NHS
Bedfordshire
Community Health Services

PATIENT GROUP DIRECTION (PGD) FOR THE SUPPLY OF ORAL FLUCLOXACILLIN for THE EMPIRICAL TREATMENT OF SUSPECTED /INFECTED WOUND	CLASS: POM

Controls Assurance Statement
The aim of this Patient Group Direction is to ensure that the supply and administration of medicines under a Patient Group Direction complies with the legal requirements and guidance set out in *HSC2000/026: Patient Group Directions (England Only)*. Failure to comply with the law could result in criminal prosecution under the Medicines Act.

Patient Group Direction Development

Name	Position	Base
Emma Stoneman	**Podiatry Locality Lead South**	**John Bunyian House, Kimbolton Road, Bedford, MK40 2NT**
Rushmi Kanjee	**Podiatry Locality Lead North**	**Twinwoods Resource Centre, North Team, Bedford, MK41 6AT**
Veena Shivnath	**Lead Pharmacist BCHS**	**Pharmacy Team Twinwoods Health & Resource Centre, Clapham, Bedford MK41 6AT**

This patient group direction must be agreed to and signed by all health care professionals involved in its use. The NHS Trust should hold the original signed copy. The PGD must be easily accessible in the clinical setting

Authorisation

Lead Doctor	Name: Dr David Bridle Position: Chief Medical Officer Signature: DBJ Date: 3 June 2025
Lead Allied Health Professionals	Name: Fiona Kelly Position: Director of Allied Health Professionals Signature: Date: 3rd June 2025
Lead Pharmacist	Name: Dr Stuart Banham Position: Chief Pharmacist Signature: Date: 3rd June 2025
Responsibility for ensuring this PGD is reviewed	Lead Pharmacist Bedford Community Health Services Lead Pharmacist Tower Hamlets CHS Lead Pharmacist Newham CHS

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Version Control

Version	Notes
2.0	Version – authorised by Medicines Committee September 2022. Signed by Dr Paul Gilluley (Chief Medical Officer), Andrea Okoloekwe (Interim Chief Pharmacist), Ruth Bradley (Nursing Director)
2.1	Original version extended by 12 months – expiry 09/05/2026. Reviewed by signatories of PGD: Dr David Bridle (Chief Medical Officer), Dr Stuart Banham (Chief Pharmacist), Fiona Kelly (Director Allied Health Professionals)

Clinical Condition

Indication	Empirical treatment of wound infections
Inclusion criteria	• Patients seen in the podiatry clinics with infected or suspected infected wounds
Exclusion criteria	• Age under 18 years • **History of hypersensitivity to β-lactam antibiotics (i.e. penicillin, cephalosporin e.g. cephalexin, amoxycillin)** • History of hypersensitivity to excipients. • Patients with a previous history of flucloxacillin associated jaundice/hepatic dysfunction. • No valid consent MCA - should the healthcare professional feel that the patient is unable to deliberate sufficiently with regard to the information they have been given, then the Mental Capacity Act should be followed • Wounds without evidence of soft tissue or bone infection • Severe renal impairment (creatinine clearance <10ml/min) • Features suggestive of systemic infection • Pregnancy

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	• Breastfeeding • Patients already taking a prescribed antibiotic (except for prophylaxis or treatment of acne) • Concomitant use of medication that has a clinically significant interaction with flucloxacillin e.g. warfarin, methotrexate and probenecid. See SPC for full details of interactions at: https://www.medicines.org.uk/emc/
Cautions	• Patients with a known history of allergy are more likely to develop a hypersensitivity reaction • Hepatitis and cholestatic jaundice have been reported with flucloxacillin. Patients ≥50 years or patients with underlying disease all are at increased risk of hepatic reactions. • As for other penicillins contact with the skin should be avoided as sensitisation may occur. • Caution is advised when flucloxacillin is administered concomitantly with paracetamol due to the increased risk of high anion gap metabolic acidosis (HAGMA). Patients at high risk of HAGMA are in particular those with severe renal impairment, sepsis or malnutrition especially if the maximum daily doses of paracetamol are used.
Action if patient declines or is excluded	If treament is declined: • Document in the patient's notes • Explore reasons for declining and explain potential consequences of declining treatment. Document discussion in patient notes • Refer patient to the GP • Document the intended actions of the patient (including parent or guardian). If patient is excluded: • Record in the patient's notes reasons for exclusion • Refer to the GP • Refer to emergency services if sepsis suspected i.e. features suggestive of systemic infection.
Referral arrangements for medical advice	Medical Advice should be sought from the patient's GP where indicated.

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Evaluation of treatment and follow up action	Take a swab of the wound and send off for culture before antibiotic treatment is commenced. Inform GP of supply of flucloxacillin and indication. Inform GP that a culture of swab has been requested Request review of patient by GP

Drug Details

Name, form & strength of medicine	Flucloxacillin Capsules 500 mg
Storage requirements	Store in a cool dry place below 25°C in a closed cabinet out of the reach of children
Route/Method	Oral
Dosage	500mg
Frequency	FOUR times a day
Maximum or minimum treatment period	7 days
Quantity to supply/administer	28 capsules.
Side Effects	Refer to the BNF and the SPC for details of side effects: SPC: https://www.medicines.org.uk/emc/ BNF: https://bnf.nice.org.uk/drug/flucloxacillin.html **Common or very common** Minor gastrointestinal problems, like Diarrhoea; nausea; vomiting **Uncommon** Rash, urticarial and purpura **Rare or very rare**

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	Neutropenia including agranulocytosis; haemolytic anaemia; thrombocytopenia; Eosinophilia; thrombocytopenia; hepatic disorders; interstitial nephritis; pseudomembranous colitis; seizure; severe cutaneous adverse reactions (SCARs),arthralgia and myalgia, fever, erythema multiform, Steven's Johnson Syndrome, toxic epidermal necrolysis and anaphylactic shock.
Advice to Patient/Carer	• Manufacturer's Patient Information Leaflet • Doses should be administered on an empty stomach at least half to one hour before meals • Book follow up visit with GP who may change treatment once culture results are received. • Provide practical advice on wound care • In the event of a rash or other signs of hypersensitivity occurring, stop taking the medicine and seek medical help immediately • If symptoms have not improved after 7 days, advise patient to contact their GP

Audit Trail	
Records/audit trail	• Patient's name, hospital number, date of birth • Patient consent • Diagnosis • Name/Brand of medicine • Dose and form supplied • Batch and expiry details • Advice given to patient (including side effects) • Signature/name of staff who supplied the medication, and also, if relevant, signature/name of staff who discontinued the treatment • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record and reporting on adverse reaction via yellow reporting system • Referral arrangements (including self-care)

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Record of Medication Supplied	• A record of all supplies must be made in the patient's medical records. A record sheet detailing all packs of medication supplied under this direction must be completed and retained. This must include the patient's name, the quantities and details of medication supplied, and the date on which the supply was made. • The signature / identification of the person making the supply must be recorded.
References/Resources and comments	BNF online Summary of Product characteristics for flucloxacillin Trust Patient Group Direction Protocol

COMPETENCY – GENERAL REQUIREMENTS

Staff Characteristics

Qualifications	HCPC registered podiatrist and an employee of ELFT. In addition must have POM-S and POM-A annotations on the HCPC register
Specialist competencies or qualifications	• Must have completed PGD training • Safe Administration of Medicines

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Continuing training & education	The practitioner should be aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development, training in the recognition and treatment of anaphylaxis, Basic Life Support and to work within the limitations of individual scope of practice.

COMPETENCY CHECKLIST

Name of Practitioner:	
Clinical and Pharmaceutical knowledge	☐ Understands and has an up-to-date knowledge of: • the condition and its assessment • non-drug treatment alternatives • the medicine, including its mode of action and dosing details • potential side-effects, and adverse-drug-reaction reporting • any misuse potential of the medicine
Establishing options	☐ Can establish why the medicine is needed, and can choose a suitable treatment, referring for medical advice where necessary and following up appropriately
Communicating with the patient	☐ Does not encourage the expectation that a medicine will be given ☐ Helps the patient make an informed choice ☐ Negotiates an outcome that both patient and staff are satisfied with ☐ Gives clear instructions to the patient about their medication ☐ Checks the patient's understanding of the treatment
Safe PGD use	☐ Knows the limits of own knowledge and skills, and works within them

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	☐ Knows when to refer to another member of the multidisciplinary team ☐ Will advise line manager if unable to maintain confidence and competence in using PGDs ☐ Understands the need for, and makes complete and timely records ☐ Recognises and deals with pressures that result in inappropriate use of PGDs
Professional standards	☐ Accepts personal responsibility for working within PGDs and understands the legal implications ☐ Understands and works within the scope of the PGD ☐ Makes clinical decisions based on patient's needs, not personal considerations ☐ Reflects on own practice and performance
Practice development	☐ Actively participates in the review and development of practice to improve patient care
	COMPETENCY CHECKLIST continued
Information in context	☐ Knows how to access relevant information ☐ Can critically appraise and apply information in practice
The NHS in context	☐ Understands, and works with, local and national policies and services that impact on PGD use
The team and individual context	☐ Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability to use PGDs

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COMPETENCY APPROVAL AND INDIVIDUAL AUTHORISATION OF PRACTITIONER TO USE PGD

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation

Registered Healthcare Practitioner

I confirm that I:

- have read and understand this PGD
- am of the opinion I am competent to use this PGD effectively
- agree to supply and administer the medicine only in accordance with this PGD

Name:	
Signature:	
Position:	
Date:	

Senior Clinician/manager authorising this PGD

The above-named practitioner is competent in all areas listed in the Competency Checklist, has achieved all the specialist competencies and qualifications required, and is authorised to use this PGD.

Name:	
Signature:	
Position:	
Date:	