

This patient group direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## Patient Group Direction (PGD)

For the administration or supply of

**Co-Amoxiclav Tablets 500/125mg and Co-Amoxiclav Suspension  
125/31mg and 250/62mg**

By registered health care professionals for

**Treatment or prophylaxis of infection following animal or human bites**

**Throughout the Manx Care and those contracted by the Manx Care where appropriate within practice**

**PGD NUMBER 16**

### 1. Change history

| Version number | Change details           | Date       |
|----------------|--------------------------|------------|
| 1              | Original PGD ratified    | June 2021  |
| 2              | Extension to expiry date | March 2024 |
|                |                          |            |

## 2. Medicines practice guideline 2: *Patient group directions*

Refer to the relevant sections of NICE medicines practice guideline 2: *Patient group directions* as stated in the blank template notes. For further information about PGD signatories, see the NHS and Manx Care [PGD website FAQs](#)

## 3. PGD development

Refer to the [NICE PGD competency framework for people developing PGDs](#)

| Job Title & organisation        | Name | Signature | Date |
|---------------------------------|------|-----------|------|
| Author of the PGD               |      |           |      |
| Member of the PGD working group |      |           |      |

## 4. PGD authorisation

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

| Job Title  | Name | Signature | Date |
|--|------|-----------|------|
| Medical Director   |      |           |      |
| Chief Pharmacist/<br>Pharmaceutical Adviser                  |      |           |      |
| Senior Paramedic   |      |           |      |
| Director of Nursing  |      |           |      |
| GP Adviser   |      |           |      |
| Senior Microbiologist<br>(if PGD contains<br>antimicrobials) |      |           |      |

## 5. PGD adoption by the provider

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

| Job title and organisation | Signature | Date | Applicable or not applicable to area |
|----------------------------|-----------|------|--------------------------------------|
|                            |           |      |                                      |

## 6. Training and competency of registered healthcare professionals, employed or contracted by the Manx Care, GP practice or Hospice

Refer to the [NICE PGD competency framework for health professionals using PGDs](#)

|   | Requirements of registered Healthcare professionals working under the PGD   |
|---|---|
| <b>Qualifications and professional registration</b> | <ul style="list-style-type: none"> <li>Registered healthcare professionals, working within or contracted by the Manx Care, GP practice or Hospice who are permitted staff groups outlined within the current PGD policy</li> <li>Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises</li> </ul>                                     |
| <b>Initial training</b>                             | <ul style="list-style-type: none"> <li>Knowledge of current guidelines and the administration of the drug specified in this PGD/BNF and of the inclusion and exclusion criteria</li> <li>Training which enables the practitioner to make a clinical assessment to establish the need for the medication covered by this PGD</li> <li>Local training in the use of PGDs</li> </ul> |
| <b>Competency assessment</b>                        | Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGDs  |
| <b>Ongoing training and competency</b>              | The registered health care professionals should make sure they are aware of any changes to the recommendations for this medication; it is the responsibility of the registered health care professionals to keep up to date with continuing professional development. PGD updates will be held every two years  |

## 7. Clinical Conditions

|  |   |
|--|---|
| <b>Clinical condition or situation to which this PGD applies</b> | Treatment or prophylaxis of infection following animal or human bites which break the surface of the skin.  |
| <b>Inclusion criteria</b>  | Treatment or prophylaxis of infection following animal or human bites which break the surface of the skin, especially near joints or tendons  |
| <b>Exclusion criteria</b>  | <ul style="list-style-type: none"> <li>• Penicillin hypersensitivity</li> <li>• History of penicillin or Co-Amoxiclav associated jaundice</li> <li>• Hepatic impairment</li> <li>• Severe renal impairment</li> <li>• Bites to face or gaping wounds with deep structural damage</li> <li>• Glandular fever, lymphatic leukaemia, or HIV</li> <li>• Occurrence or maculopapular rashes</li> <li>• Severe cellulitis</li> <li>• Previous course of antibiotics for</li> </ul>  |
| <b>Cautions (including any relevant action to be taken)</b>      | <ul style="list-style-type: none"> <li>• Urticaria, rashes, fever, joint pain (discontinue treatment)</li> <li>• Anaphylaxis</li> <li>• Gastrointestinal discomfort</li> <li>• Pseudomembranous colitis</li> <li>• Superficial staining of teeth with suspension</li> <li>• Rarely renal and blood disorders</li> <li>• May affect INR in patients taking coumarins – advise patients to have INR checked within the next 1-2 weeks</li> <li>• Increased risk of rash when administered with allopurinol</li> <li>• Consider risk of hepatitis B,C and HIV with Human bites and Rabies with animal bites</li> </ul> |
| <b>Arrangements for referral for medical advice</b>              | Patient should be referred to a more experienced clinical practitioner for further assessment   |
| <b>Action to be taken if patient excluded</b>                    | Patient should be referred to a more experienced clinical practitioner for further assessment   |
| <b>Action to be taken if patient declines treatment</b>          | <ul style="list-style-type: none"> <li>• A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential risks which may occur as a result of refusing treatment</li> <li>• This information must be documented in the patients' health records</li> <li>• Any patient who declines care must have demonstrated capacity to do so</li> <li>• Where appropriate care should be escalated</li> </ul>  |

## 8. Details of the medicine

|  |  |
|--|--|
| <b>Name, form and strength of medicine</b>             | <ul style="list-style-type: none"> <li>• Co-Amoxiclav (Amoxicillin 500mg and Clavulanic Acid 125mg) tablets 625mg</li> <li>• Co-amoxiclav suspension 125mg/31mg and 250mg/62mg</li> </ul>  |
| <b>Legal category</b>                                  | Prescription Only Medicine (POM)   |
| <b>Indicate any <u>off-label use</u> (if relevant)</b> | None   |
| <b>Route/method of administration</b>                  | Oral   |
| <b>Dose and frequency</b>                              | <ul style="list-style-type: none"> <li>• <b>1-5 years:</b><br/>125mg/31mg in 5ml suspension 5ml THREE times a day for 7 days</li> <li>• <b>6-11 years:</b><br/>250mg/62mg in 5ml suspension<br/>5ml THREE times a day for 7 days</li> <li>• <b>12 years and OVER:</b><br/>500mg/125mg (625mg tablet) One THREE times a day for 7 days</li> </ul> |
| <b>Quantity to be administered and/or supplied</b>     | <ul style="list-style-type: none"> <li>• TTO pack 125mg/31mg in 5ml suspension 100ml</li> <li>• TTO pack 250mg/62mg in 5ml suspension 100ml</li> <li>• TTO pack 625mg tablets x 21</li> </ul>  |
| <b>Maximum or minimum treatment period</b>             | Maximum: One 7 days treatment period   |
| <b>Storage</b>   | <ul style="list-style-type: none"> <li>• Reconstitute <b>suspension</b> as directed on container, shake well to ensure uniform mixing. Add expiry date to pre-packed label</li> <li>• <b>Store in a refrigerator once reconstituted</b></li> <li>• Tablets to be stored at room temperature</li> </ul>   |
| <b>Adverse effects</b>                                 | <ul style="list-style-type: none"> <li>• Commonly gastrointestinal discomfort</li> <li>• See cautions for further info</li> </ul>  |
| <b>Records to be kept</b>                              | The administration of any medication given under a PGD must be recorded within the patient's medical records   |

## 9. Patient information

|   |  |
|---|--|
| <b>Verbal/Written information to be given to patient or carer</b> | <ul style="list-style-type: none"> <li>• Verbal information must be given to patients and or carers for all medication being administered under a PGD</li> <li>• Where medication is being supplied under a PGD, written patient information leaflet must also be supplied</li> <li>• A patient information leaflet is available on request</li> </ul> |
| <b>Follow-up advice to be given to patient or carer</b>           | If symptoms do not improve or worsen or you become unwell, seek medical advice immediately   |

## 10. Appendix A

### References

1. British National Formulary (BNF) available online: <https://bnf.nice.org.uk>
2. Nursing and Midwifery (2018) "The code" available online: <https://www.nmc.org.uk>
3. Current Health Care Professions Council standards of practice
4. General Pharmaceutical Council standards
5. The General Optical Council
6. Electronic medicines compendium available online: <https://www.medicines.org.uk>
7. Nobles' Hospital Antimicrobial formulary

## 11. Appendix B

### Health professionals agreed to practice

- Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor
- A mentor is defined within the Manx Care policy as any ward/area managers, sisters, senior nurses, GPs, pharmacists or senior paramedics who has completed the PGD training themselves