

Amoxicillin 500mg capsules

GG&C PGD ref no: 2024/2619

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Change history

Date	Version number	Update
17/11/23	5	<i>PGD moved onto new template</i>
8/1/24	6	Update to number of supplies by a Community Pharmacist in 3 month period Renal impairment exclusion removed as per Renal Drug Database Urticaria, pruritis added to adverse effects. Standard advice to refer to current BNF/SPC added Warfarin advice standardised- to make appointment for INR check within 5 days Update to advice to patient/carer section

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Clinical Condition	
Indication:	Infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD) and in line with local guideline/ protocols
Inclusion criteria:	<ul style="list-style-type: none"> • Patients aged 18 and over • Definite diagnosis of COPD • Infective exacerbation characterised by development or increase in sputum purulence and one or more of the following <ul style="list-style-type: none"> ○ increase in shortness of breath ○ increase in sputum volume Patient has COPD “self-management plan” agreed with GP
Exclusion criteria:	<ul style="list-style-type: none"> • Increased breathing rate ≥ 20 breaths/min • Systemic inflammatory response syndrome criteria e.g. temperature greater than $>38^{\circ}\text{C}$, heart rate >90 beats per minute and other symptoms • Known allergy to amoxicillin, penicillin, cephalosporin, carbapenem or monobactam • Known allergy to any of the excipients • Known bronchiectasis • Course of amoxicillin within the last month with no resolution of symptoms • More than 2 supplies by community pharmacist in any 3 month period as part of COPD rescue meds service or 3 supplies in 12 months from any prescriber/route (from date of issue of card) • Pregnancy or Breast Feeding • Known immunosuppression, including Acute lymphocytic leukaemia, chronic lymphocytic leukaemia, cytomegalovirus infection • Known glandular fever erythematous (morbilliform) rashes • Patient has an increased INR • Long term use of Azithromycin • Signs and symptoms of a severe exacerbation (e.g. new/worsening confusion, marked breathlessness/tachypnoea, new onset cyanosis/peripheral oedema, rapid symptom onset)
Cautions/Need for further advice/Circumstances when further advice	If the patient is taking warfarin they should be advised to have their INR checked within 5 days of commencing antibiotic.

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should be sought from the prescriber:	Avoid concomitant use of Probenecid Use with caution if the patient is taking: <ul style="list-style-type: none">• Allopurinol• Methotrexate• Tetracyclines• Oral typhoid vaccine• Anticoagulants• Muscle relaxants• Antibacterials
Action if patient declines or is excluded:	Refer to prescriber. If patient is allergic to amoxicillin or penicillin, consider supplying doxycycline (see other PGD)
Referral arrangements for further advice / cautions:	Refer to GP, OOH or NHS24

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Drug Details

Name, form & strength of medicine:	Amoxicillin 500mg capsules
Route/Method of administration:	Oral
Dosage (include maximum dose if appropriate):	500mg
Frequency:	One capsule three times a day
Duration of treatment:	5 days
Maximum or minimum treatment period:	5 days
Quantity to supply/administer:	15
Supply, Administer or Both:	Supply only
▼ Additional Monitoring:*	No
Legal Category:	POM
Is the use outwith the SPC:**	No
Storage requirements:	Store below 25°C

* The black triangle symbol has now been replaced by European “additional monitoring” (▼)

** Summary of Product Characteristics

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<p>Warnings including possible adverse reactions and management of these:</p>	<p>Nausea and diarrhoea are common side effects.</p> <p>Urticaria and pruritus have also been observed whilst taking amoxicillin. Skin rash may also occur.</p> <p>Please refer to current BNF or SPC for full details</p> <p>Patient to see GP, OOH or NHS 24 if side effects problematic.</p> <p>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 http://yellowcard.mhra.gov.uk/</p>
<p>Advice to patient/carer including written information provided:</p>	<p>Explain treatment and course of action.</p> <p>Space doses evenly throughout the day and complete the prescribed course.</p> <p>Remind patient to contact GP Practice or anticoagulant service to arrange to have INR checked within 5 days of commencing antibiotic.</p> <p>Give patient a copy of relevant patient information leaflet, if appropriate.</p> <p>If condition worsens or symptoms persist then seek further medical advice.</p>
<p>Monitoring (if applicable):</p>	<p>N/A</p>
<p>Follow up:</p>	<p>Patients not improving after a few days of starting antibiotic course or if any deterioration should be advised to contact GP or OOH service</p>

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Staff Characteristics

Professional qualifications:	Those registered health care professionals that are listed and approved in legislation as able to operate under patient group directions and have current registration
Specialist competencies or qualifications:	Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD. Has undertaken appropriate training for working under PGDs for the supply and administration of medicines.
Continuing education & training:	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development.

Referral Arrangements and Audit Trail

Referral arrangements	<i>As per local arrangements/national guidelines</i>
Records/audit trail:	<ul style="list-style-type: none"> • Note should be made that administration or supply is under PGD • Patient's name, address, date of birth and consent given • Contact details of GP (if registered) • Diagnosis • Dose, form administered and batch details • Advice given to patient (including side effects) • Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record • Referral arrangements (including self-care)

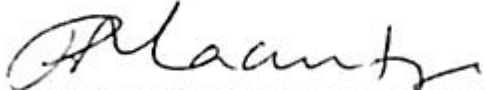
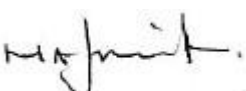

References/Resources and comments:	Notes: SPC – Summary of Product Characteristics BNF – British National Formulary NICE - Overview Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing Guidance NICE GGC Medicines - Antibiotic Allergy and Interactions
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This Patient Group Direction must be agreed to and signed by all healthcare professionals involved in its use. The original signed copy will be held at Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow. The PGD must be easily accessible in the clinical setting.

Organisation: NHS Greater Glasgow & Clyde

Professionals drawing up PGD/Authors


	Designation and Contact Details
*Name: Pamela Macintyre  Signature: _____ Date: 8//24	Designation: Lead Pharmacist, CPDT E-mail address: Pamela.macintyre@ggc.scot.nhs.uk
Name: Helen A Smith  Signature: _____ Date: 8/1/24	Designation: Advanced Clinical Pharmacist, Primary Care E-mail address: Helen.smith7@ggc.scot.nhs.uk
Name: Christopher Johnstone  Signature: _____ Date: 8/1/24	Designation: Associate Clinical Director, Renfrewshire HSCP E-mail address: chris.johnstone@ggc.scot.nhs.uk
Name: Signature: _____ Date: _____	Designation: E-mail address:
Name: Signature: _____ Date: _____	Designation: E-mail address:

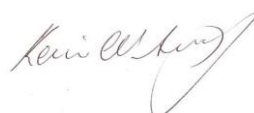
* **Lead Author**


** **Antimicrobial Pharmacist if appropriate**

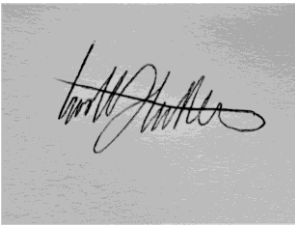
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AUTHORISATION:

NHS GG&C PGD Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	Signature:	Date:
Dr Craig Harrow		31/01/2024


NHS GG&C PGD Sub-Committee of ADTC		
Interim Lead Nurse, North Sector, NHS GG&C in BLOCK CAPITALS	Signature:	Date:
Kevin McAuley		31/01/2024

Pharmacist representative of PGD Sub-Committee of ADTC		
Name: in BLOCK CAPITALS	Signature:	Date:
Elaine Paton		31/01/2024

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.		
Microbiology approval	Name: Scott Gillen  Signature: (on behalf of NHS GG&C AMT)	Designation: Antimicrobial Pharmacist Date: 31/01/2024

Local Authorisation:

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Service Area for which PGD is applicable:		Community Pharmacy	
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		Lead Pharmacist Community Care	02/02/24

PGD does not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Note to Authorising Authority: authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

Name of Pharmacist		GPhC No	
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I have read and understood the Patient Group Direction and agree to provide this medicine only in accordance with this PGD.

	<i>Sign:</i>	<i>Date:</i>
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Normal Pharmacy Location

Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 2 HB areas please use additional forms.

If you are a Locum, please supply your home address.

Name & Contractor code HB _____

Locum Home Address _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum Employee Manager Owner

Signature _____

Date _____

Please return either by post to: Community Pharmacy Development Team, Clarkston Court, 56 Busby Road, G76 7AT or email: ggc.cpdevteam@nhs.scot

Patient Group Direction Audit Form

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Form for the audit of compliance with PGD or PGDs

To ensure best practice all PGDs should be audited on a 6 monthly basis.

Name and post of Designated Lead person within each practice/clinic base:			
Location/Clinic Base:		Date of audit:	
Tick as appropriate. If 'no', state action required	Y	N	Action
Is the PGD or PGDs utilised within the clinical area?			
Has the PGD or PGDs been reviewed within the 2 year limit?			
Do the managers listed on the PGD or PGDs hold a current list of authorised staff?			
Are all staff authorised to work under the PGD or PGDs members of one of the health professions listed in the PGD?			
Do all staff meet the training requirements identified within the PGD?			
Are you confident that all medicines supplied or administered under the PGD or PGDs are stored according to the PGD where this is specified?			
Do the staff working under the PGD or PGDs have a copy of the PGD which has governance sign off and is in date and, available for reference at the time of consultation?			
Where the medicine requires refrigeration. (Delete if not required).			
Is there a designated person responsible for ensuring that the cold chain is maintained?			
Is there a record that the fridge temperature has been monitored to required levels?			
If there is regular and sustained reliance on PGDs for service provision has a Non Medical Prescribing approach been considered as an alternative? (Please note reasons for either a Y/N response).			

Name:	Date of audit:
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Keep copies of completed audits alongside your PGD for local reference. Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.