Proforma for use in case of IT Failure only

Extended Care Infected Insect Bites Service Tier 2 (Patients Age 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 following an insect bite with the following symptoms that are indicative of Eron Class 1 Cellulitis. Symptoms may include; Redness of skin; Pain or tenderness to the area; Swelling of skin; Skin may feel hot in the area surrounding the bite; Blistering	
Patient has no signs of systemic illness or sepsis	
Patient has no uncontrolled co-morbidities and can be managed with oral antimicrobials.	
Treatment via this PGD should only be initiated where there is clear evidence of infection, indicated by cellulitis that is present or worsening at least 24 hours after the initial bite(s).	

Exclusion Criteria – patient not to be treated under PGD

No clear evidence of infection. Initial swelling/inflammation around the site of the bite should be managed in accordance with self-care guidance outlined in the 'Advice to patients' section of the PGD.			
Signs of sepsis such as: patches of **discoloured skin** indicative of haemorrhagic (purpuric) rash; decreased **urination; changes** in **mental** ability; **problems** breathing; **abnormal** heart functions; **chills** due to fall in body temperature; low blood pressure, fainting or **unconsciousness**.			
Cellulitis that has progressed beyond Eron Class 1		Patient aged under one year	
Signs of systemic illness such as: Fever; Headache; Chills; Weakness		A very large area of red, inflamed skin	
Patient already taking oral antibiotics		Immunocompromised	
Rapidly spreading erythema and fulminant sepsis seen with necrotising fasciitis.		If the area affected is causing numbness, tingling, or other changes in a hand, arm, leg, or foot	
If the skin appears black		Facial cellulitis	
Lymphangitis		Animal (dogs, cats etc.) or human bites	
Moderate to severe renal and/or hepatic impairment		Pregnancy and breastfeeding	
More than 2 episodes of infected insect bites treated under this PGD within previous 12 months			

Pharmacist to give the following advice to all patients with Insect Bites

Initial pain and swelling as a result of an insect bite should be managed with appropriate OTC pain relief such as paracetamol or ibuprofen, and the use of a cold compress (flannel or cloth cooled with cold water) over the affected area. There is little good evidence to support the use of oral antihistamines or topical corticosteroids.

Hygiene measures are important to aid healing It is recommended that the patient:

Wash the affected areas with soapy water	
Keep hands clean before and after touching the skin	
Avoid scratching affected areas, and keep fingernails clean and cut short, wear cotton gloves if necessary	

Treatment Options under PGD. *Patient to be treated 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 PGD 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 – 5 day course

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; 250mg four times a day

Aged 10-17 years; 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 – 5 day course

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin		Hypokalaemia and other electrolyte disturbance	
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 (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:**