



Patient Group Direction (PGD) for the Administration of

Fucidic Acid 2% cream (Fucidin)
for the treatment of minor staphylococcal skin infections (Impetigo)

by Registered Professionals to Individuals Accessing the

GP2Pharmacy Referral Service in South Tyneside

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT	Direction Number:	GP2P02
	Valid from:	01 11 2018
	Review date:	01 05 2020
	Expiry date:	31 10 2020

This patient group direction has been developed & produced by:

Title	Name	Signature	Date
Lead Pharmacist	Louise Lydon		29/11/2018
Lead Doctor	Dr Stephen O'Donnell		30.11.18

This PGD has been approved for use in NHS South Tyneside CCG by:

Title	Name	Signature	Date
Director of Nursing, Quality and Safety, NHS South Tyneside CCG	Jeanette Scott		14/12/18
Clinical Director, NHS South Tyneside CCG	Dr Jon Tose		11/12/18

1. Clinical Condition or Situation to Which the Direction Applies

Indication (defines situation or condition)

Patients with minor staphylococcal skin infections (Impetigo)

Objectives of care

Treatment of minor staphylococcal skin infections (Impetigo)

Inclusion criteria

Only use those criteria that are specific to your authorised role & competence

- Minor skin infection limited to a few lesions in one area of body. The rash consists of vesicles that weep and then dry to form yellow-brown crusts
- Must obtain parental/guardian consent for treating a child under the age of 16 years
- Patient must be present at consultation

Exclusion criteria

- Multiple site skin infection
- Had impetigo within the last 3 months
- Allergy to any component of the cream
- Patient refuses treatment
- Children under 6 months of age
- Presenting with any underlying skin condition on the same area of the body as impetigo
- Concerns regarding patient compliance with topical medication

PGDs should be used only where appropriate, suitable and legal

PGDs should not be routinely used when an independent prescriber is available

Precautions

- Must obtain parental/guardian consent for treating a child under the age of 16 years
- Summary of Product Characteristics www.medicines.org.uk

See Manufacturers SPC for full details of all potential adverse reactions

Action if excluded

- Discuss with GP or Clinical Lead or refer if symptoms severe

Circumstances in which further advice should be sought from doctor and/or specialist

Refer individuals to a medical practitioner if:

- they are excluded and not suitable for self-care

Action if patient declines treatment

- Advise the individual or their carer of the risks and potential consequences of refusing the medicine
- Discuss any alternatives if available
- Discuss alternative options with GP or Clinical Lead
- Document discussion with patient

2. Description of Treatment

Name, strength & formulation of drug

Fusidic Acid 2% Cream (**Fucidin**)

Legal status:

POM - Prescription only medicine

Dosage / dose range:

- o 1 x 15g Tube. Apply to lesions Three or Four times daily for 7 days

Route / method:

Topical

Frequency of administration:

Three or Four times daily for 7 days

Maximum dose:

1 x 15g. 7 days

Follow up treatment:

If the skin infection spreads or there is no improvement after 5 days, seek medical advice from GP / Practice Nurse

3. Further Aspects of Treatment:

Relevant warnings & potential adverse effects

Relevant Warnings:

Explain indications, contraindications and cautions (refer to BNF and SPC)

- Wash hands before and after applying cream
- Where possible remove scabs by bathing in warm water before applying the cream
- Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use)
- Do not scratch or pick spots
- Suggest applying cream three times daily on school days and four times daily at other times
- Patient should inform school of condition
- Do not share cream with anyone else

Potential Adverse Effects/ Reactions: -

- Summary of Product Characteristics www.medicines.org.uk

See Manufacturers SPC for full details of all potential adverse reactions

Identification and management of adverse reactions

Individuals should be advised not to discontinue treatment without consulting a doctor or pharmacist

See Manufacturers SPC for full details of all potential adverse reactions

Reporting procedure of adverse effects

Any adverse reaction to the product should be reported to the GP for recording in the medical records

Alert a doctor in the event of a serious adverse reaction

Report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme

See Manufacturers SPC for full details of all potential adverse reactions

Advice to patient / carer (verbal or written)

- Provide the patient with the marketing authorisation holder's patient information leaflet (PIL)
- Wash hands before and after applying cream

- Where possible remove scabs by bathing in warm water before applying the cream
- Impetigo is a very infectious condition. Important to prevent infection spreading by using own flannels and towels (hot wash after use)
- Do not scratch or pick spots
- Suggest applying cream three times daily on school days and four times daily at other times
- Inform school of condition
- Do not share cream with anyone else
- Provide any advice relevant to the patient from the Precautions section above

Arrangements for referral to medical advice

- Inform GP as soon as possible
- Advise if worsening or no improvement to seek further medical advice

Records

- Patient's name, address, date of birth and consent given
- Contact details of GP (if registered)
- Diagnosis
- Dose and form administered
- Batch and expiry details – all staff to get batch number and expiry date checked and signed by a second member of staff
- Advice given to patient (including side effects)
- Signature / name of staff who administered or supplied the medication
- If relevant, signature / name of staff who removed / discontinued the treatment
- Details of any adverse drug reaction and actions taken, including documentation in the patient's medical record
- Referral arrangements (including self-care)
- Any serious side effects attributable to drug should be recorded and medicine management advised via the Yellow Card reporting scheme

Additional facilities

Supply the marketing authorisation holder's patient information leaflet (PIL)

Special considerations / additional information

Supply the marketing authorisation holder's patient information leaflet (PIL)

References

- o Summary of Product Characteristics www.medicines.org.uk

4. Characteristics of Healthcare Professional Staff

Only those healthcare professionals that have been specifically authorised by their clinical lead/supervisor/manager may use this PGD for the indications defined within it.

Only the following currently registered healthcare professionals may work under this Patient Group Direction (PGD). These professionals may only supply or administer medicines under a PGD as named individuals. These professionals include:

Pharmacists

Qualifications required (professional registration applies to specific professions)

Professionals using this PGD must be currently registered with the General Pharmaceutical Council (GPhC)

Additional requirements (applies to all staff)

Practitioners:

- must be authorised by name as an approved practitioner under the current terms of this PGD before working to it
- must have undertaken appropriate training for working under PGDs for supply/administration of medicines
- must be competent in the use of PGDs (see [NICE Competency framework for health professionals using PGDs](#))
- must be familiar with the product and alert to changes in the Summary of Product Characteristics
- must have access to the PGD and associated online resources
- must have undertaken appropriate training to carry out clinical assessment of patient, leading to diagnosis. Also, that such diagnosis requires treatment according to the indications listed in this PGD

THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT

Continued training requirements (applies to all staff)

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 and to work within the limitations of individual scope or practice



Management & Monitoring of Patient Group Direction PGD Number GP2P02

***Fucidic Acid 2% cream (Fucidin)
for the treatment of minor staphylococcal skin infections (Impetigo)***

Individual Healthcare Professional Authorisation

This form can to be used for the purpose of managing, monitoring and authorising the use of this Patient Group Direction by the named healthcare professional

- This page is to be retained by the individual healthcare professional/practitioner
- This PGD is to be read, agreed to and signed by all registered Healthcare Professionals it applies to. Healthcare Professionals must be authorised by the person(s) named below before using the PGD
- By signing this document, the healthcare professional confirms that they understand the PGD, that they are competent to work under this PGD, that they will practice in accordance with the parameters of the PGD and accept full clinical responsibility for any decisions made with using this PGD)
- Patient Group Directions should be used in conjunction with reference to national or local policies, guidelines or standard text (e.g. manufacturers Summary of Product Characteristics) and DO NOT replace the need to refer to such sources

Name of Healthcare Professional:- _____

is authorised to administer ***Fucidic Acid 2% cream*** under this Patient Group Direction (***PGD GP2P02***)

Signature of Healthcare Professional: - _____

Date signed: - _____

State profession: - _____

Authorisation to use this PGD by: -

This above named healthcare professional has been authorised to work under this PGD by:

Name of Manager/Clinical Lead: - _____

Signature of Manager/Clinical Lead: - _____

Date signed: - _____



PGD Valid from: 01/11/2018

**Review Date:
01/05/2020**

Expiry Date: 31/10/2020



Management & Monitoring of Patient Group Direction PGD Number GP2P02

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Healthcare Professional Authorisation (service/practice list)

***This form can be used for the purpose of managing, monitoring and authorising the use of
this Patient Group Direction by the named healthcare professionals***

- This page should be signed by all healthcare professionals authorised to use this PGD and retained and kept on file by the service/practice manager as a record of all practitioners authorised to use this PGD

The following healthcare professionals are authorised to administer

Fucidic Acid 2% cream under this Patient Group Direction (***PGD GP2P02***)

Healthcare Professional			Authorised by:		
Name	Signature	Date	Name	Signature	Date

PGD Valid from: 01/11/2018	Review Date:	Expiry Date: 31/10/2020
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	01/05/2020	
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