Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare professionals 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. Health professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version.

Patient Group Direction

for the administration and/or supply of

Metronidazole 400mg tablets

(must be used with doxycycline via separate PGD 0029)

by registered nurses

following an animal or human bite to

Adults and Children aged 12 years and over

in Powys Teaching Health Board Minor Injury Units

Version number: PGD 0031C

Reference number: PGD 0031C
Valid from: 16/09/2024
Review date: 31/12/2025
Expiry date: 30/06/2026

Change history

Version number	Change details	Date
PGD0031	Initial issue	09/03/2006
PGD0031A	Review issue- updated in line with CKS guidance July 2015 (Bites-human and animal)	03/05/2018
PGD0031B	Review issue, new PTHB template, NICE guidelines update and SPC update	16/10/2021
PGD 0031C	Review issue in line with the SPS PGD template 'Supply of oral metronidazole for the treatment of Bacterial Vaginosis (BV) or *Trichomonas vaginalis* (TV) v2.1' and adapted for use for a different indication, using current reference sources. Minor changes to format to promote consistency with other PTHB PGDs.	16/09/2024

This Powys Teaching Health Board (PTHB) PGD is based on a template developed on behalf of the Specialist Pharmacy Service (SPS), for the supply of Supply of oral metronidazole for the treatment of Bacterial Vaginosis (BV) or *Trichomonas vaginalis* (TV) version 2.1. The SPS template had been peer reviewed by the Sexual Health PGDs Short Life Working Group in accordance with their Terms of Reference. It had been approved by the British Association for Sexual Health and HIV (BASHH)/BASHH Bacterial Special Interest Group (BSIG) in February 2023.

The SPS template has been adapted for use for a different indication in PTHB.

Acknowledgements:

Name	Designation
Ali Grant	Highly Specialist Clinical Pharmacist: HIV, Sexual and Reproductive Health
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Dipti Patel	Local authority pharmacist
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Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)
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Dr Sarah Pillai	Pan London PGD working group
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PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	9/12/2024
Chief Pharmacist **Jacqui Seaton**	Chief Pharmacist for PTHB	Signed by: Jacqui Seaton 71E8089DE3634C4...	9/12/2024
Senior representative of professional group using the PGD **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	9/12/2024
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	9/23/2024

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by PTHB for 25 years after the

[1] This includes any relevant amendments to legislation.

PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 25 years after the PGD expires.

Practitioners and organisations must check that they are using the current version of the PGD.

Characteristics of staff

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners must also be a registered healthcare professional with the following body: • Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit in PTHB Current contract of employment with PTHB. Practitioners must also fulfil the Additional requirements listed below. Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Initial Training	• The administration and supply of metronidazole tablets and knowledge of its uses, contraindications and adverse effects • An understanding of NICE CKS- Bites- human and animal The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of individuals. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR. Evidence of ongoing PGD training to be submitted to Line Manager annually– this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults- must have completed at least level 2 Safeguarding, as applicable to the role. The registered healthcare professional authorised to operate under this PGD must: • be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions). Individuals operating under this PGD must be assessed as competent (see Appendix A) • have undertaken training appropriate to this PGD as required by local policy

	• be familiar with the product and alert to changes in the BNF and Summary of Product Characteristics • have access to the Patient Group Direction and associated online resources • have completed mandatory sepsis training: 000 NHS Wales RRAILS eLearning programme (acute deterioration). • have received training and be competent in the recognition, management of, and reporting of recognised adverse reactions, including anaphylaxis. • be competent in the administration of adrenaline and have up to date Intermediate Life Support (ILS) skills. **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Competency assessment	• Individuals operating under this PGD must be assessed as competent (see Appendix A) and complete a self-declaration of competence to operate under this PGD in their Personal Appraisal and Development Review (PADR). The **personal development plan** (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning. • Evidence of ongoing PGD training to be submitted to Line Manager annually– this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions • Evidence of training in ILS, anaphylaxis and safeguarding. • Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.

Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required. • Update at least every 2 years, or earlier in response to new local/national guidance, on the use of PGDs, metronidazole and the treatment of human and animal bites. • Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, ILS, with evidence of appropriate Continued Professional Development (CPD). • Evidence of appropriate Continued Professional Development (CPD) must be retained and made available on request. • Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. • Evidence of ongoing / refresher training to be submitted to line manager annually. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD. The decision to administer or supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.**

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Prevention and treatment of infection in adults and children from 12 years old and presenting with an animal (cat, dog or other traditional pet bite) or human bite **AND** individual is allergic to penicillin or co-amoxiclav is unsuitable, in accordance with NICE guidance-see Appendix B. **Metronidazole must be used in combination with doxycycline (PGD 0029) for this indication.** **Notes:** • For all bites assess the risk of tetanus, rabies or a bloodborne viral infection and take appropriate action, following MIU guidelines. • If there is discharge (purulent or non-purulent), before cleaning, send a pus or a deep wound swab for culture,

	state on the form that the swab is from an infected human/animal bite as appropriate. • Topical cleaning, thorough irrigation and debridement should be completed as necessary- follow MIU Guidelines.
Criteria for inclusion	• Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to administration/supply and recorded appropriately. Refer to PTHB Consent to Treatment and Examination Policy • Known allergy to penicillin or co-amoxiclav is unsuitable • Individuals aged 12 years and over with: • **An infected human or animal bite** (traditional pet including cats and dogs) if there are symptoms or signs of infection, such as increased pain, inflammation, fever, discharge or an unpleasant smell • **An uninfected human bite**: o that has broken the skin and drawn blood o that has broken the skin but not drawn blood in a person at risk of a serious wound infection because of a co-morbidity such as diabetes, immunosuppression, asplenia, or decompensated liver disease o that has broken the skin but not drawn blood if it is in a high-risk area (includes the hands, feet, face, genitals, skin overlying cartilaginous structures, or an area of poor circulation) • **An uninfected cat bite**: o that has broken the skin and drawn blood o that has broken the skin but not drawn blood if the wound could be deep • **An uninfected dog bite or other uninfected traditional pet bite (excluding cat)**: o that has broken skin and drawn blood and: ▪ has penetrated bone, joint, tendon or vascular structures or ▪ is deep, is a puncture or crush wound, or has caused significant tissue damage or ▪ is visibly contaminated (for example, if there is dirt or a tooth in the wound) or ▪ is a bite in a high-risk area (e.g. hand, feet, face, genitals, skin overlying cartilaginous structures or near prosthetic joints, or an area of poor circulation) or the individual is considered at high risk of a serious wound infection or systemic infection because of a co-morbidity such as diabetes mellitus, asplenia, immunosuppression, decompensated liver disease, or they have a prosthetic heart valve, or if they are at extremes of age

	NB. If there is a discharge (purulent or non-purulent) from the area of bite, take a swab for microbiological testing. Antibiotics may be administered/supplied via this PGD if appropriate based on inclusion/exclusion criteria however the individual must be informed that treatment may change once the results are received, refer for medical advice. • Medical and drug history taken, no reason for exclusion **Refer to exclusion criteria for wounds that must be referred to hospital.** In case of any doubt, contact medical team or emergency services. **Note.** The individual should also meet the inclusion criteria for doxycycline capsules (PGD 0029) **which must be used in combination with metronidazole for this indication**. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. **It is the responsibility of the administering/ supplying healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Criteria for exclusion (Exclusion under this Patient Group Direction does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Conditions outside of the clinical situations criteria • Individual with NO penicillin / cephalosporin allergy (or NO reason why co-amoxiclav is unable to be taken)- refer to PGD 0028 (Co–amoxiclav). **Personal Characteristics** • Individuals under 12 years of age – refer to PGD 0180 Co-trimoxazole • No valid consent or individual/representative refuses treatment. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "Action to be taken if individual is excluded or declines treatment".

	Medical history • Known moderate to severe hepatic impairment • Porphyria • Alcohol dependence or with general alcohol consumption, a refusal to cease from drinking alcohol during treatment and 48 hours after completion. • Cockayne syndrome • Pregnant/breastfeeding – refer to a prescriber for a suitable alternative • Individuals with active or chronic severe peripheral and central nervous system disease, as there is a risk of neurological aggravation. **Medication history** • Any concurrent interacting medicine(s) – see Drug Interactions section. NB. For individuals who require INR monitoring due to their coumarin anticoagulant (e.g. warfarin, acenocoumarol, phenindione), the practitioner must check that the individual's latest International Normalised Ratio (INR) is up to date and within the target range as stated in the individual's yellow anti-coagulant record book. An individual with an out of date INR, or whose most recent INR is out of range or unknown is excluded from this PGD and must be referred to a prescriber. • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Known allergy/hypersensitivity to metronidazole or tinidazole or any of the constituents found within the medication see product SPC. • Known hypersensitivity to doxycycline or any of the excipients, or tetracyclines (refer to PGD 0029) – **doxycycline must be used in combination with metronidazole for this indication** • Any contra-indication/exclusion to PGD 0029 (doxycycline for bites) as **doxycycline must be used in combination with metronidazole for this indication** • A systemically unwell individual or individual who is at risk of a serious wound infection because of a pre-existing medical condition- **refer to hospital** • Any individual identified with symptoms of severe/life-threatening infection or systemic sepsis: refer urgently via ambulance. • Individual who cannot swallow or take oral antibiotics- refer to a prescriber

	• Bites from a wild or exotic animal (including birds and non-traditional pets), unfamiliar domestic or farm animal because the spectrum of bacteria involved may be different and there may be a risk of other serious non-bacterial infections- seek advice from a microbiologist. • Bites from bats- Urgent treatment required. All individuals should be referred to A&E and Public Health Wales Health protection team or the duty virologist (University Hospital of Wales) contacted. Please see PHE guidance (for advice on Rabies) and refer individual to PHE PIL • Bites with signs suggesting a more serious illness or condition (such as severe cellulitis, abscess, lymphangitis, osteomyelitis, septic arthritis, necrotising fasciitis or sepsis), bites to the eye or orbit, or severe bite injuries with heavy bleeding causing haemodynamic instability, or a penetrating wound involving arteries, joints, nerves, muscles, tendons, bones or the central nervous system. **NB these individuals must be referred to hospital** • Infected bite that is not responding to oral antibiotics within 24 hours to 48 hours of starting treatment- refer to a prescriber • Individual who has developed symptoms or signs of infection after taking prophylactic antibiotics- refer to a prescriber • Individuals bitten in a fight – refer to DGH for exploration/irrigation/IV antibiotics

Cautions including any relevant action to be taken	• Consider referral or seeking specialist advice if the bite is in an area of poor circulation • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products (Refer to BNF/SPC for full list) NB. Individuals prescribed coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione) should be advised that concomitant use of metronidazole may affect their INR levels and more frequent INR monitoring may be advised – individuals should be advised to contact the anticoagulant service monitoring their treatment to seek advice on monitoring requirements. The practitioner must check the individual's latest INR– if the latest INR is up to date and within the target range (as stated in their yellow anticoagulant record book) then the individual may be administered/supplied with metronidazole **but must** be advised to contact their usual anti-coagulant clinic to inform them that they have been prescribed a course of antibiotics. • Discuss with appropriate medical/ independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain or if the individual has multiple allergies. • Individuals with facial dog bites should be referred to MaxFax at DGH • See NICE CKS for individuals that should be referred to secondary care (urgency depending on clinical judgement) Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806 • Out of hours: 0845 0544847. Advice can also be sought from local Safeguarding leads.

Action to be taken if the individual is excluded or declines treatment	• The patient information leaflet should be available to inform consent. • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Record reason for decline in the consultation record, along with any advice given. Complete a Discharge Against Advice Form if appropriate, and/or complete the letter on the WPAS system and send to the GP. Follow local procedures as appropriate. • Explain the reasons for exclusion to the individual/carer and document in the consultation record. Seek medical advice. • The first line, alternative choice oral antibiotics for adults and young people over 12 years who are allergic to penicillins are doxycycline (PGD 0029) **in combination with** metronidazole. If the individual is excluded from either of these PGDs, please refer to microbiologist. **Refer urgently to a prescriber for further assessment if:** • Individual is severely immunosuppressed or immunosuppressed • Individual is systemically unwell, but not showing signs or symptoms of sepsis **Refer urgently to A&E for further assessment if:** • Signs of a more serious illness or condition • Signs of intracranial complications such as swelling over the frontal bone, symptoms or signs of meningitis, severe frontal headache or focal neurological signs. **If sepsis is suspected refer the individual urgently to A&E** • Where required refer the individual to a suitable health service provider (DGH, out of hours service, or GP) if appropriate and/or provide them with alternative management or information about further options. • Bites from bats- Urgent treatment required. All individuals should be referred to A&E and Public Health Wales Health protection team or the duty virologist (University Hospital of Wales) contacted. Please see PHE guidance (for advice on Rabies) and refer individual to PHE PIL
Arrangements for referral for medical advice	• Refer to the appropriate medical practitioner in the care pathway - contact GP or microbiologist for advice or refer to DGH if applicable. Document advice given.

Description of treatment

Name, strength and formulation of drug	Metronidazole 400 mg tablets
Legal category	POM
Route of administration	Oral
Off label use	Yes, when used prophylactically for bite wounds at high risk of infection, however its use in in line with NICE guideline recommendations. Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/ Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration/supply under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but this is outside the product license.
Dose and frequency of administration	Adults and children aged over 12: <u>For treatment:</u> 400 mg THREE TIMES A DAY for **5 days. Total course length = 5 days.** <u>For prophylaxis:</u> 400 mg THREE TIMES A DAY for **3 days. Total course length = 3 days.** ○ Ideally at 8 hourly intervals. **NB.** To be taken in combination with Doxycycline which is taken once daily (refer to PGD 0029)

Duration of treatment	• treatment of infected bite for 5 days • prophylaxis of infection for 3 days **Medication should be started immediately, and the full course completed.**
Quantity to be administered and/or supplied	A single appropriately labelled pack of 21 x 400mg tablets should be supplied. The individual's name and the date of supply should be written on the label. Insert number of days of treatment (see guidance above). **MUST be supplied with Doxycycline (PGD 0029) which is taken in combination.**
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	All concurrent medications should be reviewed for interactions. This list is not exhaustive - a detailed list of all drug interactions is available in the BNF or the product SPC. Seek advice from an appropriate clinician/Medicines Advisory Service if required. Individuals concurrently prescribed the following medications are excluded from treatment under this PGD and must be referred to an appropriate prescriber: ○ 5 fluorouracil ○ ciclosporin ○ busulfan ○ lithium ○ phenobarbital ○ phenytoin ○ Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid). Also refer to Exclusions and Cautions.

Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF https://bnf.nice.org.uk. The following side effects are frequently reported with metronidazole but do not reflect all reported side effects: • nausea • vomiting • gastrointestinal disturbance • diarrhoea • abdominal pain • an unpleasant taste in the mouth may occur which will continue throughout the duration of treatment but will resolve once treatment finishes
	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. Guidance on the yellow card system is available at the back of the BNF, or using the above link. • Record all adverse drug reactions (ADRs) in the individual's medical record and report any suspected adverse reactions to a doctor. The individual's GP should be informed. • Report via organisation incident policy. • All significant adverse drug reactions should be reported via the Once for Wales Reporting System. In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone. • In case of anaphylaxis: ○ Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis policy ○ Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E ○ Ensure reaction is fully documented in patient notes

Management of and reporting procedure for adverse reactions	○ Ensure all patient records are marked **ALLERGIC TO METRONIDAZOLE.** ○ The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers ○ Report via the Datix Once for Wales Reporting system
Written information and further advice to be given to individual	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. Explain mode of action, side effects, benefits, dose, frequency, method of administration, contra-indications and cautions of the medicine. • If a dose is missed, advise to refer to PIL supplied with the product. • Advise that no alcohol should be taken for the duration of the treatment and for 48 hours after the course has been completed. • Advise to swallow the tablets whole with plenty of water, with or after food, and to take at regular intervals and complete the course, even if the wound looks better. • Complete the pre-printed medication label, to include individual's name and date of supply. Complete any gaps on the label to indicate number of days of treatment and instruct the individual about the course length (i.e. 3 or 5 days, as appropriate). • Draw the individual/carers attention to the label and patient information leaflet. Where applicable, inform individual/carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed in the product's SPC. • As the full pre-labelled pack is supplied, advise that the remainder of the tablets must be returned to the Community Pharmacy or GP for a safe disposal. • If adverse reaction to treatment occurs advise individual to contact MIU/ doctor for further advice • Advise about appropriate oral pain relief. • Seek advice from a pharmacist/nurse or doctor if any new medications are prescribed or started during the metronidazole course including those medications purchased over the counter.

	• Women taking oral hormonal contraception should be advised about the importance of correct contraceptive practice if they experience vomiting or diarrhoea (see the sections on vomiting or diarrhoea in the CKS topics on Contraception - combined hormonal methods and Contraception - progestogen-only methods.) • Advise individual/carer/parent/guardian to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis. Individuals should be advised to seek medical review / contact their GP, if: • symptoms or signs of infection develop or worsen rapidly or significantly at any time, or do not start to improve within 24 to 48 hours of starting treatment • The individual becomes systematically unwell, or the boundaries of the soft tissue infection continue to expand • there is no improvement or if the presenting complaint/infection worsens or if they feel increasingly unwell (a 5-day course is appropriate for treating infection following most human or animal bites, but course length can be increased to 7 days (with review) based on clinical assessment of the wound by a clinician). • There is severe pain that is out of proportion to the infection • If the condition has not completely cleared towards the end of the treatment course Individual to discontinue medication and seek urgent medical attention (go to hospital urgently/call 999) if: • there are signs of an allergic reaction • there are symptoms or signs of meningitis • individual has symptoms or signs of Stevens-Johnson syndrome (SJS) (for example, blistering or bleeding of the skin), toxic epidermal necrolysis (TEN) or acute generalised exanthematous pustulosis (AGEP) • Refer to MIU guidelines.

Follow up treatment	The individual should be advised to seek medical advice in the event of an adverse reaction or other cause for concern. Contact GP via surgery or emergency on call service. • If wound was infected, individual should be advised to contact their GP for review at 24 and 48 hours to ensure infection is responding to treatment. • If metronidazole is given for prophylaxis, advise individual to check for signs of infection-if these develop advise individual to attend urgently for review. Additionally, if applicable: • If a swab has been taken, the individual/carer will be contacted once the results are received. The GP/prescriber will also be contacted to review the choice of antibiotic based on the swab results. • For individuals taking **oral anti-coagulants** such as warfarin, acenocoumarol (nicoumalone) or phenindione, advise them to contact their usual anti-coagulant clinic to inform them that they have been prescribed a course of antibiotics. Individuals should be advised to seek medical advice if they experience any bruising or bleeding.
	Record consultation details as required by local procedures. In addition, record: • The consent of the individual. Record name of representative who gave consent, if appropriate. • If individual not treated under PGD record action taken. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication history. • Any reasons for exclusion or referral, including actions taken. • Examination or microbiology finding/s where relevant. • Any known allergies and nature of reaction. • Printed name and signature of registered health professional responsible for administration and/or for supply • Name, form, route and strength of medication supplied and/or administered • Date and time of administration and/or supply • Dose and frequency administered and/or supplied • Quantity administered and/or supplied including expiry date in line with local procedures. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns

Records	• Advice given, including advice given if excluded or declines treatment • Details of any adverse reactions and actions taken • Any referral arrangements made • Any advice received from medical cover and advice given to individual / carer. • Any administration/supply outside the terms of the product marketing authorisation • Recorded that supplied/administered via Patient Group Direction (PGD), record PGD version number Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references (accessed January 2023, September 2023)

- Electronic Medicines Compendium http://www.medicines.org.uk/
- Electronic BNF https://bnf.nice.org.uk/
- NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2
- NICE guideline [NG184] - Human and animal bites: antimicrobial prescribing, published: 04 November 2020
- NICE Clinical Knowledge Summaries - https://cks.nice.org.uk
- All Wales Medicines Strategy Group Primary Care Antimicrobial Guidelines March 2022 – accessed 03/07/2024
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines
- Specialist Pharmacy Service (SPS) Identifying risk factors for developing a long QT interval https://www.sps.nhs.uk/articles/identifying-risk-factors-for-developing-a-long-qt-interval/#:~:text=QT

Appendix A Staff accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	**Signature of registered health professional**	**Printed name of senior representative authorising health professional**	**Signature of senior representative authorising health professional**	**Date**

The authorising manager should retain a copy of the list, which will be requested for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires. The healthcare professional should retain a copy of the document after signing.

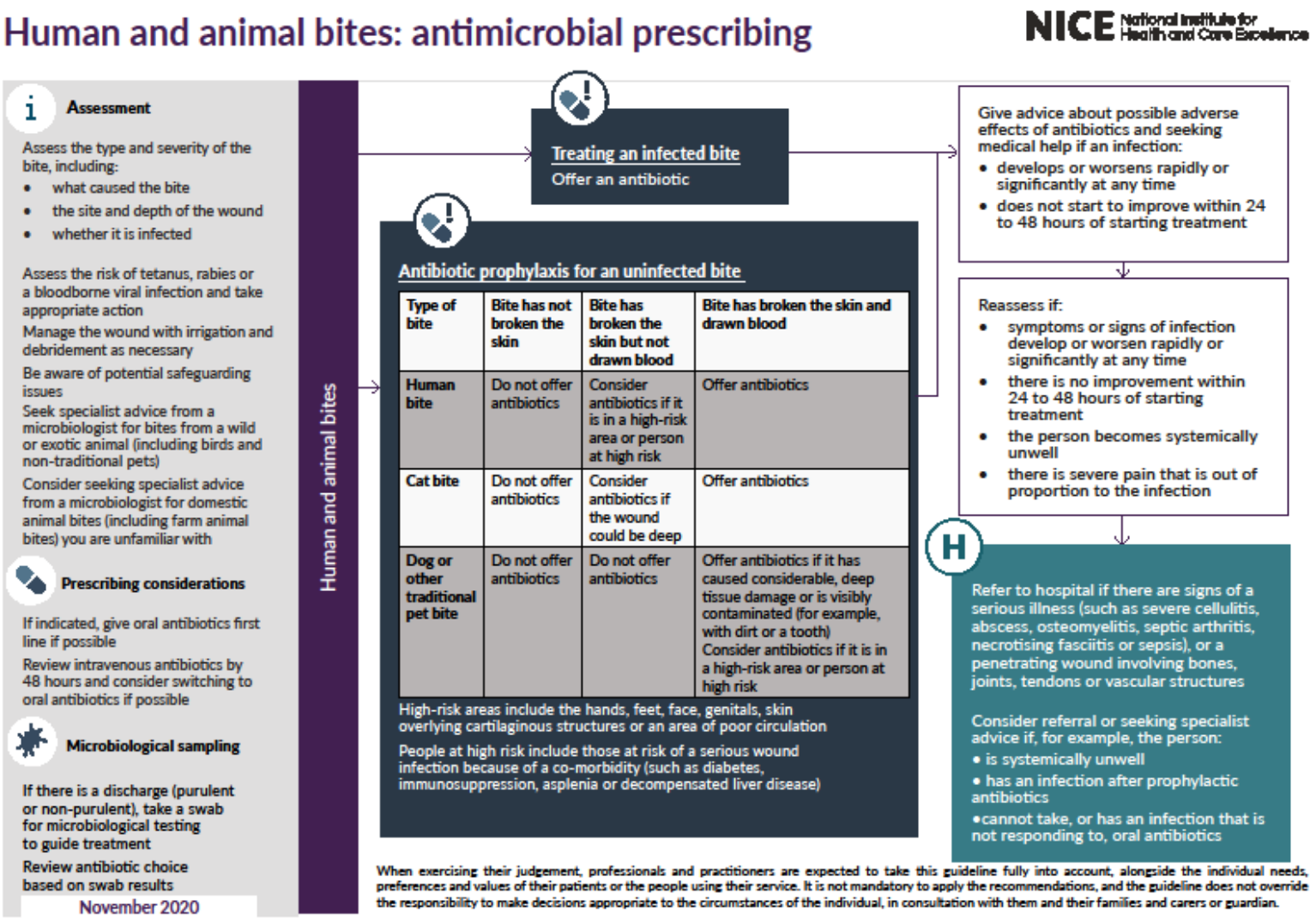
Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in "comments"	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B



Human and animal bites: antimicrobial prescribing

Choice of antibiotic for prophylaxis and treatment: adults aged 18 years and over

NICE National Institute for Health and Care Excellence

Prophylaxis and treatment	Antibiotic, dosage and course length for prophylaxis (3 days) and treatment (5 days)
First-choice oral antibiotic	**Co-amoxiclav**: 250/125 mg or 500/125 mg three times a day
Alternative first-choice oral antibiotics for penicillin allergy or if co-amoxiclav is unsuitable	**Doxycycline**: 200 mg on first day, then 100 mg or 200 mg daily With **Metronidazole**: 400 mg three times a day
Alternative first-choice oral antibiotics in pregnancy for penicillin allergy or if co-amoxiclav is unsuitable	Seek specialist advice
First-choice intravenous antibiotic (if unable to take oral antibiotics or severely unwell)	**Co-amoxiclav**: 1.2 g three times a day
Alternative first-choice intravenous antibiotics for penicillin allergy or if co-amoxiclav is unsuitable If a cephalosporin is not appropriate, seek specialist advice	**Cefuroxime** (caution in penicillin allergy): 750 mg three times a day (increased to 750 mg four times a day or 1.5 g three or four times a day if infection is severe) With **Metronidazole**: 500 mg three times a day **Ceftriaxone** (caution in penicillin allergy) 2 g once a day With **Metronidazole**: 500 mg three times a day

See the BNF and summary of product characteristics for appropriate use and dosing in specific populations, for example, for hepatic or renal impairment, in pregnancy, when breastfeeding and when administering intravenous (or, if appropriate, intramuscular) antibiotics.

A 5-day course is appropriate for treating most human or animal bites, but course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example, if there is significant tissue destruction or it has penetrated bone, joint, tendon or vascular structures.

Human and animal bites: antimicrobial prescribing

NICE National Institute for Health and Care Excellence

Choice of antibiotic for prophylaxis and treatment: children and young people under 18 years

Prophylaxis and treatment	Antibiotic, dosage and course length for prophylaxis (3 days) and treatment (5 days)
Choice for children under 1 month	Seek specialist advice
First-choice oral antibiotic for children aged 1 month and over	**Co-amoxiclav**: 1 month to 11 months: 0.25 ml/kg of 125/31 suspension three times a day 1 year to 5 years: 0.25 ml/kg or 5 ml of 125/31 suspension three times a day 6 years to 11 years: 0.15 ml/kg or 5 ml of 250/62 suspension three times a day 12 years to 17 years: 250/125 mg or 500/125 mg three times a day Co-amoxiclav 400/57 suspension may also be considered to allow for twice-daily dosing
Alternative first-choice oral antibiotic for children under 12 years for penicillin allergy or if co-amoxiclav is unsuitable	**Co-trimoxazole** (off-label use; see the BNF for Children for information on monitoring): 6 weeks to 5 months: 120 mg or 24 mg/kg twice a day 6 months to 5 years, 240 mg or 24 mg/kg twice a day 6 years to 11 years, 480 mg or 24 mg/kg twice a day For off-label use, follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's good practice in prescribing and managing medicines and devices for information.
Alternative first-choice oral antibiotics for young people aged 12 to 17 years for penicillin allergy or if co-amoxiclav is unsuitable	**Doxycycline**: 200 mg on first day, then 100 mg or 200 mg daily **With metronidazole**: 400 mg three times a day
Alternative first-choice oral antibiotics in pregnancy for penicillin allergy or if co-amoxiclav unsuitable	Seek specialist advice
First-choice intravenous antibiotic (if unable to take oral antibiotics or severely ill)	**Co-amoxiclav**: 1 month to 2 months: 30 mg/kg twice a day 3 months to 17 years: 30 mg/kg three times a day (maximum per dose 1.2g)
Alternative first-choice intravenous antibiotics for penicillin allergy or if co-amoxiclav is unsuitable If a cephalosporin is not appropriate, seek specialist advice	**Cefuroxime** (caution in penicillin allergy): 1 month to 17 years: 20 mg/kg three times a day (maximum 750 mg per dose), which can be increased to 50 mg/kg to 60 mg/kg three or four times a day (maximum per dose 1.5 g) **With metronidazole**: 1 month: loading dose 15 mg/kg, then (after 8 hours) 7.5 mg/kg three times a day 2 months to 17 years: 7.5 mg/kg three times a day (maximum per dose 500 mg) **Ceftriaxone** (caution in penicillin allergy): 1 month to 11 years (up to 50 kg): 50 mg/kg to 80 mg/kg once a day (maximum 4 g per day) 9 years to 11 years (50 kg and above) and 12 years to 17 years: 1 g to 2 g once a day **With metronidazole**: 1 month: loading dose 15 mg/kg, then (after 8 hours) 7.5 mg/kg three times a day 2 months to 17 years: 7.5 mg/kg three times a day (maximum per dose 500 mg)

See the BNF for Children and summary of product characteristics for appropriate use and dosing in specific populations, for example, for hepatic or renal impairment, in pregnancy, when breastfeeding and when administering intravenous (or, if appropriate, intramuscular) antibiotics.

A 5-day course is appropriate for treating most human or animal bites, but course length can be increased to 7 days (with review) based on clinical assessment of the wound, for example, if there is significant tissue destruction or it has penetrated bone, joint, tendon or vascular structures