

This Patient Group Direction (PGD) must only be used by registered pharmacists who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply of

Fusidic Acid 2% Cream

by registered pharmacists for the

Treatment of Acute, Small, Localised Lesions of Impetigo

under the Wirral Clinical Commissioning Group Minor Ailments Service

Version number: 3


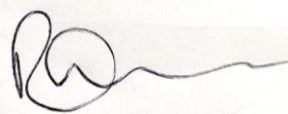
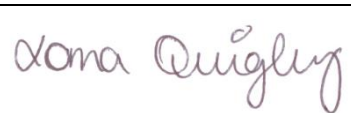
Change history

Version number	Change details	Date
1.0	Original Document developed with the PGD Development and review group	May 2015
2.0	Review and Amendments by the PGD Development and review group	March 2016
2.1	Updated in line with Wirral CCG self care policy	February 2017
3	Review and Amendments by the PGD development and review group	February 2020

PGD development

Name	Job title and organisation
Lead author Nicola Bradley Updated by Lynne Sahlman Updated by Abigail Cowan (February 2020)	Medicines Management Pharmacists Midlands and Lancashire Commissioning Support Unit (MLCSU) Medicines Optimisation Pharmacist, MLCSU
Lead doctor Dr Diane Atherton	GP, Prescribing Lead, Wirral Health & Care Commissioning (WHCC)
Lead pharmacist Rob Hebdon	Senior Medicines Optimisation Pharmacist, MLCSU
Representative of other professional group using PGD Nick Thayer	Community Pharmacy Cheshire and Wirral (CPCW)
Other members of the PGD working group: Richard Crockford, Deputy Director of Quality and Safety, WHCC	

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Saket Jalan	GP, Clinical Lead for Urgent Care and Medicines Management, WHCC		21.02.2020
Senior pharmacist Rob Hebdon	Senior Medicines Optimisation Lead, MLCSU		13.03.2020
Person signing on behalf of Wirral CCG Lorna Quigley	Director of Quality and Patient Safety Outcomes, WHCC		24.02.2020

PGD adoption by the provider

Name	Job title and organisation	Signature	Date
Signatures to be determined locally, if relevant			

Training and competency of registered pharmacist

	Requirements of registered pharmacists working under the PGD
Qualifications and professional registration	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC)
Initial training	Competent to work under Patient Group Directions, including satisfactory completion of training to administer/supply in accordance with this Patient Group Direction. Working as a community pharmacist and accredited to provide the Minor Ailments Service
Competency assessment	CPPE Declaration of Competence Documents (DoCs)
Ongoing training and competency	Commitment to continuing updating and re-validation according to the accreditation requirements of the commissioning organization. Commitment to keep up-to-date with clinical developments in this area or changes to the recommendations for the medicine listed, as part of their Continual Professional Development.

Clinical condition

Clinical condition or situation to which this PGD applies	<p>Treatment of acute, small, localised lesions of impetigo typically caused by staphylococcal skin infection.</p> <p>Typical appearance, yellow crusty exudates/lesions.</p>
Inclusion criteria	<p>Adult or child 1 year or over presenting with acute small isolated lesions of impetigo.</p> <ul style="list-style-type: none"> • Maximum of 2 small lesions of impetigo. Each lesion should be no bigger than the size of a one pence piece. • Patient (or parent/carer) agrees to treatment under this PGD.
Exclusion criteria	<ul style="list-style-type: none"> • No consent given • Large non localised areas of infection or infected dermatitis. • Impetigo secondary to some other underlying skin disease such as eczema or scabies. • Where treatment would involve application to an area of skin sensitized (inflamed) by another topical agent, dressing or bandage. • Signs of systemic illness. • Immunocompromised due to disease or treatment. • Known hypersensitivity/allergy to fusidic acid or any other excipient in the product • Already taking a prescribed antibiotic • Pregnancy or breastfeeding • Any course of similar treatment in the previous 3-6 months • Known staphylococcal resistance to fusidic acid
Cautions (including any relevant action to be taken)	<ul style="list-style-type: none"> • Refer to Summary of Product Characteristics http://www.medicines.org.uk/emc/
Arrangements for referral for medical advice	<ul style="list-style-type: none"> • Supply the patient with a referral note to hand to the GP indicating the reasons for the referral
Action to be taken if patient excluded	<ul style="list-style-type: none"> • Refer to GP practice • Clearly record the decision on the patient's

	consultation proforma including any advice given and action taken.
Action to be taken if patient declines treatment	<p>Advise on contagious nature including hygiene and the potential of developing secondary infection.</p> <p>Record the decision on the patient's consultation proforma including any advice given and action taken. Refer to GP as appropriate</p>

Details of the medicine

Name, form and strength of medicine <i>Include ▼ for black triangle medicines</i>	Fusidic Acid 2% cream
Legal category	POM
Indicate any off-label use (if relevant)	N/A
Route/method of administration	Topical
Dose and frequency	Apply thinly and evenly to the affected area three times a day for 5 days.
Quantity to be administered and/or supplied	Supply 1 x 15g tube per treatment episode
Maximum or minimum treatment period	Maximum treatment period 5 days
Adverse effects	<p>Rarely hypersensitivity problems</p> <p>Refer to SPC or current BNF for full details</p>
Records to be kept	<p>The following will be recorded in the patient's consultation proforma:</p> <ul style="list-style-type: none"> • Advice given to patient or carer • Patients name, address, date of birth and GP (if registered) • Date and time of supply • The batch number and expiry date • Name of person supplying the medicine

Patient information

<p>Verbal/written advice to be given to patient</p>	<ul style="list-style-type: none"> • Advise the parent/carer how to use the product. • Advise crusting skin lesions should be softened and removed by soaking in warm soapy water prior to applying treatment. <i>Failure to wash away the crust is a common cause of relapse</i> • Advise that hygiene measures are important to aid healing and stop the infection spreading to other sites on the body and to other people, and recommend that the person: <ul style="list-style-type: none"> ○ Washes the affected areas with soapy water. ○ Washes the hands after touching a patch of impetigo, and after applying the fusidic acid cream. ○ Avoids scratching affected areas and keeps fingernails clean and cut short. ○ Avoids sharing towels, flannels, clothing, and bathwater until the infection has cleared. • Avoid close contact with others. Children and adults should stay away from nursery/playgroup/school or work until lesions are healed, dry and crusted over or 48 hours after initiation of antibiotics. • Advise to seek GP advice if there is no significant improvement after 7 days treatment • Provide a manufacturers patient information leaflet. • Provide a copy of the British Association of Dermatologists Impetigo PIL (www.bad.org.uk) • Advise parent/carer to discard any unused cream after completing the treatment. • Patient information is available on the NHS website at: https://www.nhs.uk/
<p>Follow-up advice to be given to patient or carer</p>	<p>Contact GP if no improvement after three days or sooner if symptoms worsen</p>

Appendices

Appendix A Key references

1. NHS website. <https://www.nhs.uk/conditions/impetigo/> (accessed February 2020)
2. Clinical Knowledge Summaries Guideline. <https://cks.nice.org.uk/impetigo> - last updated September 2018 (Accessed February 2020)
3. [Summary of Product Characteristics](#) (Accessed February 2020)

Appendix B Health professionals' agreement to practise

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD.

Name of pharmacist	Signature	Senior representative authorising pharmacist	Date