



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

Phenoxymethylpenicillin (Penicillin V) 250mg tablets and 125mg/5ml & 250mg/5ml oral solution

By registered health care professionals for

Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis

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

PGD NUMBER 58

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021
2	Minor wording amendments	January 2022
3	<ul style="list-style-type: none">Indication updated to include mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitisCourse length updated to maximum 10 days as per UKHSA guidance	December 2022

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/ Pharmaceutical Adviser			
Senior Paramedic			
Director of Nursing			
GP Adviser			
Senior Microbiologist (if PGD contains 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
Qualifications and professional registration	<ul style="list-style-type: none"> 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 Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises
Initial training	<ul style="list-style-type: none"> Knowledge of current guidelines and the administration of the drug specified in this PGD/BNF and of the inclusion and exclusion criteria Training which enables the practitioner to make a clinical assessment to establish the need for the medication covered by this PGD Local training in the use of PGD's
Competency assessment	Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGD's
Ongoing training and competency	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

Clinical condition or situation to which this PGD applies	Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis
Inclusion criteria	<ul style="list-style-type: none"> Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis Patient has a Centor Score ≥ 3 (ie consider the following: History of fever, tonsular exudate, tender anterior cervical lymphadenopathy, absence of cough) Consider supply/administration if patient also is at increased risk of severe infection (e.g. diabetes or immunocompromised) or patients who are at risk of immunosuppression such as those on disease modifying drugs Consider supply/administration to patients with a history of rheumatic fever
Exclusion criteria	Those individuals with a history of anaphylaxis, urticarial or rash after penicillin administration.

Cautions (including any relevant action to be taken)	<p>For all Penicillins:</p> <p>The most important side-effect of the penicillins is hypersensitivity which causes rashes and anaphylaxis and can be fatal. Allergic reactions to penicillins occur in 1–10% of exposed individuals; anaphylactic reactions occur in fewer than 0.05% of treated patients. Patients with a history of atopic allergy (eg. asthma, eczema, hay fever) are at a higher risk of anaphylactic reactions to penicillins. Individuals with a history of anaphylaxis, urticaria, or rash immediately after penicillin administration are at risk of immediate hypersensitivity to a penicillin; these individuals should not receive a penicillin.</p> <p>Individuals with a history of a minor rash (i.e. non-confluent, non-pruritic rash restricted to a small area of the body) or a rash that occurs more than 72 hours after penicillin administration are probably not allergic to penicillin and in these individuals a penicillin should not be withheld unnecessarily for serious infections; the possibility of an allergic reaction should, however, be borne in mind. Other beta-lactam antibiotics (including cephalosporins) can be used in these patients.</p>
Arrangements for referral for medical advice	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient excluded	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient declines treatment	<ul style="list-style-type: none"> • 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 • This information must be documented in the patients' health records • Any patient who declines care must have demonstrated capacity to do so • Where appropriate care should be escalated

8. Details of the medicine

Name, form and strength of medicine	Penicillin V tablets 250mg Penicillin V Oral solution 125mg/5ml, 250mg/5ml
Legal category	Prescription Only Medicine (POM)
Indicate any <u>off-label use</u> (if relevant)	N/A
Route/method of administration	Oral

Dose and frequency	<ul style="list-style-type: none"> • Adult: 500mg every 6 hours • Child up to 1 year: 62.5mg every 6 hours • Child 1-5 years: 125mg every 6 hours • Child 6-11 years: 250mg every 6 hours • Child 12-17 years: 500mg every 6 hours
Quantity to be administered and/or supplied	<p>Supply: up to 3 x 28 x 250mg packs labelled with instructions or up to 2 x100ml of the Oral solution to treat up to a maximum of 10 days</p> <p>Administration: 1 dose</p>
Maximum or minimum treatment period	Maximum treatment period = 10 days
Storage	<p>Room Temperature – Tablets Store in a refrigerator – Oral solution once reconstituted</p> <p>Reconstitute oral solution as directed on the container, shake well to ensure uniform mixing. Add expiry date to PRE-packed label (must be stored in a fridge once reconstituted with water). Add patient’s name and date of issue to pre-packed label</p>
Adverse effects	<ul style="list-style-type: none"> • arthralgia • circulatory collapse • coagulation disorder • eosinophilia • faeces soft • fever • increased risk of infection • neurotoxicity • oral disorders • paraesthesia
Records to be kept	The administration of any medication given under a PGD must be recorded within the patient’s Medical records.
Additional Actions Required	The local health protection team must be notified promptly within 3 days by completing a notification form if a diagnosis of scarlet fever is suspected

9. Patient information

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

10. Appendix A

References
<ol style="list-style-type: none">1. British National Formulary (BNF) available online: https://bnf.nice.org.uk2. Nursing and Midwifery “The code” available online: https://www.nmc.org.uk3. Current Health Care Professions Council standards of practice4. General Pharmaceutical Council standards5. The General Optical Council6. Electronic medicines compendium available online: https://www.medicines.org.uk7. Nobles’ Hospital Antimicrobial formulary8. NICE CKS Sore Throat Acute: Clarithromycin and Erythromycin: https://cks.nice.org.uk/topics/sore-throat-acute/prescribing-information/clarithromycin-erythromycin/9. Group A streptococcus in children - Interim clinical guidance summary 9 December 2022: https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00058-group-a-streptococcus-in-children-interim-clinical-guidance-december-2022.pdf10. NICE CKS Scarlet Fever: https://cks.nice.org.uk/topics/scarlet-fever/

11. Appendix B

Health professionals agreed to practice
<ul style="list-style-type: none">• 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