



Patient Group Direction PGD207

FOR THE ADMINISTRATION OR SUPPLY OF CLOTRIMAZOLE

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.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD207 Clotrimazole
Date published / issued:	28/03/2025
Date effective from:	01/05/2025
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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	13/11/2024	Initial draft		N/A
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

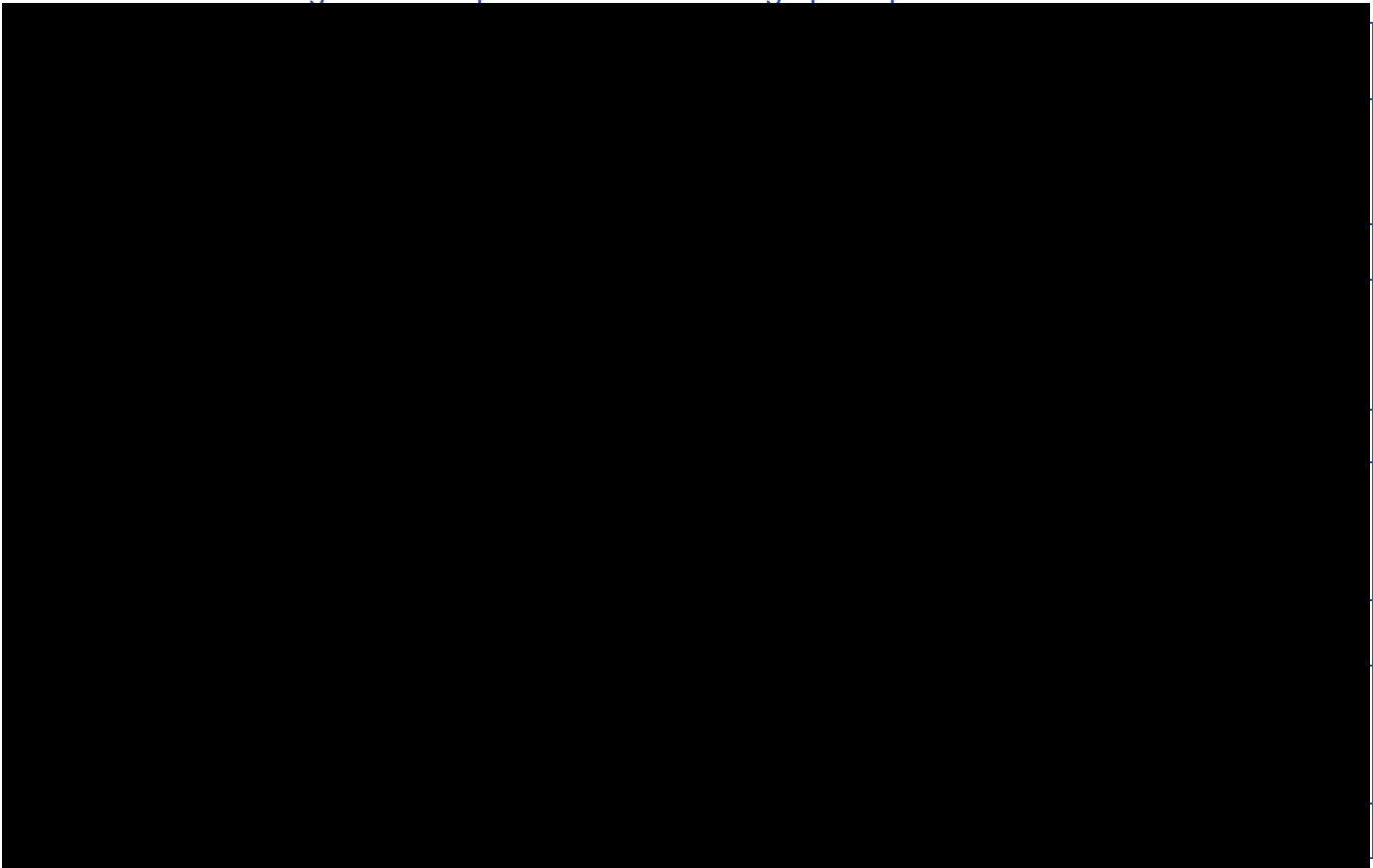
1.3 Approvals: This document requires the following approvals:

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 Clotrimazole, 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	Treatment of susceptible fungal skin infections
Criteria for inclusion	<ul style="list-style-type: none"> • Adults 16 years and over • Appropriate safety-netting can be made • Antifungal therapy indicated for any of the above conditions: <ul style="list-style-type: none"> ○ Athlete's foot ○ Balanitis ○ Candidal nappy rash (reminder: adults only) ○ Intertrigo ○ Ringworm (mild) ○ Tinea pedis ○ Tinea cruris ○ Vaginitis
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy or hypersensitivity to Clotrimazole or excipients of the preparation • Fungal infections of the scalp or nails (will require a systemic antifungal) • Vaginal candidiasis (will require a higher strength cream and/or pessaries) • Previous treatment with Clotrimazole found to be ineffective • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission
Action if patient is excluded or declines treatment	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.

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Clotrimazole 1% w/w (10mg per 1g) cream
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Applied thinly to the affected area and rub in gently. If being applied to feet they should be cleaned and dried thoroughly before application
Dose and frequency of administration	All indications listed in this PGD: Apply 2-3 times a day for 2 weeks, even if symptoms clear before then. The Patient Information Leaflet details how much to use when applying to specific body areas
Maximum dose and number of treatments	Per notes above

6. Cautions and Identification & Management of Adverse Reactions

Cautions	The paraffin content of the cream may be flammable. Patients should be warned not to smoke or go near to naked flames when using this cream, especially if using on the hands, and that any clothing or bedding which comes into contact with the cream may become more flammable
Drug interactions	No known interactions within the dosing regimen of this PGD
Identification and management of adverse reactions	<p>Anaphylactic reactions to Clotrimazole ointment are extremely unlikely but should be managed as per standard protocol / JRCALC guidance.</p> <p>Side-effects are so rare that their frequency is unknown. Most likely to be minor localised reactions to the cream.</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 • Advise patient of the fire risk as detailed above • Patients using an oral contraceptive should be informed that Clotrimazole does not affect it. Patients using latex barrier contraceptives should be informed that they can be damaged if they come into contact with the cream, for up to 5 days after using it • Must complete the course as described, even if symptoms clear • Any remaining cream at the end of the course should be discarded and not kept for future use • Pregnant women using Clotrimazole for vulvitis should be advised to report this to their GP and/or midwife • Advise to contact GP / nurse / pharmacist / out-of-hours service if unexpected side effects or adverse reactions occur • Advise 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>None.</p> <p>Alternatives to Clotrimazole for patients excluded from this PGD may include Econazole, Ketoconazole, Miconazole and Terbinafine. If any of these are required refer to the patient's GP or a SAS prescriber.</p> <p>Clotrimazole is available in 10% intravaginal cream and 100mg, 200mg or 500mg pessaries for vaginal candidiasis. It is not covered by this PGD, so refer to the patient's GP or a SAS prescriber if required.</p> <p>Clotrimazole is also available as a 1% solution for fungal otitis externa. It is not covered by this PGD, patients requiring it should be referred to their GP as it is a longer course of treatment.</p>
Monitoring	None
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)

Clotrimazole in BNF

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

Clotrimazole on EMC

[Clotrimazole Cream 1% SmPC](#) (medicines.org.uk)

[Clotrimazole Cream 1% Patient Information Leaflet](#) (medicines.org.uk)

BNF Treatment Summaries

[Antifungals, systemic use](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Skin infections](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Emollient and barrier preparations](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Other skin conditions](#) | [Nurse Prescribers' Formulary](#) | [BNF](#) | [NICE](#)

[Vaginal and vulval conditions](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

[Candida - female genital](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Candida - skin](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Fungal nail infection](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Fungal skin infection - body and groin](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Fungal skin infection - foot](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Fungal skin infection - scalp](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

None relevant

Other Useful Links

[About itchy skin](#) | [NHS inform](#)

[Thrush](#) | [NHS inform](#)

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Date: 28/03/2025	Version: 1.0	Review Date: 28/03/2028

9. Signed Declarations (if electronic system is not used)

Individual Authorisation		Staff Copy
PGD No & Title:		PGD207 Clotrimazole
Individual	Staff Member Name	
	Pay Number	
	Role	Advanced Paramedic / Nurse Practitioner (Urgent & Primary Care)
	HCPC / NMC Number	
	Signature	
Date		

By signing I confirm that I have read and understood the above Patient Group Direction and confirm that I have necessary competence, training and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will retain a copy of the Patient Group Direction to ensure that it is readily available to me in the clinical setting in which supply or administration of the medicine will take place. I understand that it is the responsibility of a health care professional to act in accordance within the Health and Care Professions Council (HCPC) “Standards of Conduct, Performance and Ethics” and “Standards of Proficiency” or, in accordance with the Nursing and Midwifery Council (NMC) “The Code”, “Standards for Competence for Registered Nurses” and “Standards for Medicines Management” including re-validation every three years to maintain registration with the NMC, and to keep an up to date record of training and competency.

Individual Authorisation		SAS Copy
PGD No & Title:		PGD207 Clotrimazole
Individual	Staff Member Name	
	Pay Number	
	Role	Advanced Paramedic / Nurse Practitioner (Urgent & Primary Care)
	HCPC / NMC Number	
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