

6-4-18



J. YOUNG

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:




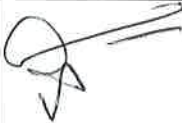
A. KEASKIN

M. DAVIES

PATIENT GROUP DIRECTION FOR THE SUPPLY OF
CLARITHROMYCIN
BY
REGISTERED HEALTH PROFESSIONALS
IN
THE EMERGENCY DEPARTMENTS

CAX

1. PGD AUTHORISATION

| Position | Name | Signature | Date |
|--|------------------|--|----------|
| Acting Clinical Director of Pharmacy | Fiona Smith |  | 28/3/18 |
| Executive Director of Nursing | Brendan Brown |  | 28/03/18 |
| Medical Director | David Birkenhead |  | 28/3/18 |
| Chairman of Medicines Management Committee | Anu Rajgopal |  | 29/3/18 |

Date of Patient Group Direction: March 2018

If revision please tick box

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Valid Until: March 2020

Review Date: September 2019

Approved by the Trust Medicine Management Committee on: 24TH MAY 2018

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2. CLINICAL CONDITION

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|--|--|
| Indication | Potential or established soft tissue infection, in patients allergic to penicillin. Refer to Trust antibiotic policy |
| Relevant National and Local Guidelines/Information sources | Licensed use. Recognised antibiotic therapy |
| Description of Patients included in treatment | <ul style="list-style-type: none"> Adults Children 1yr and over |
| Description of Patients excluded from treatment under the terms of this PGD | <ul style="list-style-type: none"> Children < 8kg Allergy to Erythromycin/Clarithromycin Hepatic impairment. Renal Impairment Pregnancy Patients taking any medication with which clarithromycin has a potential major inter-action Patients with a predisposition to QT interval prolongation |
| Action if patient self excludes/declines | Refer to doctor or Advanced Clinical Practitioner, consider another antibiotic |

3. TREATMENT

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| Name, form and strength of medicine | Clarithromycin Tablets 500mg Clarithromycin Suspension 250mgs/5mls or 125mgs/5mls | |
| Legal Status <i>GSL, P, POM</i> | POM | |
| Dose | Adults and children over 12 years - 500mg twice daily | |
| | Children over 1 year (and >8kg): | |
| | Weight | Dose |
| | 8-11kg | 62.5mg twice daily (2.5ml 125mg/5ml) |
| | 12-19kg | 125mg twice daily (5ml 125mg/5ml) |
| | 20-29 kg | 187.5mg twice daily (3.75ml 250mg/5ml) |
| | 30-40kg | 250mg twice daily (5ml 250mg/5ml) |
| | 41-55kg | 375mg twice daily (7.5ml 250mg/5ml) |
| | >56kg | 500mg twice daily (10ml 250mg/5ml) |
| Frequency of administration | BD | |
| Method and route of administration | Oral | |
| Supporting facilities required | Resuscitation Facilities | |

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| | | |
|--|--|---|
| Quantity to supply/administer Duration of treatment | <p><u>Length of course</u></p> <p>Adult & Child 12yrs and up – 7 days</p> <p>8-19 kg – 7 days</p> <p>20-40kg – 7 days</p> <p>>41kg – 7 days</p> | <p><u>Quantity Dispensed</u></p> <p>14 tablets</p> <p>70ml (125mg/5ml)</p> <p>70ml (250mg/5ml)</p> <p>140ml (250mg/5ml)</p> |
| Potential side effects | Nausea, vomiting, diarrhoea, gastric upset, hypersensitivity reactions, hepatitis, cholestatic jaundice, cardiac-arrythmias | |
| Advice to patient/carer | <ul style="list-style-type: none"> • Complete prescribed course • Take with or after food • If rash develops – stop taking • If jaundice develops during or after course, stop taking & consult doctor • Suspension – shake the bottle • All women of child-bearing age must be asked if they are taking the oral contraceptive pill. If they are they must be warned that there is a risk that Clarithromycin may reduce the effectiveness of their oral contraceptive. They should be advised to use an alternative method of contraception whilst taking Clarithromycin and for 7 days after stopping. If this coincides with the end of a pack then the next pack should be started immediately. For every day (ED) packs the placebo pills should be missed out | |
| Managing & Reporting Adverse Events | <ul style="list-style-type: none"> • All suspected adverse drug reactions occurring after treatment following this PGD must be reported to a senior medical practitioner responsible for the area in which the direction is in use • The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure • All serious adverse drug reactions should be reported to the MHRA / CSM using the Yellow Card System. Yellow cards and guidance on its use are available at the back of the BNF or at www.yellowcard.gov.uk | |
| Concurrent Medical Conditions | <u>Do not use if taking:-</u> Anti-arrythmics (disopyramide), anticoagulants (warfarin), anti-epileptics, reboksetine, tolerodine, antivirals, anti-malarials , statins, cyclosporin, theophylline. <u>Please check BNF/BNF-C if unsure</u> | |
| Follow up | Review patient by health care professional as appropriate. | |
| When to refer to doctor | Any reaction to medication or exacerbation of symptoms | |

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|--|---|
| Treatment record Specify method of recording supply/administration sufficient for audit trail | <ul style="list-style-type: none"> • Document in electronic patient record • Prescription – include name and dose of drug, volume/quantity supplied, duration of treatment • Advice given - verbal or written • Sign and date all documentation |
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4. STAFF

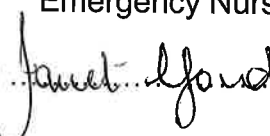
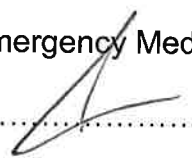
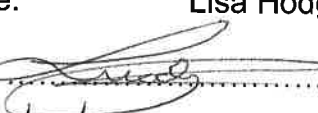

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| Professional Qualifications | Registered Nurse or Registered Paramedic Current NMC or HCPC Registration |
| Any Exceptions to above | Bank and Agency Staff |
| Specialist competencies, qualifications and experience | Emergency Nurse Practitioner Programme (ED) or Advanced Clinical Practitioner Programme (inc. Trainees) Trust PGD training |
| Continuing training & education | Update in line with clinical guidelines |

5. MANAGEMENT AND MONITORING

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| Records to be kept for Audit Purposes | STORAGE AND RETRIEVAL Pharmacy will retain the original signed version of the PGDs <ul style="list-style-type: none"> • Adult – 8 years • Children (under 18 years) <i>As the requirement is until child is 25 years old or for eight years after child's death and PGDs are not child specific – this would be indefinitely</i> (at least a minimum of 43 years) Division/Author is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above |
| Date of writing | March 2018 |
| Name of manager holding record of names of those authorised to work under this PGD | Louise Croxall – Matron ED CRH |

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| Names of all authors of PGD (to include a Dr or Dentist) | Print Name: Janet Youd Title: Emergency Nurse Consultant Signature:  Date: 20/3/18 Print Name: Dr Mark Davies Title: Emergency Medicine Consultant Signature:  Date: 20/3/18 |
| Lead Pharmacist involved in preparation of PGD | Print Name: Lisa Hodgson Signature:  Date: 23/3/18 |
| Approval of Clinical Director | Print Name: Mark Davies Signature:  Date: 23/3/18 |

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This Patient Group Direction is to be read and agreed and this Authorisation and Record of Agreement signed by all Health Professionals who will administer and/or supply treatment using it. It is the responsibility of each professional to practice only within the bounds of their own competence

A copy of the Patient Group Direction and the original, signed Record of Agreement must be held together by the Ward/Departmental Manager/Community Team Leader.

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing to work under it within my Professional Code of Practice/Conduct.'

| Name of Health Professional | Designation e.g. RGN | Signature of Health Professional | Signature of Ward/Departmental/Area Manager | Date |
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