

Patient group direction for the supply of hydrogen peroxide 1% cream by community pharmacists in the management of non-bullous impetigo

Documentation details

Reference no: Hydrogen peroxide patient group direction
Version no: 2
Valid from: April 2021
Review date: December 2022
Expiry date: March 2023

Change history

Version number	Date	Details
1		New template and new drug treatment for impetigo.
2		Any symptoms or signs for example swelling, large blisters, pain or pus and redness suggesting a more serious illness or condition such as bullous impetigo, cellulitis, or MRSA.

Patient group direction development

Date template comes into effect: April 2021

Version no: 2

Valid from: April 2021

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Patient group direction working group

This patient group direction (PGD) was developed by a working group involving pharmacists from NHS Kernow Clinical Commissioning Group (NHS Kernow), GP clinical leads from NHS Kernow and microbiology.

Name and role	Job title	Organisation
Fiona Lee Pharmacist and lead author	Pharmaceutical advisor	NHS Kernow
Georgina Praed Pharmacist	Head of prescribing and medicines optimisation	NHS Kernow
Amanda Pell Pharmacist	Senior pharmaceutical advisor	NHS Kernow
Mr M Wilcock Pharmacist	Head of prescribing support unit and clinical lead	Royal Cornwall Hospitals NHS Trust (RCHT) and NHS Kernow
Marco Motta Pharmacist	Pharmaceutical advisor	NHS Kernow
Paige Trethewey Pharmacist	Pharmaceutical advisor	NHS Kernow

Organisational authorisations

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.

NHS Kernow authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services: Community pharmacies contracted to provide the NHS Kernow community pharmacy PGD service for minor ailments.

Limitations to authorisation: None.

Approved by	Name	Date of email approval
NHS Kernow head of prescribing and medicines optimisation	Georgina Praed	04 March 2021
NHS Kernow GP prescribing lead	Iain Chorlton	04 March 2021
NHS Kernow director of clinical and corporate affairs	Natalie Jones	04 March 2021

Local enquiries regarding the use of this PGD may be directed to kccg.prescribing@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets and templates may be used where appropriate in accordance with local policy.

Characteristics of staff

Qualifications and professional registration

Registered professional with one of the following bodies:

- pharmacists registered with the General Pharmaceutical Council (GPhC)

Initial training

- Must be authorised by name as an approved practitioner under the current terms of this PGD before working to it.
- Has undertaken appropriate training and been assessed and declared competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.
- Must be competent in the use of PGDs (see [NICE competency framework](#) for health professionals using PGDs).
- Must have access to the PGD and associated online resources.

Competency assessment

All pharmacists operating under this PGD are required to complete a [declaration of competence for minor ailments](#) via the Centre Pharmacy Postgraduate Education (CPPE) website and complete the declaration of competence on PharmOutcomes.

Staff operating under this PGD are encouraged to review their competency using the [NICE competency framework](#) for health professionals using PGDs.

Staff operating under this PGD are encouraged to attend specific commissioning organised training events on minor ailments and complete the CPPE [common clinical conditions and minor ailments](#) and [e-assessment](#).

Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD.

Ongoing training and competency

Practitioners must ensure they are up to date with relevant issues and clinical skills relating to the management of impetigo, with evidence of appropriate continued professional development (CPD).

Pharmacists will be required to complete an annual [declaration of competence](#) via the CPPE website and PharmOutcomes.

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.

Clinical condition or situation to which this PGD applies

Condition or situation: Treatment of non-bullous impetigo

Criteria for inclusion

Patients presenting with minor impetigo limited to a few lesions in one area of body. The rash consists of thin-walled vesicles or pustules (seldom seen on clinical examination as they rupture quickly) which weep exudate and then dry to form golden yellow-brown crusts.

Legal guardian consent must be obtained before offering to treat a patient less than 16 years of age who is not considered competent to consent to treatment.

Criteria for exclusion

- Babies under 1 year.
- Multiple site skin infection.
- Previous impetigo infection within the last 3 months.
- Systemically unwell.
- At a high risk of complications for example, the person is immunocompromised
- Any symptoms or signs for example swelling, large blisters, pain or pus and redness suggesting a more serious illness or condition such as bullous impetigo, cellulitis, or MRSA.
- Allergy to any component of the cream.
- Pregnancy and/or breastfeeding.
- Patient refuses treatment and is competent to give consent.
- Patient presents with any underlying skin condition on the same area of the body as impetigo.
- Concerns regarding patient compliance with topical medication.
- Diagnosis unclear.

Cautions including any relevant action to be taken

Contact with the eyes should be avoided. Hydrogen peroxide cream should not be used on large or deep wounds and should not be applied to healthy skin. Hydrogen peroxide can bleach fabric.

Action to be taken if the patient is excluded

- Record reasons for exclusion and any action(s) taken.
- Advise patient on alternative treatment.
- Call 999 if suspected sepsis.
- Refer to a prescriber if appropriate (for example GP or NHS 111 or out of hours (OOH) services).
- Give safety-netting advice.

Action to be taken if the patient or carer declines treatment

- Document advice given and the decision reached.
- Advise patient on alternative treatment if appropriate.
- Refer to a prescriber if appropriate.
- Give safety-netting advice.

Arrangements for referral for medical advice

Advise people with impetigo, and their parents or carers if appropriate, to seek medical help if symptoms worsen rapidly significantly at any time, or symptoms have not improved after completing a course of treatment.

Description of treatment

Name, strength and formulation of drug

Crystacide (Hydrogen peroxide 1.0% (w/w) cream.

Legal category

Pharmacy only medicines (P).

Route and method of administration

Topical.

Indicate any off-label use (if relevant)

Not applicable.

Dose and frequency of administration

Apply topically to lesions 2 or 3 times a day.

Duration of treatment

5 days.

Quantity to be supplied

25g

Storage

Stock must be stored in conditions in line with the [summary of product characteristics \(SPC\)](#). Do not store above 25°C.

Drug interactions

Crystacide cream is incompatible with iodine, permanganates, and other stronger oxidising agents as per the [SPC](#).

Increased risk of adverse reactions

Salicylic acid is a mild irritant and can cause dermatitis.

Crystacide cream also contains propylene glycol which may cause skin irritation.

Identification and management of adverse reactions

A mild sensation of burning may be experienced for a short time after application as per the [SPC](#).

Management of and reporting procedure for adverse reactions

- Healthcare professionals and patients or carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the [Yellow Card reporting scheme](#) .
- Record all adverse drug reactions (ADRs) in the patient's medical record (and inform the patient's GP).
- Report via organisation incident policy.

Written information to be given to patient or carer

The marketing authorisation holder's patient information leaflet provided with the product if treatment is to be supplied and advise patient to read the leaflet Patient information leaflets on impetigo can be downloaded from the [British Association of Dermatologists website](#).

Patient advice and follow up treatment

- 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, it is important to prevent infection spreading by using own flannels and towels (hot wash after use).
- Do not scratch or pick spots.
- Inform the person of Public Health England (PHE) exclusion recommendations see [NICE clinical knowledge summary](#):
 - children and adults should stay away from school and other childcare facilities or work until lesions are healed, dry and crusted over or 48 hours after initiation of antibiotics
 - food handlers are required by law to inform employers immediately if they have impetigo
- Inform school or nursery of condition.
- Wash your flannels, sheets, and towels at a high temperature.
- Wash or wipe down toys with detergent and warm water if your children have impetigo.

- Reassure the person that impetigo usually heals completely without scarring, and that serious complications are rare.
- Do not share cream with anyone else.
- Hydrogen peroxide cream can cause local skin irritation, sensitisation, erythema, contact dermatitis, or pruritis - in the event of sensitisation or severe local irritation, treatment should be stopped, and the patient should contact their GP.
- Hydrogen peroxide cream is for cutaneous use only and therefore contact with eyes and mucous membranes should be avoided.
- Advise the person to contact their GP if there is no significant improvement after 5 days:
 - extended or recurrent application may increase the risk of contact sensitisation
 - patients should be advised to use the cream for 5 days only then discard
- Ensuring pre-existing skin conditions (such as eczema) are optimally treated.

Records

- Completion of PGD checklist on PharmOutcomes.
- Completion of patient medication record.
- Label the pack being supplied appropriately:
 - dose, form and route of supply or administration
 - quantity supplied or administered
 - supplied via PGD
- Record details of any adverse drug reactions and actions taken.
- Referral arrangements (including self-care).
- Batch number and expiry date (if applicable).
- Completion of consent form and completion of the audit claim on PharmOutcomes.
- Records should be signed and dated (or a password controlled e-records).
- 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.

Audit trail

- PMR entry.
- Patient's GP should be notified using the notification form on PharmOutcomes within 48 hours of supply for inclusion in the patients notes.

Key references

- [NICE \[NG153\] impetigo guidelines](#)
- [nhs.uk impetigo advice](#)
- [NHS Kernow management of infection guidelines](#)
- [Summary of Product Characteristics](#)
- [British Association of Dermatologists leaflet](#)
- [NICE PGD medicines practice guideline \[MPG2\]](#)
- [Specialist Pharmacy website](#)

Registered health professional authorisation sheet

PGD: Supply of hydrogen peroxide 1% cream by community pharmacists in the management of non-bullous impetigo

Valid from: 1 April 2021

Expiry: 31 March 2023

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Authorisation

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions 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 PGD and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.