Doxycycline 100mg capsules

GG&C PGD ref no: 2024/2621

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	6	Transfer of PGD onto new Template Update to number of supplies by a Community Pharmacist in 3 month period Update to Cautions section Update to Advice to patient/carer section

Clinical Condition	
Indication:	Infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD) when patient has allergy to penicillin and/or clinically appropriate in line with local guideline/ protocols

Inclusion criteria:	• 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
	  o increase in shortness of breath
	  o increase in sputum volume
	• Patient has COPD "self-management plan" agreed with GP

Exclusion criteria:	• Increased breathing rate ≥20 breaths/min • Systemic inflammatory response syndrome criteria e.g. temperature greater than >36°C, heart rate >90 beats per minute and other symptoms. • Known allergy to doxycycline, tetracylines or any of the excipients • Long term use of azithromycin • Known bronchiectasis • Course of doxycycline 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) • Patient has a known increased INR • Pregnancy or Breast Feeding • Known immunosuppression including Acute lymphocytic leukaemia, chronic lymphocytic leukaemia, cytomegalovirus infection • Patients with rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltose insufficiency • Known myasthenia gravis • Known systemic lupus erythematosus (SLE) • Patients receiving the following medications: methotrexate, oral ciclosporin, oral retinoids, penicillins, Lithium, oral typhoid vaccine

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	• Patients taking ergotamine or methysergide • Patients taking drugs known to increase the metabolism of doxycycline (e.g. phenytoin, barbiturates, primidone, carbamazepine, rifampicin) • Known hepatic impairment • 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 should be sought from the prescriber:	If the patient is taking warfarin, they should be advised to have their INR checked within **5** days of commencing antibiotic. Absorption of doxycycline may be impaired by concurrently administered sucralfate or antacids containing aluminium, calcium, magnesium or other drugs containing these cations including Quinapril; oral zinc, iron salts or bismuth preparations. **The usual advice is for the patient to separate doses by 2-3 hours**. NB : The interaction with doxycycline and iron has been seen even with this dose separation. If the patient is on regular iron seek advice on if this can be stopped until doxycycline course complete. Use in caution with patients who have alcohol dependence or who are receiving potentially hepatotoxic drugs.(See BNF) Use in caution with patients who have photosensitivity. Avoid exposure to sunlight or sun lamps
Action if patient declines or is excluded:	Refer to prescriber
Referral arrangements for further advice / cautions:	Refer to GP, OOH or NHS24

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Drug Details	
Name, form & strength of medicine:	Doxycycline 100mg capsules
Route/Method of administration:	Oral
Dosage (include maximum dose if appropriate):	200mg on first day, then 100mg daily thereafter
Frequency:	Once daily
Duration of treatment:	5 days
Maximum or minimum treatment period:	5 days
Quantity to supply/administer:	6
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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Warnings including possible adverse reactions and management of these:	Gastrointestinal symptoms are usually mild and seldom necessitate discontinuation of treatment. Headache and/or visual disturbance may indicate benign intracranial hypertension (treatment should be discontinued). Other common side effects include: Photosensitivity reaction, rash including maculopapular and erythematous rashes, Henoch-Schonlein purpura, Urticaria Hypersensitivity (including anaphylactic shock, anaphylactic reaction, anaphylactoid reaction, exacerbation of systemic lupus erythematosus, serum sickness) Peripheral oedema, hypotension, Pericarditis, Tachycardia Patient to see GP, OOH or NHS 24 if side effects problematic. 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/
Advice to patient/carer including written information provided:	Explain treatment and course of action. Complete the prescribed course. Swallow the capsules whole with plenty of water in either the resting or standing position and well before going to bed for the night to reduce the likelihood of oesophageal irritation and ulceration. Remind patient to contact GP Practice or anticoagulant service to arrange to have INR checked within **5** days of commencing antibiotic. Visual disturbances such as blurring of vision may occur during treatment with doxycycline and in such cases please advise patients that they must refrain from driving or operating machinery. Give patient a copy of relevant patient information leaflet, if appropriate. If condition worsens or symptoms persist then seek further medical advice.
Monitoring (if applicable):	N/A

Follow up:	Patients not improving after a few days of starting antibiotic course or if any deterioration should be advised to contact GP or OOH service

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	*As per local arrangements/national guidelines*
Records/audit trail:	• 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 GGC Medicines - Antibiotic Allergy and Interactions NICE - Overview | Chronic obstructive pulmonary disease in over 16s: diagnosis and management | Guidance | NICE

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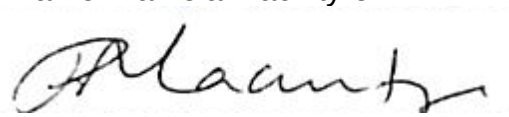
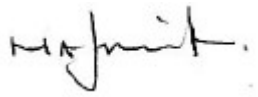
This Patient Group Direction must be agreed to and signed by all healthcare professionals involved in its use. The original signed copy will be held at Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow. The PGD must be easily accessible in the clinical setting.

Organisation:	**NHS Greater Glasgow & Clyde**

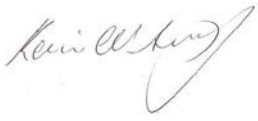
Professionals drawing up PGD/Authors

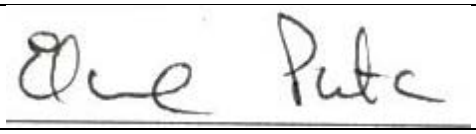
	Designation and Contact Details
*Name: Pamela Macintyre  Signature: Date: 08/01/2024	Designation: Lead Pharmacist, CPDT E-mail address: Pamela.macintyre@ggc.scot.nhs.uk
Name: Helen A Smith  Signature: Date: 08/01/2024	Designation: Advances Clinical Pharmacist, Primary Care E-mail address: Helen.smith7@ggc.scot.nhs.uk
Name: Christopher Johnstone  Signature: Date: 08/01/2024	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**

AUTHORISATION:

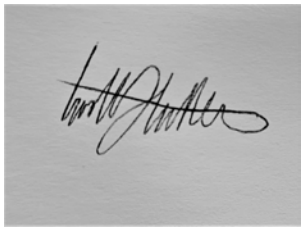
NHSGG&C PGD Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	**Signature:**	**Date:**
Dr Craig Harrow		**31/01/2024**

NHSGG&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 Designation: Antimicrobial Pharmacist  Signature: (on behalf of NHS GG&C AMT) Date: 31/01/2024

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Patient Group Direction Audit Form
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:

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.