NHS Grampian

Patient Group Direction For The Supply and Administration of Medicines for Minor Illness By Approved Healthcare Professionals Working Within Grampian Out of Hours (OOH) Primary Care Service

Lead Author: Medicines Management Specialist Nurse NHSG	**Consultation Group**: See relevant page in the PGD	**Approver:** Medicines Guidelines and Policies Group **Authorisation:** NHS Grampian

Signature: 		**Signature:** 

NHSG Identifier: NHSG/PGD/OOH/ MGPG1319	**Review Date:** October 2024 **Expiry Date:** October 2025	**Date Approved:** October 2022

NHS Grampian have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 5

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD supersedes NHSG/PGD/GMED/MGPG1019	
Date of change	**Summary of Changes**	**Section heading**
October 2021	Review and updated to new PGD template.	
October 2021	All medicines monographs updated in-line with updated SmPCs.	Medicines monographs.

NHGS Identifier: NHSG/PGD/OOH/MGPG1319
Keyword(s): PGD Patient Group Direction OOH out of hours minor illness nurse paramedic

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	October 2021
	Completed:	September 2022
	Approved:	October 2022 (published – November 2022)
	Amended & reauthorised:	

Organisational Authorisations

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

PGD Developed/Reviewed by;

Medical Practitioner	**Name:** Dr Rudolph D'Costa **Health Board:** NHSG **Title:** Clinical Lead OOH (GMED) **Contact email:** rudolph.dcosta@nhs.scot **Signature** ..... **Date:** 02/11/2022
Senior representatives of the professional group who will provide care under the direction.	**Name:** Bridget Coutts **Health Board:** NHSG **Title** Lead Nurse OOH (GMED) **Contact email:** bridget.coutts@nhs.scot **Signature** ..... **Date:** 02/11/2022
Senior representatives of the professional group who will provide care under the direction.	**Name:** Gordon Riley **Health Board:** NHSG **Title:** Paramedic Practitioner **Contact email:** gordondouglas.riley@nhs.scot **Signature** ..... **Date:** 02/11/2022
Lead Author	**Name:** Frances Adamson **Health Board:** NHSG **Title :** Medicines Management Specialist Nurse **Contact email:** frances.adamson@nhs.scot **Signature** ..... **Date:** 02/11/2022
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Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	Signature	Date Signed
Lesley Coyle		04/11/2022

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

Name:	Title:
Frances Adamson	**Lead Author:** Medicines Management Specialist Nurse
Lola Dabiri	**Pharmacist:** Clinical Pharmacist OOH (GMED)
Dr Rudolph D'Costa	**Medical Practitioner:** Clinical Lead OOH (GMED)
Bridget Coutts	**Senior representative Nurses:** Lead Nurse OOH (GMED)
Gordon Riley	**Senior representative Paramedics:** Paramedic Practitioner
Magda Polcik	Service Manager OOH (GMED)
Darren Johnson	Paramedic Practitioner
Suzanne Brittain	Antibiotic Pharmacist ARI

Patient Group Direction For The Supply and Administration of Medicines for Minor Illness By Approved Healthcare Professionals Working Within Grampian Out of Hours (OOH) Primary Care Service

Clinical indication to which this PGD applies

Definition of situation/Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD who are working Out of Hours (OOH) service (formally GMED) to supply and/or administer medicines included in this PGD as listed in Appendix 3, to individuals who meet the criteria as described on each individual medicine monograph, according to diagnosis, disease state and concurrent medicines. **Note:** The medicines may only be used within individual medicine monograph recommendations and contra-indications. The medicines listed in this formulary must be used only for the condition specified in the monograph. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and individual Summary of Product Characteristics (SmPC).
Inclusion criteria	This PGD should be used for the supply/administration of the agreed medicines to: • Individuals who attend OOH centres during out of hour's periods in NHS Grampian • Individuals in their own homes, care homes or community hospitals within NHS Grampian who require visits from nurse and paramedic practitioners working in OOH services during the out of hours period. Prior to the supply/administration of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current NHSG consent policy.
Exclusion criteria	The individual may be supplied/administered a medicine specified in Appendix 3 under this PGD unless: • The individual has a known or suspected hypersensitivity to the medicine or any of its excipients • The individual has previously experienced an adverse reaction to the medicine • The individual meets any of the exclusion criteria listed in the individual medicine monographs • There is no valid consent.

	In these cases the individual must be referred to an OOH duty doctor.
Precautions and special warnings	The medicines specified in Appendix 3 under this PGD must be used **only** for the specific indication(s) and age group listed in the individual medicine monographs. Individuals of a different age group, or who are suffering from a condition other than that specified in the monograph, must be referred to an OOH duty doctor: • If there is any concern about the appropriate use of the medicine then medical advice should be sought • If there is any doubt about the correct diagnosis medical advice should be sought Exclusions and precautions listed in the individual monographs must be taken into account. If individuals are already receiving medication for the indication stated in the individual medicine monograph, then treatment **must not be given** under this PGD and an OOH doctor should be contacted. For a full list of interactions and side effects – refer to the marketing authorisation holder's SmPC. A copy of the SmPC must be available to the health professional administering medicine(s) under this Patient Group Direction. This can be accessed on www.medicines.org.uk. Additionally, the current BNF Appendix 1 should be consulted for full details of medicines interactions. Nurses and Paramedics must be aware of, and familiar with, **all** concurrent medication prior to administering a medicine from this PGD to an individual. They must be satisfied there are no clinically significant interactions before proceeding with supply/administration of the medicine. The medicine individual information leaflet (PIL) should be consulted and discussion had to ensure that the individual has not experienced a previous hypersensitivity reaction to any ingredients or excipients.
Action if excluded from treatment	If an individual is excluded from treatment under this PGD, medical advice should be sought – refer to OOH Clinical Supervisor Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.

Action if treatment is declined	Individual should be advised of the risks and consequences of not receiving treatment. Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment. Document that the supply/administration was declined, advice given and, if possible, reason for refusal, in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	See individual medicine monographs.
Legal status	Medicines referred to in this PGD are GSL (General Sales List), P (Pharmacy only) or POM (Prescription Only Medicines). In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Dosage/Maximum total dose	See individual medicine monographs. See OOH (formally GMED) clinical handbook for specific protocols. Doses for children are expressed in specific age ranges, as per the BNF for Children, e.g. 5 years – 12 years refers to a child from their 5th birthday to the day before their 13th birthday. However a pragmatic approach should be applied and consideration should be given to a child's weight in particular if a child is small for their age. Mean values for weight and height are given in the back pages of the BNF for Children. If there is any doubt this should be discussed with the OOH duty doctor.
Frequency of dose/Duration of treatment	See individual medicine monographs.
Maximum or minimum treatment period	See individual medicine monographs.

Route/Method of administration	See individual medicine monographs.
Quantity to be supplied/ administered	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Follow-up (if applicable)	Individuals should not be discharged or left at in situ if they feel unwell after treatment with a medicine included in this PGD. If necessary an OOH doctor should be contacted for advice.
Advice (Verbal)	Advise individual/person with parental responsibility what to expect and what to do for minor and major reactions. If serious adverse or persistent negative effects occur, the individual/ person with parental responsibility should be advised to contact their GP/Accident and Emergency department/NHS24.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.
Identifying and managing possible adverse reactions	See individual medicine monographs. **This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.** **BNF/BNFC**: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory - (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record.

	Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA
Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied/administered: • Appropriate storage facilities including access to a refrigerator • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current PGD in print or electronically.

Characteristics of staff authorised to supply/administer medicine(s) under PGD

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC). Registered Paramedics as recognised by Health and Care Professions Council (HCPC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's/person with parental responsibilities capacity to understand the nature and purpose of the medicine supply/administration in order to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD. • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent to undertake supply/administration of the medicine • Competent to work under this PGD.

Ongoing training and competency	**All professionals working under this PGD must:** • Have undertaken PGD training as required/set out by NHSG • Have attended basic life support training either face to face or online and updated in-line with Board requirements • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis in-line with Board requirements • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD. • Have knowledge and familiarity of the following; o SmPC for the medicine(s) to be supplied/administered in accordance with this PGD.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above. Maintain up to date record of all staff authorised to supply/administer the medicine(s) specified in this direction.

Documentation

Authorisation of supply/ administration	Nurses and Paramedic Practitioners working within OOH services in NHS Grampian can be authorised to supply/administer the medicines specified in this PGD by their Nurse Manager or OOH GP. All authorised staff are required to read the PGD and sign the Agreement to Supply and/or Administer Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.

Record of supply/ administration	An electronic or paper record must be completed to allow audit of practice. An electronic/HEPMA/ADASTRA record of the screening and subsequent supply/administration, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA/ADASTRA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply/administration, or not of the medicine(s) specified in this PGD. This should include as a minimum: • Date and time of supply/administration • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied/administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route (batch number, expiry date and site where appropriate for injectable medicines) of the medicine administered/supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who supplied/administered the medicine • Record of any adverse effects (advise individuals GP/relevant medical practitioner). Depending on the clinical setting where supply/administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • Individual's GP records if appropriate • Secondary Care Medical Notes • HEPMA • ADASTRA • Individual service specific systems. NHSG policy should be followed with respect to sharing information with the individual's General Practitioner. All records should be clear, legible and contemporaneous and in an easily retrievable format.

Audit	All records of the medicine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines supplied/administered under a PGD.
References	Electronic Medicines Compendium http://www.medicines.org.uk

Medicine	**Date of Revision**	**Date Accessed**
Aciclovir 800mg DispersibleTablets	31/10/22	31/10/22
Amoxicillin 250mg Capsules (Aurobindo Brand)	11/04/22	20/02/22
Amoxicillin 500mg Capsules (Aurobindo Brand)	11/04/22	20/09/22
Amoxicillin 125mg/5mL SF Oral Suspension BP (Kent Brand)	19/10/17	20/02/22
Amoxicillin 250mg/5mL SF Oral Suspension BP (Kent Brand)	18/10/17	20/02/22
Cetirizine 10mgTablets (Dr Reddy's Brand)	14/03/17	20/02/22
Chloramphenicol 1% w/w Antibiotic Eye Ointment (Martindale Brand)	09/05/18	20/02/22
Chlorphenamine Tablets (Piriton® GSK)	12/01/21	20/02/22
Chlorphenamine Syrup Piriton® GSK)	12/01/21	20/02/22
Clarithromycin 250mg Tablets (Aurobindo Brand)	03/06/21	20/02/22
Clarithromycin 125mg/5mL Suspensior (Sandoz Brand)	08/06/21	20/02/22
Clarithromycin 250mg/5mL Suspensior (Sandoz Brand)	08/06/21	20/02/22
Codeine Phosphate 15mg Tablets (Aurobindo Brand)	06/05/20	20/02/22
Co-Codamol 30/500 Tablets (Zentiva Brand)	05/10/21	20/02/22
Cyclizine 50mg/mL Solution For Injectic (ADVANZ Brand)	01/08/18	20/02/22

Medicine	**Date of Revision**	**Date Accessed**
Flucloxacillin 250mg Capsules (Kent Brand)	September 2019	20/02/22
Flucloxacillin 500mg Capsules (Kent Brand)	September 2019	20/02/22
Flucloxacillin 125mg/5mL Oral Suspension (Kent Brand)	12/12/19	20/02/22
Fluorescein 1% Minims® Eye Drops (Bausch & Lomb Brand)	23/04/15	20/02/22
Fusidic Acid 1% Viscous Eye Drops (ADVANZ Pharma Brand)	28/12/20	01/04/22
Gaviscon® Advance Mint Chewable Tablets	04/02/21	01/04/22
Gaviscon® Advance Peppermint Oral Suspension	15/05/21	01/04/22
Ibuprofen 200mg Tablets (Flamingo Pharma Brand)	11/11/20	01/04/22
Ibuprofen 100mg/5mL Oral Suspension (Accord Brand)	01/04/21	01/04/22
Naproxen 250mg Tablets (Accord Brand)	06/12/19	01/04/22
Nitrofurantoin 100mg MR Capsules (Macrobid® ADVANZ Brand)	18/03/19	01/04/22
Nitrofurantoin 50mg Capsules (ADVANZ Brand)	28/11/18	01/04/22
Omeprazole 20mg Gastro-resistant Capsules (Accord Brand)	03/07/18	01/04/22
Paracetamol 500mg Tablets (Zentiva Brand)	30/03/21	01/04/22
Paracetamol 120mg/5mL Oral Suspension Sachets (Rosemount Brand)	21/10/19	01/04/22
Paracetamol 250mg/5mL Oral Suspension Sachets (Rosemount Brand)	21/10/19	01/04/22
Paracetamol 500mg Suppositories (Typharm Brand)	31/05/19	01/04/22

Medicine	Date of Revision	Date Accessed
Phenoxymethylpenicillin 125mg/5mL (Penicillin V) Solution (Kent Brand)	15/08/17	01/04/22
Phenoxymethylpenicillin 250mg/5mL (Penicillin V) Solution (Kent Brand)	15/08/17	01/04/22
Prednisolone 5mg Tablets (Accord Brand)	26/04/21	01/04/22
Prednisolone 5mg Soluble Tablets (ADVANZ Brand)	14/01/18	01/04/22
Prochlorperazine 3mg Buccal Tablets (Alliance Brand)	05/12/19	01/04/22
Prochlorperazine Solution for Injection (Stemetil® SANOFI Brand)	03/01/20	01/04/22
Rehydration Salts Dioralyte® Natural Sachets	27/02/21	01/04/22
Salbutamol 100microgram Inhaler (Orion Pharma Brand)	June 2018	01/04/22
Sodium Citrate Micro-enema (Micolette®)	24/06/15	01/04/22
Sumatriptan 50mg Tablets (Aurobindo Pharma Brand)	10/12/20	01/04/22
Trimethoprim 200mg Tablets (Accord Brand)	25/07/19	01/04/22
Trimethoprim 50mg/5mL Oral Suspension (Pinewood Brand)	09/09/19	01/04/22

British National Formulary and British National Formulary for Children accessed 20/02/22 and 22/02/22.

Appendix 1

Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply/administer the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Supply and Administration of Medicines for Minor Illness By Approved Healthcare Professionals Working Within Grampian Out of Hours (OOH) Primary Care Service

I have completed the appropriate training to my professional standards enabling me to supply/administer the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

Appendix 2

Healthcare Professionals Authorisation to Supply/Administer Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this PGD is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply/administer the medicine(s) under this PGD is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.
Patient Group Direction For The Supply and Administration of Medicines for Minor Illness By Approved Healthcare Professionals Working Within Grampian Out of Hours (OOH) Primary Care Service
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply and Administration of Medicines for Minor Illness By Approved Healthcare Professionals Working Within Grampian Out of Hours (OOH) Primary Care Service					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

Appendix 3

NHS Grampian - OOH Minor Illness Medicine Formulary

The information in these monographs is not exhaustive. They must be read in conjunction with the current issue of the British National Formulary (BNF), British National Formulary for Children (BNFC) and the Summary of Product Characteristics (SmPC) for each medicine.

Aciclovir 800mg Dispersible Tablets (Supply)	
Legal Status	POM **N.B.** Wockhardt brand is not licensed to be dispersed therefore not covered by this PGD.
Indication	• Herpes zoster (shingles). Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Treat if individuals 50 years of age or older, and within 72 hours of onset of rash (post-herpetic neuralgia rare in <50 years), or if active ophthalmic symptoms, Ramsey Hunt syndrome or eczema.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 50 years of age • Allergy or hypersensitivity to aciclovir, valaciclovir or any excipients of the tablets • Renal impairment • Immunosuppression from any cause • Currently taking: aminophylline, colistimethate or theophylline. **N.B.** There are numerous medicines which interact with aciclovir and only severe interactions are listed above. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD**
Precautions and warnings	Hydration status: Adequate hydration should be maintained, especially in the elderly and, in patients with impaired renal function or those receiving such a high doses of aciclovir.
Dose/Maximum total dose	800mg to be taken five times daily at approximately four-hourly intervals, omitting the night time dose for 7 days. **Maximum total daily dose allowed under this PGD is 4g.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.

Aciclovir 800mg Dispersible Tablets (Supply)	
Route/Method of Administration	Oral administration
Quantity to be supplied	Aciclovir 800mg dispersible tablets [1 x 35].
Potential Adverse Reactions	Common side effects: Nausea, vomiting, diarrhoea, dizziness, fever, abdominal pain, headache, fatigue, pruritus and rash (including photosensitivity). Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Tablets may be dissolved in a minimum of 50mL of water and stirred before drinking, or swallowed whole • Take regularly at approximately 4-hourly intervals (omitting the night time dose) and complete the course • Ensure adequate fluid intake • Treatment may reduce severity and duration of symptoms • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • For optimal response, dosing should begin as soon as symptoms commence • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C and protect from light and moisture

Amoxicillin 250mg/500mg Capsules 125mg/5mL or 250mg/5mL Oral Suspension Sugar Free BP (Supply)	
Legal Status	POM **N.B.** Amoxicillin is licensed to be prescribed based on the weight of individuals and not by their age. The dosing in this PGD is based on an individual's age, and as such there may be an occasion when an individual would receive an off-label dose. Any medicine used out with the terms of its license should be discussed with the individual/person with parental responsibility prior to supply.
Indication	• Acute infective exacerbation of COPD with purulent sputum **and** dyspnoea **and/or** increased sputum volume • Uncomplicated community acquired pneumonia (where pneumonia CRB-65* score = 0) • Acute Otitis media where clinically indicated. Consider no or delayed prescription. • Acute sinusitis where clinically indicated. Consider no or delayed prescription. Treatment is for when symptoms are greater than 10 days and not resolving/ no improvement *CRB-65 Score (score 1 point for each feature present): **C**onfusion – (defined as mental test score of 8 or less, or new disorientation in person, place or time) **R**espiratory rate ≥30/minute **B**P systolic <90mmHg or BP diastolic ≤60mmHg **65** or more years of age Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; • Individuals 1 month of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 month of age • Allergy or hypersensitivity to penicillins, cephalosporins or other beta-lactam agents or any excipients of the capsules/solution • Previous penicillin-induced cholestatic jaundice or hepatitis • Immunocompromised individuals • Severe renal impairment

Amoxicillin 250mg/500mg Capsules 125mg/5mL or 250mg/5mL Oral Suspension Sugar Free BP (Supply)	
	• Glandular fever • Pregnancy • Breastfeeding • Currently taking: acenocoumarol, methotrexate, phenindione or warfarin. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and Special Warnings	Before initiating therapy with amoxicillin, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins or other beta-lactam agents.
Dose/Maximum total dose	**Acute infective exacerbation of COPD:** **18 years of age and over:** 500mg three times daily for 5 days **Uncomplicated community-acquired pneumonia (CRB-65=0):** **5 years of age and over:** 500mg three times daily for 5 days (supply 200mL of 250mg/5mL oral suspension if liquid preparation required). **Maximum total daily dose allowed under this PGD for the above indications is 1.5g.** **1 year to 4 years of age:** 250mg three times daily for 5 days (supply 100mL of 250mg/5mL oral suspension). **Maximum total daily dose allowed under this PGD for the above indication is 750mg.** **1 month to 11 months of age:** 125mg three times daily for 5 days (supply 100mL of 125mg/5mL oral suspension). **Maximum total daily dose allowed under this PGD for the above indication is 375mg.**

Amoxicillin 250mg/500mg Capsules 125mg/5mL or 250mg/5mL Oral Suspension Sugar Free BP (Supply)	
	Acute Otitis Media: **5 years of age and over:** 500mg three times daily for 5 days (supply 200mL of 250mg/5mL oral suspension if liquid preparation required). **Maximum total daily dose allowed under this PGD for the above indication is 1.5g.** **1 year to 4 years of age:** 250mg three times daily for 5 days (supply 100mL of 250mg/5mL oral suspension). **Maximum total daily dose allowed under this PGD for the above indication is 750mg.** **1 month to 11 months of age:** 125mg three times daily for 5 days (supply 100mL of 125mg/5mL oral suspension). **Maximum total daily dose allowed under this PGD for the above indication is 375mg.** **Acute sinusitis:** **18 years of age and over:** 500mg three times daily for 7days. **17 years and under: Refer to OOH Clinical Supervisor** **Maximum total daily dose allowed under this PGD for the above indication is 1.5g.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Frequency of dose/Duration of treatment section above.
Route/Method of Administration	Oral. For capsules swallow with water without opening capsule. Solutions must be reconstituted with fresh tap water in

Amoxicillin 250mg/500mg Capsules 125mg/5mL or 250mg/5mL Oral Suspension Sugar Free BP (Supply)	
	accordance with the manufacturer's instructions before being issued to individuals. If individual under one year reconstitute with sterile water.
Quantity to be supplied	500mg capsules (1 x 21). 250mg caps (2 x 21) Oral solution for reconstitution to 125mg/5mL or 250mg/5mL solution (see Dose/Maximum total dose section above). Supply a 5mL spoon or oral syringe.
Potential Adverse Reactions	Common side effects: nausea, diarrhoea and skin rash. Immediate hypersensitivity reactions including anaphylaxis, rashes and urticaria (discontinue treatment). The occurrence at the treatment initiation of a feverish generalised erythema associated with pustula may be a symptom of acute generalised exanthematous pustulosis. This reaction requires amoxicillin discontinuation and contra-indicates any subsequent administration. Prolongation of prothrombin time has been reported rarely in individuals receiving amoxicillin. Appropriate monitoring should be undertaken when anticoagulants are prescribed concomitantly. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Shake oral solution well before administration • Store oral solution in the fridge • Take at regular intervals and complete the course unless otherwise directed by a doctor. • Read the manufacturer's PIL. • For suspension, total quantity provided exceeds amount required, return remaining suspension to a community pharmacy.
Follow up (If applicable)	N/A

Amoxicillin 250mg/500mg Capsules 125mg/5mL or 250mg/5mL Oral Suspension Sugar Free BP (Supply)	
Storage	Suspension - Store below 25°C until reconstituted. (After reconstitution store in the fridge). Capsule - Protect from light and moisture.

Cetirizine 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
Legal Status	POM
Indication	• Relief of allergy such as hay fever or urticaria. • Antihistamine of choice where the side-effect of drowsiness is problematic.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; **Relief of allergy (hay fever):** Individuals aged 2 years of age or over. **Urticaria:** Individuals aged 6 years of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 2 years of age (Relief of allergy (hay fever)) • Under 6 years of age(Urticaria) • Allergy or hypersensitivity to cetirizine or any excipients of the tablets or solution • Renal impairment • Pregnancy • Breastfeeding • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption • Currently taking: isocarboxazid, phenelzine or tranylcypromine. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	At therapeutic doses, no clinically significant interactions have been demonstrated with alcohol (for a blood alcohol level of 0.5 g/l). Nevertheless, precaution is recommended if alcohol is taken concomitantly. Caution should be taken in patients with predisposition factors of urinary retention (e.g. spinal cord lesion, prostatic hyperplasia) as cetirizine may increase the risk of urinary retention. Caution is recommended in epileptic patients and patients at risk of convulsions.
Dose/Maximum total dose	**Tablets:** **12 years of age and over:** 10mg once daily

Cetirizine 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
	6 to 11 years of age: 5mg twice daily (a half tablet twice daily). **Oral Solution (hay fever):** 2 to 5 years of age: 2.5mg (2.5mL) twice daily. **Oral Solution (Uticaria) 6 to 11 years of age** Either 5mg (5ml) twice daily or 10mg (10mls) once daily **Maximum total dose allowed under this PGD is 10mg.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration. The tablets need to be swallowed with a glass of liquid.
Quantity to be supplied	Cetirizine 10mg tablets [1x7] Cetirizine 5mg/5mL oral solution [1x60mL bottle].
Potential Adverse Reactions	Common side effects: somnolence, fatigue, dizziness and headache. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Drowsiness can occur as product contains propylene glycol which may cause alcohol-like symptoms and may affect performance of skilled tasks, e.g. driving • Excess alcohol consumption should be avoided • Caution in epileptic individuals and those at risk of convulsions is recommended. • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Solution and tablets: No special precautions for storage.

Chloramphenicol 0.5% w/v Eye Drops or 1% w/w Antibiotic Eye Ointment (Supply)	
Legal Status	POM
Indication	• Acute purulent conjunctivitis. • Blepharitis if eyelid hygiene alone is not effective or signs of Staphylococcus infection. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 month of age and over. **N.B.** The use of Chloramphenicol 0.5% eye drops or ointment 1% in children from 1 month to under 2 years of age is outside the terms of the marketing authorisation and constitutes an off-label use. The person with parental responsibility should be informed prior to the administration that the use is off-label.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 month of age • Mild infection (advise self-care and to report worsening symptoms) • Allergy or hypersensitivity to chloramphenicol or any excipients • Patients with a known personal or family history of blood dyscrasias including aplastic anaemia • Users of other prescribed eye drops or ointment • Disturbances in vision except those due to matter in eye • Moderate to severe pain within eyeball • Eye surgery in the last 6 months • Eye injury • Glaucoma • Dry eye syndrome • Suspected periorbital or orbital cellulitis • Have experienced bone marrow suppression during previous exposure to chloramphenicol • Pregnancy (consider fusidic acid eye drops) • Breastfeeding (consider fusidic acid eye drops) • Currently taking: fosphenytoin, glibenclamide, gliclazide, Glimepiride, glipizide, phenytoin, tacrolimus or tolbutamide. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines.

Chloramphenicol 0.5% w/v Eye Drops or 1% w/w Antibiotic Eye Ointment (Supply)	
	Medical advice should be sought immediately for any individual who is excluded from the PGD.
Precautions and warnings	Avoid prolonged use.
Dose/Maximum total dose	**Acute purulent conjunctivitis:** 1% Ointment - Apply 3-4 times daily to the inside of lower affected lid. 0.5% Drops – Put one drop into the affected eye(s) every 2 hours for the first 48 hours and 4 hourly thereafter. Maximum of 7 days or until symptom free for 48 hours, whichever is sooner. **Blepharitis:** Apply ointment 4 times daily to the inside of lower affected lid. Apply for 7 days. Not to be used for longer than 7 days without review. **Maximum of 7 days' supply allowed under this PGD.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Topical administration to the eye.
Quantity to be supplied	Chloramphenicol 0.5% w/v eye drops [1x10mL bottle] Chloramphenicol 1% w/w ointment [4g tube] A separate bottle/tube should be supplied for each eye if both are affected.
Potential Adverse Reactions	Common side effects: transient blurring of vision, stinging, burning on administration. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Treatment should continue for 48 hours after eye has returned to normal

Chloramphenicol 0.5% w/v Eye Drops or 1% w/w Antibiotic Eye Ointment (Supply)	
	• Advise not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine • Bath/clean eyelids with cotton wool dipped in sterile saline or boiled (cooled) water, to remove crusting • Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious • Not to wear contact lenses when using this product and for 24 hours after completion of treatment • Warn individuals not to drive or operate hazardous machinery unless vision is clear • Good lid hygiene • Use a separate bottle/tube for each eye if both are affected • Store the eye drops in a refrigerator • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Use for maximum of 7 days. Must be reviewed at 7 days if blepharitis • Medical advice should be sought if there is no improvement in the condition after 2 days or if symptoms worsen at any time • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Eye Drops: Store upright at 2 to 8°C in a dry place away from strong sunlight and do not freeze (for example keep in a fridge). Ointment: Store below 25°C. Protect from light.

Chlorphenamine 4mg Tablets Or Syrup 2mg/5mL (Supply)	
Legal Status	P
Indication	• Relief of allergy, including hay fever, food allergy, drug allergy, vasomotor rhinitis, urticaria, insect bites, stings. • Relief of itch associated with chickenpox. (Where the side-effect of drowsiness is not a problem).
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 year of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 year of age • Allergy or hypersensitivity to chlorphenamine or any excipients • Benign prostatic hyperplasia • Urinary retention • Pyloroduodenal obstruction • Epilepsy • Glaucoma • Hepatic impairment • Renal impairment • Respiratory disease including asthma • Severe hypertension or cardiovascular disease • Pregnancy • Breastfeeding • Currently taking MAOIs or have taken within the last 14 days • Rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. **N.B.** There are numerous medicines which interact with chlorphenamine and only severe interactions are listed above. See SmPC, current BNF/BNFC Appendix 1 or the NHSG Antimicrobial Companion App for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Chlorphenamine, in common with other drugs having anticholinergic effects, should be used with caution in epilepsy; raised intra-ocular pressure including glaucoma; prostatic hypertrophy; severe hypertension or cardiovascular disease; bronchitis, bronchiectasis and asthma; hepatic impairment; renal impairment. Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (e.g. increased energy,

Chlorphenamine 4mg Tablets Or Syrup 2mg/5mL (Supply)	
	restlessness, nervousness). Avoid use in elderly patients with confusion. The anticholinergic properties of chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some patients which may seriously affect ability to drive and use machinery. The effects of alcohol may be increased and therefore concurrent use should be avoided. Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines.
Dose/Maximum total dose	**Frail or elderly (>70 years):** 2mg (½ tablet or 5mL syrup) every 4-6 hours, maximum 12mg daily. **12 years of age and over:** 4mg (1 tablet or 10mL syrup) every 4-6 hours, maximum 24mg daily. **6-11 years of age:** 2mg (½ tablet or 5mL syrup) every 4-6 hours, maximum 12mg daily. **2-5 years of age:** 1mg (2.5mL syrup) every 4-6 hours, maximum 6mg daily. **1-2 years of age:** 1mg (2.5mL syrup) twice daily, minimum 4 hours apart, maximum 2mg (5mL) in 24 hours. **Maximum total daily dose allowed under this PGD is 24mg.** **N.B.** Only the solution is to be supplied to individuals less than 6 years of age.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral.
Quantity to be supplied	See Dose/Maximum total dose section above.

Chlorphenamine 4mg Tablets Or Syrup 2mg/5mL (Supply)	
Potential Adverse Reactions	Common side effects: sedation, somnolence, disturbance in attention, abnormal coordination, dizziness, headache, nausea and dry mouth. Can cause drowsiness and psychomotor impairment that can seriously hamper the individual's ability to drive and use machinery. Sedating effects are enhanced by alcohol and other sedating medicines. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Avoid alcohol • Do not drive or operate machinery • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Syrup: Store below 25°C. Protect from light. Tablets: Store below 30°C.

Clarithromycin 500mg Tablets, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
Legal Status	POM
Indication	For penicillin allergic individuals in: • Acute infective exacerbation of COPD with purulent sputum **and** dyspnoea **and/or** increased sputum volume • Uncomplicated community acquired pneumonia CRB-65 = 0 • Otitis media where clinically indicated. Consider no or delayed prescription. • Upper respiratory tract infection e.g. pharyngitis, acute sore throat or acute tonsillitis where clinically indicated, Fever Pain score 2-3 (3 day delayed antibiotic) or 4 or more (immediate antibiotic if severe or 48 hr delayed back-up prescription) • Cellulitis (afebrile and normally healthy individual) • Impetigo with widespread lesions. **Use Fever PAIN Score:** **F**ever in last 24hours **P**urulence **A**ttend rapidly under 3 days **I**nflamed tonsils **N**o cough or coryza. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 year of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 year of age • Allergy or hypersensitivity to erythromycin or any of the excipients of the tablets, oral suspension • Severe hepatic impairment • Severe renal impairment • Pregnancy • Breastfeeding • Myasthenia gravis • Porphyria • Individuals with pre-disposition to QT interval prolongation **N.B.** There are numerous medicines which interact with clarithromycin and as such you must ensure you check the

Clarithromycin 500mg Tablets, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
	SmPC and current BNF/BNFC Appendix 1 before making the supply. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Pseudomembranous colitis has been reported with nearly all antibacterial agents, including macrolides, and may range in severity from mild to life-threatening. *Clostridium difficile*-associated diarrhoea (CDAD) has been reported with use of nearly all antibacterial agents including clarithromycin, and may range in severity from mild diarrhoea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon, which may lead to overgrowth of *C. difficile.* CDAD must be considered in all patients who present with diarrhoea following antibiotic use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents. Therefore, discontinuation of clarithromycin therapy should be considered regardless of the indication. Microbial testing should be performed and adequate treatment initiated. Drugs inhibiting peristalsis should be avoided.
Dose/Maximum total dose	**Doses in children are dependent on weight and are as follows;** **1 year –11 years (body-weight up to 8 kg)** - 7.5 mg/kg twice daily **1 year –11 years (body-weight 8–11 kg)** - 62.5 mg twice daily **1 year –11 years (body-weight 12–19 kg)** - 125 mg twice daily **1 year –11 years (body-weight 20–29 kg)** - 187.5 mg twice daily **1 year –11 years (body-weight 30–40 kg)** - 250 mg twice daily **12–17 years of age** - 250–500 mg twice daily **18 years of age and over:** 500mg twice daily. **Maximum total daily dose allowed under this PGD is 1g.**

<table>
<tr><th colspan="2">Clarithromycin 500mg Tablets, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)</th></tr>
<tr><td></td><td>N.B. Clarithromycin tablets are not licensed in children under 12 years of age but the suspension is licensed for children from 6 months of age.</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>
<table>
<tr><th>Condition</th><th>Duration of Treatment</th></tr>
<tr><td>Acute infective exacerbation of COPD</td><td>5 days</td></tr>
<tr><td>Uncomplicated community acquired pneumonia (CRB-65=0)</td><td>5 days</td></tr>
<tr><td>Otitis media</td><td>5 days</td></tr>
<tr><td>Cellulitis (afebrile individual)</td><td>5 - 7 days</td></tr>
<tr><td>Widespread Impetigo</td><td>7 days</td></tr>
<tr><td>Upper respiratory tract infection</td><td>5 days</td></tr>
</table>
</td></tr>
<tr><td>Maximum or minimum treatment period</td><td>See table above.</td></tr>
<tr><td>Route/Method of Administration</td><td>Oral administration. The tablet should be swallowed whole with a sufficient amount of fluid (e.g. one glass of water).

Oral suspension bottle should be filled with two-thirds of the overall required quantity of water, then thoroughly shaken and filled with water up to the mark and shaken again. The bottle should be shaken vigorously before each application.

Supply a 5mL spoon or an oral syringe.</td></tr>
<tr><td>Quantity to be supplied</td><td>Clarithromycin 500mg tablets [10x500mg] for all indications.

Clarithromycin 125mg/5mL or 250mg/5mL oral suspension should be supplied in multiples of 100mL to provide 5 days of treatment, and to provide 7 days of treatment for impetigo or cellulitis.</td></tr>
<tr><td>Potential Adverse Reactions/ Cautions</td><td>Common side effects: Insomnia, dysgeusia, headache, taste perversion, vasodilation, diarrhoea, vomiting, nausea, dyspepsia, abdominal pain, rash, hyperhidrosis and liver function test abnormalities.

Several interactions listed in the BNF – check what individual is taking and decide on significance of interaction if any.

Refer to BNF/BNFC and SmPC for other side-effects.</td></tr>
</table>

Clarithromycin 500mg Tablets, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
Advice	As per main PGD advice verbal and additionally; • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise individual: shake suspension well before administration • For suspension, total quantity provided exceeds amount required, return remaining suspension to community pharmacy. • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Tablets: This medicinal product does not require any special storage conditions. Suspension: Do not store above 25°C.After reconstitution: Do not store above 25°C.

Co-Codamol (codeine 30mg and paracetamol 500mg Tablets) (Supply)	
Legal Status	POM
Indication	For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Individuals under 18 years of age • Allergy or hypersensitivity to paracetamol or codeine or any of the excipients in the tablets • Current alcohol intoxication • Severe hepatic impairment • Severe renal impairment • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant • Breastfeeding • Evidence of respiratory depression • Acute severe or uncontrolled asthma • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery • Known CYP2D6 ultra-rapid metabolisers. • Current taking or have taken (within the last 14 days) monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Currently taking: buprenorphine, nalmefene, ozanimod, pentazocine or phenelzine. **N.B.** There are numerous medicines which interact with codeine and only severe interactions are listed above. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Care should be observed in administering the product to any patient whose condition may be exacerbated by opioids, including the elderly, who may be sensitive to their central and gastro-intestinal effects, those on concurrent CNS depressant drugs, those with prostatic hypertrophy and those with inflammatory or obstructive bowel disorders.

Co-Codamol (codeine 30mg and paracetamol 500mg Tablets) (Supply)	
	Care should also be observed if prolonged therapy is contemplated. Use with caution in patients with convulsive disorders.
Dose/Maximum total dose	1 to 2 tablets (30mg/500mg-60mg/1g) every four to six hours up to a maximum of 8 tablets in any 24 hour period. **Maximum total daily dose allowed under this PGD is 240mg/4g (8 tablets).**
Frequency of dose/Duration of treatment	Up to 3 days
Maximum or minimum treatment period	Maximum 3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Co-codamol 30/500mg [24x30/500mg] tablets.
Potential Adverse Reactions/ Cautions	Common side effects: arrhythmias, confusion, constipation, dizziness, drowsiness, dry mouth, euphoric mood, flushing, hallucination, headache, hyperhidrosis, miosis, nausea (more common on initiation), palpitations, skin reactions, urinary retention, vertigo and vomiting (more common on initiation). **Care in use if the individual is or is known to suffer from:** • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's Disease Myasthenia gravis **Drug Interactions:** This list is not exhaustive. Concurrent medication MUST always be checked for interactions before supply under this PGD. Most common are: • Cimetidine – metabolism of opioid analgesics inhibited by cimetidine • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide

Co-Codamol (codeine 30mg and paracetamol 500mg Tablets) (Supply)	
	• Metoclopramide and domperidone may increase the absorption rate of paracetamol. Increased sedative and hypotensive effects may be experienced by coadministration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics & hypnotics (avoid concurrent administration where possible) Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Explain treatment and course of action • May cause drowsiness & impaired concentration – MUST NOT drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Do not consume alcohol • If taking cholestyramine it should not be taken at the same time as it may decrease the absorption of paracetamol. Take co-codamol one hour before or 4-6 hours after cholestyramine • Avoid other paracetamol containing products • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 72 hours or get worse contact GP.
Storage	Store below 25°C and in original packaging.

Codeine Phosphate 15mg Tablets BP (Supply)	
Legal Status	POM
Indication	For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 12 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 12 years of age • Allergy or hypersensitivity to codeine or any of the excipients of the tablets • Current alcohol intoxication • Severe hepatic impairment • Severe renal impairment • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant • Breastfeeding • Displaying evidence of respiratory depression • Acute severe or uncontrolled asthma • Acute ulcerative colitis or antibiotic associated colitis • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery • Known CYP2D6 ultra-rapid metabolisers • Current taking or have taken (within the last 14 days) • monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Currently taking: buprenorphine, nalmefene, ozanimod, pentazocine or phenelzine. **N.B.** There are numerous medicines which interact with codeine and only severe interactions are listed above. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	The patients should be followed closely for signs and symptoms of respiratory depression and sedation. In this respect, it is strongly recommended to inform patients and their caregivers to be aware of these symptoms.

Codeine Phosphate 15mg Tablets BP (Supply)	
Dose/Maximum total dose	**18 years of age and over:** 2 to 4 tablets (30-60mg) every four to six hours up to a maximum of 16 tablets (240mg) in any 24 hour period. **12-17 years of age:** 2 to 4 tablets (30-60mg) every six hours up to a maximum of 16 tablets (240mg) in any 24 hour period. **N.B.** The dose is based on the body weight (0.5-1mg/kg). **Maximum total daily dose allowed under this PGD is 240mg.**
Frequency of dose/Duration of treatment	Up to 3 days
Maximum or minimum treatment period	3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied/	Codeine Phosphate 15mg [28x15mg] tablets.
Potential Adverse Reactions/ Cautions	Common side effects: arrhythmias, confusion, constipation, dizziness, drowsiness, dry mouth, euphoric mood, flushing, hallucination, headache, hyperhidrosis, miosis, nausea (more common on initiation), palpitations, skin reactions, urinary retention, vertigo and vomiting (more common on initiation). **Care in use if the individual is or is known to suffer from:** • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's disease Myasthenia gravis. **Drug Interactions:** This list is not exhaustive. Concurrent medication MUST always be checked for interactions before supply under this PGD. Most common are: • Cimetidine – metabolism of opioid analgesics inhibited by cimetidine

Codeine Phosphate 15mg Tablets BP (Supply)	
	• Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide. Increased sedative and hypotensive effects may be experienced by co administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics & hypnotics (avoid concurrent administration where possible) Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Explain treatment and course of action • May cause drowsiness & impaired concentration – MUST NOT drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Do not consume alcohol • Ensure good fluid and fibre intake to reduce risks of constipation • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Do not store above 25°C. Store in the original container.

Cyclizine 50mg/mL Solution For Injection (Administer)	
Drug Legal Status	POM
Indication	For the treatment of nausea and vomiting.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals aged 18 years or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Allergy or hypersensitivity to cyclizine or any of the excipients of the injection • Severe hepatic impairment • Severe renal impairment • Pregnant • Breastfeeding • Porphyria • Glaucoma • Urinary retention • Obstructive disease of the gastrointestinal tract • Pheochromocytoma • Epilepsy • Males with prostatic hypertrophy • Severe heart failure • Acute myocardial infarction • Uncontrolled hypertension • Currently taking: antimuscarinic drugs or antidepressants (both tricyclics and MAOIs) • Acute alcohol intoxication See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	As with other anticholinergic agents, cyclizine may precipitate incipient glaucoma and it should be used with caution and appropriate monitoring in patients with glaucoma, urinary retention, obstructive disease of the gastrointestinal tract, hepatic disease, pheochromocytoma, hypertension, epilepsy and in males with possible prostatic hypertrophy. Cyclizine injection may have a hypotensive effect.
Dose/Maximum total dose	One 50mg injection **Maximum total dose of allowed under this PGD is 50mg.**

Cyclizine 50mg/mL Solution For Injection (Administer)	
Frequency of dose/Duration of treatment	Once only
Maximum or minimum treatment period	One administration.
Route/Method of Administration	Intramuscular injection to be given over 3–5 minutes.
Quantity to be administered	50mg
Potential Adverse Reactions/ Cautions	No listed common side effects, therefore side effects where frequency unknown are as follows: abdominal pain; agranulocytosis; angioedema; anxiety; apnoea; appetite decreased; arrhythmias; asthenia; bronchospasm; constipation; diarrhoea; disorientation; dizziness; drowsiness; dry mouth; dry throat; euphoric mood; haemolytic anaemia; hallucinations; headache; hepatic disorders; hypertension; hypotension; increased gastric reflux; insomnia; leucopenia; movement disorders; muscle complaints; nasal dryness; nausea; oculogyric crisis; palpitations; paraesthesia; photosensitivity reaction; seizure; skin reactions; speech disorder; thrombocytopenia; tinnitus; tremor; urinary retention; vision blurred; vomiting Increased sedative and hypotensive effects may be experienced by co-administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Sedating antipsychotics • Anxiolytics & hypnotics (avoid concurrent administration where possible) • Barbiturates • Tranquillisers Cyclizine may counteract the haemodynamic benefits of opioid analgesics. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Explain treatment and course of action • May cause drowsiness & impaired concentration – MUST NOT drive or operate heavy machinery • Do not consume alcohol • Read manufacturer's PIL

Cyclizine 50mg/mL Solution For Injection (Administer)	
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Do not store above 25°C. Keep the ampoule in the outer carton in order to protect from light.

Diazepam 5mg Tablets BP (Supply)	
Legal Status	POM
Indication	For the treatment of muscle spasm e.g. back injury.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Allergy or hypersensitivity to diazepam or any of the excipients of the tablets • Hypersensitivity to benzodiazepines • Known severe liver disease • Known severe renal disease • Pregnancy or planning a pregnancy • Breastfeeding • Known to be suffering from any of the following: o Generalise Anxiety/Panic attacks o Respiratory depression o Severe COPD o Sleep apnoea syndrome o Myasthenia gravis o Severe respiratory insufficiency o Phobic or obsessional states o Suicidal thoughts and/or tendencies o Current psychotic illness o A degree of disorientation or confusion o Porphyria. • Currently taking clozapine, ritonavir, HIV-protease inhibitors, sodium oxybate or any ‘azole’ antibiotics. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	The concomitant use of diazepam with alcohol and/or CNS depressants should be avoided. Such concomitant use has the potential to increase the clinical effects of diazepam possibly including severe sedation, clinically relevant respiratory and/or cardio-vascular depression.
Dose/Total dose	5mg repeated in 4 to 6 hours to a maximum of 15mg in any 24 hour period **Maximum total daily dose allowed under this PGD is 15mg.**

Diazepam 5mg Tablets BP (Supply)	
Frequency of dose/Duration of treatment	Single episode of acute muscle spasm only.
Maximum or minimum treatment period	Single episode of acute muscle spasm only to a maximum of three days.
Route/Method of Administration	Oral administration.
Quantity to be administered	6 x 5mg tablets.
Potential Adverse Reactions/ Cautions	Common side effects: Drowsiness, confusion, ataxia, impaired motor ability, tremor, fatigue and withdrawal symptoms. Care must be taken regarding drug misuse. Several interactions listed in the BNF – check what individual is taking and decide on significance of interaction if any. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Explain treatment and course of action • May cause drowsiness & impaired concentration – MUST NOT drive or operate heavy machinery • Do not consume alcohol. • Read manufacturer's PIL.
Follow up (If applicable)	Continuing muscle spasm after 48hrs should prompt the individual to contact their own GP or seek further medical advice.
Storage	Do not store above 25°C.

Flucloxacillin 250mg/500mg Capsules, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
Legal Status	POM
Indication	• Impetigo (widespread). • Cellulitis - afebrile and healthy individual. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 2 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 2 years of age • Hepatic impairment • Severe renal impairment • Pregnancy • Breastfeeding • Hypersensitivity to penicillins, cephalosporins or any of the excipients of the capsules or suspension • Currently taking: methotrexate, coumarins, probenecid or phenindione • Previous history of flucloxacillin associated jaundice/hepatic dysfunction. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	The occurrence at the treatment initiation of a feverish generalised erythema associated with pustula may be a symptom of acute generalised exanthematous pustulosis (AGEP). In case of AGEP diagnosis, flucloxacillin should be discontinued and any subsequent administration of flucloxacillin contra-indicated.
Dose/Maximum total dose	**2 - 9 years of age:** 125mg four times daily. **10 - 17 years of age:** 250mg four times daily (doses may be doubled to 500mg four times daily in severe infections). **18 years of age and over:** 500mg four times daily. **Maximum total daily dose allowed under this PGD is 2g.**

Flucloxacillin 250mg/500mg Capsules, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
Frequency of dose/Duration of treatment	Cellulitis (afebrile individual) – 5 to 7 days treatment Widespread Impetigo - 7 days treatment.
Maximum or minimum treatment period	See table above.
Route/Method of Administration	Oral administration. To be administered 1hr before meals or 2 hours after meals. Oral suspension must be reconstituted with fresh tap water in accordance with the manufacturer's instructions before being issued to individuals. Supply with a 5mL spoon or an oral syringe.
Quantity to be supplied	Dependent on condition to be treated and age of the individual. See both Dose/Maximum total dose and Frequency of dose/Duration of treatment sections above. Supply as either: Flucloxacillin Syrup 125mg/5ml x 100mL Bottle Flucloxacillin Syrup 250mg/5ml x 100mL Bottle Flucloxacillin Capsules 250mg x 20 Pack Flucloxacillin Capsules 500mg x 20 Pack Flucloxacillin Capsules 500mg x 28 Pack
Potential Adverse Reactions	Common side effects: diarrhoea, hypersensitivity, nausea, skin reactions, thrombocytopenia and vomiting. This medicinal product contains 52.3mg sodium per gram, equivalent to 2.62% of the WHO recommended maximum daily intake of 2g sodium for an adult. To be taken into consideration by individuals on a controlled sodium diet. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Swallow capsules whole with water • Shake suspension well before administration • Store suspension preparation in the fridge • For suspension, if total quantity provided exceeds amount required, return to community pharmacy • Take one hour before food or two hours after, on an empty stomach • Take at regular intervals and complete the course unless otherwise directed by a doctor • Read the manufacturer's PIL

Flucloxacillin 250mg/500mg Capsules, 125mg/5mL Oral Suspension or 250mg/5mL Oral Suspension (Supply)	
Follow up (If applicable)	N/A
Storage	Tablets: Store below 25°C. Protect from light and moisture. Store in the original container. Oral Suspension: Do not store above 25°C when unopened. Store in the original container in order to protect from light and moisture. Once reconstituted the mixture may be stored for a maximum of 7 days when stored in the original container at 2°C - 8°C in a refrigerator.

Fluorescein Sodium 1%w/v Solution Minims® Eye Drops (Supply)	
Legal Status	P
Indication	For identification of corneal abrasions and ulceration of the eye.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Individuals with soft contact lenses unless removed • Pregnancy • Breastfeeding • Allergy or hypersensitivity to fluorescein or any of the excipients of the eye drops. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Special care should be taken to avoid microbial contamination. *Pseudomonas aeruginosa* grows well in fluorescein solutions, therefore, a single dose solution is preferred. Each Minims unit should be discarded after a single use.
Dose/Maximum total dose	Single application of 1-2 drops into affected eye to stain lesion. **Maximum total dose allowed under this PGD is 2 drops.**
Frequency of dose/Duration of treatment	Once only administration of 1-2 drops into the affected eye.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Topical administration to the eye. 1-2 drops should be instilled drop wise into affected eye to stain lesion. Excess may be washed away with sterile saline solution. Abrasions of the conjunctiva stain yellow or orange. Abrasions or ulcers of the cornea stain bright green.

Fluorescein Sodium 1%w/v Solution Minims® Eye Drops (Supply)	
	Foreign bodies are surrounded by a green ring.
Quantity to be supplied	Once only administration of 1-2 drops into the affected eye.
Potential Adverse Reactions	May cause transient stinging and blurring of vision on administration. May stain skin or clothing. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Soft contact lenses should be removed • Warn individual not to drive or operate machinery until vision is clear • Advise individual any yellow stain in discharge will disappear within the hour • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Store below 25°C. Do not freeze. Protect from light. Each Minims® unit should be discarded after single use.

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
Legal Status	POM
Indication	• Purulent conjunctivitis in pregnant individual or if allergy to chloramphenicol • Blepharitis if eyelid hygiene alone is not effective or signs of staphylococcus infection, and allergy to chloramphenicol or pregnant Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 month of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 month of age. • Hypersensitivity to fusidic acid or any of the excipients of the eye drops. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Fusidic acid eye drops contain benzalkonium chloride, which may cause eye irritation and discolour soft contact lenses.
Dose/Maximum total dose	One drop instilled in eye twice daily for a maximum of 7 days or until symptom free for 48 hours. Not to be used for longer than 7 days without review. **Maximum total daily dose allowed under this PGD is 2 drops.**
Frequency of dose/Duration of treatment	Maximum of 7 days or until symptom free for 48 hours.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Topical administration to the eye.
Quantity to be	One 5g Tube or two 5g Tubes if both eyes are affected.

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
supplied	
Potential Adverse Reactions	Transient stinging and blurring of vision may occur after application. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Good lid hygiene • Purulent conjunctivitis: treatment should continue for 48 hours after eye has returned to normal • Clean away infected secretions from eyelids and • lashes with cotton wool soaked in water • Advise not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine • Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious • Do not wear contact lenses when using this product and for 24 hours after completion of treatment • Use a separate tube for each eye if both are affected • Keep tube tightly closed • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Store below 25°C. Keep the tube tightly closed. The tube should be discarded one month after opening.

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate And 100mg Of Potassium Bicarbonate) Or Gaviscon® Advance Liquid (1000mg Sodium Alginate And 200mg Of Potassium Bicarbonate/10mL) (Supply)	
Legal Status	P
Indication	Mild symptoms of gastro-oesophageal reflux such as dyspepsia, heartburn and flatulence.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 12 years of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 12 years of age • Allergy or hypersensitivity to sodium alginate or any of the excipients of the tablets or liquid • Severe renal impairment (due to the sodium and potassium content). See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	If symptoms do not improve after 7 days, the clinical situation should be reviewed. This product is considered high in sodium. This should be particularly taken into account for those on a low salt diet. Potassium: The liquid formulation contains 1.0mmoL (39.06mg) potassium per 5mL, (78mg per 10mL). This is to be taken into consideration in patients with reduced kidney function or patients on a controlled potassium diet. Each 10mL contains 200mg (2.0mmoL) of calcium carbonate. Care needs to be taken in treating patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi.
Dose/Maximum total dose	5-10mL after meals and at bedtime Or 1-2 tablets to be chewed after meals and at bedtime.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate And 100mg Of Potassium Bicarbonate) Or Gaviscon® Advance Liquid (1000mg Sodium Alginate And 200mg Of Potassium Bicarbonate/10mL) (Supply)	
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Gaviscon® Advance liquid1 x 150mL bottle (Supply a 5mL spoon with the liquid) Gaviscon® Advance chewable tablets 1 x 20 pack.
Potential Adverse Reactions	**Tablets** The sodium content of a two-tablet dose is 106mg (4.5mmoL) and a potassium content of 78mg (2.0mmoL). This should be taken into account when a highly restricted salt diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels. **Liquid** Each 10mL dose has a sodium content of 106mg (4.6mmoL) and a potassium content of 78mg (2.0mmoL). This should be taken into account when a highly restricted salt diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels. Each 10mL contains 200mg (2.0mmoL) of calcium carbonate. Care needs to be taken in treating individuals with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Take after meals and at bedtime • Shake suspension well before use • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Tablets: Do not store above 30°C. Store in the original package. Suspension: Do not refrigerate.

Ibuprofen 200mg Tablets Or 100mg/5mL Suspension (Supply)	
Legal Status	P
Indication	• Individuals 18 years of age and over: Mild to moderate musculoskeletal pain and inflammation • Individuals 6 months of age to under 18 years of age: Mild to moderate pain • Pyrexia.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 6 months of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 6 months of age • Active gastrointestinal ulceration or history of gastrointestinal ulceration • Current or previous history of dyspepsia • Allergy or hypersensitivity to ibuprofen other NSAIDs or aspirin or any of the excipients of the tablets • Previous experience of asthma, urticarial, angioedema or rhinitis precipitated or worsened by NSAIDs • Severe renal or hepatic impairment • Congestive cardiac failure • Porphyria • Individuals with coagulation defects • Individuals with severe dehydration • Uncontrolled hypertension • Ischaemic Heart Disease • Peripheral Arterial Disease • Cerebrovascular disease. • Ulcerative colitis and Crohns • Active, or history of, recurrent peptic ulcer or gastrointestinal haemorrhage • Pregnancy • Breastfeeding • Currently taking: aspirin, anticoagulants (e.g. warfarin, edoxaban, apixaban, rivaroxaban, dabigatran), anti-platelets (e.g. clopidogrel, ticagrelor and aspirin), ciclosporin, corticosteroids, diuretics, erlotinib, lithium, methotrexate, pentoxifylline, phenindione, probenecid, quinolones, tacrolimus, other NSAIDs, SSRIs, venlafaxine or sulfonylureas. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**

Ibuprofen 200mg Tablets Or 100mg/5mL Suspension (Supply)	
Precautions and warnings	Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms. The elderly have an increased frequency of adverse reactions to NSAIDs especially gastro-intestinal bleeding and perforation which may be fatal.
Dose/Maximum total dose	**6 months - 1 year of age:** 50mg (2.5mL of suspension) 3 times daily after food. **1 - 3 years of age:** 100mg (5mL) 3 times daily after food. **4 - 6 years of age:** 150mg (7.5mL) 3 times daily after food. **7 - 9 years:** 200mg (10mL) 3 times daily after food. **10 - 11 years of age:** 300mg (15mL) 3 times daily after food. **N.B.** Doses above should be given approximately every 6 to 8 hours, (or with a minimum of 6 hours between each dose if required). **12 to 17 years of age:** 300mg - 400mg 3-4 times daily after food. **18 years of age and over:** 400mg 3-4 times daily after food. Up to maximum of 1.2g daily. **N.B.** Doses above, leave at least four hours between doses. **N.B.** Very elderly or frail individuals are more susceptible to side-effects associated with NSAIDs and should be advised to take half the normal adult dose. **Maximum total daily dose allowed under this PGD is 1.2g.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 1 day.
Maximum or minimum treatment period	For a maximum duration of no more than 1 day.
Route/Method of Administration	Oral administration
Quantity to be supplied	200mg tablets [1 x 12] 100mg/5mL oral suspension [1 x 8 sachets] 100mg/5mL suspension [1 x 100mL]

Ibuprofen 200mg Tablets Or 100mg/5mL Suspension (Supply)	
	Supply a 5mL spoon or 2.5mL/5mL oral syringe with the sachets and suspension.
Potential Adverse Reactions	No listed common side effects, therefore side effects listed as uncommon are as follows: gastrointestinal discomfort, hypersensitivity, rash (discontinue), skin reactions, headache and nausea. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Take with or after food • Shake suspension well before use • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Suspension: This medicinal product does not require any special storage conditions. Tablets: Blister pack - This medicinal product does not require any special storage conditions. Securitainer/Pharmapac bottles – Store below 25°C, Keep the bottle tightly closed.

Naproxen 250mg Tablets (Supply)	
Legal Status	POM
Indication	• Musculoskeletal pain and inflammation associated with acute musculoskeletal disorders or arthritic conditions. • Acute gout.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age and over up to 65 years of age (Individuals over 65 years of age should be discussed with OOH doctor).
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Over 65 years of age • Active gastrointestinal ulceration or history of gastrointestinal ulceration • Current or previous history of dyspepsia • Hypersensitivity to the constituents and other NSAIDs including aspirin • Previous experience of asthma precipitated or worsened by NSAIDs • Severe renal impairment • Severe hepatic impairment • Congestive cardiac failure • Porphyria • Individuals with coagulation defects • Individuals with severe dehydration • Uncontrolled hypertension • Ischaemic Heart Disease • Peripheral Arterial Disease • Cerebrovascular disease • Ulcerative colitis or Crohn's disease • Pregnancy • Breastfeeding • Currently taking: acenocoumarol, aspirin, anticoagulants (e.g. warfarin, edoxaban, apixaban, rivaroxaban, dabigatran), anti-platelets (e.g. clopidogrel, ticagrelor and aspirin), ciclosporin, corticosteroids, diuretics, erlotinib, lithium, methotrexate, pentoxifylline, phenindione, probenecid, quinolones (e.g. ciprofloxacin or ofloxacin), tacrolimus, other NSAIDs, SSRIs, venlafaxine or sulfonylureas. **N.B.** There are numerous medicines which interact with naproxen and only those most commonly encountered are listed above. See SmPC and current BNF Appendix 1 for

Naproxen 250mg Tablets (Supply)	
	full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration necessary to control symptoms. Patients treated with NSAIDs long-term should undergo regular medical supervision to monitor for adverse events. Older people have an increased frequency of adverse reactions to NSAIDs especially gastrointestinal bleeding and perforation, which may be fatal.
Dose/Maximum total dose	**Acute musculoskeletal disorder:** 2 tablets initially (500mg), then 1 tablet (250mg) every 6 – 8 hours when required, up to a maximum of 4 tablets (1g) in 24 hours, with or after food. **Maximum total daily dose allowed under this PGD is 1g.** **Acute gout:** 3 tablets (750mg) initially on day 1 of treatment, then 1 tablet (250mg) every 8 hours, with or after food. From day 2 until attack has passed maximum daily dose is 250mg every 8 hours with or after food. **Maximum total daily dose allowed under this PGD is 1.25g**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	250mg tablets [1 x 28]
Potential Adverse Reactions	No common side effects are provided therefore side effects listed as frequency not known are as follows; agranulocytosis; alopecia; angioedema; aplastic anaemia; asthma; cognitive impairment; concentration impaired; confusion; constipation; corneal opacity; depression; diarrhoea; dizziness; drowsiness; dyspnoea; erythema nodosum; fatigue; gastrointestinal discomfort;

Naproxen 250mg Tablets (Supply)	
	gastrointestinal disorders; glomerulonephritis; haemolytic anaemia; haemorrhage; hallucination; headache; hearing impairment; heart failure; hepatic disorders; hyperhidrosis; hyperkalaemia; hypersensitivity; hypertension; increased risk of arterial thromboembolism; infertility female; inflammatory bowel disease; malaise; meningitis aseptic (patients with connective-tissue disorders such as systemic lupus erythematosus may be especially susceptible); muscle weakness; myalgia; nausea; nephritis tubulointerstitial; nephropathy; neutropenia; oedema; optic neuritis; oral disorders; palpitations; pancreatitis; papillitis; papilloedema; paraesthesia; photosensitivity reaction; platelet aggregation inhibition; pulmonary oedema; rash pustular; renal failure (more common in patients with pre-existing renal impairment); renal papillary necrosis; respiratory disorders; seizure; severe cutaneous adverse reactions (SCARs); skin reactions; sleep disorders; thirst; thrombocytopenia; tinnitus; vasculitis; vertigo; visual impairment; vomiting Refer to BNF and SmPC for other side-effects.
Advice to Individual	As per main PGD advice verbal and additionally; • Swallow whole with plenty water • Take with or after food • Do not exceed the recommended dose • Do not take other NSAIDs at the same time as this medicine • Stop naproxen if there is no improvement in symptoms or if indigestion develops and contact doctor for advice • Advise individual to stop taking when acute gout resolves • Advise individual to contact doctor if an adverse effect is suspected • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Store below 25°C. Store in the original container.

Nitrofurantoin 50mg, 100mg MR Capsules (Supply)	
Legal Status	POM
Indication	Second line treatment for acute uncomplicated urinary tract infection. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 12 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 12 years of age • Allergy or hypersensitivity to nitrofurantoin or any of the excipients of the capsules • Acute porphyria • Renal or hepatic Impairment • G6PD deficiency • Anaemia • Diabetes • Electrolyte imbalance • Vitamin B (particularly folate) deficiency • Pulmonary disease • Neurological disorders • Risk of peripheral neuropathy • Pregnancy • Breastfeeding • Rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption • Currently taking: magnesium trisilicate, sulfinpyrazone, probenecid, dapsone, prilocaine or quinolones (e.g. ciprofloxacin, levofloxacin, moxifloxacin or ofloxacin). See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Nitrofurantoin should be used in caution with patients with anaemia, diabetes mellitus, electrolyte imbalance, debilitating conditions and vitamin B (particularly folate) deficiency. Acute, subacute and chronic pulmonary reactions have been observed in patients treated with nitrofurantoin. If these reactions occur, nitrofurantoin should be discontinued immediately.

Nitrofurantoin 50mg, 100mg MR Capsules (Supply)	
Dose/Maximum total dose	**Females 12 years of age and over:** 50mg capsule four times daily for 3 days or 100mg MR capsule twice daily for 3 days. **Males age 12-15 years:** 50mg capsule four times daily for 3 days or 100mg MR capsule twice daily for 3 days. **Males 16 years of age and over:** 50mg capsules four times daily for 7 days or 100mg MR capsule twice daily for 7 days. **Maximum total daily dose allowed under this PGD is 200mg.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration
Quantity to be supplied	Nitrofurantoin 50mg capsules [1 x 14] or [1 x 28] for Males Nitrofurantoin 100mg MR capsules [1x6] or [1x14] for Males 16 years of age and over.
Potential Adverse Reactions	Common side effects: nitrofurantoin may cause dizziness and drowsiness. Patients should be advised not to drive or operate machinery if affected until such symptoms stop. Discolouration of the urine to yellow or brown is common. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Take with or just after a meal • This may colour your urine yellow/brown. This is harmless. • Space doses evenly and complete the course • May cause dizziness and drowsiness. If affected do not drive or operate machinery • Drink plenty of fluids, but avoid caffeine containing, and alcoholic drinks • Try to empty the bladder when urinating • Treatment should be discontinued if acute pulmonary reactions occur e.g. fever, chills, cough, chest pain, dyspnoea. • Read the manufacturer's PIL
Follow up (If applicable)	N/A

Nitrofurantoin 50mg, 100mg MR Capsules (Supply)	
Storage	50mg and 100mg MR Capsules: Store below 30°C. 100mg MR Capsules: Capsules should be stored in light and moisture resistant containers. Storage temperature should not exceed 30°C (aluminium/ aluminium). Do not store above 25°C (For PVC/ polyethylene/aclar/aluminium blisters)

Omeprazole 20mg Capsules (Supply)	
Legal Status	POM
Indication	2nd line option for acid reflux following unsuccessful treatment with Gaviscon® Advance.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Allergy or hypersensitivity to omeprazole or any of the excipients of the capsules • Severe hepatic disease • Pregnancy • Breastfeeding • Rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency • Currently taking: atazanavir, citalopram, dasatinib, escitalopram, gefitinib, methotrexate, neratinib, pemigatinib, rilpivirine and tipranavir. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	In the presence of any alarm symptom (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, haematemesis or melena) and when gastric ulcer is suspected or present, malignancy should be excluded, as treatment may alleviate symptoms and delay diagnosis.
Dose/Maximum total dose	20mg capsule once daily **Maximum total daily dose allowed under this PGD is 20mg.**
Frequency of dose/Duration of treatment	Once daily dose. For a maximum duration of no more than 28 days.
Maximum or minimum treatment period	For a maximum duration of no more than 28 days.
Route/Method of Administration	Oral administration.

Omeprazole 20mg Capsules (Supply)	
Quantity to be supplied	20mg capsules [1 x 7, 1 x 28 capsules]
Potential Adverse Reactions	Common side effects: abdominal pain; constipation; diarrhoea; dizziness; dry mouth; gastrointestinal disorders; headache; insomnia; nausea; skin reactions; vomiting. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • It is recommended to take Omeprazole capsules in the morning, swallowed whole with half a glass of water. The capsules must not be chewed or crushed • For individuals with swallowing difficulties capsules can be opened and swallow the contents with half a glass of water or after mixing the contents in a slightly acidic fluid e.g., fruit juice or applesauce, or in non-carbonated water. Individuals should be advised that the dispersion should be taken immediately (or within 30 minutes) and always be stirred just before drinking and rinsed down with half a glass of water • Alternatively patients can suck the capsule and swallow the pellets with half a glass of water. The enteric coated pellets must not be chewed • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Store below 25°C. Store in the original container. Keep container securely closed.

Paracetamol 500mg Tablets, 120mg/5mL And 250mg/5mL Oral Suspension Or 120mg Suppositories (Supply/ Administer)	
Legal Status	P
Indication	• Treatment of mild to moderate pain and/or pyrexia in individuals 3 months of age and over. • Post immunisation pyrexia for babies aged 2-3 months of age.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 3 months of age and over (2 months if post immunisation pyrexia).
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 3 months of age or under 2 months of age if not for post immunisation pyrexia • Alcohol dependence • Severe renal impairment • Severe hepatic impairment • Taking other medicines containing paracetamol • Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdosage is greater in those with non-cirrhotic alcoholic liver disease.

Paracetamol 500mg Tablets, 120mg/5mL And 250mg/5mL Oral Suspension Or 120mg Suppositories (Supply/ Administer)

Dose/Maximum total dose

Age Range (Est. weight ranges)	Dose	Preferred Product
Adult (>50 kg)	500mg-1g every 4-6hours to a maximum of 8 tablets in 24 hours. (**N.B.** Consider reducing dose in individuals weighing less than 50kg to 500mg every 4-6 hours).	500mg Tablets
Children: 16-17 years (>50 kg)	500mg-1g every 4-6hours to a maximum of 8 tablets in 24 hours. (NB: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4-6 hours).	500mg Tablets 500mg Suppositories
12-15 years (39-50 kg)	500mg every 4-6hours. Maximum 4 doses in 24 hours	500mg tablets or 250mg/5mL oral liquid if necessary
10-11 years (32-35 kg)	500mg every 4-6 hours. Maximum 4 doses in 24 hours	250mg (2 suppositories)
8-9 years (25-30 kg)	375mg (7.5mLs of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours	250mg/5mL oral liquid 250mg (2 suppositories)
6-7 years (20-23 kg)	250mg (5mL of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours	

<table>
<tr><th colspan="2">Paracetamol 500mg Tablets, 120mg/5mL And 250mg/5mL Oral Suspension Or 120mg Suppositories (Supply/ Administer)</th></tr>
<tr><td></td><td>
<table>
<tr><th>Age Range (Est. weight ranges)</th><th>Dose</th><th>Preferred Product</th></tr>
<tr><td>4-5 years
(15-18 kg)</td><td>240mg (10mLs of 120mg/5mL oral liquid) every 4-6 hours.
Maximum 4 doses in 24 hours.</td><td>120mg/5mL oral liquid

125mg (1 suppository)</td></tr>
</table>
Maximum total daily dose allowed under this PGD is 4g.</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>See Dose/Maximum total dose section above.

For a maximum duration of no more than 8 days.</td></tr>
<tr><td>Maximum or minimum treatment period</td><td>For a maximum duration of no more than 8 days.</td></tr>
<tr><td>Route/Method of Administration</td><td>Oral (tablets/suspension/sachets) or rectal (suppositories)</td></tr>
<tr><td>Quantity to be supplied</td><td>500mg tablets 1 x 32
120mg/5mL suspension 1 x 100mL
250mg/5mL suspension 1 x 100mL
500mg suppositories 1 x 10
120mg suppositories 1 x 10.</td></tr>
<tr><td>Potential Adverse Reactions</td><td>Hypersensitivity reactions including skin rashes and blood disorders have been reported rarely.

Speed of absorption may be increased by metoclopramide and domperidone.

N.B. Oral coumarin anticoagulants (prolonged regular use may enhance the anticoagulant effect. INR should be checked if individual continues to take paracetamol for more than 5 days)

Refer to BNF/BNFC and SmPC for other side-effects.</td></tr>
<tr><td>Advice to Individual</td><td>As per main PGD advice verbal and additionally;
• Do not exceed recommended dose
• Do not to take other medicines containing paracetamol</td></tr>
</table>

	• If taking oral coumarin anticoagulants to have INR checked if they continue to take paracetamol regularly for longer than 5 days • If taking cholestyramine not to take at the same time as paracetamol as cholestyramine decrease the absorption of paracetamol. Take paracetamol one hour before or 4-6 hours after cholestyramine • Massage sachets before use • Shake bottle for at least 10 seconds before use • Only whole suppositories should be administered – do not break the suppository before administration • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Tablets: Store in the original package. Suspension: Store below 25°C. Protect from light and store in original container. Suppositories: Do not store above 30°C

Phenoxymethylpenicillin (Penicillin V) 250mg Tablets Or 125mg/5mL And 250mg/5mL Oral Solution (Supply)	
Legal Status	POM
Indication	Tonsillitis – Use FeverPAIN Score: **F**ever in last 24hours **P**urulence **A**ttend rapidly under 3 days **I**nflamed tonsils **N**o cough or coryza. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 year of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 year of age • Allergy or hypersensitivity to penicillin V, cephalosporin, or beta-lactam agents or any of their excipients • History of antibiotic associated colitis • Previous penicillin induced cholestatic jaundice or hepatitis • Immunocompromised individuals • Severe renal impairment • Pregnancy • Breastfeeding • Rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency • Currently taking: acenocoumarol, methotrexate, phenindione or warfarin. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Phenoxymethylpenicillin should be given with caution to patients with a history of allergy, especially to other drugs. Phenoxymethylpenicillin should also be given cautiously to cephalosporin-sensitive patients, as there is some evidence of partial cross-allergenicity between the cephalosporins and penicillins. Patients have had severe reactions (including anaphylaxis) to both drugs. If the patient experiences an allergic reaction phenoxymethylpenicillin should be

Phenoxymethylpenicillin (Penicillin V) 250mg Tablets Or 125mg/5mL And 250mg/5mL Oral Solution (Supply)	
	discontinued and treatment with the appropriate agents initiated (e.g. adrenaline and other pressor amines, antihistamines and other corticosteroids). Particular caution should be exercised in prescribing phenoxymethylpenicillin to patients with an allergic diathesis or with bronchial asthma. Oral Penicillins are not indicated in patients with severe illness or with a gastrointestinal disease that causes persistent nausea, vomiting, gastric dilation, cardiospasm, intestinal hyper motility or diarrhoea, because absorption may be reduced. Occasionally, patients do not absorb therapeutic amounts of orally administered penicillin.
Dose/Maximum total dose	**1 - 5 years of age:** 125mg four times daily for 10 days **6 - 11 years of age:** 250mg four times daily for 10 days **12 - 17 years of age:** 500mg four times daily for 10 days **18 years of age and over:** 500mg four times daily for 10 days. **Maximum total daily dose allowed under this PGD is 2g.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose. For a duration of no more than 10 days.
Maximum or minimum treatment period	For a duration of no more than 10 days.
Route/Method of Administration	Oral administration. Unconstituted powder for oral solution must be reconstituted with fresh tap water in accordance with the manufacturer's instructions before being issued to individuals. Supply with a 5mL spoon or an oral syringe.
Quantity to be supplied	See Dose/Maximum total dose section above for frequency of dose as supply quantity will vary dependant on indication. Supply as either: Penicillin V Solution 125mg/5mL x 100mL bottle Penicillin V Solution 250mg/5mL x 100mL bottle Penicillin V Tablets 250mg x 40 Pack [x2 packs for some indications].

Phenoxymethylpenicillin (Penicillin V) 250mg Tablets Or 125mg/5mL And 250mg/5mL Oral Solution (Supply)	
	N.B. Ensure the individuals GP is informed of the supply as the remainder of the balance to complete the full 10 day course of Penicillin V must be prescribed by the individuals GP.
Potential Adverse Reactions	Common side effects: diarrhoea, hypersensitivity, nausea, skin reactions, thrombocytopenia and vomiting. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • To reconstitute: Loosen powder, add 63ml water and shake well • Take at regular intervals and complete the course unless otherwise directed by a doctor • Take an hour before food or two hours after on an empty stomach • Store reconstituted oral solution in a refrigerator up to 7 days • Advise the individual that they will have to attend their GP surgery to obtain the balance of Penicillin V to complete the 10 day course. • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Tablets: Do not store above 25° C. Reconstituted oral solution: Store for 7 days in a refrigerator (+2 °C to +8 °C). Un-reconstituted powder: Store in a dry place below <25°C. Protect from light.

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Legal Status	POM
Indication	Acute Exacerbation of Mild to Moderate Asthma. Chronic Obstructive Pulmonary Disease (COPD) Bell's Palsy **N.B.** Refer to OOH (formally GMED) Clinical Protocols – Treatment of Mild to Moderate Asthma and Treatment of Severe Asthma (Based on SIGN Guideline 158) **N.B.** Refer to Scenario: Acute exacerbation | Management | Chronic obstructive pulmonary disease | CKS | NICE **N.B.** Refer to Scenario: Management | Management | Bell's palsy | CKS | NICE
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 2 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 2 years of age • Systemic fungal infections unless specific anti-infective therapy is employed • Ocular herpes simplex because of possible perforation • Recent myocardial infarction • Existing or previous history of severe affective disorders or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis • Pregnancy • Breastfeeding • Currently taking: coumarin anticoagulants (e.g. warfarin), antiepileptic's (e.g. carbamazepine, phenytoin, primidone and barbiturates), antifungals (e.g. itraconazole, ketonocazole or amphotericin), ritonavir, carbimazole, ciclosporin, erythromycin, methotrexate, rifamycins, retinoids or tetracyclines. **N.B.** There are numerous medicines which interact with prednisolone and only those most commonly encountered are listed above. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Precautions and warnings	Particular care is required when considering the use of systemic corticosteroids in patients with existing or previous history of severe affective disorders in themselves or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis.
Dose/Maximum total dose	**18 years of age and over with acute asthma**: Initial dose of 40mg soon after administration of bronchodilator therapy. (Refer to OOH (GMED) Clinical Protocols – Treatment of Mild to Moderate Asthma and Treatment of Severe Asthma)**.** If acute asthma under control, individual to be given a 4 day course of 40mg daily (to achieve 5 day course of steroids in total) **2 - 18 years of age with acute asthma that has responded to initial bronchodilator therapy and do not require hospital admission**: 30-40mg daily for 3 days (Refer to OOH (GMED) Clinical Protocols – Treatment of Mild to Moderate Asthma and Treatment of Severe Asthma). **18 years and over with acute exacerbation of COPD where admission is not indicated** If there are no contraindications, but significant breathlessness interfering with daily activities, individuals should be given Prednisolone 40mg once daily for 7 days — discuss adverse effects of prolonged therapy **Bell's Palsy: 18 years and over presenting within 72 hours of the onset of symptoms** Prednisolone 60mg daily for 5 days then reduce daily by 10mg, total 10 days **Maximum total daily dose allowed under this PGD is 60mg.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose. Asthma - For a maximum duration of no more than 5 days. COPD - For a maximum duration of no more than 7 days Bell's Palsy - For a maximum duration of no more than 5 days
Maximum or minimum treatment period	N/A

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Route/Method of Administration	Oral administration.
Quantity to be administered/ supplied	**Acute Asthma** 5mg standard oral tablets [1 x 32] 5mg soluble tablets [1 x 32] **Acute exacerbation COPD** 5mg standard oral tablets [1 x 56] 5mg soluble tablets [1 x 56] **Bell's Palsy** 5mg standard oral tablets [1 x 90] 5mg soluble tablets [1 x 90] **N.B.** Where the pack size does not meet dose schedule sufficient packs should be supplied to individual to meet dose schedule and excess tablets should be removed from the over-labelled individual packs and returned to OOH, ECC, Aberdeen for destruction.
Potential Adverse Reactions	Common side effects: anxiety; behaviour abnormal; cataract subcapsular; cognitive impairment; Cushing's syndrome; electrolyte imbalance; fatigue; fluid retention; gastrointestinal discomfort; headache; healing impaired; hirsutism; hypertension; increased risk of infection; menstrual cycle irregularities; mood altered; nausea; osteoporosis; peptic ulcer; psychotic disorder; skin reactions; sleep disorders; weight increased Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Standard oral tablets should only be taken by mouth and can be swallowed with water • Take with or after food • Take tablets as a single dose in the morning • Standard oral tablets should not be taken at the same time as indigestion remedies • The soluble tablets should be dissolved in water and taken immediately (can also be swallowed whole without difficulty) • Read the manufacturer's PIL It is important to be aware that contracting chickenpox during treatment or for a period afterwards can be dangerous.

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
	Advise the individual if they do not have a definite history of chickenpox and anyone in their family or regular contacts catches chickenpox it is important to contact a doctor immediately. Do not stop the treatment. It is also important the individual contacts a doctor if they contract chickenpox within a 3 month period after stopping treatment. Advise individual to take particular care to avoid contact with measles and to contact a doctor immediately if they or anyone in their family or regular contacts catches measles.
Follow up (If applicable)	Supply **Steroid Emergency Card** to individual and advise them to follow the advice.
Storage	Tablets: Store below 25°C. Protect from light. Soluble tablets: Store below 25°C. Protect from light.

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution For Intramuscular Injection Or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
Legal Status	POM
Indication	Nausea and vomiting – not to be used in palliative care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Allergy or hypersensitivity to prochlorperazine or any of the excipients of the injection/buccal tablets • Hypothyroidism • Cardiac Disease • Epilepsy • Pheochromocytoma • Myasthenia gravis • Narrow angle glaucoma • Parkinson's disease • Prostatic hypertrophy • Renal or hepatic impairment • Existing blood dyscrasias • Pregnancy • Breastfeeding • Current central nervous system depression • Currently taking: Isocarboxazid, levodopa, lithium, phenelzine and tranylcypromine. **N.B.** There are numerous medicines which interact with prochlorperazine and only severe interactions are listed above. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	It is imperative that treatment be discontinued in the event of unexplained fever, as this may be a sign of neuroleptic malignant syndrome (pallor, hyperthermia, autonomic dysfunction, altered consciousness, muscle rigidity). Signs of autonomic dysfunction, such as sweating and arterial instability, may precede the onset of hyperthermia and serve as early warning signs. Although neuroleptic malignant syndrome may be idiosyncratic in origin, dehydration and organic brain disease are predisposing factors.
Dose/Maximum total dose	**Intramuscular injection:** One 12.5mg dose

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution For Intramuscular Injection Or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
	Buccal Tablets: One or two 3mg buccal tablet(s) placed high between upper lip and gum twice daily**.** **Maximum total dose for administration allowed under this PGD is 12.5mg.** **Maximum total daily supply dose allowed under this PGD is 12mg.**
Frequency of dose/Duration of treatment	Once only deep intramuscular injection of 12.5mg Or One or two 3mg buccal tablet(s) twice daily For a maximum duration of no more than 3 days.
Maximum or minimum treatment period	For a maximum duration of no more than 3 days.
Route/Method of Administration	**Injection:** Deep intramuscular injection into upper outer quadrant of gluteal region. **Buccal Tablets:** Oral administration placed high between upper lip and gum to dissolve.
Quantity to be administered/ supplied	12.5mg/1mL ampoules [1 x 10 x 1mL] (Administration) 3mg buccal tablets [1 x 8] (Supply)
Potential Adverse Reactions	Common side effects: agitation; amenorrhoea; arrhythmias; constipation; dizziness; drowsiness; dry mouth; erectile dysfunction; fatigue; galactorrhoea; gynaecomastia; hyperglycaemia; hyperprolactinaemia; hypotension (dose-related); insomnia; leucopenia; movement disorders; muscle rigidity; neutropenia; parkinsonism; postural hypotension (dose-related); QT interval prolongation; rash; seizure; tremor; urinary retention; vomiting and weight increase. Use of the buccal tablets may occasionally result in local irritation to the gum and mouth. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • May cause drowsiness and if affected not to drive or operate machinery • Avoid alcoholic drink

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution For Intramuscular Injection Or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
	• Place the buccal tablet high up along the top gum under the upper lip either side of your mouth as indicated above and allow it to dissolve slowly and completely. The tablet will soften and adhere to the gum, taking, for example, between 1 and 2 hours to dissolve completely • Take after meals if possible • Photosensitisation – avoid exposure to direct sunlight and use sunscreen • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Buccal tablets: Protect from light. Intramuscular injection: Keep ampoules in the outer carton, in order to protect from light. Discoloured solutions should not be used.

Rehydration Salts (Dioralyte® Oral Powder Containing Glucose 3.56g, Sodium Chloride 0.47g, Potassium Chloride 0.30g And Disodium Hydrogen Citrate 0.53g) (Supply)	
Legal Status	GSL
Indication	Replacement of fluid and electrolytes lost through mild to moderate diarrhoea.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 1 month of age or over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 1 month of age • Hypersensitivity to the active substances or to any of the excipients • Diabetes • Restricted sodium or potassium diet • Renal impairment • Hepatic impairment • Suspected intestinal obstruction. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	For oral administration only. Dioralyte® should not be reconstituted in diluents other than water. Each Sachet should always be dissolved in 200ml of water. A weaker solution than recommended will not contain the optimal glucose and electrolyte concentration and a stronger solution than recommended may give rise to electrolyte imbalance. If diarrhoea persists for longer than 24-48 hours the patient should be seen by a physician. Dioralyte® should not be used for the self-treatment of chronic or persistent diarrhoea. Dioralyte® shall not be used for treatment in infants below the age of 24 months without medical supervision. Infants under the age of 2 years with diarrhoea should be seen by a physician as soon as possible. No specific precautions are necessary in the elderly.
Dose/Maximum total dose	**1 month – under 2 years of age:** 1 sachet reconstituted in 200ml water. Give a volume of 150ml/kg body weight for infants in 24 hrs. Can also be calculated as 1 to 1½ times the usual 24 hour feed volume in 24 hours- Carer should be asked about 24hour feed volume.

Rehydration Salts (Dioralyte® Oral Powder Containing Glucose 3.56g, Sodium Chloride 0.47g, Potassium Chloride 0.30g And Disodium Hydrogen Citrate 0.53g) (Supply)	
	2 years - 11 years of age: The contents of 1 sachet, in 200mL water, after each loose bowel motion **12 years of age and over:** The contents of 1-2 sachets in 200mL water, after each loose bowel motion.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Should be used for no more than 24-48 hours without seeking further medical advice.
Maximum or minimum treatment period	Should be used for no more than 24-48 hours without seeking further medical advice.
Route/Method of Administration	Oral administration The contents of each sachet should be reconstituted with 200mL of fresh tap water. Use freshly boiled and cooled water for infants. The solution should be made up immediately before use and may be stored for up 24 hours in a refrigerator, otherwise any solution remaining an hour after reconstitution should be discarded. The solution itself must not be boiled.
Quantity to be supplied	1 x 6 sachets
Potential Adverse Reactions	No known interactions with any other medicines. No known undesirable effects.
Advice	As per main PGD advice verbal and additionally; • Reconstitute with fresh water, in accordance with manufacturer's instructions and instructions in route of administration section above • In the initial stages of treatment of diarrhoea all foods, including cows or artificial milk, should be stopped. In breast fed infants it is suggested that the infant is given the same volume of Dioralyte® as the bottle fed baby and then put to the breast until satisfied. Expression of residual milk from the breasts may be necessary during this period. After 24 - 48 hours, when symptoms have subsided, the normal diet should be resumed but this should be gradual to avoid exacerbation of the condition • If individual is vomiting advise to take small amounts of Dioralyte® frequently • Read the manufacturer's PIL and sign post to Medicines in Children – Rehydration leaflet.

Follow up (If applicable)	Advise to contact GP if symptoms persist beyond 48 hours.
Storage	Store below 25°C. Store in the original package in order to protect from moisture.

Salbutamol 100 Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
Legal Status	POM
Indication	Relief of symptoms of acute mild to moderate asthma exacerbation in individuals over 2 years (peak flow 50-75% of predicted or best). Refer to OOH (formally GMED) Clinical Protocol – Treatment of Mild to Moderate Asthma. Refer to PGD Monograph for Prednisolone. Refer to GP after administration.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 2 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 2 years of age • Currently taking non-selective ß-blocking drugs. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	In the event of a previous effective dose of inhaled salbutamol failing to give relief for at least three hours or if they need more inhalations than usual, the patient should be advised to seek medical advice as soon as possible. In this situation patients should be reassessed and consideration given to an increase in their anti-inflammatory therapy, (e.g. higher doses of inhaled corticosteroids or a course of oral corticosteroids). A regular anti-inflammatory controller medication taken on a daily basis is required as soon as the patient needs inhaled ß2-agonists more than twice a week. Severe episodes of asthma must be treated in the normal way. Salbutamol should be administered with caution in patients with thyrotoxicosis, cardiac insufficiency, hypokalaemia, myocardial ischaemia, tachyarrhythmia and hypertrophic obstructive cardiomyopathy.
Dose/Maximum total dose	**For the treatment of an acute exacerbation of acute mild to moderate asthma in individuals 2 years of age and over:** Initial dose 200micrograms (2 puffs), inhaled as 2 separate puffs via an appropriate spacer up to a maximum of 1000micrograms (10 puffs/day). If no improvement after five doses (1000micrograms) then discuss with OOH GP to

Salbutamol 100 Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
	consider hospital admission. If response is poor individuals aged under 18 years of age should be admitted to hospital. Individuals aged under 18 years of age presenting with severe asthma should be admitted to hospital immediately **Supply Dose:** (provide Volumatic spacer if necessary) **2 years of age and over:** 100 - 200micrograms (1-2 puffs) as required up to four times daily.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral inhalation via spacer is available. The aerosol spray is inhaled through the mouth into the lungs. After shaking the inhaler, the mouthpiece is placed in the mouth and the lips closed around it. The actuator is depressed to release a spray, which must coincide with inspiration of breath.
Quantity to be administered/ supplied	100microgram/dose metered dose inhaler [x1].
Potential Adverse Reactions	Common side effects: arrhythmias, headache, muscle spasms, nasopharyngitis, palpitations, peripheral vasodilation, rash and tremor. Rarely inhalation therapy may cause bronchospasm after dosing. In this event, treatment with Salbutamol must be immediately discontinued and, if need be, replaced with another therapy. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Give clear advice in regard to actions if condition worsens • Read the manufacturer's PIL. **Note:** Children and people with weak hands should be advised they may find it easier by holding the inhaler with both hands
Follow up (If applicable)	After administration monitor pulse rate, respiratory rate and peak flow to demonstrate improvement.

Salbutamol 100 Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
	Advise individual to have an asthma review at GP surgery within 48 hours.
Storage	Store in a dry place at a temperature not exceeding 25°C. The canister should not be broken, punctured or burnt, even when apparently empty.

Sodium Citrate Micro Enema (Contains Sodium Lauryl Sulfoacetate 45mg, Sodium Citrate 450mg And Glycerol 625mg) (Administration)	
Legal Status	P
Indication	Acute constipation.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 3 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 3 years of age • Do not use in individuals with inflammatory bowel disease. • Acute GI conditions • If individual has had recent bowel surgery, check with a doctor first before administering any enemas. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	N/A
Dose/Maximum total dose	One 5mL tube. **Maximum total dose allowed under this PGD is 5mL.**
Frequency of dose/Duration of treatment	Once only dose.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Rectal use Lubricate the nozzle with one drop of the contents; insert full length of nozzle into the rectum and squeeze tube until total contents have been administered. When used in children the nozzle should be inserted to half its length only.
Quantity to be administered	5mL rectal tube [x1]
Potential Adverse Reactions	A slight cramp occasionally. Refer to BNF/BNFC and SmPC for other side-effects.

Sodium Citrate Micro Enema (Contains Sodium Lauryl Sulfoacetate 45mg, Sodium Citrate 450mg And Glycerol 625mg) (Administration)	
Advice	As per main PGD advice verbal and additionally; • Read the manufacturer's PIL • The enema usually works within 5 to 15 minutes, so make sure you are near a toilet before using it
Follow up (If applicable)	To contact their GP if constipation does not resolve after a few days (2-3 days). Should not be used long term.
Storage	Store below 25°C.

Sumatriptan 50mg Tablets (Administration/Supply)	
Legal Status	POM
Indication	Treatment of acute migraine attacks with or without aura that have not responded to conventional analgesia.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 18 years of age and over up to 65 years of age.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 18 years of age • Over 65 years of age • Allergy or hypersensitivity to sumatriptan, sulphonamides or any of the excipients of the tablets • Ischaemic heart disease • Severe renal impairment • Severe hepatic impairment • Previous myocardial infarction • Previous cerebrovascular accident or transient ischaemic attack • Peripheral vascular disease • Variant (Prinzmetal's) angina, or coronary vasospasm • Mild uncontrolled or moderate or severe hypertension • Pregnancy • Rare hereditary problems of galactose-intolerance, the Lapp lactase deficiency or glucose-galactose-malabsorption • Currently taking: MAOIs and 2 weeks after discontinuation, SSRIs, SNRIs, St John's Wort, itraconazole, ketoconazole, lithium, indinavir, nelfinavir, ritonavir, ergotamine, methysergide, sulphonamides or other 5HT agonists. **N.B.** There are numerous medicines which interact with sumatriptan and only those most commonly encountered are listed above. See SmPC and current BNF Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Sumatriptan should only be used where there is a clear diagnosis of migraine. Following administration, sumatriptan can be associated with transient symptoms including chest pain and tightness which may be intense and involve the throat. Where such symptoms are thought to indicate ischaemic heart disease, no further

Sumatriptan 50mg Tablets (Administration/Supply)	
	doses of sumatriptan should be given and an appropriate evaluation should be carried out. Sumatriptan should be administered with caution to patients with mild controlled hypertension, since transient increases in blood pressure and peripheral vascular resistance have been observed in a small proportion of patients. Sumatriptan should be used with caution in patients with a history of seizures or other risk factors which lower the seizure threshold, as seizures have been reported in association with sumatriptan. Undesirable effects may be more common during concomitant use of triptans and herbal preparations containing St John's Wort.
Dose/Maximum total dose	One 50mg tablet. If the individual does not respond to the first dose of sumatriptan, a second dose should not be taken for the same attack. However, sumatriptan tablets may be taken for subsequent attacks. There should be a minimum interval of 2 hours between doses. **Maximum total daily dose allowed under this PGD is 300mg (6 tablets).**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral administration
Quantity to be supplied	50mg tablets [1 x 6]
Potential Adverse Reactions	Common side effects: asthenia; dizziness; drowsiness; dyspnoea; feeling abnormal; flushing; myalgia; nausea; pain; sensation abnormal; skin reactions; temperature sensation altered and vomiting. Refer to BNF and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally;

Sumatriptan 50mg Tablets (Administration/Supply)	
	• Discontinue if tightness in throat and chest is intense and seek medical advice • If drowsiness is experiences do not drive, use tools or machines • If individual is breastfeeding withhold breastfeeding for 12 hours after taking sumatriptan. Milk should be expressed and discarded during this time • Triptans are only effective once the headache phase of a migraine has started • Take as early as possible after the migraine headache starts • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	This medicinal product does not require any special storage conditions.

Trimethoprim 100mg & 200mg Tablets or 50mg/5mL Oral Suspension (Supply)	
Legal Status	POM
Indication	First line treatment for acute uncomplicated urinary tract infection. Refer to NHS Grampian Protocol For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and additionally; Individuals 6 months of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Under 6 months of age • History of allergy or hypersensitivity to trimethoprim, co-trimoxazole or excipients of tablets or oral suspension • Immunosuppression • Blood dyscrasias • Acute porphyria • Severe hepatic impairment • Renal impairment • Megaloblastic anaemia and other blood dyscrasias • Folate deficiency • Hyperkalaemia • Pregnancy • Breastfeeding • Rare hereditary problems of fructose intolerance should not take this medicine • Currently taking: acenocoumarol, colistimethate, dapsone, methotrexate, pyrimethamine or warfarin. **N.B.** There are numerous medicines which interact with trimethoprim and only severe interactions are listed above. See SmPC and current BNF/BNFC Appendix 1 for full details of contraindications and interaction with other medicines. **Medical advice should be sought immediately for any individual who is excluded from the PGD.**
Precautions and warnings	Monitoring of blood glucose is advised if co-administered with repaglinide.
Dose/Maximum total dose	**6 months - 5 years of age:** (oral suspension only) 50mg twice daily for 3 days **6 years - 11 years of age:** 100mg twice daily for 3 days

Trimethoprim 100mg & 200mg Tablets or 50mg/5mL Oral Suspension (Supply)	
	12 years - 15 years of age: 200mg twice daily for 3 days **Males 16 years of age and over:** 200mg twice daily for 7 days **Females 16 years of age and over:** 200mg twice daily for 3 days. **Maximum total daily dose allowed under this PGD is 400mg.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration
Quantity to be supplied	Trimethoprim 100mg tablets (1 x 6) children 6-11 years of age Trimethoprim 200mg tablets [1 x 6] Females, children and males 12 to 16 years of age. Trimethoprim 200mg tablets [1 x 14] Males 16 years and over. Trimethoprim 50mg/5mL oral suspension [1 x 100mL]. Supply a 5mL spoon or oral syringe with the suspension.
Potential Adverse Reactions	Common side effects: diarrhoea, electrolyte imbalance, fungal overgrowth, headache, nausea, skin reactions and vomiting. Refer to BNF/BNFC and SmPC for other side-effects.
Advice	As per main PGD advice verbal and additionally; • Advise patient about the importance of hydration in relieving symptoms • Advise patient of self-management strategies including maintaining a good fluid intake, wearing loose fitting underwear/clothing, wearing cotton underwear and avoidance of vaginal deodorants • Advise patient on ways to prevent re-infection, e.g. double voiding, voiding after sexual intercourse • Ensure patient is aware that if symptoms worsen, they experience significant flank pain, become systemically

Trimethoprim 100mg & 200mg Tablets or 50mg/5mL Oral Suspension (Supply)	
	unwell, or develop a fever, then they should seek medical advice that day • Advise patient to seek further medical advice, if symptoms do not resolve after 3 days (7 days for men), if symptoms return or side effects are severe • Take at regular intervals and complete the course unless otherwise directed by a doctor • The suspension must be shaken well before use. • When suspension is prescribed, make patient/carer aware that there is more supplied than is required to complete course. They should return any remaining suspension to a community pharmacy • Read the manufacturer's PIL
Follow up (If applicable)	N/A
Storage	Tablets: Store below 25°C in a dry place. Protect from light. Suspension: Store in the original container.