

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

Metronidazole tablets and liquid

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

Clinical Condition	
Indication	For PENICILLIN ALLERGIC individuals presenting to MIU needing an antibiotic for prophylaxis after acutely receiving a bite or another type of puncture wound. Use together with clarithromycin in children and with doxycycline in adults
Inclusion criteria	Treatment of individuals who are allergic to penicillin presenting with an acute puncture wound eg a bite
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Children under one year of age Superficial bites where the skin is not broken. Severe bites eg. deep penetration and/or delayed presentation should be referred to a prescriber for alternative treatment eg. Ciprofloxacin & Clindamycin as per Worcestershire Antibiotics Guidelines p46 Known hypersensitivity to metronidazole Hepatic impairment. Previous course of antibiotics for the same episode. Acute porphyria Patients taking oral anticoagulants, phenobarbital, fluorouracil, ciclosporin, mycophenolate, busulfan, phenytoin, primidone, disulfiram, cimetidine and lithium Pregnancy/suspected pregnancy and breastfeeding Immature children and infants (1yr+) weighing less than 10 kg should receive proportionally smaller dosages.
Cautions - Seek further advice from doctor before proceeding and document advice	If bitten abroad and rabies is a possibility contact Health Protection Agency, CCDC or local microbiologist Jaundice or known liver disease Suspected alcohol intake in the last 24 hours or likelihood of continuing to drink alcohol For human bites consider blood-borne viruses. Follow the blood borne contamination incident policy (see below).
Further Information	The blood borne contamination incident policy can be found on the Worcestershire Health Services website: http://www.worcestershirehealth.nhs.uk/infection-control-service/policies-procedures/ (Blood Borne contamination incident Appendix i)
Action if patient declines or is excluded	Refer to doctor or receiving facility as appropriate. Document refusal or action taken in patient's records.

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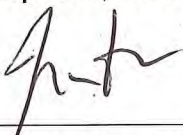

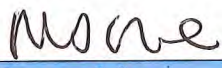
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Drug Details	
Name, form & strength of medicine	Metronidazole 200mg tablets Metronidazole suspension 200mg in 5ml
Legal status	Prescription Only Medicine (POM)
Route/Method	Oral
Dosage / frequency	1 to 2 years 50mg (1.25ml) liquid three times a day 3 to 6 years 100mg (2.5ml) liquid twice a day 7 to 10 years 100mg (2.5ml) liquid three times a day Over 10 years and adults two 200mg tablets every 8 hours swallowed with water and not chewed. For true swallowing difficulty 10ml of liquid may be given, tablets are preferred.
Duration of treatment	Seven days for bites and puncture wounds
Quantity to supply	42 tablets or 100ml syrup.
Side effects	Occasionally taste disorder, nausea, vomiting, GI disturbance, rash
Advice to patient/carer	Patient Information Leaflet from the pack plus verbal advice on using medication. Swallow tablets whole Take preferably with or after a meal Alcohol <u>must</u> be avoided while taking metronidazole and for at least 48 hours after course has finished (as combination can cause a "disulfiram type reaction" see BNF for further detail). If affected by drowsiness, dizziness, confusion or transient visual disorders do not drive or operate machinery

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Staff Characteristics	
Professional qualifications	Registered nurses and paramedics with a minor injuries qualification
Specialist competencies or qualifications	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.
Continuing education & training	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.
Referral Arrangements and Audit Trail	
Records/audit trail	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)
References/Resources and comments	Current version of Summary of Product Characteristics, BNF and Worcestershire Guidelines for Antimicrobial Prescribing. The blood borne contamination incident policy.
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature:  Date: 4/4/19
Lead Pharmacist	Dr Alex Johnson, Pharmacist Signature:  Date: 10/4/19
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 4/4/19
Patient Group Direction Peer Reviewed by	
Senior MIU nurses	

