

## **Patient Group Direction (PGD)**

### **Supply of Fusidic Acid 2% Cream Version – 2.0**

#### **PGD No: 2022/2411**

The purpose of the PGD is to allow management of impetigo in adults and children by registered pharmacists in Community Pharmacies.

This PGD authorises pharmacists delivering the NHS Pharmacy First Scotland Service Level Agreement to supply Fusidic acid 2% cream to adults and children presenting with symptoms of impetigo who meet the criteria for inclusion under the terms of the document.

NICE Guideline 153<sup>1</sup> recommends that hydrogen peroxide 1% cream should be considered as first line treatment for patients with localised non-bullous impetigo who are not systemically unwell or at high risk of complications. Hydrogen peroxide 1% cream (Crystacide) is listed on the NHS PFS Approved List.

Please refer to your local Health Board policy for first line treatment of impetigo.

## Change History – see table at end of this document for more details

- Removal of lower age limit
- Minor changes to inclusion criteria
- Minor changes to exclusion criteria
- Clarification of symptoms
- Additional safety netting advice included

If this PGD is past the review date, the content shall remain valid until such time that the review is complete and a new version has been published. **It is the responsibility of the person using the PGD to ensure they are using the most recent issue.**

<sup>1</sup>. National Institute for Health and Care Excellence. *Guideline 153 Impetigo : antimicrobial prescribing*. February 2020. Available at: [Impetigo: antimicrobial prescribing \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG153) (accessed 16th June 2022)

## PGD Fusidic Acid Cream 2%


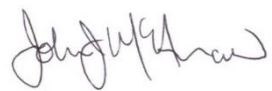
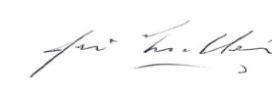
### Authorisation

This Patient Group Direction (PGD) has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the provision of uniform services under the 'NHS Pharmacy First Scotland' banner across NHS Scotland

The qualified health professionals who may supply Fusidic Acid 2% cream under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct, and to ensure familiarity with the marketing authorisation holder's summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine has to be by the same practitioner who has assessed the patient under the PGD.

**This specimen PGD has been approved on behalf of NHS Scotland by NHS 24 by:**

Doctor	Dr Laura Ryan	Signature	
Pharmacist	Dr John McAnaw	Signature	
NHS Scotland Representative	Mr Jim Miller	Signature	

Approved on behalf of NHS [insert details] by:

NHS Greater Glasgow & Clyde  
Patient Group Direction (PGD) for  
Health Care Professionals



**Trimethoprim 200mg Tablets**

**AUTHORISATION:**

NHS GG&C PGD Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	Signature:	Date:
Dr Craig Harrow		18/08/2022

NHS GG&C PGD Sub-Committee of ADTC		
Lead Nurse, North Sector, NHS GGC in BLOCK CAPITALS	Signature:	Date:
John Carson		18/08/2022

Pharmacist representative of PGD Sub-Committee of ADTC		
Name: in BLOCK CAPITALS	Signature:	Date:
Elaine Paton		18/08/2022

**Antimicrobial use**

If the PGD relates to an antimicrobial agent, the use must be supported by the NHS GG&C Antimicrobial Management Team (AMT). A member of this team must sign the PGD on behalf of the AMT.

<b>Microbiology approval</b>	Name: Michael Neto	Designation: Antimicrobial Pharmacist
		Date: 17/08/2022
	Signature: (on behalf of NHS GG&C AMT)	

Date Approved 17/08/2022

Effective from 01/08/2022 Review Date August 2024



## Clinical Situation

Indication	Treatment of minor staphylococcal skin infections. (Impetigo)
Inclusion Criteria	<ul style="list-style-type: none"> <li>• Adults and children with minor/localised, uncomplicated skin infection</li> <li>• The rash consists initially of vesicles with erythematous base which easily rupture and are seldom observed. The exudate dries to form yellow-gold or yellow-brown crust which gradually thickens</li> <li>• Informed consent by patient or parent/carer</li> <li>• Patient must be present at consultation</li> </ul>
Exclusion Criteria	<ul style="list-style-type: none"> <li>• Widespread skin infection.</li> <li>• History of MRSA colonisation or infection</li> <li>• Has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months.</li> <li>• Patient systemically unwell</li> <li>• Allergy to any component of the cream.</li> <li>• Patient/carer refuses treatment.</li> <li>• Presenting with any underlying skin condition on the same area of the body as impetigo.</li> </ul>
Cautions /Need for further advice/ Circumstances when further advice should be sought from a doctor	<p>Any doubt as to inclusion/exclusion criteria being met.</p> <p>Lesions present near the eye – care should be taken when applying cream near to the eye.</p> <p>Patients under one year of age – in some cases, impetigo management may require oral (or sometimes IV) antibiotics, especially in neonates. These children may need clinical review therefore appropriate safety-netting advice is essential e.g. if not improving, see GP.</p>
Action if Excluded	Refer to GP Practice/Out-of-hours (OOH) service and document in Patient Medication Record (PMR)
Action if Patient Declines`	<p>If patient declines treatment, advise on self-care to relieve symptoms and advise to see their GP if symptoms fail to resolve within 5 days or if symptoms worsen. Advise to contact NHS 24 if becoming systemically unwell or rapidly spreading to large areas of body during OOH period.</p> <p>The reason for declining treatment and advice given must be documented.</p> <p>Ensure patient is aware of risks and consequences of declining treatment.</p> <p>Record outcome in Patient Medication Record (PMR) if appropriate.</p>

## Description of Treatment

Name of Medicine	Fusidic Acid
Form/Strength	2% Cream
Route of administration	Topical
Dosage	Apply gently to lesions
Frequency	Apply three or four times daily
Duration of treatment	5 days
Maximum or minimum treatment period	Use for a maximum of 5 days. Maximum of one supply in three months.
Quantity to supply/administer	1 x 15g
▼ additional monitoring	No
Legal Category	POM (Prescription Only Medicine)
Is the use outwith the SPC	No
Storage requirements	As per manufacturer's instructions Store below 25°C in a cool dry place
Additional information	None

Warnings including possible adverse reactions and management of these	<p>Side effects with this product are rare however hypersensitivity reactions may occur.</p> <p>For a full list of side effects – refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional administering medication under this PGD. This can be accessed on <a href="#">Home - electronic medicines compendium (emc)</a></p>
Reporting procedure for adverse reactions	<p>Pharmacists should document and report all adverse incidents through their own internal governance systems.</p> <p>All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate (e.g. via SBAR).</p> <p>Where appropriate, use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at <a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a></p>
Advice to Patient/carer including written information	<ul style="list-style-type: none"> <li>• Wash hands before and after applying cream.</li> <li>• Where possible remove scabs by bathing with warm water before applying the cream.</li> <li>• Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use).</li> <li>• Do not scratch or pick spots.</li> </ul>

	<ul style="list-style-type: none"> <li>• If applicable, suggest applying cream three times daily on school days (before school, after school and evening) and four times daily at other times.</li> <li>• Inform school of condition. Advise that child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment.</li> <li>• Do not share cream with anyone else.</li> <li>• Do not apply to breast if patient is breastfeeding.</li> <li>• Inform of possible side effects and their management. The Drug Manufacturer Patient Information Leaflet should be given. Patients should be informed who to contact should they experience an adverse drug reaction</li> </ul>
Monitoring	Not applicable
Follow-up	<p>If the skin infection spreads or there is no improvement after 5 days, seek medical advice from GP.</p> <p>If patient becomes systemically unwell or rapidly spreading to large areas of body during OOH period seek medical advice from NHS 24.</p>
Additional Facilities	<p>The following should be available where the medication is supplied:</p> <ul style="list-style-type: none"> <li>• An acceptable level of privacy to respect patient's right to confidentiality and safety.</li> <li>• Access to medical support (this may be via the telephone).</li> <li>• Clean and tidy work areas, including access to hand washing facilities.</li> </ul> <p>Access to current BNF (online version preferred).</p>

### Characteristics of staff authorised under the PGD

Professional qualifications	<p>Registered pharmacist with current General Pharmaceutical Council (GPhC) registration.</p> <p><b><i>Under PGD legislation there can be no delegation. Supply of the medication has to be by the same practitioner who has assessed the patient under this PGD.</i></b></p>
Specialist competencies or qualifications	<p>Has successfully completed NES Pharmacy "Impetigo for NHS Pharmacy First Scotland" e-learning module.</p> <p>Available at:  <a href="https://learn.nes.nhs.scot/34440/pharmacy/cpd-resources/impetigo-for-nhs-pharmacy-first-scotland">https://learn.nes.nhs.scot/34440/pharmacy/cpd-resources/impetigo-for-nhs-pharmacy-first-scotland</a></p> <p>Able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent.</p> <p>Must be familiar with the Fusidic Acid Cream Summary of Product Characteristics (SPC).</p>
Continuing education and training	<p>Has read current guidance on the management of impetigo</p> <p>Aware of local treatment recommendations.</p> <p>Attends approved training and training updates as appropriate.</p> <p>Undertakes CPD when PGD or NES Pharmacy module updates.</p>



## Audit Trail

Record/Audit Trail	<p>All records must be clear, legible and in an easily retrieval format. Pharmacists must record in Patient Medication Record (PMR). The following records should be kept (paper or computer based) and are included in the patient assessment form:</p> <ul style="list-style-type: none"> <li>• Patient's name/parent/guardian/person with parental responsibility, address, date of birth and consent given</li> <li>• Patient's CHI number</li> <li>• Contact details of GP (if registered)</li> <li>• Presenting complaint and diagnosis</li> <li>• Details of medicine supplied</li> <li>• The signature and printed name of the healthcare professional who supplied the medicine.</li> <li>• Advice given to patient (including side effects)</li> <li>• Whether the patient met the inclusion criteria and whether the exclusion criteria were assessed</li> <li>• Details of any adverse drug reaction and actions taken including documentation in the patient's medical record</li> <li>• Referral arrangements (including self-care)</li> </ul> <p><b><i>The patient's GP, where known, should be provided with a copy of the client assessment form for the supply of fusidic acid or appropriate referral on the same, or next available working day.</i></b></p> <p>These records should be retained in accordance with national guidance<sup>2</sup> (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.</p> <p>All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.</p> <p>All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.</p> <p>2. Scottish Government. <i>Scottish Government Records Management</i>. Edinburgh 2020. Available at <a href="https://www.scotland.gov.uk/Information-Management/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf">SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf</a> (Accessed on 29<sup>th</sup> November2021)</p>
Additional references	British National Formulary (BNF) current edition Fusidic Acid Cream SPC

## Version history

Version	Date	Summary of Changes
1.0	April 2020	Version 1.0 New PGD
2.0	August 2022	<p>The following sections have been updated:</p> <ul style="list-style-type: none"><li>• Addition of statement regarding first line treatment of non-bullous impetigo for patients who are not systemically unwell or at high risk of complications – refer to local Health Board policy on use of hydrogen peroxide 1% cream (Crystacide)</li><li>• Addition of covering statement regarding validity of PGD when approaching date for review of content</li><li>• Removal of lower age limit of 2 years</li><li>• Changes to inclusion criteria to clarify symptoms of impetigo</li><li>• Amendment of exclusion criteria from multiple site to widespread infection</li><li>• Removal of “concern about non-compliance with topical treatment” exclusion</li><li>• Update to guidance for children at school to minimise risk of spread of infection</li><li>• Addition of guidance on follow up required when patient becomes systemically unwell during OOH period</li></ul>