

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

**Clarithromycin 250mg or 500mg tablets & 125mg/5ml or 250mg/5ml  
Oral Solution**

By registered health care professionals for

**Mild Group A streptococcal infections including scarlet fever, bacterial  
tonsillitis and pharyngitis in patients with penicillin allergy or if  
Phenoxymethylpenicillin, Amoxicillin or Cefalexin unavailable**

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

**PGD NUMBER 169**

### 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/<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 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 in patients with penicillin allergy or as an alternative if phenoxymethylpenicillin, amoxicillin or cefalexin unavailable  |
| <b>Inclusion criteria</b>  | <ul style="list-style-type: none"> <li>• Mild Group A streptococcal infections including scarlet fever, bacterial tonsillitis and pharyngitis in patients with penicillin allergy</li> <li>• Patients with a history of anaphylaxis, urticarial or rash after penicillin administration.</li> <li>• Use as an alternative if phenoxymethylpenicillin, amoxicillin or cefalexin unavailable</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>• Known allergy to Clarithromycin or other macrolides</li> <li>• Myasthenia gravis</li> <li>• Patients taking coumarin anticoagulants</li> <li>• Pregnancy or breast feeding</li> <li>• Porphyria</li> <li>• Hepatic or renal impairment</li> </ul>  |
| <b>Cautions (including any relevant action to be taken)</b>      | <ul style="list-style-type: none"> <li>• Caution with concomitant use of drugs which prolong QT interval</li> <li>• Known interaction with some statins. Patient to stop statin for the duration of the course of clarithromycin</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

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| <b>Name, form and strength of medicine</b>             | Clarithromycin 250mg or 500mg tablets or 125mg/5ml or 250mg/5ml suspension  |
| <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>                              | <p><b>Adult:</b> 500mg twice daily</p> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>• Body weight 8-11kg – 62.5mg twice daily</li> <li>• 12-19kg – 125mg twice daily</li> <li>• 20-29kg – 187.5mg twice daily</li> <li>• Over 30kg – 250mg twice daily</li> <li>• Children aged 12 to 17 years, 250 mg twice daily, increased to 500 mg twice daily in severe infections</li> </ul> <p><b>Oral suspension not licensed for children under 6 months</b></p>  |
| <b>Quantity to be administered and/or supplied</b>     | <p><b>Supply:</b></p> <ul style="list-style-type: none"> <li>• Two to four packs of 10 tablets</li> <li>• Or one or two bottles of 70ml suspension</li> </ul> <p><b>Administration:</b> 1 dose</p>  |
| <b>Maximum or minimum treatment period</b>             | Maximum treatment period = 10 days  |
| <b>Storage</b>   | <p><b>Tablets</b> – Store at room temperature</p> <p><b>Suspension</b> – Reconstitute as directed on the packaging and store at room temperature</p>  |
| <b>Adverse effects</b>                                 | <ul style="list-style-type: none"> <li>• Nausea, vomiting, abdominal discomfort, and diarrhoea are the most common adverse effects of macrolides</li> <li>• Anaphylaxis is rarely associated with clarithromycin</li> <li>• Hepatotoxicity (including cholestatic jaundice) and rash have been reported following treatment with clarithromycin</li> <li>• Other adverse effects reported rarely or very rarely include pancreatitis, QT interval prolongation, arrhythmias, Stevens-Johnson syndrome, and toxic epidermal necrolysis.</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>                     | <ul style="list-style-type: none"> <li>• Send a throat swab for suspected URTI and/or skin or wound swab for SSTI (skin and soft tissue infection)</li> <li>• 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</li> </ul>  |

## 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   |
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| <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 Sore Throat Acute: Clarithromycin and Erythromycin: <a href="https://cks.nice.org.uk/topics/sore-throat-acute/prescribing-information/clarithromycin-erythromycin/">https://cks.nice.org.uk/topics/sore-throat-acute/prescribing-information/clarithromycin-erythromycin/</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><li>9. NICE CKS Scarlet Fever: <a href="https://cks.nice.org.uk/topics/scarlet-fever/">https://cks.nice.org.uk/topics/scarlet-fever/</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> |