CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR TREATMENT OF IMPETIGO (Localised)

FUSIDIC ACID 2% CREAM

Version Control

This document is only valid on the day it was printed

The current version of this document will be found within the PharmOutcomes module – Community Pharmacy Extended Care (Tier 2) Service 2021

Revision History

Date of this revision: 01/06/2021

Date of next revision: January 2022 (or in response to new local/national guidelines)

Version	Date	Author	Change description
1.2 / 2021	June 2021	Andrew Pickard	New PGD

Authorisation

This document requires authorisation by the following individuals:

Management	
PGD Author	Andrew Pickard, Pharmacy Advisor - NHS England and Improvement Midlands

Authorisation			
Name and Designation	**Organisation**	**Signature**	**Date**
Dr Jessica Sokolov – Medical Director	NHS England and Improvement Midlands		1.7.2021
Rebecca Woods – Head of Primary Care	NHS England and Improvement Midlands		01/07/2021
Samantha Travis - Pharmacist	NHS England and Improvement Midlands		29.06.2021

CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR TREATMENT OF IMPETIGO (Localised)

FUSIDIC ACID 2% CREAM

Staff Characteristics	
1. Professional qualifications to be held by staff undertaking PGD	• Community pharmacists accredited by NHS England and Improvement Midlands to provide the Pharmacy Extended Care (Tier2) Service
2. Competencies required to be held by staff undertaking this PGD	• Has a clear understanding of the legal requirements to operate a PGD. • Competent to follow and administer PGD showing clear understanding of indications for treatment (and subsequent actions to be taken), and the treatment itself. • Has a clear understanding of the drug to be administered including side effects and contraindications. • All clinicians operating within the PGD have a personal responsibility to ensure their on-going competency by continually updating their knowledge and skills.
3. Specialist qualifications, training, experience and competence considered relevant to the clinical condition treated under this PGD	• The community pharmacist must be registered with the General Pharmaceutical Council. • The community pharmacist must provide the service in accordance with the requirements of the associated Service Specification – Pharmacy Extended Care (Tier2) Service

Clinical Details	
Indication	Impetigo (non-bullous infection). The use of topical treatments are considered as first-line therapies where there is a single localised lesion indicative of impetigo.
First line treatment	Hydrogen peroxide 1% cream is considered as first-line treatment for a single localised lesion
Second line treatment	Fusidic acid 2% cream is considered as second-line treatment for a single localised lesion
Inclusion Criteria	Treat patients presenting with superficial infection of the skin with the following symptoms that are indicative of impetigo; • Patients aged 1 year and over • Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusted plaques (typically up to 2cm in diameter) • Generally painless, but sometimes itchy • Affecting areas of the face, typically around the mouth and nose • A single localised lesion
Exclusion Criteria	• Bullous impetigo • Patients aged under 1 year • Widespread lesions • Systemic illness • Significant inflammation around lesions – consider cellulitis and refer • Lesions that are painful • Recurrent impetigo infection treated within previous 4 weeks • More than two episodes of impetigo treated under this PGD within previous 12 months • Hypersensitivity to fusidic acid or excipients contained within the cream • Immunocompromised patients • Patients taking oral antibiotics For a comprehensive list of interactions, please refer to SPC or BNF
Management of excluded clients	• If patient meets exclusion criteria, refer to a Primary Care Clinician. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. • If cellulitis suspected, or if patient presents with severe infection (including systemic symptoms) urgent referral to seek medical advice is required

	• Record the reason for exclusion and any action taken on PharmOutcomes.
Management of patients requiring referral	For referred patients, ensure the following details are recorded on PharmOutcomes; • The advice given by the clinician • Details of any referral made If patient declines treatment or advice, ensure the following details are recorded on PharmOutcomes; • The advice given by the clinician • Details of any referral made • The intended actions of the patient (including parent or guardian).

Drug Details	
Name, form & strength of medicine	Fusidic Acid 2% Cream
Legal classification	Prescription Only Medicine (POM)
Route/Method	Topical
Dosage/Frequency/ Duration of Treatment	Apply three times daily Duration of treatment is for a maximum of 5 days
Quantity to supply/administer	1x15g
Storage	Store below 25ºC Discard any unused medication 28 days after opening.
Cautions	Bacterial resistance among *staphylococcus aureus* has been reported to occur with the use of topical fusidic acid. As with all antibiotics, extended or recurrent use may increase the risk of developing antibiotic resistance. Excipients within the cream can cause localised skin reactions, and care must be taken when applying cream within the proximity of the eyes to prevent irritation.

	Extended or recurrent use may increase the risk of developing contact sensitisation. Risk of severe burns when patients smoke or go near naked flames. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. **Please refer to current BNF http://bnf.org/bnf/ and SPC for full details http://www.medicines.org.uk/emc/**
Side Effects	The most frequently reported adverse reactions during treatment are various skin reactions such as pruritus and rash, and these occur in less than 1% of patients. Please refer to SPC for rare side effects Use the Yellow Card System to report adverse drug reactions directly to the MHRA. **http://yellowcard.mhra.gov.uk/**
Drug interactions	None known **Please refer to current BNF http://bnf.org/bnf and SPC www.medicines.org.uk/emc for full details**
Advice to patients	Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary. • Before the initial application of topical antibiotics, advise the person (or parent) to remove crusted areas by soaking them in soapy water, as long as this does not cause discomfort. • Apply the cream gently and sparingly to the lesions. • Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare • If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician. • Hygiene measures are important to aid healing and stop infection spreading to other parts of the body and to other people. It is recommended that the patient; - washes the affected areas with soapy water - washes hands after touching a patch of impetigo - avoids scratching affected areas, and keeps fingernails clean and cut short

	- avoids sharing towels, flannels, clothing and bathwater until infection has cleared • Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started. • Instruct patients not to smoke or go near naked flames – risk of severe burns. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. • If possible, avoid covering area after applying fusidic acid 2% cream, otherwise reduce the number of applications. • If cream is applied to the face, then avoid the eyes. • Inform parents/guardians to thoroughly clean potentially contaminated toys and play equipment. • Food handlers are required by law to inform employers immediately if they have impetigo. **Please refer to current BNF http://bnf.org/bnf/ or SPC for full details http://www.medicines.org.uk/emc/**

Records and Follow Up	
Follow up	• Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell • Advise patient that if rash or other signs of hypersensitivity occur, stop using the medicine and contact a Primary Care Clinician immediately • Seek medical attention if there is little improvement after 5 days of treatment
Records/audit trail	• In discussion with the client enter consultation details onto the relevant module within PharmOutcomes at the time of the consultation. All consultations must be entered onto PharmOutcomes on the day that the consultation takes place.

	• Details of the supply must also be made in the patients (PMR) record. • All supplies of fusidic acid 2% must be labelled in accordance with the labelling requirements for a dispensed medicine as stated within Schedule 5 of The Medicines (Marketing Authorisations etc) Regulations 1994. No 3144 as amended. In addition to the above, the label must also state the words "Supplied under a PGD" to help with audit purposes. • Informed verbal consent should be obtained (for clients aged under 16 years, Fraser guidelines should be followed) • Electronic patient records should be retained for adults for a period of 10 years after attendance and for children until the child is 25 years old. • If the client is excluded, a record of the reason for exclusion must be documented within PharmOutcomes, and any specific advice that has been given. • In every case when a supply of fusidic acid 2% is made in accordance with this PGD, the pharmacist must inform the patients GP of the supply within two working days. This will be done through secure nhs.net email accounts via PharmOutcomes once the consultation data has been recorded within the specified module. Where no nhs.net account is available to PharmOutcomes, the pharmacist will be informed by the system and must make alternative arrangements to send the information (within two working days).
Adverse drug reactions	All serious adverse reactions must be reported to MHRA via the yellow card system **www.yellowcard.gov.uk**. A client presenting with a suspected serious ADR should be referred to a Primary Care Clinician.
Date last reviewed: June 2021	**Date for next review: January 2022**
Expiry date: 31st May 2022	**Version No: 1.2 / June 2021**

References	• BNF – Current Version • Clinical knowledge summaries – Impetigo 2020 https://cks.nice.org.uk/impetigo#!scenario • Electronic Medicines Compendium - SPC Fusidic acid 2% 2019 https://www.medicines.org.uk/emc/product/5510/smpc

Glossary	BNF – British National Formulary CKS – Clinical Knowledge Summaries SPC – Summary of Product Characteristics PIL – Patient Information Leaflet PGD – Patient Group Direction PMR – Patient Medication Record POM – Prescription Only Medicine MHRA – Medicines and Healthcare Products Regulatory Agency ADR – Adverse Drug Reaction LPC – Local Pharmaceutical Committee

PGD Workgroup

Membership of the NHS England and NHS Improvement (Midlands) Pharmacy Governance Group

Register of practitioners qualified to supply Fusidic Acid 2% for the treatment of Impetigo via PGD

Operation of this PGD is the responsibility of the commissioner and service providers.

The practitioner must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Contractors who are commissioned to provide the service will be notified of any amendments, and provided with updated documentation for use by individual practitioners.

NHS England and Improvement authorise this PGD for use by accredited community pharmacists delivering the service from community pharmacies that meet the requirements as outlined in the service specification and that have been commissioned by NHS England and Improvement.

This page must be completed and retained by each individual pharmacist who intends to work in accordance with this PGD.

Professional Responsibility and Declaration

- I have successfully completed the relevant training as outlined in the Service Specification and this Patient Group Direction
- I agree to maintain my clinical knowledge appropriate to my practice in order to maintain competence to deliver this service
- I am a registered pharmacist with the General Pharmaceutical Council
- I confirm that indemnity insurance is in place to cover my scope of practice
- I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD

Name of professional (please print)	Signature	Date of signing

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY