Proforma for use in case of IT Failure only

Extended Care Infected Eczema Service Tier 2 for patients aged 1 year and above

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:*	

Inclusion Criteria

Treat patients presenting with superficial infection of the skin with the following symptoms that are indicative of infected mild to moderate eczema	
Mild to moderate eczema with associated bacterial infection. Infection should be suspected if there is crusting, weeping, erythema, cracks, frank pus or multiple excoriations and increased soreness and itching which may suggest bacterial infection. A common causative organism is Staphylococcus aureus.	
Infection is localised – **topical treatment is no longer part of the service, see below for advice on how to proceed**	
Infection is widespread rather than localised – **oral treatment required**	

Exclusion Criteria – patient not to be treated under PGD

Systemic illness including fever and malaise		Patient aged under one year	
Immunocompromised		Already taking oral antibiotics	
Severe eczema		Moderate to severe renal and/or hepatic impairment	
Significant inflammation around lesions – consider cellulitis and refer		Lesions that are painful	
More than 2 episodes of infected insect bites treated under this PGD within previous 12 months		Pregnancy and breastfeeding	
Where topical corticosteroids and emollients have NOT been applied to the infected area			
Herpes simplex infected eczema (herpes simplex complicating atopic eczema (eczema herpeticum) may be misdiagnosed as a S. aureus infection. Secondary viral infection caused by herpes simplex virus (HSV) is characterized by a sudden onset of grouped, small white or clear fluid filled vesicles, satellite or "punch out" lesions, pustules, and erosions. It is often tender, painful and itchy. The presence of punched-out erosions, vesicles, or infected skin lesions that fail to respond to oral antibiotics should raise suspicion of a herpes simplex infection.)			

Pharmacist to give the following advice to all patients with Infected Eczema

In people who are not systemically unwell, do not routinely offer either a topical or oral antibiotic for secondary bacterial infection of eczema.

Take into account:

- The limited benefit of antibiotics in addition to topical corticosteroids compared with topical corticosteroids alone.
- The risk of antimicrobial resistance with repeated courses of antibiotics.
- The extent and severity of symptoms or signs.
- The risk of developing complications, which is higher in people with underlying conditions such as immunosuppression.

Cont. overleaf

Hygiene measures are important to aid healing and stop infection. It is recommended that: Antiseptic shampoos and products that combine an antiseptic with an emollient, or with a bath emollient, are available. These may reduce the bacterial population colonising the lesional and non-lesional skin. Give guidance that daily baths are a treatment for eczema and help to clean and remove the bacterial load from the skin, add moisture and decrease inflammation and itch.	
Make sure they understand when to begin flaring treatment (as soon as the flare begins and cease flaring treatment when symptoms decrease).	
Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell	

Advice for patients with localised Infection

Although NICE allows for consideration of fusidic acid for localised areas of eczema which are infected, we are aware of concerns with high rates of resistance to fusidic acid locally and as a result NHSE&I Midlands Region team do not feel it is an appropriate choice for our patients; therefore, as part of this service pharmacists should advise the use of topical steroids and general self-care as per NICE and provide safety netting advice.

For this reason, the fusidic acid PGD was not renewed and from 01.06.2022 is no longer a treatment option under this service.

You should advise patients with localised areas of eczema which are infected on the use of topical steroids and give the self-care advice.

You MUST give appropriate safety netting advice to these patients.

You will be able to save the consultation showing this as the outcome of the consultation.

Treatment Options for widespread infection.

You may provide antibiotics under PGD but please consider the following before continuing.

Reminder - In people who are not systemically unwell, do not routinely offer either a topical or oral antibiotic for secondary bacterial infection of eczema.

- Take into account:
    - The limited benefit of antibiotics in addition to topical corticosteroids compared with topical corticosteroids alone.
    - The risk of antimicrobial resistance with repeated courses of antibiotics.
    - The extent and severity of symptoms or signs.

The risk of developing complications, which is higher in people with underlying conditions such as immunosuppression.

Cont. overleaf

Treatment with oral antibiotic 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	

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

Take doses regularly and finish the course
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.

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

Flucloxacillin Supply (1st line) – see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins		Previous history of fluclox-associated jaundice / hepatic dysfunction	
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- 17years; 250mg-500mg four times a day* **Usual adult dosage (12 yrs+):** 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) - see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin		Hypokalaemia and other electrolyte disturbances	
History of QT prolongation or ventricular cardiac arrhythmia		Patients with symptoms of diarrhoea who have received an antibiotic within the previous 3 months	
Pregnancy		Breastfeeding	
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 12 years, dosage *by weight. Refer to cBNF and BNF*

Body weight up to 8kg: 7.5mg/kg twice daily8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily

20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Usual adult dosage for infected eczema (12 yrs+): 500mg twice daily

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.	

Cont. overleaf

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	

Signature of patient's parent / guardian:	**Date:**

Pharmacists Name:	**GPhC number:**	**Signature:**	**Date:**