**ORAL CO-AMOXICLAV FOR TREATMENT OF SKIN INFECTIONS ASSOCIATED WITH INJECTION SITE COMPLICATIONS E.G. CELLULITIS AND WOUND INFECTIONS**

***Please refer to the Summary of Product Characteristics (SPC) and the Co-Amoxiclav PGD in addition to this form.***

 **CONSULTATION FORM**

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| **PATIENT NAME.............................................** | **DOB/CHI No........................................................** |
| **ADDRESS.......................................................** | **POSTCODE..........................................................** |
| **DATE AND TIME OF CONSULTATION.....................................................................** |
|  |  |

**Exclusion Criteria for treatment under the PGD: (if yes to any of the below please refer)**

* Patient under 18 years old
* If the area is purulent (immediate referral to medical staff is necessary)
* Hypersensitivity to the active substances, to any of the penicillins or to any of the excipients. (see SPC and PIL for details)
* History of a severe immediate hypersensitivity reaction (e.g. anaphylaxis) to another beta-lactam agent (e.g. a cephalosporin, carbapenem or monobactam)
* History of jaundice/hepatic impairment due to amoxicillin/clavulanic acid
* Severe hepatic disease
* Renal impairment
* Acute sore throat/tonsillitis
* Current treatment with methotrexate, oral typhoid vaccine, probenecid. N.B. This list is not exhaustive. Please check the BNF and refer to a doctor if necessary
* No valid consent to treatment according to NHS Fife policy

**Medication counselling and advice**

* Take at regular intervals and complete the course unless otherwise directed.
* For best results take at the start of a meal.
* Tablets should be swallowed whole. Do not crush or chew them.
* Seek further medical advice if condition worsens or fails to improve with treatment.

**Follow Up/Referral**

* Ask the patient to return for review at 7 days, if symptoms recur then refer to Addictions Service doctor, OOH or GP.
* In the best interest to the patient, carry out a review even if they return after 7 days and refer if necessary.
* The patient may be referred to a doctor at any stage, if this is necessary, in the professional opinion of the Pharmacist.
* Patients should be referred to the doctor if treatment proves to be ineffective in relieving the symptoms

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| Treatment given as per PGD | Co-Amoxiclav 625mg (500/125) tabs, 1 TDS for 7 daysOrCo-Amoxiclav 250/62.5mg in 5ml suspension, 10ml TDS for 7 days |
| Pharmacist Name |  |
| Pharmacist Signature |  |
| Date |  |
| Pharmacy stamp/ Contractor Code |  |

**Retain consultation checklist for your own records only**