

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

**Cefalexin 250mg & 500mg tablets or capsules 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 168**

### 1. Change history

Version number	Change details	Date
1	Original PGD ratified	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
<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 PGD's</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 PGD's
<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>	Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis where there is a risk of a lack of availability to first line treatment option phenoxymethylpenicillin or other penicillins
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis in adults and children from 1 month old</li> <li>• With associated symptoms of sore throat, headache, fever, nausea and vomiting and fine red rash after 24-48 hours</li> <li>• Patient has a Centor Score <math>\geq 3</math> (ie consider the following: History of fever, tonsular exudate, tender anterior cervical lymphadenopathy, absence of cough)</li> <li>• 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</li> <li>• Consider supply/administration to patients with a history of rheumatic fever</li> </ul>
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• Those individuals with a known history of allergy to cephalosporins or a history of immediate hypersensitivity to penicillin and other beta-lactams</li> <li>• Infants less than 1 month old</li> </ul>
<b>Cautions (including any relevant action to be taken)</b>	<ul style="list-style-type: none"> <li>• Cefalexin should be given cautiously to penicillin-sensitive patients. About 0.5–6.5% of penicillin-sensitive people will also be allergic to cephalosporins</li> <li>• Cefalexin should be administered with caution in patients taking known nephrotoxic drugs e.g. NSAIDs, methotrexate, ciclosporin due to increased risk of nephrotoxicity</li> <li>• Acute generalised exanthematous pustulosis (AGEP) has been reported in association with cefalexin treatment. Patients should be advised of the signs and symptoms and advised to stop taking cephalalexin</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>	Cefalexin tablets 250mg, 500mg Cefalexin Capsules 250mg, 500mg Cefalexin Oral solution 125mg/5ml, 250mg/5ml
<b>Legal category</b>	Prescription Only Medicine (POM)
<b>Indicate any <u>off-label use</u> (if relevant)</b>	N/A
<b>Route/method of administration</b>	Oral
<b>Dose and frequency</b>	<ul style="list-style-type: none"> <li>• <b>Adult:</b> 500mg every 8 hours</li> <li>• <b>Children 1 – 11 months:</b> 125mg Twice Daily</li> <li>• <b>Children 1 to 4 years:</b> 125mg every 8 hour</li> <li>• <b>Children 5 years and over:</b> 250mg every 8 hours</li> </ul>
<b>Quantity to be administered and/or supplied</b>	<ul style="list-style-type: none"> <li>• <b>Supply:</b> up to 30 x 500mg tablets/ capsules or up to 60 x 250mg tablets/capsules (if only 250mg available) labelled with instructions or up to 2x 100ml of the Oral solution to treat up to a maximum of 10 days</li> <li>• <b>Administered:</b> 1 dose</li> </ul>
<b>Maximum or minimum treatment period</b>	Maximum treatment period = 10 days
<b>Storage</b>	<p>Room Temperature – Tablets, powder for oral solution Store in a refrigerator – Oral solution once reconstituted</p> <p><b>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</b></p>
<b>Adverse effects</b>	<ul style="list-style-type: none"> <li>• Acute generalised exanthematous pustulosis (AGEP) Abdominal pain</li> <li>• Angioedema</li> <li>• Confusion</li> <li>• Diarrhoea (most frequent side-effect)</li> <li>• Genital pruritus</li> <li>• Headache</li> <li>• Nausea</li> <li>• Rash</li> <li>• Urticaria</li> <li>• Vomiting</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
<b>Additional Actions Required</b>	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

<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><li>• Advise the person or family/carers on measures to reduce the risk of cross-infection</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
<ol style="list-style-type: none"><li>1. British National Formulary (BNF) available online: <a href="https://bnf.nice.org.uk">https://bnf.nice.org.uk</a></li><li>2. Nursing and Midwifery “The code” available online: <a href="https://www.nmc.org.uk">https://www.nmc.org.uk</a></li><li>3. Current Health Care Professions Council standards of practice</li><li>4. General Pharmaceutical Council standards</li><li>5. Electronic medicines compendium available online: <a href="https://www.medicines.org.uk">https://www.medicines.org.uk</a></li><li>6. Nobles’ Hospital Antimicrobial formulary</li><li>7. NICE CKS Scarlet Fever: <a href="https://cks.nice.org.uk/topics/scarlet-fever/">https://cks.nice.org.uk/topics/scarlet-fever/</a></li><li>8. Group A streptococcus in children - Interim clinical guidance summary 9 December 2022: <a href="https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00058-group-a-streptococcus-in-children-interim-clinical-guidance-december-2022.pdf">https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00058-group-a-streptococcus-in-children-interim-clinical-guidance-december-2022.pdf</a></li></ol>

## 11. Appendix B

Health professionals agreed to practice
<ul style="list-style-type: none"><li>• Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor</li><li>• 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</li></ul>