Patient Group Direction for the treatment of bacterial skin infections in patients aged 18 years and over, including infected insect bite, cellulitis (patient afebrile and no sign of systemic infection), and acute paronychia (with signs of cellulitis)

Patient assessment form

Patient name and address (including postcode):	Click or tap here to enter text.	**Date of Birth /CHI:**	Click or tap here to enter text.
		Sex	M ☐ F ☐
Date of assessment:	Click or tap to enter a date.	**Patient is aware that GP will be informed:**	Yes ☐ No ☐

Patient clinical picture and related appropriate actions

Clinical features/symptom assessment	Yes	No	Actions
Is patient over 18 years of age?	☐	☐	If NO, do not treat with this PGD. Refer if appropriate.
Is presenting condition any one of the following three?			
Infected insect bite	☐	☐	If NO, do not treat with this PGD. Consider alternative diagnosis and refer if appropriate.
Cellulitis (patient afebrile and no signs of systemic infection)	☐	☐	
Acute paronychia (nail infection) with signs of cellulitis	☐	☐	
Other exclusion criteria			
Known hypersensitivity to beta-lactam antibiotic (penicillins or cephalosporins) or any excipients?	☐	☐	If YES to any of the exclusion criteria, do not treat with this PGD. Refer to GP/OOH/ED as appropriate.
Is patient febrile and/or unwell (i.e. features suggestive of systemic infection)?	☐	☐	
Is cellulitis related to a human or animal bite, a surgical wound, chronic wound/ leg ulcer or burns?	☐	☐	
Is peri-orbital (preseptal)/facial cellulitis present?	☐	☐	
Has patient had recent antibiotics (regardless of source) for same episode of cellulitis?	☐	☐	
Does the patient have recurrent cellulitis i.e. 2 or more episodes in 6 months at the SAME SITE? ?	☐	☐	
Is cellulitis present on arms or torso but **NOT** linked to an insect bite?	☐	☐	
Does the patient have paronychia with signs of cellulitis which requires drainage of pus and/or severe pain?	☐	☐	
Does the patient have a diabetic foot infection?	☐	☐	
Known hepatic impairment or previous flucloxacillin associated jaundice?	☐	☐	

Known severe renal impairment (eGFR <10mL/min/1.73m^2)?	☐	☐	
Is there any history of MRSA infection or colonisation?	☐	☐	
Does the patient have history of injecting drug use (e.g. illicit drugs, anabolic steroids) and infection is likely to be related to injecting practices?	☐	☐	
Is the patient pregnant?	☐	☐	
Is the patient breastfeeding AND have symptoms of lactational mastitis?	☐	☐	
Concomitant use of interacting medication?	☐	☐	
History of porphyria?	☐	☐	
Current immunosuppression e.g. taking chemotherapy, long term corticosteroids or other immunosuppressant therapies?	☐	☐	
Does the patient have acute diarrhoea or vomiting which would impair the absorption of antibiotics?	☐	☐	
Has informed consent to treatment been obtained?	☐	☐	If NO, patient is unable to receive treatment.

Preparation options and supply method

Medicine and strength	Regimen - Health Board specific (during waking hours)	Supply method
Flucloxacillin 500 mg capsules	500 mg - One capsule FOUR times daily x 20 1g – Two capsules FOUR times daily x 40	PGD via NHS Pharmacy First Scotland
Flucloxacillin 250 mg capsules	500 mg - Two capsules FOUR times daily x 40 1g – Four capsules FOUR times daily x 80	
Flucloxacillin 250mg/5ml oral solution	500 mg - Two 5ml spoonful (10ml) FOUR times daily x 200ml 1g - Four 5ml spoonful (20ml) FOUR times daily x 400ml	

Patient advice checklist

Advice	Provided (tick as appropriate)
How to take medication – when stomach is empty – either ONE hour before food, or TWO hours after food	☐
Take regularly and complete the course	☐
Common side effects of medication e.g. nausea, vomiting and diarrhoea – speak to pharmacist or GP if troublesome	☐
Appropriate analgesia may be taken if required for pain relief	☐

If a rash or other signs of hypersensitivity occur, STOP taking medication and contact GP or NHS 24 for advice	☐
Expected duration of symptoms - Seek medical advice from GP if symptoms do not resolve after 2 - 3 days treatment.	☐
Seek medical assistance that day if symptoms worsen – becomes systemically unwell, or develops a raised temperature, racing heartbeat, rapid shallow breathing or confusion	☐
Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with flucloxacillin has been stopped – seek further medical advice if showing symptoms of jaundice or have itchy skin, darker urine or paler stools than usual.	☐
If taking oral contraceptives, no additional precautions are required unless diarrhoea and vomiting occur (absorption of contraception may be affected)	☐
Patient information leaflet relating to medication is given to patient	☐

Communication

Contact made with	Details (include time and method of communication)
Patient's General Practice (details)	Click or tap here to enter text.

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.
Batch number and expiry	Click or tap here to enter text.
Print name of pharmacist	Click or tap here to enter text.
Signature of pharmacist	Click or tap here to enter text.
GPhC registration number	Click or tap here to enter text.

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Notification of supply from community pharmacy

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	Click or tap here to enter text.
GP practice address	Click or tap here to enter text. Click or tap here to enter text.
The following patient has attended this pharmacy for assessment and potential treatment of a skin infection:	
Patient name	Click or tap here to enter text.
Date of birth/CHI	Click or tap here to enter text.
Patient address	Click or tap here to enter text. Click or tap here to enter text.
Postcode	Click or tap here to enter text.

Pharmacy Stamp / Address details
Pharmacist name Click or tap here to enter text.
GPhC number Click or tap here to enter text.
Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting condition		
Infected insect bite ☐	Cellulitis ☐	Paronychia ☐
The patient has been given a 5-day course of flucloxacillin 500 mg / 1g four times daily (delete as appropriate)		☐
The patient has been given self-care advice only		☐
The patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.		☐

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.

You may wish to include this information in your patient records.

Patient consent: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.	Consent received ☐

This form should now be sent to the patient's GP and a copy retained in the pharmacy.