

**Patient Group Direction for the treatment of bacterial skin infections in patients aged 18 years and over, including infected insect bite, cellulitis (patient afebrile and no sign of systemic infection), and acute paronychia (with signs of cellulitis)**

**Patient assessment form**

<b>Patient name and address (including postcode):</b>	Click or tap here to enter text.	<b>Date of Birth /CHI:</b>	Click or tap here to enter text.
		<b>Sex</b>	M <input type="checkbox"/> F <input type="checkbox"/>
<b>Date of assessment:</b>	Click or tap to enter a date.	<b>Patient is aware that GP will be informed:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Patient clinical picture and related appropriate actions**

Clinical features/symptom assessment	Yes	No	Actions
Is patient over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, do not treat with this PGD. Refer if appropriate.
<b>Is presenting condition any one of the following three?</b>			
Infected insect bite	<input type="checkbox"/>	<input type="checkbox"/>	If NO, do not treat with this PGD. Consider alternative diagnosis and refer if appropriate.
Cellulitis (patient afebrile and no signs of systemic infection)	<input type="checkbox"/>	<input type="checkbox"/>	
Acute paronychia (nail infection) with signs of cellulitis	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other exclusion criteria</b>			
Known hypersensitivity to beta-lactam antibiotic (penicillins or cephalosporins) or any excipients?	<input type="checkbox"/>	<input type="checkbox"/>	If YES to any of the exclusion criteria, do not treat with this PGD.
Is patient febrile and/or unwell (i.e. features suggestive of systemic infection)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is cellulitis related to a human or animal bite, a surgical wound, chronic wound/ leg ulcer or burns?	<input type="checkbox"/>	<input type="checkbox"/>	
Is peri-orbital (preseptal)/facial cellulitis present?	<input type="checkbox"/>	<input type="checkbox"/>	
Has patient had recent antibiotics (regardless of source) for same episode of cellulitis?	<input type="checkbox"/>	<input type="checkbox"/>	Refer to GP/OOH/ED as appropriate.
Does the patient have recurrent cellulitis i.e. 2 or more episodes in 6 months at the SAME SITE? ?	<input type="checkbox"/>	<input type="checkbox"/>	
Is cellulitis present on arms or torso but <b>NOT</b> linked to an insect bite?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have paronychia with signs of cellulitis which requires drainage of pus and/or severe pain?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have a diabetic foot infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Known hepatic impairment or previous flucloxacillin associated jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	

Known severe renal impairment (eGFR <10mL/min/1.73m <sup>2</sup> )?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any history of MRSA infection or colonisation?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have history of injecting drug use (e.g. illicit drugs, anabolic steroids) and infection is likely to be related to injecting practices?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the patient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the patient breastfeeding AND have symptoms of lactational mastitis?	<input type="checkbox"/>	<input type="checkbox"/>	
Concomitant use of interacting medication?	<input type="checkbox"/>	<input type="checkbox"/>	
History of porphyria?	<input type="checkbox"/>	<input type="checkbox"/>	
Current immunosuppression e.g. taking chemotherapy, long term corticosteroids or other immunosuppressant therapies?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the patient have acute diarrhoea or vomiting which would impair the absorption of antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, patient is unable to receive treatment.
Has informed consent to treatment been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	

#### Preparation options and supply method

Medicine and strength	Regimen - Health Board specific (during waking hours)	Supply method
Flucloxacillin 500 mg capsules	500 mg - One capsule FOUR times daily x 20 1g – Two capsules FOUR times daily x 40	PGD via NHS Pharmacy First Scotland
Flucloxacillin 250 mg capsules	500 mg - Two capsules FOUR times daily x 40 1g – Four capsules FOUR times daily x 80	
Flucloxacillin 250mg/5ml oral solution	500 mg - Two 5ml spoonful (10ml) FOUR times daily x 200ml 1g - Four 5ml spoonful (20ml) FOUR times daily x 400ml	

#### Patient advice checklist

Advice	Provided (tick as appropriate)
How to take medication – when stomach is empty – either ONE hour before food, or TWO hours after food	<input type="checkbox"/>
Take regularly and complete the course	<input type="checkbox"/>
Common side effects of medication e.g. nausea, vomiting and diarrhoea – speak to pharmacist or GP if troublesome	<input type="checkbox"/>
Appropriate analgesia may be taken if required for pain relief	<input type="checkbox"/>

If a rash or other signs of hypersensitivity occur, STOP taking medication and contact GP or NHS 24 for advice	<input type="checkbox"/>
Expected duration of symptoms - Seek medical advice from GP if symptoms do not resolve after 2 - 3 days treatment.	<input type="checkbox"/>
Seek medical assistance that day if symptoms worsen – becomes systemically unwell, or develops a raised temperature, racing heartbeat, rapid shallow breathing or confusion	<input type="checkbox"/>
Cholestatic jaundice and hepatitis may occur very rarely, up to two months after treatment with flucloxacillin has been stopped – seek further medical advice if showing symptoms of jaundice or have itchy skin, darker urine or paler stools than usual.	<input type="checkbox"/>
If taking oral contraceptives, no additional precautions are required unless diarrhoea and vomiting occur (absorption of contraception may be affected)	<input type="checkbox"/>
Patient information leaflet relating to medication is given to patient	<input type="checkbox"/>

### Communication

Contact made with	Details (include time and method of communication)
Patient's General Practice (details)	<a href="#">Click or tap here to enter text.</a>

### Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	<a href="#">Click or tap here to enter text.</a>
Batch number and expiry	<a href="#">Click or tap here to enter text.</a>
Print name of pharmacist	<a href="#">Click or tap here to enter text.</a>
Signature of pharmacist	<a href="#">Click or tap here to enter text.</a>
GPhC registration number	<a href="#">Click or tap here to enter text.</a>

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**Notification of supply from community pharmacy**

**CONFIDENTIAL WHEN COMPLETED**

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name	Click or tap here to enter text.	Pharmacy Stamp / Address details
GP practice address	Click or tap here to enter text. Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment of a skin infection:		
Patient name	Click or tap here to enter text.	Pharmacist name Click or tap here to enter text.
Date of birth/CHI	Click or tap here to enter text.	
Patient address	Click or tap here to enter text. Click or tap here to enter text.	GPhC number Click or tap here to enter text.
Postcode	Click or tap here to enter text.	Date Click or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting condition		
Infected insect bite <input type="checkbox"/>	Cellulitis <input type="checkbox"/>	Paronychia <input type="checkbox"/>
The patient has been given a 5-day course of flucloxacillin 500 mg / 1g four times daily (delete as appropriate)		<input type="checkbox"/>
The patient has been given self-care advice only		<input type="checkbox"/>
The patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.		<input type="checkbox"/>

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.

You may wish to include this information in your patient records.

<b>Patient consent:</b> I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.	Consent received  <input type="checkbox"/>
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This form should now be sent to the patient's GP and a copy retained in the pharmacy.