

**Supply of Medicine**

PATIENT GROUP DIRECTION (PGD) FOR

**FLUCLOXACILLIN 250MG AND 500MG CAPSULES,  
125MG/5ML AND 250MG/5ML SUSPENSION**

**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>	<p>Patients presenting to MIU needing a penicillin-type antibiotic for the treatment of an injury that has given rise to infection with <i>S.aureus</i>.</p> <p>Infections <b>not</b> arising directly and acutely from an injury are <b>not</b> covered by this PGD and are outside our remit in providing a Minor <b>Injury</b> Service.</p> <p>See Actions if excluded below</p>
<b>Inclusion criteria</b>	Acute wound infection characterised by local signs of inflammation/ infection such as warmth, erythema and pain.
<b>Exclusion criteria</b> If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	<p>Patients under 1 year old.</p> <p><b>In penicillin allergy use clarithromycin</b></p> <p>Infections <b>not</b> arising directly and acutely from an injury</p> <p>History of drug-induced cholestatic jaundice or hepatitis.</p> <p>History of hepatic dysfunction associated with flucloxacillin</p> <p>Hepatic or severe renal impairment</p> <p>Diabetics are a special subgroup requiring a different approach</p> <p>Fungal foot infections eg in-growing toe nails</p> <p>Recurrent infection ie non-acute</p>
<b>Cautions - Seek further advice from doctor before proceeding and document advice</b>	<p>Pregnancy or breastfeeding – penicillins are generally considered safe in pregnancy and only trace amounts are excreted in breast milk – discuss with doctor.</p> <p>Individuals with infected wounds who are intravenous drug misusers</p> <p><b>In diabetic patients a wider assessment is needed:</b> Whilst staphylococcal skin infections are common in diabetics, other organisms can often be present. Coliforms (including <i>E. coli</i> &amp; <i>Klebsiella spp.</i>) and group B streptococci can cause infection in diabetics in areas of ischaemia, trauma or abdominal surgery. Pseudomonas is also an opportunistic pathogen in diabetic skin infections.</p>
<b>Further information</b>	Refer to microbiologist if unusual circumstances
<b>Action if patient declines or is excluded</b>	Refer to GP, community pharmacy or A & E as appropriate. Document refusal or action taken in patient's records



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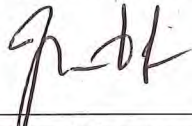


Drug Details	
<b>Name, form &amp; strength of medicine</b>	Flucloxacillin capsules 250mg, 500mg Flucloxacillin suspension 125mg in 5ml Flucloxacillin suspension 250mg in 5ml
<b>Legal status</b>	Prescription Only Medicine (POM)
<b>Route/Method</b>	ORAL, before food or at least 30 minutes before food
<b>Dosage / frequency</b>	1 year 125mg (5ml 125/5 suspension) 2 to 9 years 250mg (5ml 250/5 susp or capsule) 10 years and over 500mg (capsule) Every 6 hours (four times a day)
<b>Duration of treatment</b>	7 days (see GP for further supply in many cases)
<b>Quantity to supply</b>	28 Capsules or 200ml suspension sufficient for 7 days treatment (discard any remainder)
<b>Further information</b>	In the case of adults with genuine swallowing difficulty we would expect that the smaller 250mg capsules be issued and the patient advised to double the dose ie Take 2 FOUR times a DAY (mark the pack). Can be taken with spoon of jam or yoghurt followed by water. Where this cannot be properly explained eg patients with Learning Disability, then syrup may be given as an exception.
<b>Side effects</b>	Allergic reactions, rash, fever, joint pains Cholestatic jaundice may occur up to 6 weeks after treatment stopped but is very rare Diarrhoea
<b>Advice to patient/carer</b>	Patient information leaflet should be given. Advise patients with <b><u>they MUST see their own GP within 48 hours for a wound check. A further 7 days of treatment will be necessary in some cases.</u></b> If the infection appears to be spreading or getting worse in any way, or if fever develops, immediate medical advice should be sought. May cause a rash. If this happens, stop the antibiotic and seek immediate advice from GP. Suspension: shake well before use & store in the fridge. Give 30-60minutes before meals if possible  Recent, current recommendations are that <b>NO</b> additional contraceptive precautions are required when <i>combined</i> oral contraceptives are used with antibacterials that do not induce liver enzymes, unless diarrhoea or vomiting occur.



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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 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>	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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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.

<b>Name of Professional</b>	<b>Signature</b>	<b>Authorising Manager</b>	<b>Date</b>