

Patient Group Direction
Supply of Clarithromycin For Impetigo In Patients Allergic To Penicillin
 by suitably accredited Community Pharmacists in South Staffordshire PCT

This Patient Group Direction for use in South Staffordshire Primary Care Trust and is authorised by:

Position of Signatory	Name	Signed	Date
Senior Pharmaceutical Adviser	Genine Riley		29.09.2010
PCT Medical Director	Dr Ken Deacon		29.09.2010
PCT Head of Quality	Heather Johnstone		29.09.2010

The pharmacists named below, being suitably accredited community pharmacists working in community pharmacies on the pharmaceutical list of South Staffordshire PCT are authorised to supply Clarithromycin under this Patient Group Direction

Professional Responsibility

The pharmacist will have completed an accreditation course and be able to demonstrate continued competence.

1. The pharmacist will work to the latest Medicines, Ethics and Practice Guidelines (RPSGB)
2. The pharmacist will comply with Guidelines for use of PGD (HSC 2000/26)

Name	Job Title	Signed	Date

This Patient Group Direction is operational from 1st October 2010. Review date: August 2012 or sooner if necessary. Expires on 30th September 2012.

Supply of	Clarithromycin
Legal Classification	POM
Black Triangle?	No
Type	Clarithromycin tablets 250mg Clarithromycin suspension 125mg in 5ml
Storage	Store below 25°C
Condition to be treated	Impetigo as an alternative to penicillin – in cases with hypersensitivity to drug of choice.
Inclusion Criteria	Impetigo and penicillin hypersensitivity
Exclusion Criteria	<ul style="list-style-type: none"> • Patients who are systemically ill must be referred to doctor. • Renal or liver disease • Breastfeeding • Pregnancy • Allergy to clarithromycin or other macrolides • Patient on interacting drug As with other macrolide antibiotics the use of clarithromycin in patients concurrently taking drugs metabolised by the cytochrome P450 system This includes cilostazol, methylprednisolone, oral anticoagulants (eg warfarin), quinidine, sildenafil, ergot alkaloids, alprazolam, triazolam, midazolam, disopyramide, rifabutin, phenytoin ,ciclosporin vinblastine, valporate and tacrolimus) may be associated with elevations in serum levels of these other drugs. Rhabdomyolysis, co-incident with the co-administration of clarithromycin, and HMG-CoA reductase inhibitors, such as simvastatin has been reported.Check latest BNF and SPC • Large amount of inflammation around lesions, refer as possible cellulitis • Lesions that are painful • Bullous impetigo • Small localised areas can be treated with topical fuscidic acid • Patients treated for impetigo in the last month • Children under one year of age • Fusidic acid cream or ointment may be appropriate for minor lesions less than 3cm in diameter

Reasons for seeking further advice from doctor	Client declines or is excluded
Administration Route	Oral
Dose	<p>Treatment period is for 7 days</p> <p>Children 1-2 years 62.5mg twice a day 3-6 years 125mg twice a day 7-9 years 187.5mg twice a day 10 years and older 250mg twice a day</p> <p>Adults 250mg twice a day</p> <p>The suspension should be made up with tap water according to the instructions on the bottle. Ensure thorough mixing</p>
Administration Schedule	Twice a day (every twelve hours)
Warnings/Adverse Reactions	<p>Clarithromycin is generally well tolerated. Side effects include nausea, dyspepsia, diarrhoea, vomiting, abdominal pain and paraesthesia.. Stomatitis, glossitis, oral monilia and tongue discolouration have been reported. Other side-effects include headache, arthralgia, myalgia and allergic reactions ranging from urticaria, mild skin eruptions and angioedema to anaphylaxis have been reported.</p> <p>In the case of a serious significant adverse reaction</p> <ul style="list-style-type: none"> • The appropriate GP should be informed • An entry made in the patient's notes. • A yellow card (copies in BNF) completed, signed and sent to the CSM West Midlands

<p>Advice/Management of Adverse Reactions & Follow-up Action</p>	<ul style="list-style-type: none"> • Take regularly and complete the course • If on OCP, patient should take additional contraceptive precautions while on the antibiotic and for 7 pill days continuously thereafter – without pill free week. • Check all patients current medication and specifically O.T.C. meds for potential interactions <p>Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:</p> <ul style="list-style-type: none"> ○ Careful hand washing after touching a patch of impetigo. ○ Avoidance of sharing towels, flannels, and so on until the infection has gone. <p>Parents should be advised that children should stay away from nursery or school until there is no further crusting.</p>
<p>Records/Labelling</p>	<p>The following should be recorded in the patient's notes:</p> <p>Clarithromycin tablets or suspension should be labelled with:</p> <p>the client's name</p> <ul style="list-style-type: none"> • Drug and strength • Dose • Date of supply • That the drug has been supplied under a PGD <p>A record should be made in the client's Patient Medication Records</p> <p>Clinical information should be communicated to the GP surgery</p>

For full product information, always refer to the latest SPC (Summary of Product Characteristics).