



**Scottish
Ambulance
Service**

Working in Partnership with Universities



Patient Group Direction PGD202
FOR THE ADMINISTRATION OR SUPPLY OF AMOXICILLIN

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
Version	1.0
Issue Date	28/03/2025
Review Date	28/03/2028
Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

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1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD202
	Amoxicillin
Date published / issued:	28/03/2025
Date effective from:	01/05/2025
Version / issue number:	1.0
Document type:	Patient Group Direction
Document status:	Final
Author:	
Owner:	
Approver:	Medicines Management Group
Contact:	
Filename / location:	TBA

1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	29/08/2024	Initial draft		N/A
0.2	30/01/2025	Clarification of CRB=1 Use of Vitamin K agonists moved from exclusions to cautions		No
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD001a		Yes

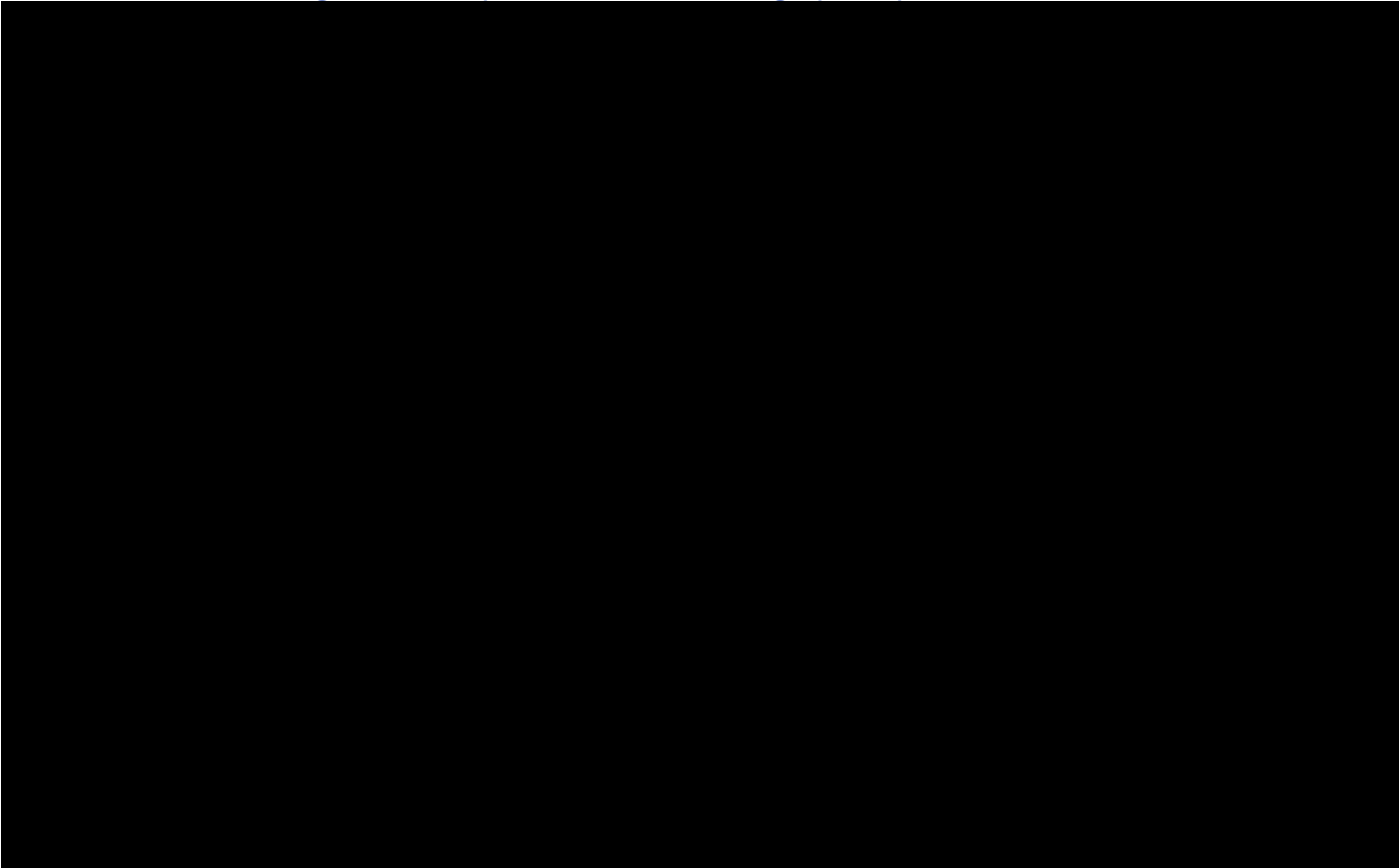
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	30/01/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	HCPC or NMC registered, qualified and year two trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board. Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses. Familiarisation with the use of Amoxicillin, its indications, contra-indications and other details.
Continuing training requirements	The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” below. The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	<p>Susceptible infections:</p> <ul style="list-style-type: none"> • Acute cough / bronchitis in high-risk patients • Acute infective exacerbations of COPD* • Acute otitis media with otorrhoea • Community-acquired pneumonia (CAP) <p>* consider the appropriateness of also supplying Prednisolone where required. See guidance in PGD232</p>
Criteria for inclusion	<ul style="list-style-type: none"> • Adults 16 years and over • Appropriate safety-netting can be made • Antibiotic therapy indicated for any of the above conditions • Acute cough: if systemically unwell and >80 years old with one of, or >65 years old with two of: <ul style="list-style-type: none"> ○ COPD ○ Currently taking oral steroids ○ Diabetes ○ Heart failure ○ Hospitalisation in past year ○ Immunocompromised • CAP: if first presentation for current infection and: <ul style="list-style-type: none"> ○ CRB65 score of 0 ○ CRB65 score of 1 on age alone
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy to penicillin or excipients of the drug* • Known allergy to cephalosporin* • Patients with known renal impairment with eGFR <30 mL/minute (CKD stage 4 or 5)* • CAP with CRB65>1, or =1 if not on age alone • Otitis media: Less than 48 hours from onset of symptoms • Recent use of Amoxicillin without improvement • Known or suspected glandular fever, cytomegalovirus, or acute / chronic lymphocytic leukaemia* • Oral typhoid vaccine taken in last 3 days or due to take within next 10 days • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission <p>* consider suitability for Doxycycline, PGD213, if excluded for this reason.</p>
Action if patient is excluded or declines treatment	<p>Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to primary or urgent care or a community pharmacy. If necessary, consider referral or transfer to a suitable receiving unit.</p>

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Amoxicillin 250mg capsules Amoxicillin 500mg capsules
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Oral capsules – may be taken with or without a drink
Dose and frequency of administration	All indications listed in this PGD: 500mg (one or two capsules depending on strength) 3 times a day for 5 days
Maximum dose and number of treatments	Per notes above. Supply may be boxes of 21 capsules, clinicians should be aware of this when giving a 5-day course and supply the correct quantity (15 or 30 capsules depending on the capsule size).

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in:</p> <ul style="list-style-type: none"> • Renal impairment / CKD – if known renal impairment only use if recent eGFR is known to be over 30mL/minute. If known to be lower consider alternative antibiotic or refer to GP or a SAS prescriber • Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol, especially if their INR is known to be high • Patients taking: <ul style="list-style-type: none"> ◦ Allopurinol (use alternative antibiotic if possible) ◦ Methotrexate (use alternative antibiotic if possible) <p>Clinicians should be aware that NICE guidelines (below) are based on evidence from Otitis media in children and young persons.</p>
Drug interactions	<p>Drug interactions:</p> <ul style="list-style-type: none"> • Allopurinol – increases the risk of skin rash • Methotrexate – increases the risk of methotrexate toxicity • The anticoagulants Warfarin, Phenindione or Acenocoumarol – can affect the anticoagulant effects, affect INR and increase the risk of bleeding events
Identification and management of adverse reactions	<p>The risk of true penicillin allergy is under 10% of treated individuals, with the risk of anaphylactic reactions less than 0.05%. Patients with a history of atopic allergies (e.g. asthma, eczema, hayfever) are at higher risk. Anaphylactic reactions should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Diarrhoea, Nausea, Skin reactions, Thrombocytopenia, Vomiting</p> <p>Uncommon: Antibiotic associated colitis, Arthralgia, Leucopenia</p> <p>Rare or very rare: Agranulocytosis, Angioedema, Haemolytic anaemia, Hepatic disorders, Nephritis tubulointerstitial, Neutropenia, Seizures, especially in renal impairment, Severe cutaneous adverse reactions</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <p>Any adverse reactions, and action taken, are to be recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.</p>

7. Patient Advice and Documentation

Patient advice (verbal and written)	<ul style="list-style-type: none">• Explain treatment plan and gain consent• Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated• Patients using an oral contraceptive should be informed that while Amoxicillin does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy• Must complete the whole course, even if feeling better• Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe• Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol should inform their INR clinic of the use of Amoxicillin at the next appointment• Advise to contact GP / nurse / pharmacist / out-of-hours service if unexpected side effects or adverse reactions occur• Advised to call 999 if any life-threatening side-effects occur• Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not• Patients should be advised to maintain adequate hydration
Arrangements for referral to medical advice	Local arrangements apply
Additional facilities / supplies required	<p>Drinking water (if required).</p> <p>Doxycycline is the preferred alternative antibiotic to Amoxicillin for all indications listed in this PGD. If the patient is excluded from this PGD refer to PGD213 for suitability.</p> <p>Amoxicillin is available as 250mg/5ml and 500mg/5ml oral suspension in for patients unable to swallow capsules. It is not covered by this PGD so if required refer to the patient's GP or a SAS prescriber.</p> <p>Amoxicillin is also available as a "powder for oral suspension" and a "powder for solution for injection". These are not covered by this PGD as they are unsuitable for use within the scope of practice of SAS APs.</p> <p>Amoxicillin 250mg capsules will not normally be carried by SAS APs but have been included in this PGD in case of supply issues with 500mg capsules.</p>
Monitoring	No specific monitoring required
Follow up	Patients should be advised to follow-up with their GP if symptoms have not fully resolved by the end of the course

Details of treatment records required

The ePR, or other patient record, must contain the following:

- Name of the HCP using this PGD
- Patient's name, address and date of birth. CHI number is also preferred
- Name of medication and expiry date
- Date and time of administration / supply
- Dose, form and route of administration
- For supplied medicine:
 - Dose and frequency to take
 - Number of items supplied
- That it is administered and/or supplied under this PGD and not prescribed or via an exemption

The ePR, or other patient record, must also contain:

- The patient's medical and medication history
- Medication and safety-netting / worsening advice given to the patient / carer

All records should be clear, legible and contemporaneous.

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

General guidance on antimicrobial stewardship

[Antimicrobial stewardship](#) | [Medicines guidance](#) | [BNF](#) | [NICE](#)

Antimicrobial prescribing guidance

[Antimicrobial Prescribing](#) | [Right Decisions](#) (scot.nhs.uk)

Amoxicillin in BNF

[Amoxicillin](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Amoxicillin on EMC

[Amoxicillin 250mg Capsules SmPC](#) (medicines.org.uk)

[Amoxicillin 250mg Capsules Patient Information Leaflet](#) (medicines.org.uk)

[Amoxicillin 500mg Capsules SmPC](#) (medicines.org.uk)

[Amoxicillin 500mg Capsules Patient Information Leaflet](#) (medicines.org.uk)

BNF Treatment Summaries

[Antibacterials, principles of therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Chronic obstructive pulmonary disease](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Ear](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Ear infections, antibacterial therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Penicillins](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Respiratory system infections, antibacterial therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

[Chest infections - adult](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Chronic obstructive pulmonary disease](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Otitis media - acute](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG91 Otitis media \(acute\): Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG91 Otitis media: Visual summary](#) (nice.org.uk)

[NG114 Chronic obstructive pulmonary disease \(acute exacerbation\): Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

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[NG114 COPD \(acute exacerbation\): Visual summary \(nice.org.uk\)](#)

[NG120 Cough \(acute\): Antimicrobial prescribing | Guidance | NICE](#)

[NG120 Cough \(acute\): Visual summary \(nice.org.uk\)](#)

[NG138 Pneumonia \(community-acquired\): Antimicrobial prescribing | Guidance | NICE](#)

[NG138 Pneumonia \(community-acquired\): Visual summary \(nice.org.uk\)](#)

[NG237 Suspected acute respiratory infection in over 16s: Assessment at first presentation and initial management | Guidance | NICE](#)