

## PATIENT GROUP DIRECTION (PGD)

### Supply/Administration of Penicillin V For the treatment of acute sore throat

#### Documentation details

Reference no:	CommPharm Penicillin V Sore throat PGD
Version no:	V1.3
Valid from:	December 2021
Review date:	October 2023
Expiry date:	December 2024




#### Change history

Version number	Change details	Date
1.0	Written by Elizabeth Jonas and checked by Helen Wilkinson & Michelle Jones	November 2021
1.1	Written by BNSSG CCG, adapted for BSW CCG and checked by Marco Yeung and Paul Clarke	December 2021
1.2	Fixed TARGET RTI leaflet link	January 2022
1.3	Administrative update on organisation logo, email contact	December 2023

#### Glossary

Abbreviation	Definition

## 1. PGD template development

Developed by:	Name	Signature	Date
<b>Pharmacist</b>	Elizabeth Jonas, Senior Medicines Optimisation Pharmacist, BNSSG CCG		11.02.2020
<b>Doctor</b>	Dr Shaba Nabi, GP Prescribing lead, BNSSG CCG		13.02.2020
<b>Registered Professional representing users of the PGD</b>	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
All community pharmacies who are signed up to the BSW ICB Community Pharmacy PGD Service for 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](mailto: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

<b>Qualifications and professional registration</b>	<ul style="list-style-type: none"> <li>Pharmacists registered with the General Pharmaceutical Council (GPhC)</li> </ul>
<b>Initial training</b>	<ul style="list-style-type: none"> <li>must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it</li> <li>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</li> <li>must have undertaken appropriate training for working under PGDs for supply/administration of medicines</li> <li>must be competent in the use of PGDs (see <a href="#">NICE Competency framework</a> for health professionals using patient group directions)</li> <li>must have access to the Patient Group Direction and associated online resource</li> <li>should fulfil any additional requirements defined by local policy</li> </ul> <p><b><i>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.</i></b></p>
<b>Competency assessment</b>	<p>Complete the self-declaration for this PGD on PharmOutcomes</p> <p>Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></p> <p><b><i>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.</i></b></p>
<b>Ongoing training and competency</b>	<p>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).</p>
<p><b><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></b></p>	

#### 4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Treatment of acute sore throat
Criteria for inclusion	<ul style="list-style-type: none"> <li>• Valid informed consent</li> </ul> <p>Children under 16 should demonstrate competence under Lord Fraser rules, or consent for treatment must be given by an adult with parental responsibility</p> <ul style="list-style-type: none"> <li>• Patients 5 years or over with an acute sore throat with a <b>Fever PAIN</b> score of 4 or 5</li> <li>• FEVERPAIN:               <ul style="list-style-type: none"> <li>• Fever in the last 24 hours</li> <li>• Purulence</li> <li>• Attending rapidly (under 3 days)</li> <li>• Severely inflamed tonsils</li> <li>• No cough or coryza (catarrhal inflammation of the mucus membrane in the nose)</li> </ul> </li> </ul> <p>Give a score of 1 to each of the criteria. Higher scores suggest more severe symptoms and the likely bacterial (streptococcal) cause.</p> <p>A score of 0 or 1 is associated with 13-18% likelihood of streptococcus</p> <p>A score of 2 or 3 is associated with at 34-40% likelihood of streptococcus</p> <p>A score of 4 or 5 is associated with a 62-65% likelihood of streptococcus</p> <p>Antibiotics should be avoided where possible as most throat infections are caused by viruses. Symptoms can last for around 1 week, but most people will get better within this time without antibiotics, regardless of cause.</p> <ul style="list-style-type: none"> <li>• Patients who are systemically unwell, have symptoms and signs of a more serious illness or condition</li> <li>• Patients at high-risk of complications</li> <li>• Patients with valvular heart disease and a risk of rheumatic fever</li> </ul>
Criteria for exclusion	<ul style="list-style-type: none"> <li>• COVID-19 Risk Triage, If a known recent contact or positive themselves or a family member – do not examine &amp; refer for testing. Patients with suspected or confirmed COVID-19 should be managed by following the COVID-19 rapid guideline NG191. Pharmacists must follow the latest government infection prevention and control guidance issued to community pharmacies.</li> </ul>

	<ul style="list-style-type: none"> <li>• No valid informed consent</li> <li>• Age under 5 years</li> <li>• Fever pain score 0-3</li> <li>• <b>Red Flags</b> <ul style="list-style-type: none"> <li>- Severe suppurative complications (e.g. peri-tonsillar abscess or cellulitis (Quinsy) parapharyngeal abscess, retropharyngeal abscess, or Lemierre syndrome) as there is a risk of airway compromise or rupture of the abscess- refer to secondary care immediately</li> <li>- Adult epiglottitis – suggested by severe and acute onset of sore throat and fever, muffled voice, drooling and stridor (do not examine the throat of anyone with possible epiglottitis)</li> <li>- Child epiglottitis – high fever, sore throat, noisy breathing and dribbling (do not examine the throat of anyone with possible epiglottitis)</li> <li>- Stridor or respiratory difficulty or severe airway obstruction</li> <li>- Signs of sepsis or meningitis</li> <li>- Dehydration or reluctance to take fluids – fluid intake less than 50% of normal</li> <li>- Infection with Herpes virus – risk of airway compromise or rupture of the abscess</li> <li>- Profoundly and systemically unwell and/ or risk of immunosuppression.</li> </ul> </li> <li>• Pregnancy</li> <li>• Breastfeeding</li> <li>• Known hypersensitivity to beta-lactam antibiotics (e.g. penicillins /cephalosporins) or their excipients</li> <li>• Penicillin-associated jaundice or hepatic dysfunction</li> <li>• Patients who are immuno-compromised (including treatment with methotrexate)</li> <li>• Severe renal or hepatic impairment</li> <li>• Previous course of antibiotics for the same episode</li> <li>• Patients with atypical symptoms e.g. other rashes/lesions</li> <li>• Patients prescribed warfarin</li> </ul>
<b>Cautions including any relevant action to be taken</b>	<ul style="list-style-type: none"> <li>• Diphtheria: characteristic tonsillar or pharyngeal membrane.</li> </ul>
<b>Action to be taken if the patient is excluded</b>	<ul style="list-style-type: none"> <li>• Record reasons for exclusion and any action(s) taken in patient notes</li> <li>• Document advice given and the decision reached</li> <li>• Advise patient on alternative treatment.</li> <li>• Refer to a GP if appropriate</li> </ul>
<b>Action to be taken if the patient or carer declines treatment</b>	<ul style="list-style-type: none"> <li>• Record reasons for decline and any action(s) taken in patient notes</li> <li>• Advise patient on alternative treatment.</li> <li>• Document advice given and the decision reached</li> <li>• Refer to a GP if appropriate</li> </ul>
<b>Arrangements for referral for medical advice</b>	<ul style="list-style-type: none"> <li>• Clinical information should be sent to the patient's GP in accordance with local protocols</li> </ul>

## 5. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Phenoxymethylpenicillin 125mg/5ml oral solution Phenoxymethylpenicillin 250mg/5ml oral solution Phenoxymethylpenicillin 250mg tablets
<b>Legal category</b>	Prescription-only medicine (POM)
<b>Route / method of administration</b>	ORAL
<b>Dose and frequency of administration</b>	<p><b>Children 5 years*</b> 125mg (5ml of 125mg/5ml oral solution) every 6 hours (four times a day)</p> <p><b>Children 6 to 11 years*</b> 250mg (1x250mg tablet or 5ml of 250mg/5ml oral solution, only if unable to swallow) every 6 hours (four times a day)</p> <p><b>Children 12 to 17 years*</b> 500mg (2x250mg tablets or 10ml of 250mg/5ml oral solution, only if patient is unable to swallow) every 6 hours (four times a day)</p> <p><i>*dosing based on BNF for Children via MedicinesComplete</i></p> <p><b>Adults</b> 500mg (2x250mg tablets or 10ml of 250mg/5ml oral solution, only if patient is unable to swallow) Every 6 hours (FOUR times a day)</p> <p>Take on an empty stomach (half to one hour before food or 2 hours after) where possible</p>
<b>Duration of treatment</b>	5 days or 10 days if a recurrent sore throat (more than one in a year)
<b>Quantity to be supplied</b>	<p>Children 5 years old: 1 x 100ml Penicillin V 125mg/5ml oral solution Children 6-11 years old: 20x250mg tablets or 1 x 100ml Penicillin V 250mg/5ml oral solution Children 12 to 17 years old: 40x250mg tablets or 2x 100ml Penicillin V 250mg/5ml oral solution Adults: 40 x 250mg Penicillin V tablets or 2x 100ml Penicillin V 250mg/5ml oral solution</p> <p>Or double if treating a recurrent sore throat</p>
<b>Storage</b>	<p>Stock must be stored in conditions in line with SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></p> <p>Tablets – do not store above 25°C Once reconstituted Penicillin V oral solution must be stored in the fridge and has an expiry of 7 days.</p>
<b>Drug interactions</b>	<ul style="list-style-type: none"> <li>○ Warfarin and other coumarins anticoagulant effect may be altered, INR monitoring is required</li> <li>○ Methotrexate – penicillins reduce excretion of methotrexate which can increase the risk of toxicity. Advise patients to monitor for signs of methotrexate toxicity (e.g. unexplained bruising or bleeding, mouth ulcers, vomiting, diarrhoea, abdominal</li> </ul>

	<p>discomfort, dark urine) and contact GP/OOH if they have concerns.</p> <ul style="list-style-type: none"> <li>○ Sulfinpyrazone - Excretion of penicillins reduced by sulfinpyrazone</li> </ul> <p><b>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></b></p>
<p><b>Identification &amp; management of adverse reactions</b></p>	<p>Side effects are usually mild and transient, but may include:</p> <ul style="list-style-type: none"> <li>● Hypersensitivity reactions including urticaria and rashes</li> <li>● Nausea/vomiting, stomach pain, gastro intestinal disturbances, diarrhoea and antibiotic associated colitis</li> <li>● Fever, joint pains</li> <li>● Angioedema, anaphylaxis, serum sickness like reactions</li> <li>● Haemolytic anaemia, intestinal nephritis, leucopenia, thrombocytopenia, coagulation disorders</li> <li>● Central nervous system toxicity</li> </ul> <p>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 <a href="https://yellowcard.mhra.gov.uk/">https://yellowcard.mhra.gov.uk/</a></p> <p><b>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></b></p>
<p><b>Management of and reporting procedure for adverse reactions</b></p>	<ul style="list-style-type: none"> <li>● 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: <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></li> <li>● Record all adverse drug reactions (ADRs) in the patient's medical record.</li> <li>● Report via organisation incident policy.</li> <li>● If anaphylaxis management may be required include this information here (e.g. adrenaline to be held/resuscitation team details)</li> </ul>
<p><b>Written information to be given to patient or carer</b></p>	<ul style="list-style-type: none"> <li>● Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.</li> <li>● Provide copy of TARGET RTI leaflet <a href="#">Leaflets to discuss with patients: RTI Leaflet (rcgp.org.uk)</a></li> </ul>
<p><b>Patient advice / follow up treatment</b></p>	<ul style="list-style-type: none"> <li>● Reassure the individual that a sore throat is generally self-limiting, with most people recovering after 7-8 days with or without antibiotic treatment.</li> <li>● Take at regular intervals and complete the course supplied, even if feeling better</li> <li>● This medicine should ideally be taken on an empty stomach (half to one hour before or two hours after food) where possible.</li> <li>● Store oral solution in refrigerator. Shake well before use.</li> <li>● Discuss side effects and advise to see GP if side effects occur</li> <li>● All patient/carers must be given appropriate safety-netting advice – to consider the exclusion criteria. See GP if symptoms do not</li> </ul>



	<p>improve after 3-4 days or at any time if symptoms are worsening rapidly or significantly. Explain that they should seek urgent medical attention if they develop any difficulty breathing, stridor, drooling, a muffled voice, severe pain, dysphagia or if they are not able to swallow adequate fluids or become systemically unwell.</p> <ul style="list-style-type: none"> <li>• Advise on symptom relief including appropriate ‘over the counter’ analgesia.</li> <li>• Encourage adequate fluid intake to avoid dehydration (especially when a fever is present)</li> <li>• Provide advice regarding food and drink to avoid exacerbating pain (e.g. avoid hot drinks).             <ul style="list-style-type: none"> <li>○ Adults or older children may find sucking throat lozenges, hard boiled sweets, ice, or flavoured frozen desserts (such as ice lollies) to provide additional symptomatic relief.</li> </ul> </li> <li>• Suggest the use of simple mouthwashes (e.g. warm salty water) at frequent intervals until the discomfort and swelling subside.</li> </ul>
<p><b>Records</b></p>	<p>Record:</p> <ul style="list-style-type: none"> <li>• that valid informed consent was given</li> <li>• name/signature of individual, address, date of birth and GP with whom the individual is registered (if relevant)</li> <li>• History, examination, investigations, diagnosis</li> <li>• Drug history including any allergies</li> <li>• name of registered health professional</li> <li>• name and brand of medication supplied/administered</li> <li>• date and time of supply/administration</li> <li>• dose, form and route of supply/administration</li> <li>• quantity supplied/administered</li> <li>• batch number and expiry date (if applicable)</li> <li>• advice given, including advice given if excluded or declines treatment</li> <li>• details of any adverse drug reactions and actions taken</li> <li>• supplied via Patient Group Direction (PGD)</li> <li>• Referral arrangements (including self-care)</li> <li>• Add patient name and date of supply to the pack before issuing. Liquid dose forms must include the expiry date of reconstituted oral solution.</li> </ul> <p><b><i>Records should be signed and dated (or a password controlled e-records).</i></b>  <b><i>All records should be clear, legible and contemporaneous.</i></b>  <b><i>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</i></b></p>

## 6. Key references

<b>Key references</b>	<ul style="list-style-type: none"><li>• Summary of Product Characteristics for Penicillin V(available at <a href="http://www.emc.medicines.org.uk">www.emc.medicines.org.uk</a>)</li><li>• British National Formulary (available online at <a href="http://www.medicinescomplete.com">www.medicinescomplete.com</a> [accessed 25/11/2021])</li><li>• BSW Antimicrobial Prescribing Guidelines available <a href="https://bswtogether.org.uk/medicines/area-prescribing-committee/prescribing-guidance/">https://bswtogether.org.uk/medicines/area-prescribing-committee/prescribing-guidance/</a></li><li>• NICE Clinical Knowledge Summaries (available at <a href="https://cks.nice.org.uk/sore-throat-acute">https://cks.nice.org.uk/sore-throat-acute</a> )</li><li>• NICE NG84 Sore throat(acute): antimicrobial prescribing(available at <a href="#">Overview   Sore throat (acute): antimicrobial prescribing   Guidance   NICE</a>)</li><li>• NICE NG191 COVID-19 rapid guideline: managing COVID-19(available at <a href="#">Overview   COVID-19 rapid guideline: managing COVID-19   Guidance   NICE</a>)</li></ul>
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## 7. Registered health professional authorisation sheet

### CommPharm Penicillin V Sore Throat V1.3 Valid 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.