowel. However, there is a lack of evidence to support this interaction. Current recommendations are that no additional contraceptive precautions are required when combined oral contraceptives are used with antibacterials that do not induce liver enzymes, unless diarrhoea or vomiting occur.</i></p>

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<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Registered nurses and paramedics with a minor injuries qualification
<b>Specialist competencies or qualifications</b>	A registered nurse or paramedic with a minor injuries qualification, after discussion and agreement with the MIU lead. Has completed the PGD online Open Learning Package and is therefore competent to supply and administer medicines under PGDs in this trust. Is trained in the management of anaphylaxis.
<b>Continuing education &amp; training</b>	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
<b>Referral Arrangements and Audit Trail</b>	
<b>Records/audit trail</b>	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis. Dose and form supplied. Advice given to patient (including side effects). Signature/name of staff who supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care)
<b>References/Resources and comments</b>	Current version of Summary of Product Characteristics, BNF and Worcestershire Guidelines for Antimicrobial Prescribing
<b>Clinical Authorisation</b>	
<b>Lead Doctor</b>	Dr John Devapriam, Medical Director  Signature:  Date: 4/4/19
<b>Lead Pharmacist</b>	Dr Alex Johnson, Pharmacist  Signature:  Date: 10/4/19
<b>Organisational Authorisation</b>	
<b>On behalf of Worcestershire health and Care NHS trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 4/4/19
<b>Patient Group Direction Peer Reviewed by</b>	
<b>Senior Nurses MIU</b>	

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**Individual Authorisation**

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR  
ACCOUNTABILITY.

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date