This Patient Group Direction (PGD) must only be used by Registered Nurses and Emergency Care Practitioners to provide services for the Bristol NHS Walk-in centre or for out-of-hours medical care to patients in Bristol, North Somerset and South Gloucestershire that have been named and authorised by Brisdoc Healthcare Services 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 and/or administration of

PHENOXYMETHYLPENICILLIN (Penicillin V)

by registered Nurses and Emergency Care Practitioners for

Severe tonsillitis

Version number: 2.0

CHANGE HISTORY

Version number	Change details	Date
1.0	Edited by Jon Hayhurst, checked by Lisa Rees	April 2014
1.1	Reviewed by Michelle Jones and checked by Kate Davis	April 2016/ May 2016
1.2	Reviewed by Michelle Jones and Lisa Rees to include the updated BNSSG Antimicrobial Guidelines 2017	May 2017
2.0	Reviewed by Elizabeth Jonas, checked by Michelle Jones to include the updated BNSSG Antimicrobial Guidelines 2019	July 2019

PGD DEVELOPMENT

Name	Job title and organisation	Date
Jon Hayhurst GPhC number: 2058920	Medicines Management pharmacist NHS Bristol CCG	April 2014
Lisa Rees GPhC number: 2058540	Medicines Management pharmacist NHS Bristol CCG	April 2014 May 2017
Michelle Jones GPhC number: 2054641	Medicines Management pharmacist NHS Bristol CCG	April 2016 May 2017
Kate Davis GPhC number: 2045636	Deputy Head of Medicines Management NHS Bristol CCG	May 2016
Elizabeth Jonas GPhC number: 2051441	Medicines optimisation pharmacist BNSSG CCG	July 2019

PGD AUTHORISATION

Name	Job title and organisation	Signature	Date
Dr Peter Brinde	**Medical Director (Clinical Effectiveness)** **Bristol, North Somerset and South Gloucestershire CCG**		
Kate Davis	**Principal Medicines Optimisation Pharmacist** **Bristol, North Somerset and South Gloucestershire CCG**		
Debbie Campbell	**Deputy Director (Medicines Optimisation)** **Bristol, North Somerset and South Gloucestershire CCG**		

TRAINING AND COMPETENCY OF REGISTERED NURSES AND HEALTHCARE PRACTITIONERS

Requirements of registered nurses and emergency healthcare practitioners working under the PGD	
Qualifications and professional registration	Registered nurse with a current NMC registration Registered Emergency Care Practitioner with a current HCPC registration
Initial training and competency assessment	• Has undertaken appropriate training and been assessed competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD • Has undertaken appropriate training and been assessed competent for working under PGDs for the supply and administration of medicines • Has undertaken any specified updates relevant to supply under this PGD • Must be competent in the recognition and management of anaphylaxis.
Ongoing training and competency	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development. Regular updates in anaphylaxis and cardiopulmonary resuscitation to reinforce and update knowledge and skills in this area of practice, including basic resuscitation and anaphylaxis training, with particular reference to changes and national directives.

CLINICAL CONDITION

Clinical condition or situation to which this PGD applies	• **Severe tonsillitis**
Inclusion criteria	• Adults and children over 2 years of age with symptoms of severe tonsillitis. • Children under 16 should demonstrate competence under Lord Fraser rules, or consent for treatment must be given by an adult with parental responsibility. Making the decision to prescribe antibiotics in tonsillitis requires a balanced clinical judgement. There is no reliable set of rules to accurately distinguish bacterial

Inclusion criteria continued	and non-bacterial causes. The following guidelines are intended to help practitioners select the group of patients most likely to benefit from antibiotic treatment where the benefit of treatment would appear to outweigh the risk of antibiotic resistance resulting from unnecessary antibiotic use. **Note that antibiotics should be avoided as most throat infections are caused by viruses.** **90% of infections will resolve within 7 days without antibiotics and pain is only reduced by 16 hours** **Supply of phenoxymethylpenicillin for tonsillitis may be considered where:** • Patient has a feverPAIN score of 4 or more use immediate antibiotic if severe FeverPAIN is a five item score used in the assessment of sore throats. The score consists of: • **F**ever in the last 24 hours • **P**urulence • **A**ttending rapidly (under 3 days) • Severely **i**nflamed tonsils • **N**o cough or coryza • Patients who are systemically unwell, have symptoms and signs of a more serious illness or condition • Patients at high-risk of complications • Patients with valvular heart disease and a risk of rheumatic fever
Exclusion criteria	• No valid consent • Under 2 years of age • Known hypersensitivity to beta-lactam antibiotics (e.g. penicillins /cephalosporins) or their excipients • Penicillin-associated jaundice or hepatic dysfunction • Patients who are immunocompromised or at risk of immunosuppression (e.g. as a result of medication such as DMARDs or carbimazole or clinical condition) • Severe renal or hepatic impairment

Exclusion criteria continued	• Previous course of antibiotics for the same episode
	• Patients with atypical symptoms e.g. other rashes/lesions
	• Refer patients with peritonsillar abscess or peritonsillar cellulitis to secondary care immediately
	• Do not use antibiotics if the FeverPAIN score is 0 or 1
	• Patients with features suggestive of a **viral cause** and favouring conservative, non-antibiotic treatment:
	  ○ Low grade (<38°C) fever
	  ○ Exudate in the absence of obvious inflammation

Cautions and considerations	• A child with a high fever, sore throat, noisy breathing on inspiration and dribbling may have epiglottitis. Epiglottitis may also be seen in adults. Patients with suspected epiglottitis must be referred to a prescriber
	Cautions and considerations relating to admission
	• Arrange 999 ambulance transfer for anyone with suspected epiglottitis, so that the epiglottis can be examined where there is capacity to carry out immediate intubation should the airway close.
	• Arrange hospital admission, with urgency determined by clinical judgement, for anyone with:
	  ○ Stridor or breathing difficulty.
	  ○ Clinical dehydration.
	  ○ Peri-tonsillar abscess or cellulitis, parapharyngeal abscess, retropharyngeal abscess, or Lemierre syndrome (as there is a risk of airway compromise or rupture of the abscess).
	  ○ Signs of marked systemic illness or sepsis.
	  ○ A suspected rare cause such as Kawasaki disease, diphtheria, or yersinial pharyngitis, Stevens–Johnson syndrome.
	  ▪ Use clinical judgement to determine whether hospital admission is necessary in vulnerable people (e.g. infants, very old people, as pharyngitis/tonsillitis may run a more severe course.

Caution and considerations continued	**Other cautions:** • FeverPAIN score 2-3 consider referring to prescriber for back-up antibiotic prescription • Pregnancy- not known to be harmful, however, as with other drugs caution should be exercised when supplying to pregnant patients. Discuss with prescriber if you have concerns. • Breastfeeding - trace quantities of phenoxymethylpenicillin can be detected in breast milk. Adverse effects are rare, however, two potential problems exist for nursing infant; modification of bowel flora and direct effects on the infant such as allergy/ sensitisation. Caution should therefore be exercised when prescribing for the nursing mother. Discuss with prescriber if you have concerns. • Consider potential drug interactions – refer to current edition of the BNF or Summary of Product Characteristics for a full list of interactions. These include: ● Probenecid – excretion of penicillins reduced ● Anticoagulants – an interaction has not been demonstrated in studies, however, INR can be altered and so it is recommended to monitor INR closely whilst on treatment. ● Methotrexate – penicillins reduce excretion of methotrexate which can increase the risk of toxicity. Advise patients to monitor for signs of methotrexate toxicity (e.g. unexplained bruising or bleeding, mouth ulcers, vomiting, diarrhoea, abdominal discomfort, dark urine) and contact GP/OOH if they have concerns. ● Sulfinpyrazone - Excretion of penicillins reduced by sulfinpyrazone
Referral arrangements	Clinical information must be forwarded in accordance with local protocols to patient's GP or non-medical prescriber.

Action if patient declines treatment or is excluded	• Consider alternative treatment. • Where appropriate reassure the person that antibiotics are not needed immediately as they will make little difference to symptoms, and may have adverse effects. • Where a delayed prescription is considered more appropriate refer to a prescriber and advise the patient to use the antibiotic prescription only if their condition does not start to improve within 3 to 5 days or if they worsen rapidly or significantly at any time. • Safety net: Advise patient to seek medical help if symptoms worsen rapidly or significantly or the person becomes very unwell. Or is no improvement after one week if no antibiotic given. • Document clearly in patient records the reason for refusal or exclusion, any action taken and any advice given • Refer to a prescriber or patient's own GP or consider hospital admission as necessary.

DETAILS OF THE MEDICINE

Name, form and strength of medicine	Phenoxymethylpenicillin 125mg/5ml SF oral suspension* Phenoxymethylpenicillin 250mg/5ml SF oral suspension* Phenoxymethylpenicillin 250mg tablets *supplied as a powder for reconstitution
Legal category	**POM**
Route/method of administration	ORAL
Dosage	**Children 2 to 5 years*** 125mg (5ml of 125mg/5ml suspension) **Children 6 to 11 years*** 250mg (5ml of 250mg/5ml suspension or 10ml 125mg/5ml suspension) **Children 12 to 17 years*** 500mg (2x250mg tablets or 10ml of 250mg/5ml suspension) **dosing based on BNF for Children 2019* **Adults** 500mg (2x250mg tablets or 10ml of 250mg/5ml suspension)
Frequency	Every 6 hours (FOUR times a day) Take on an empty stomach (half to one hour before food or 2 hours after) where possible.
Quantity to be supplied	Supply the minimum number of full packs sufficient to complete the course. Supply (where appropriate): Multiples of 28 x phenoxymethylpenicillin 250mg tablets Multiples of 100ml x phenoxymethylpenicillin SF oral suspension The suspension must be prepared by tapping the bottle to loosen the powder then adding the required volume of tap water (as stated on the pack). Agitate rapidly for a few seconds to ensure all powder is wetted and uniformly suspended. Once reconstituted store in a fridge. Note the expiry of oral suspension once reconstituted

	Note that a reconstituted bottle of phenoxymethylpenicillin SF oral suspension must be discarded 7 days after reconstitution. Therefore one or two bottles (if taking 10ml per dose) should be supplied and if a 10 day course is to be completed a prescription should be sent to the patient's preferred pharmacy for the remaining bottle(s) to complete the course. Provide a measuring spoon or oral syringe where appropriate. Containers should be marked with the patient's name, Brisdoc/Walk in Centre contact details, length of course, and expiry date of reconstituted oral suspension where appropriate.
Duration of treatment	FIVE to TEN days (as per BNSSG Antimicrobial Guidelines 2019) 5 days if no past episode of tonsillitis in previous 12 months 10 days if a recurrent sore throat (past episode of tonsillitis requiring antibiotics in the previous 12 months)

Adverse reaction / side effects	Side effects are usually mild and transient, but may include: • Hypersensitivity reactions including urticaria and rashes • Nausea/vomiting, stomach pain, gastro intestinal disturbances, diarrhoea and antibiotic associated colitis • Fever, joint pains • Angioedema, anaphylaxis, serum sickness like reactions • Haemolytic anaemia, intestinal nephritis, leucopenia, thrombocytopenia, coagulation disorders • Central nervous system toxicity In addition always refer to current edition of the British National Formulary (BNF) and the Summary of Product Characteristics (via www.medicines.org.uk - search

	under medicine name) Use the Yellow Card System to report unexpected adverse drug reactions directly to the CSM. Guidance on the use of the Yellow Card System and Yellow Cards are available in the current BNF and online at www.yellowcard.gov.uk
Records to be kept /audit trail	The following record should be kept in the clinical notes • Patient's name, address, date of birth and consent given • Date and time of supply • History, examination, investigations, diagnosis including feverPAINscore • Drug history including allergy status • Dose and form supplied • Route of administration • 'Supplied under PGD' • Advice given to the patient (including side effects) • Signature and name of staff who administered or supplied the medication • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record • Referral arrangements (including self-care) • Record supply in drug record file including batch number and expiry date • Add patient name and date of supply to pre-labelled pack before issuing and ensure the medication is labelled appropriately with Brisdoc's/ BCH Walk in Centre's contact details. **All records must be clear, legible and contemporaneous**

PATIENT INFORMATION

Advice to patient	• Reassure the individual that a sore throat is generally self-limiting, with most people recovering after 7-8 days with or without antibiotic treatment. • Take at regular intervals and complete the course supplied, even if feeling better • This medicine should ideally be taken on an empty stomach (half to one hour before or two hours after food) where possible. • Store suspension in refrigerator. Shake well before use. • Discuss side effects and advise to see GP if side effects occur • See GP if symptoms do not improve after 3-4 days or at any time if symptoms are worsening rapidly or significantly. Explain that they should seek urgent medical attention if they develop any difficulty breathing, stridor, drooling, a muffled voice, sever pain, dysphagia or if they are not able to swallow adequate fluids or become systemically unwell. • Advise on symptom relief including appropriate 'over the counter' analgesia. • Encourage adequate fluid intake to avoid dehydration (especially when a fever is present). • Provide advice regarding food and drink to avoid exacerbating pain (e.g. avoid hot drinks). ○ Adults or older children may find sucking throat lozenges, hard boiled sweets, ice, or flavoured frozen desserts (such as ice lollies) to provide additional symptomatic relief. • Suggest the use of simple mouthwashes (e.g. warm salty water) at frequent intervals until the discomfort and swelling subside. • Advise to return any tablets or suspension remaining at completion of course to their community pharmacist for destruction

Written information to be given to patient or carer	• Provide copy of Patient Information Leaflet and discuss as required • Provide a copy of Treating your infection – Respiratory tract infection (RCGP Target antibiotic toolkit https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/9ACFD17AEAD84E32BD8EBB3DC042C543.ashx
Follow-up advice to be given to patient or carer	Routine follow up is not required, but advise patient to refer to their GP / prescriber / return to OOH or WIC if symptoms persist following completion of the treatment or if condition worsens If decision is made not to supply antibiotics, reassure the patient or their parent/carer that the antibiotic is not needed as a sore throat is generally self-limiting, with most people recovering after 7-8 days with or without antibiotics.

REFERENCES

- British National Formulary (available at www.medicinescomplete.com)
- BNF for children (www.medicinescomplete.com)
- Antimicrobial Guidelines for the BNSSG Health Community 2019 (https://remedy.bnssgccg.nhs.uk/media/3654/antimicrobial-rx-guidelines-for-bnssg-2019-version-6.pdf)
- NICE guideline NG84 Sore throat (acute): antimicrobial prescribing (available at https://www.nice.org.uk/guidance/ng84)
- Summary of Product Characteristics for phenoxymethylpenicillin (available at www.emc.medicines.org.uk)
- NICE Clinical Knowledge Summaries (available at http://cks.nice.org.uk/)

Individual Authorisation for the supply of phenoxymethylpenicillin tablets/suspension
Patient Group Directions do not remove inherent professional obligations or accountability. This patient group direction is to be read, agreed to and signed by all health professionals to whom it applies. The attached PGD is agreed for use in at BRISDOC HEALTHCARE SERVICES. Agreed on behalf of the organisation by Kathy Ryan (Medical Director). Registered Health Care Professional: By signing below I confirm that I understand the legal framework for the use of PGDs. I confirm I have read and understood the PGD above. I am competent to undertake supply/administration of phenoxymethylpenicillin accordance with the PGD listed above within my professional code of conduct. It is the responsibility of each professional to practice only within the bounds of their own competence. I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Authorising Manager	Authorising Manager signature	Date