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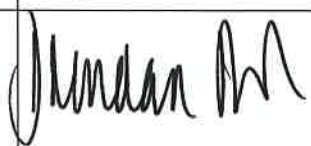

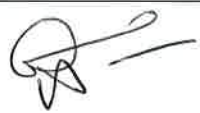
J. YOUNG  
A. KEASKIN

**CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST**  
**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**  
**METRONIDAZOLE**  
**BY**  
**REGISTERED HEALTH PROFESSIONALS**  
**IN**  
**EMERGENCY DEPARTMENTS**

CAY

**1. PGD AUTHORISATION**

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		27/3/18
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 ☒

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**

<b>Indication</b>	<ul style="list-style-type: none"> <li>• Patients with human or animal bites, which break the surface of the skin, especially near joints or tendons, and who are allergic to Penicillin</li> <li>• To be used in conjunction with Doxycycline (PGD) for adults and children over 12 years</li> <li>• To be used with prescription for azithromycin for children under 12 years</li> <li>• In accordance with Trust Antibiotic Guidelines</li> </ul>
<b>Relevant National and Local Guidelines/Information sources</b>	Licensed accepted treatment
<b>Description of Patients included in treatment</b>	Adults and children
<b>Description of Patients excluded from treatment under the terms of this PGD</b>	<ul style="list-style-type: none"> <li>• Patients already taking Warfarin or other anticoagulants</li> <li>• Breast feeding and pregnancy</li> <li>• Hepatic impairment and hepatic encephalopathy</li> <li>• Patients with porphyria</li> <li>• Known Metronidazole allergy/sensitivity</li> <li>• Patients dependant on alcohol</li> </ul>
<b>Action if excluded</b>	Refer to Doctor, Advanced Clinical Practitioner or consider other antibiotics
<b>Action if patient self excludes/declines</b>	Refer to Doctor, Advanced Clinical Practitioner or consider other antibiotics

**3. TREATMENT**

<b>Name, form and strength of medicine</b>	Metronidazole 200mg, 400mg tablets, 200mg/5ml suspension
<b>Legal Status <i>GSL, P, POM</i></b>	POM
<b>Dose and frequency of administration</b>	<p>Child 1-2 months 7.5mg/kg every 12 hours</p> <p>Child 2 months – 12 years – 7.5mg/kg (max 400mg) every 8 hours</p> <p>Adults and children over 12 years 400mg every 8 hours</p>
<b>Method and route of administration</b>	Oral
<b>Supporting facilities required</b>	Full Resuscitation Facilities

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<b>Quantity to supply</b>	21 x 400mg tablets or 200ml x 200mg/5ml suspension
<b>Duration of treatment</b>	7 days
<b>Potential side effects</b>	Nausea and Vomiting, unpleasant taste, gastrointestinal disturbance, Rash
<b>Advice to patient/carer</b>	<ul style="list-style-type: none"> <li>• Advise patient to take medication with or after food, with plenty of water.</li> <li>• Advise to swallow whole, not chewed/broken</li> <li>• Advice given to avoid alcohol (disulfiram-like reaction). If alcohol consumed within 8 hours, do not take 1<sup>st</sup> dose until 8 hours after consumption</li> <li>• Patient to take at regular intervals and to complete the whole course</li> <li>• Patient information leaflet in relation to condition</li> </ul>
<b>Managing &amp; Reporting Adverse Events</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure</li> <li>• 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 <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a></li> </ul>
<b>Follow up</b>	As clinical condition requires
<b>When to refer to doctor</b>	As clinical condition requires
<b>Treatment record Specify method of recording supply/administration sufficient for audit trail</b>	<ul style="list-style-type: none"> <li>• Document in electronic patient record</li> <li>• Prescription – include name and dose of drug, volume/quantity supplied, duration of treatment</li> <li>• Advice given - verbal or written</li> <li>• Sign and date all documentation</li> </ul>

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**4. STAFF**

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

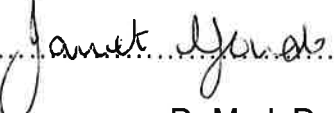



**5. MANAGEMENT AND MONITORING**

<b>Records to be kept for Audit Purposes</b>	<b>STORAGE AND RETRIEVAL</b> <b>Pharmacy</b> will retain the original signed version of the PGDs <ul style="list-style-type: none"> <li>• Adult – 8 years</li> <li>• 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)</li> </ul> <b>Division/Author</b> is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
<b>Date of writing</b>	March 2018
<b>Name of manager holding record of names of those authorised to work under this PGD</b>	Louise Croxall – Matron, ED

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

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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