

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

Aciclovir 800mg Tablets

By registered health care professionals for

Management of Herpes Zoster (Shingles)

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

PGD NUMBER 87

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021
2	Minor wording amendments	March 2022
3	Minor Word changes to improve clarity of document	December 2023

Reference number: 87 Valid from: 12/2023 Review date: 12/2025

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 <u>PGD website FAQs</u>

3. PGD development

Refer to the <u>NICE PGD competency framework for people developing PGDs</u>

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

4. PGD authorisation

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

Job Title	Name	Signature	Date
Medical Director			
Deputy to Chief Pharmacist/ Pharmaceutical Adviser			
Deputy to Senior Paramedic			
Director of Nursing			
GP Adviser			
Senior Microbiologist (if PGD contains antimicrobials)	N/A	N/A	N/A

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5. 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	 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 Pharmacist must be currently registered with GPhC Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises
Initial training	 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 PGDs
Competency assessment	Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGDs
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

6. Clinical Conditions

Clinical condition or	Herpes Zoster (Shingles)
situation to which this	
PGD applies	
Inclusion criteria	Adults over 18 years presenting within 72 hours of developing
	symptoms and a rash indicative of Herpes Zoster (Shingles)
Exclusion criteria	Under 18 years
	 Symptoms and rash of more than 72 hours duration
	 Involvement of the face/eyes - any suggestion of
	ophthalmic zoster should have immediate referral to a
	doctor
	Pregnancy/Breast feeding
	Renal impairment
	Patient is immunosuppressed
	Any known hypersensitivity to any component of the
	medicine

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Cautions (including any relevant action to be	Elderly (risk of neurological reactions)	
taken)	A detailed list of cautions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF https://bnf.nice.org.uk	
Arrangements for referral	Patient should be referred to a more experienced clinical	
for medical advice	practitioner for further assessment	
Action to be taken if	Patient should be referred to a more experienced clinical	
patient excluded	practitioner for further assessment	
Action to be taken if	A verbal explanation should be given to the patient on: the need	
patient declines	for the medication and any possible effects or potential risks	
treatment	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	

7. Details of the medicine

Name, form and strength	Aciclovir 800mg tablets
of medicine	
Legal category	Prescription Only Medicine (POM)
Indicate any off-label use	None
(if relevant)	
Route/method of	Oral
administration	
Dose and frequency	800mg to be taken FIVE times a day for seven days
Quantity to be	Supply: 1 original pack (1 x 35 tablets)
administered and/or	Administered: 1 dose
supplied	
Maximum or minimum	Maximum treatment period 7 days
treatment period	
Storage	Room temperature

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Adverse effects	abdominal pain	• confusion
	diarrhoea	drowsiness
	• dizziness	dysarthria
	fatigue	 dyspnoea encephalopathy
	• fever	 hallucination
	 headache 	 hepatic disorders
	• nausea	 leucopenia
	 photosensitivity reaction 	psychosis
	 skin reactions 	 renal impairment
	 vomiting 	renal pain
	agitation	seizure
	• anaemia	 thrombocytopenia
	 angioedema 	tremor
	• ataxia	alopecia
	• coma	crystalluria
	A detailed list of adverse reactions is available in the SPC, which is	
	available from the electronic Medicines Compendium website:	
	www.medicines.org.uk and BNF https://bnf.nice.org.uk	
Records to be kept	The administration of any medication given under a PGD must be	
	recorded within the patient's medical records	

8. Patient information

Verbal/Written information to be given to patient or carer	 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	
Follow-up advice to be	If symptoms do not improve or worsen or you become unwell, seek	
given to patient or carer	medical advice immediately	

9. Appendix A

References

- 1. British National Formulary (BNF) available online: https://bnf.nice.org.uk
- 2. Nursing and Midwifery "The code" available online: https://www.nmc.org.uk
- 3. Current Health Care Professions Council standards of practice
- 4. General Pharmaceutical Council standards
- 5. Electronic medicines compendium available online: https://www.medicines.org.uk
- 6. NHS guidance from NHS choices: https://www.nhs.uk/conditions/shingles/#antiviral-medication

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10. 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.

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