6-4-18 → J. YOUD

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST A. KEASKIN

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF CO-AMOXICLAV BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

CAY ✓

1. PGD AUTHORISATION

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		23/3/18
Executive Director of Nursing	Brendan Brown		28/03/18
Medical Director	David Birkenhead	D. 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 ☑

Valid Until: March 2020

Review Date: September 2019

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

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF CO-AMOXICLAV BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

2. CLINICAL CONDITION

Indication	Prophylaxis of patients with human or animal bites, which break the surface of the skin, especially near joints or tendons in accordance with Trust Antibiotic Guidelines
Relevant National and Local Guidelines/Information sources	Licensed accepted treatment
Description of Patients included in treatment	Adult and children over 12 months
Description of Patients excluded from treatment under the terms of this PGD	• Superficial bites involving epidermis only (non-penetrating) • Pregnancy • Penicillin allergy • Hepatic impairment • Jaundice or history of jaundice • Renal impairment • Taking warfarin or anti-coagulant
Action if excluded	Refer to doctor or Advanced Clinical Practitioner
Action if patient self excludes/declines	Refer to doctor or Advanced Clinical Practitioner

3. TREATMENT

Name, form and strength of medicine	Co-amoxiclav 625mgs (500/125) tablets, Suspension 125/31mgs /5ml, 250/62mg/5ml
Legal Status *GSL, P, POM*	POM
Dose	Adult – 1 tablet/ (625mgs - 500/125) Child 1-6yrs – 5ml (125mg/31mg) Child 6-12yrs – 5ml (250mg/62mg)
Frequency of administration	TDS
Method and route of administration	Oral
Supporting facilities required	Resuscitation Facilities
Quantity to supply	1-6yrs (125/31mgs in 5ml) 100ml 6-12yrs (250/62mgs in 5ml) 100ml Adult 21tablets
Duration of treatment	7 days

Potential side effects	Nausea, vomiting, diarrhoea, rashes – hypersensitivity reaction, hepatitis , cholestatic jaundice
Advice to patient/carer	• Complete 7 day course • Take dose at start of meal • If rash develops – stop taking • Suspension – shake the bottle • Patient information leaflet
Managing & Reporting Adverse Events	• 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
Follow up	Review as required by clinical condition
When to refer to doctor	As required by clinical condition
Treatment record **Specify method of recording supply/administration sufficient for audit trail**	• 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

4. STAFF

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 changing clinical practice

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF CO-AMOXICLAV BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

5. MANAGEMENT AND MONITORING

Records to be kept for Audit Purposes	**STORAGE AND RETRIEVAL** **Pharmacy** will retain the original signed version of the PGDs • Adult – 8 years • Children (under 18 years) *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** (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 – ED Matron

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF CO-AMOXICLAV BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

Names of all authors of PGD (to include a Dr or Dentist)	Print Name: Janet Youd Title: Emergency Nurse Consultant Signature: Janet Youd Date: 20/3/18 Print Name: Dr Mark Davies Title: Emergency Medicine Consultant Signature: ..... Date: 21/3/18
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: 21/3/18

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF CO-AMOXICLAV BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

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