

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: This service is intended for residents of NHSE&I Midlands Region registered with a GP in the region but it may now be offered to temporary residents who have a GP in England and who are staying in the region.

Important: When delivering this service to a temporary resident you **MUST** enter details of their regular GP practice and their home address to ensure that any notification sent to their GP will tie in with their Patient Records

Note: this service is not intended to be delivered to patients who live outside the area and are only visiting for the day or reside just over the Midlands borders.

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Was this patient referred to you for this service?

No	Yes, referred by NHS111	Yes, referred by their GP practice	Other please note:
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Inclusion Criteria

Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusted plaques (typically up to 2cm in diameter)	
Generally painless, but sometimes itchy	
Affecting areas of the face, typically around the mouth and nose	
Single localised lesion – topical treatment may be appropriate (hydrogen peroxide cream PGD)	
More than one localised lesion – oral treatment required	

Exclusion Criteria – patient not to be treated under PGD

Uncertain diagnosis	Bullous impetigo
Age less than 1 year	Immunocompromised
Patients who are systemically ill must be referred to GP	Significant inflammation around lesions - possible cellulitis. Requires urgent referral
Lesions that are painful	Recurrent impetigo infection treated within previous 4 weeks
More than 2 episodes of impetigo treated under this PGD within previous 12 months	

Pharmacist to give the following advice to all patients with Impetigo

Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:

Wash the affected areas with soapy water
Wash hands after touching a patch of impetigo
Avoid scratching affected areas, and keep fingernails clean and cut short
Avoidance of sharing towels, flannels and so on until the infection has cleared
Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started.

Treatment Options under PGD.

Single lesion 1st line treatment is topical, 2nd line is oral: treatment duration is maximum 5 days

Where treatment under PGD is indicated: Which of the following apply?

First line is hydrogen peroxide cream and this should be supplied unless lesion is within close proximity of the eye OR patient hypersensitive to H ₂ O ₂ or excipients	Second line – oral treatment, only use if patient is unable to use H ₂ O ₂ (Fluclox 1 st , Clarith 2 nd)
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Pharmacist Advice to be given to all patients who receive topical treatment:

Before the initial application of the cream, advise the person (or parent) to remove crusted areas by soaking them in soapy water, as long as this does not cause discomfort.
Apply the cream gently and sparingly to the lesion.
Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare
If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer’s Patient Information Leaflet and discuss as necessary.

Hydrogen Peroxide 1% Cream (1st line treatment for single lesion) – see PGD

Supply 1x25g Hydrogen Peroxide 1% cream, apply 2-3 times daily for a maximum of 5 days

Cont overleaf

Hydrogen peroxide cream counselling: A dry film will appear on the skin after application, but this can be washed off with water once the cream has soaked into the skin.

Advise that hydrogen peroxide can bleach fabric so care is needed when applying the cream

Please Note: DO NOT USE Fusidic Acid 2% Cream – PGD ended 31.5.2022

**Patient with one localised lesion unable to use hydrogen peroxide cream to be treated orally for 5 days
OR Patient with more than one localised lesion to be treated orally for 5 days**

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Use flucloxacillin	Penicillin allergy/sensitivity Use clarithromycin
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IMPORTANT NOTE: All patients aged 12 years and over receiving oral treatment should be treated with solid dosage forms and liquids only reserved for those who are genuinely unable to swallow tablets / capsules

Pharmacist Advice to be given to all patients who receive oral treatment:

Take doses regularly and finish the course
Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare
If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

Flucloxacillin Supply (1st line in patient with more than 1 localised lesion or patient with single lesion unable to use H₂O₂ cream) – see PGD – 5 day course

Exclusion Criteria

Allergy/hypersensitivity to Penicillins	Renal or Hepatic impairment
Already taking oral antibiotics	Previous history flucloxacillin-associated jaundice/hepatic function
Pregnancy	Breastfeeding
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC	

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Aged 12-23 months; 62.5mg–125mg four times a day* Aged 2-9 years; 125 - 250mg four times a day

Aged 10-17 years; 250mg-500mg four times a day* **Usual adult dosage:** 500mg four times a day

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Counselling for Flucloxacillin

Take doses at regular six hourly intervals if possible, on an empty stomach,	The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash
Store capsules below 25 degrees	Store syrup in refrigerator and shake before each use

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply (2nd line in patient with more than 1 localised lesion or patient with single lesion unable to use H₂O₂ cream) - see PGD – 5 day course

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin	Moderate or severe renal and/or hepatic impairment
History of QT prolongation or ventricular cardiac arrhythmia	Hypokalaemia and other electrolyte disturbance such as hypomagnesaemia
Pregnancy or Breastfeeding	Already taking oral antibiotics
Patients with symptoms of diarrhoea who have received an antibiotic within the previous 3 months	
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. Check BNF/SPC This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin	

Use oral tablets for all age groups providing they can be swallowed.

Children aged 1 to 11 years, dosage by weight. Refer to cBNF and BNF

Body weight up to 8kg: 7.5mg/kg twice daily

8-11kg: 62.5mg twice daily

12-19kg: 125mg twice daily

20-29kg: 187.5mg twice daily

30-40kg: 250mg twice daily

Age 12 years to adult dosage for impetigo: 250mg twice daily

Cont overleaf

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Counselling for Clarithromycin

Store tablets and syrup below 25°C	Take doses at regular twelve hourly intervals
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache	If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.

Medication Supply Information:

Drug

Presentation

Quantity given

Where a supply was made, the following must also be completed:

PMR entry completed	Medication labelled "Supplied under PGD"	Patient consent collected?
Levy collected?	Exemption form signed? NB retain in pharmacy in case requested by NHSE&I	

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

7 Day follow up questions:

Where was follow-up carried out?	In pharmacy	By telephone	Unable to follow up	
How are you feeling today compared to 7 days ago?	Much better	Better	Same	Worse Much worse
Did you follow the advice given by the pharmacist				
Have you taken the medication advised by the pharmacist?				
Have you taken the antibiotics provided by the pharmacist?				
If you needed to come back to collect deferred antibiotics, how long did you wait?				
Have you contacted your GP or any other Health Care Professional since seeing me 7 days ago? If yes, who did you contact?				
If the answer to the above question is yes, please briefly explain why				
If patient was lost to follow up you need to log your 3 contact attempts – must be on different days/ at different times. If you are open over weekend one attempt should be sat/sun and one attempt must be evening (as late as practical during your normal opening hours)	Attempt 1	Attempt 2	Attempt 3	

Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within one working day of the consultation and one working day of follow up conversation www.pharmoutcomes.org

Client's Signature:	Date:
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Pharmacists Name:	GPhC number:	Signature:	Date:
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