PATIENT GROUP DIRECTION (PGD)

Supply/Administration of Fucidin® 2% cream
For the treatment of mild, localised lesions in impetigo

Documentation details

Reference no:	CommPharmFucidin Impetigo PGD
Version no:	V1.2
Valid from:	December 2021
Review date:	October 2023
Expiry date:	December 2024

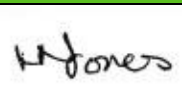
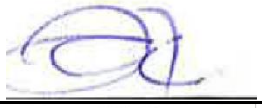
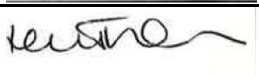
Change history

Version number	Change details	Date
1.0	Written by Michelle Jones and checked by Helen Wilkinson	November 2019
1.1	Written by BNSSG CCG, adapted for BSW CCG and checked by Marco Yeung and Paul Clarke	December 2021
1.2	Administrative update on organisation logo, email contact	December 2023

Glossary

Abbreviation	Definition

1. PGD template development

Developed by:	Name	Signature	Date
Pharmacist	Michelle Jones, Senior Medicines Optimisation Pharmacist, BNSSG CCG		10.02.2020
Doctor	Dr Shaba Nabi, GP Prescribing lead, BNSSG CCG		13.02.2020
Registered Professional representing users of the PGD	Helen Wilkinson, Principal Medicines Optimisation Pharmacist, BNSSG CCG		13.02.2020

PGD Working Group Membership

Name	Designation
Helen Wilkinson	Principal Medicines Optimisation Pharmacist, BNSSG CCG
Elizabeth Jonas	Senior Medicines Optimisation Pharmacist , BNSSG CCG
Michelle Jones	Senior Medicines Optimisation Pharmacist , BNSSG CCG
Judith Poulton	Pharmacist, Avon Local Pharmaceutical Committee
Dr Shaba Nabi	GP Prescribing Lead, BNSSG CCG
Richard Brown	Pharmacist, Avon Local Pharmaceutical Committee

2. Organisational authorisations *(may require amendment depending on how the service using the PGD is being commissioned/the organisation who is responsible for authorising the PGD – not all fields may be applicable)*

The PGD is not legally valid until it has had the relevant organisational authorisation. It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Bath and North East Somerset, Swindon and Wiltshire ICB authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Community pharmacies contracted to provide the BSW ICB Community Pharmacy PGD servicefor minor ailments.
Limitations to authorisation
None

Senior Doctor			
Role	**Name**	**Sign**	**Date**
Chief Medical Officer BSW ICB	Dr Amanda Webb		**12.12.23**

Senior Pharmacist			
Role	**Name**	**Sign**	**Date**
ICS Community Pharmacy Clinical Lead, BSW ICB	Helen Wilkinson		**14.12.23**

Organisational approval (legal requirement)			
Role	**Name**	**Sign**	**Date**
Director (Medicines Optimisation), BSW CCG	Nadine Fox		**12.12.23**

Local enquiries regarding the use of this PGD may be directed to bswicb.prescribing@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets/templates may be used where appropriate in accordance with local policy.

3. Characteristics of staff

Qualifications and professional registration	• Pharmacists registered with the General Pharmaceutical Council (GPhC)
Initial training	• must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it • Has undertaken appropriate training and declared themselves assessed competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD • must have undertaken appropriate training for working under PGDs for supply/administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must have access to the Patient Group Direction and associated online resource • should fulfil any additional requirements defined by local policy ***The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate training and successfully completed the declaration of competence to undertake clinical assessment of patient leading to diagnosis of the conditions listed.***
Competency assessment	*Complete the self-declaration for this PGD on PharmOutcomes* *Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions* ***Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.***
Ongoing training and competency	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to this PGD and should be aware of any change to the recommendations for the medicines listed. It is the responsibility of the individual to keep up-to-date with Continued Professional Development (CPD).
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	**Mild, localised non-bullous lesions of impetigo in children aged 2 years and over and adults**
Criteria for inclusion	• Adults and children over 2 years of age with mild, localised non-bullous lesions of impetigo or widespread impetigo with a decision to treat with topical antibiotic. • Second-line topical agent when the recommended first line topical hydrogen peroxide 1% cream (Crystacide) if unsuitable or ineffective. Crystacide is available to purchase via OTC • Valid informed consent Children under 16 should demonstrate competence under Lord Fraser rules, or consent for treatment must be given by an adult with parental responsibility
Criteria for exclusion	• No valid informed consent • Under 2 years old • **Red flags** - Signs of Sepsis – refer immediately - Has significant lymphoedema (gross swelling of the limb) - Cellulitis - Staphylococcal scalded skin syndrome. - Lymphangitis. - Osteomyelitis and septic arthritis. - Scarlet fever, urticaria and erythema multiforme (following streptococcal infection) - Patients who are immuno-compromised - Acute glomerulonephritis (following streptococcal impetigo). . • Previous course of Fucidin® for the same episode (consider flucloxacillin PGD) Note do not offer combination treatment with a topical and oral antibiotic to treat impetigo • Hypersensitivity to the active substance or to any of the excipients • Multiple skin site locations – consider oral treatment • Bullous impetigo (requires referral for differential diagnosis) • Known colonization with MRSA
Cautions including any relevant action to be taken	• Fucidin® cream contains butylhydroxyanisole, cetyl alcohol and potassium sorbate. These excipients may cause local skin reactions (e.g. contact dermatitis). Butylhydroxyanisole may also cause irritation to the eyes and mucous membranes. Fucidin® cream should therefore be used with care when applied in the proximity of the eyes. • Topical Fucidin® can be used during breast-feeding but it is recommended to avoid applying topical Fucidin® on the breast.
imagesAction to be taken if the patient is excluded	• Record reasons for exclusion and any action(s) taken in patient notes • Document advice given and the decision reached • Advise patient on alternative treatment.

	• Refer to a GP if appropriate
Action to be taken if the patient or carer declines treatment	• Record reasons for decline and any action(s) taken in patient notes • Advise patient on alternative treatment. • Document advice given and the decision reached • Refer to a GP if appropriate
Arrangements for referral for medical advice	• Clinical information should be sent to the patient's GP in accordance with local protocols

5. Description of treatment

Name, strength & formulation of drug	Fucidin® 2% Cream
Legal category	Prescription-only medicine (POM)
Route / method of administration	TOPICALLY
Dose and frequency of administration	Apply three times a day
Duration of treatment	FIVE days
Quantity to be supplied	Supply 1x15g Fucidin® Cream Containers should be marked with the length of course. Ensure appropriately labelled with the patient's name, date and Pharmacy contact details.
Storage	Stock must be stored in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk Do not store above 25ºC.
Drug interactions	Interactions with systemically administered medicinal products are considered minimal as the systemic absorption of topical Fucidin is negligible. ***A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk***

Identification & management of adverse reactions	Side effects are usually mild and transient
	• Uncommon
	  ○ Dermatitis, rash, pruritus, erythema, application site pain or irritation
	• Rare
	  ○ Hypersensitivity, conjunctivitis, angioedema, urticarial, blister
	
	Use the Yellow Card System to report unexpected adverse drug reactions directly to the CSM. Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF or via www.yellowcard.gov.uk
	
	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk

Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: ***https://yellowcard.mhra.gov.uk*** • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via organisation incident policy. •
Written information to be given to patient or carer	• Give marketing authorisation holder's patient information leaflet (PIL) provided with the product. • Provide PIL on impetigo, which can be downloaded from the British of Dermatologists website http://www.bad.org.uk/shared/get-file.ashx?id=211&itemtype=document • Information on impetigo can be downloaded from the NHS choices website http://www.nhs.uk/conditions for patients
Patient advice / follow up treatment	• Explain that impetigo is not usually serious but can spread if not treated. • Reassure the patient that impetigo usually heals completely without scarring and that serious complications are rare • Advise to complete the course supplied, even if feeling better • Discuss side effects and advise to come back if side effects occur • Safety netting advice should be given: return to pharmacy if lesions are not improving 5 days after initiation of Fucidin® or are becoming more widespread (consider whether oral treatment or a GP referral are appropriate) and consider red flags • Advice on management of impetigo including hygiene measures to aid healing, including recommending that the person washes the affected area with soapy water. Advise patient to try not to touch patches of impetigo and if they do to wash hands afterwards. • Avoid scratching affected areas and keep fingernails clean and cut short. • Don't share towels, clothing, bathwater or flannels etc. until the infection has cleared. • Children and adults should be advised to stay away from school and other childcare facilities or work until the lesions are healed dry and crusted over or 48 hours after Fucidin® treatment has started. Food handlers are required by law to inform employers immediately if they have impetigo • Advise on symptom relief including appropriate 'over the counter' analgesia. • Advise the patient or their carer to return unused cream at completion of course to the community pharmacist for disposal • Advise the patient or their carer not to share the tube of cream with anyone else
Records	Record: • that valid informed consent was given • name/signature of individual, address, date of birth and GP with whom the individual is registered (if relevant) • History, examination, investigations, diagnosis

	• Drug history including any allergies • name of registered health professional • name and brand of medication supplied/administered • date and time of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • supplied via Patient Group Direction (PGD) • Referral arrangements (including self-care) • Add patient name and date of supply to the pack before issuing. ***Records should be signed and dated (or a password controlled e-records).*** ***All records should be clear, legible and contemporaneous.*** ***A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.***

6. Key references

Key references	• Summary of Product Characteristics for Fucidin® (available at www.emc.medicines.org.uk • British National Formulary (available online at www.medicinescomplete.com) [accessed 08/03/2016, 24/05/2018]) • British National Formulary for Children (available online at www.medicinescomplete.com) • BSW Antimicrobial Prescribing Guidelines available https://prescribing.bswccg.nhs.uk/wpdm-package/wiltshire-swindon-banes-primary-care-antibiotic-guidance-jan-2019-nice-update • NICE Clinical Knowledge Summaries (available at https://cks.nice.org.uk/impetigo) • NICE NG 153 Impetigo: antimicrobial prescribing (available online at https://www.nice.org.uk/guidance/ng153/resources/visual-summary-pdf-7084853533)

7. Registered health professional authorisation sheet

CommPharm Fucidin impetigo Vs1.2Valid from: December 2021 Expiry: December 2024

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager (if applicable)

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of INSERT NAME OF ORGANISATION for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.