



**Scottish
Ambulance
Service**

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Patient Group Direction PGD214
FOR THE ADMINISTRATION OR SUPPLY OF FLUCLOXACILLIN

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	
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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.

Doc: PGD214 Flucloxacillin	Page 1 of 12	Author(s):
Date: 28/03/2025	Version: 1.0	Review Date: 28/03/2028

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD214
	Flucloxacillin
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	13/09/2024	Initial draft		N/A
0.2	30/01/2025	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

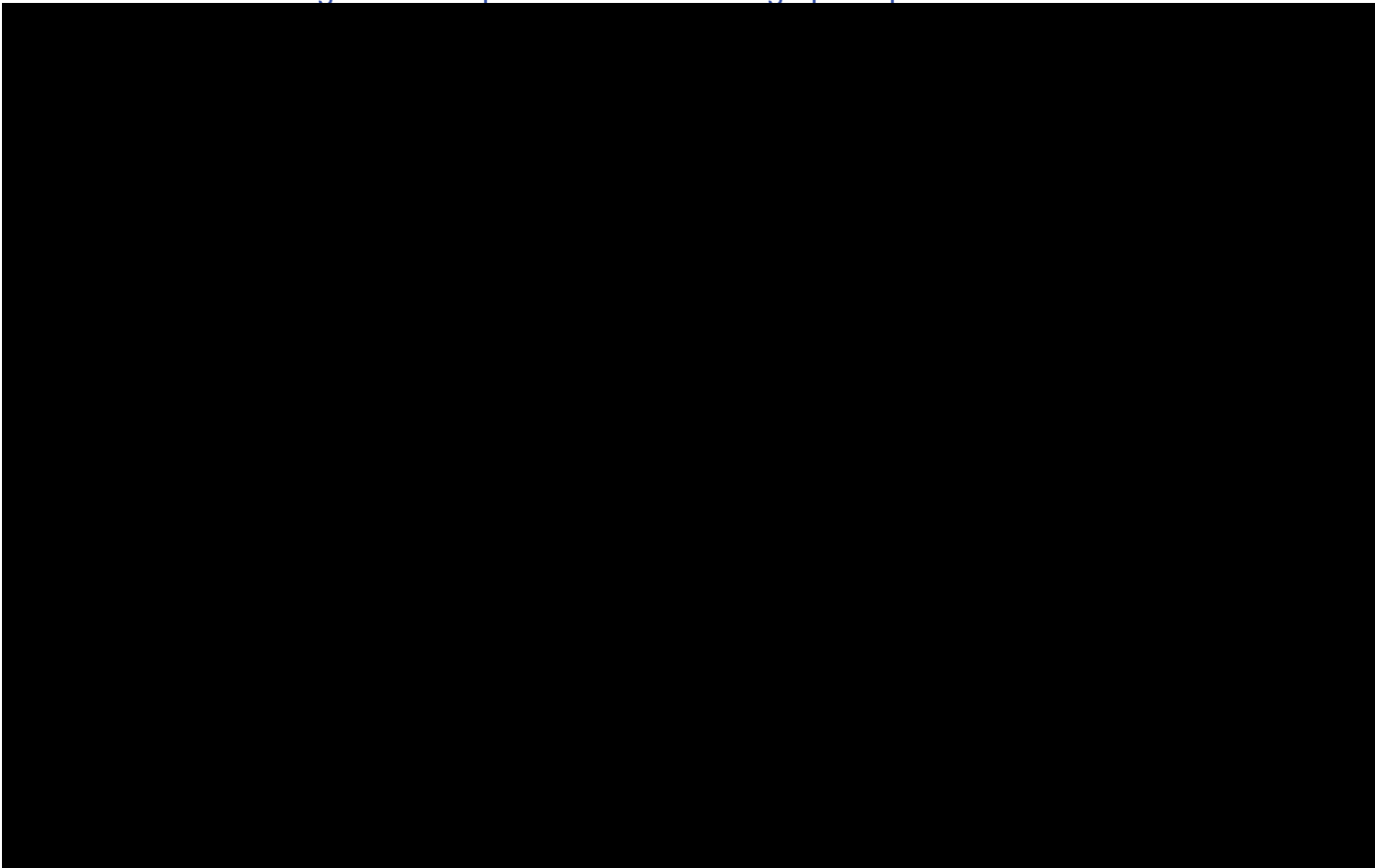
1.3 Approvals: This document requires the following approvals:

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	<p>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.</p> <p>Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses.</p> <p>Familiarisation with the use of Flucloxacillin, its indications, contra-indications and other details.</p>
Continuing training requirements	<p>The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” below.</p> <p>The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.</p>
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"> • Cellulitis / Erysipelas • Impetigo • Otitis externa • Superficial wound infections
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 • Eron class I cellulitis, erysipelas, and wound infections: <ul style="list-style-type: none"> ○ Afebrile ○ Erythema but no purulence in wound ○ Systemically well ○ No high-risk co-morbidities such as morbid obesity or vascular diseases • Cellulitis: secondary to native insect or arachnid bites • Impetigo: if extensive, severe or bullous • Otitis externa: if cellulitis and spread to the pinna or tragus
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 drug¹ • Known allergy to cephalosporin¹ • Ineffective treatment with antibiotics for the current infection • Hepatic impairment or a history of hepatic dysfunction relating to Flucloxacillin use¹ • Cellulitis over a joint prosthesis: refer urgently to surgeon • Patients with known renal impairment with eGFR <10 mL/minute (end stage CKD) or on dialysis¹ • Eron class II, III or IV cellulitis • Wound infections: secondary to a human or animal bite² • Facial, orbital, or peri-orbital cellulitis • Infections where a culture swab would be required: <ul style="list-style-type: none"> ○ Infection not responsive to antibiotic treatment ○ Purulent wound ○ Insect or arachnid bites from overseas, or where the patient has been swimming in a pool or the sea after having been bitten ○ Open wound requiring deep cleansing and/or closure ○ Infected illegal drug injection site or abscess • Mild impetigo: refer to primary care for topical antibiotic treatment • 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>1. Consider suitability for Doxycycline (PGD213) if excluded for this reason 2. Refer to PGD208 for Co-Amoxiclav</p>

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	Flucloxacillin 250mg capsules Flucloxacillin 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 capsule) 4 times a day for 5 days
Maximum dose and number of treatments	Per notes above. Supply may be boxes of 28 capsules, clinicians should be aware of this when giving a 5-day course and supply the correct quantity (20 or 40 capsules depending on the capsule size).

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<ul style="list-style-type: none">• Use with caution in patients taking the daily maximum dose of Paracetamol. The risk is greater in long-term use than with a 5-day course and in patients who are already excluded from this PGD due to renal dysfunction. It is recommended that if they are both required, they are not taken together• Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol, especially if their INR is known to be high• Patients on a sodium-restricted diet• Flucloxacillin can cause a false positive high urine glucose measurement – patients undergoing testing for diabetes should be made aware of this
Drug interactions	<p>Significant drug interactions:</p> <ul style="list-style-type: none">• Methotrexate – increases the risk of methotrexate toxicity• Voriconazole – manufacturers recommend using a different antibiotic• 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, Hypersensitivity, 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, Neutropoenia, 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 Flucloxacillin does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy• Manufacturers recommend that Flucloxacillin is taken on an empty stomach – patients should be advised to take at least an hour before or two hours after food• Must complete the whole course, even if feeling better• Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe• 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 second choice antibiotic to Flucloxacillin for all indications in this PGD. If the patient is excluded from this PGD refer to PGD213 for suitability.</p> <p>Flucloxacillin is available as 250mg/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>Flucloxacillin 250mg capsules will not normally be carried by SAS APs but have been included in this PGD in case of supply issues.</p>
Monitoring	No specific monitoring required
Follow up	Patients should be advised to follow-up with their GP if symptoms worsen or 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)

Flucloxacillin in BNF

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

Flucloxacillin on EMC

[Flucloxacillin 250mg capsules SmPC](#) (medicines.org.uk)

[Flucloxacillin 250mg and 500mg capsules Patient Information Leaflet](#) (medicines.org.uk)

[Flucloxacillin 500mg capsules SmPC](#) (medicines.org.uk)

BNF Treatment Summaries

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

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

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

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

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

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

NICE Clinical Knowledge Summaries (CKS)

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

[Impetigo](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Insect bites and stings](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Otitis externa](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG141 Cellulitis and erysipelas: Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG141 Cellulitis and erysipelas: Visual summary](#) (nice.org.uk)

[NG153 Impetigo: Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG153 Impetigo: Visual summary](#) (nice.org.uk)

Doc: PGD214 Flucloxacillin	Page 11 of 12	Author(s): [REDACTED]
Date: 28/03/2025	Version: 1.0	Review Date: 28/03/2028

[NG182 Insect bites and stings: Antimicrobial prescribing | Guidance | NICE](#)

[NG182 Insect bites and stings: Visual summary \(nice.org.uk\)](#)

[NG190 Secondary bacterial infection of eczema and other common skin conditions: Antimicrobial prescribing | Guidance | NICE](#)

[NG190 Secondary bacterial infection of eczema: Visual summary \(nice.org.uk\)](#)

Doc: PGD214 Flucloxacillin	Page 12 of 12	Author(s): [REDACTED]
Date: 28/03/2025	Version: 1.0	Review Date: 28/03/2028