

Amoxicillin 500mg capsules

GG&C PGD ref no: 2026/2903

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	PGD moved onto new template
08/01/24	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
04/11/25	7	Updated and new reviewer signatories added

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Clinical Condition	
Indication:	Infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD) and in line with local Rescue medication guideline/ protocols
Inclusion criteria:	<ul style="list-style-type: none"> • Patients aged 18 and over • Definite diagnosis of COPD • Patient has COPD “self-management plan” agreed with HC professional and presents COPD Rescue Medication card to Community Pharmacy • Patient reports with 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 <p>NB – there is no need for a physical assessment to supply, however you may wish to complete physical assessments to calculate a NEWS score if a patient seems poorly and need onward referral if you can.</p>
Exclusion criteria:	<ul style="list-style-type: none"> • 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 • 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 (this should be documented on Rescue Medication Card) • Known allergy to any of the excipients • Known bronchiectasis • Pregnancy or Breast Feeding • Known SEVERE renal impairment (check clinical portal) e.g. $\text{eGFR} \leq 30\text{ml}$ • 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

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	Signs and symptoms of a severe exacerbation (e.g. new/worsening confusion, marked breathlessness/tachypnoea, new onset cyanosis/peripheral oedema, rapid symptom onset), you wish to assess and calculate a NEWS score and refer on as appropriate.
Cautions/Need for further advice/Circumstances when further advice should be sought from the prescriber:	<p>If the patient is taking warfarin they should be advised to have their INR checked within 7 days of commencing antibiotic.</p> <p>Caution in history of seizures or known history of epilepsy.</p> <p>Avoid concomitant use of Probenecid</p> <p>Use with caution if the patient is taking:</p> <ul style="list-style-type: none"> • Allopurinol • Methotrexate • Tetracyclines • Oral typhoid vaccine • Anticoagulants • Muscle relaxants • Antibacterials
Action if patient declines or is excluded:	<p>Refer to prescriber.</p> <p>If patient is allergic to amoxicillin or penicillin, consider supplying doxycycline (see other PGD)</p>
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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Warnings including possible adverse reactions and management of these:	<p>Nausea and diarrhoea are common side effects.</p> <p>Skin rash may also occur.</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>
Advice to patient/carer including written information provided:	<p>Explain treatment and course of action.</p> <p>Space doses evenly throughout the day and complete the prescribed course.</p> <p>Remind patient taking warfarin to make appointment for an INR check on day 1 of therapy.</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>
Monitoring (if applicable):	<p>N/A</p>
Follow up:	<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> <i>SBAR or equivalent sent to GP practice within 1 week (as per flow chart)</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 • 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)




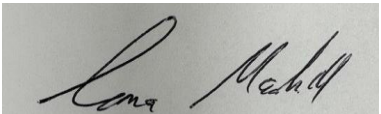
References/Resources and comments:

Notes:
SPC – Summary of Product Characteristics
BNF – British National Formulary
NICE - [Overview | Chronic obstructive pulmonary disease \(acute exacerbation\): antimicrobial prescribing | Guidance | NICEGGC Medicines - Antibiotic Allergy and Interactions](#)

NHS Greater Glasgow & Clyde Patient Group Direction (PGD) for Community Pharmacists	
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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
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Professionals drawing up PGD/Authors	
	Designation and Contact Details
*Name: Lorna Brown  Signature: _____ Date: 08/01/2026	Designation: Advanced Pharmacist, CPDT E-mail address: lorna.brown8@nhs.scot
Name: Andrew Christopherson  Signature: _____ Date: 07/01/2026	Designation: Lead Pharmacist Glasgow City HSCP North West E-mail address: Andrew.Christopherson@nhs.scot
Name: Stuart Sutton  Signature: _____ Date: 01/12/2025	Designation: Clinical Director, Renfrewshire HSCP E-mail address: Stuart.Sutton@nhs.scot
Name: Emma McCahill  Signature: _____ Date: 28/01/2026	Designation: Community Pharmacist Representative E-mail address: emma.mccahill@nhs.scot
Name: Signature: _____ Date:	Designation: E-mail address:

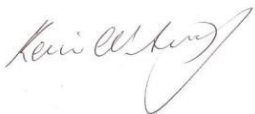
* **Lead Author**


** **Antimicrobial Pharmacist if appropriate**

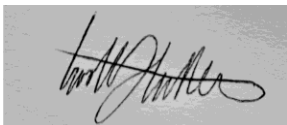
NHS Greater Glasgow & Clyde Patient Group Direction (PGD) for Community Pharmacists	
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AUTHORISATION:

NHSGG&C PGD Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	Signature:	Date:
Dr Craig Harrow		03/12/2025

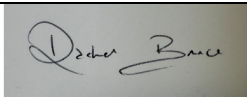
NHSGG&C PGD Sub-Committee of ADTC		
Chief Nurse, North Sector, NHS GG&C in BLOCK CAPITALS	Signature:	Date:
Kevin McAuley		03/12/2025

Pharmacist representative of PGD Sub-Committee of ADTC		
Name: in BLOCK CAPITALS	Signature:	Date:
Elaine Paton		03/12/2025

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: _____ Date: 03/12/2025 (on behalf of NHS GG&C AMT)	

NHS Greater Glasgow & Clyde Patient Group Direction (PGD) for Community Pharmacists	
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Local Authorisation:

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 up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Rachel Bruce Email contact address: rachel.bruce.8@nhs.scot		Lead Pharmacist Community Care	29/01/2026

PGDs do 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.


Name of Pharmacist		GPhC No	
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I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to provide these medicines only in accordance with this PGD.

<i>Sign:</i>		<i>Date:</i>
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ONCE YOU HAVE SIGNED THE PGD, YOU MUST COMPLETE THE ELECTRONIC FORM (LINK BELOW)

[PGDs - Greater Glasgow and Clyde \(office.com\)](https://www.nhs.uk/medicines/pgds/greater-glasgow-and-clyde/)

NHS Greater Glasgow & Clyde Patient Group Direction (PGD) for Community Pharmacists	
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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.**

Date Approved: 03/12/2025
Review Date: June 2027
Template Version: 2022

Version: 7
Expiry Date: December 2027

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