



**Scottish
Ambulance
Service**

Working in Partnership with Universities



Patient Group Direction PGD222
FOR THE ADMINISTRATION OR SUPPLY OF METRONIDAZOLE

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
---------------------	--

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.

Doc: PGD222 Metronidazole	Page 1 of 10	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 PGD222 Metronidazole
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	18/09/2024	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 PGD008a		Yes

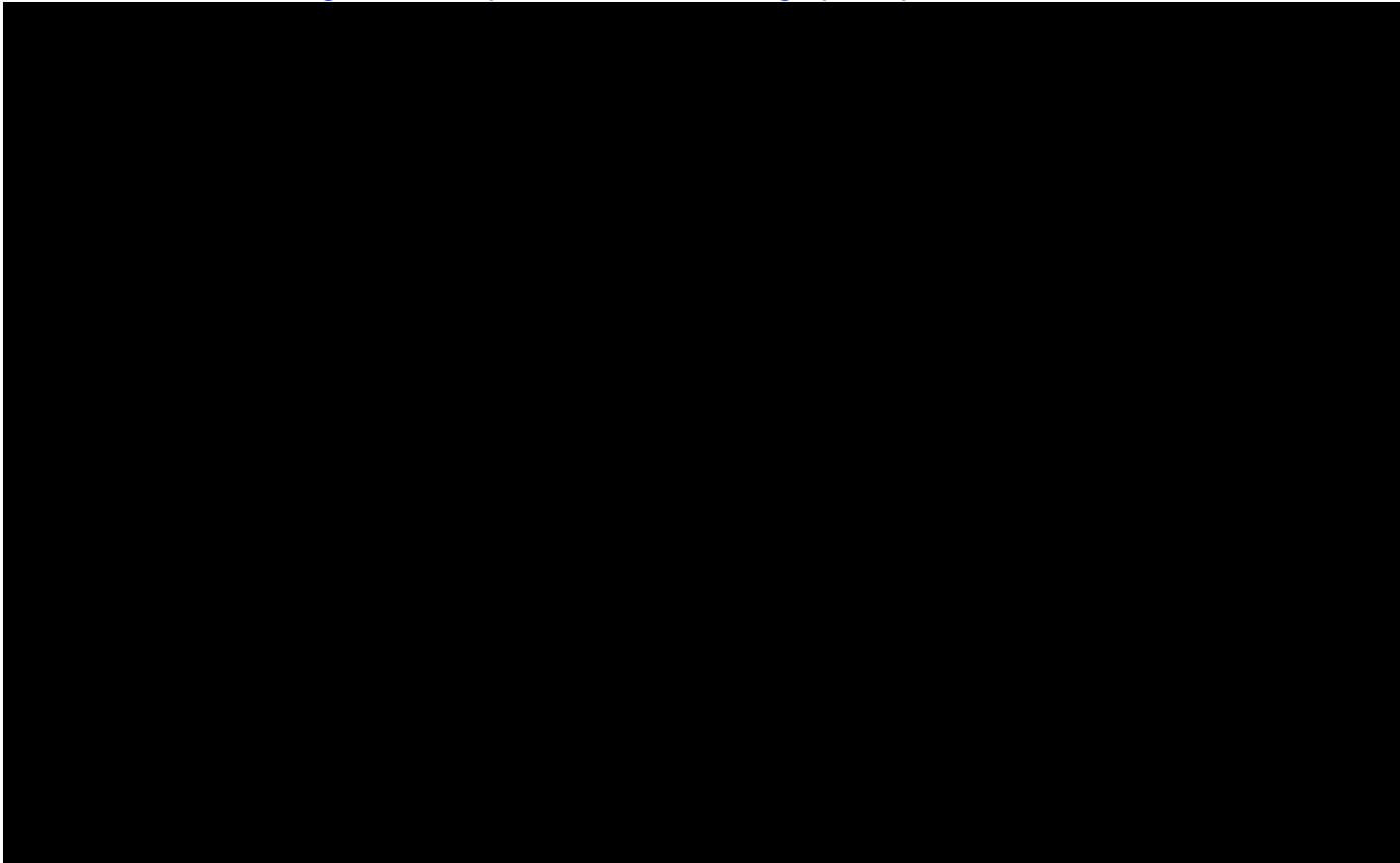
1.3 Approvals: This document requires the following approvals:

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
--	------	------------

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 Metronidazole, 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 conditions / situations to be treated	<u>Second choice</u> prophylaxis of infection in human or animal bites
Criteria for inclusion	<ul style="list-style-type: none"> Adults 16 years and over Appropriate safety-netting can be made Human or animal bites if not being referred to hospital <u>and</u> unable to take Co-Amoxiclav due to a genuine allergy to Penicillin, Clavulanic acid, and/or Cephalosporin
Criteria for exclusion	<ul style="list-style-type: none"> Children under 16 years of age Informed non-consent Known allergy to Metronidazole or excipients of the drug Ineffective treatment with antibiotics for the current infection Alcohol dependency or currently under the influence of alcohol Severe hepatic impairment Acute porphyria Pregnancy or breastfeeding Human or animal bites: purulent wounds where a culture swab would be required, or open wounds requiring deep cleansing and/or closure Patients taking any of the following: <ul style="list-style-type: none"> Disulfiram Lamivudine Lithium Any specialist cancer drugs Any of the anticoagulants Warfarin, Phenindione or Acenocoumarol 3 days before or after taking the Oral typhoid vaccine Significantly unwell or injured 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	Metronidazole 400mg tablets
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Oral tablets – may be taken with or without a drink
Dose and frequency of administration	In conjunction with Doxycycline (refer to PGD213 too before supply) 400mg (one tablet) 3 times a day for 3 days
Maximum dose and number of treatments	Per notes above. Supply may be boxes of 21 x 400mg tablets, clinicians should be aware of this when using the above guidance and supply the correct quantity (nine tablets).

6. Cautions and Identification & Management of Adverse Reactions

Cautions	No specific cautions within the context of this PGD
Drug interactions	All drugs known to have adverse interactions with Metronidazole are exclusions to treatment under this PGD and noted above
Identification and management of adverse reactions	<p>Anaphylactic reactions to Metronidazole are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Rare or very rare side-effects include: Agranulocytosis, Ataxia, Cerebellar syndrome, Confusion, Discoloured urine, Dizziness, Drowsiness, Encephalopathy, Flushing, Hallucination, Headache, Hepatic disorders, Myalgia, Neutropoenia, Pancreatitis, Pancytopenia, Psychotic disorder, Seizures – especially in renal impairment, Severe cutaneous adverse reactions, Skin reactions, Thrombocytopenia, Vision disorders</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 • Tablets should be taken with or just after food and with plenty of water • Patients must be advised to avoid alcohol while taking Metronidazole, and for 48 hours after completion of course • Patients using an oral contraceptive should be informed that while Metronidazole 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 • 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>Metronidazole is available as 200mg/5ml oral suspension for patients unable to swallow tablets. It is not covered by this PGD so if required refer to the patient's GP or a SAS prescriber.</p>
Monitoring	No specific monitoring required
Follow up	<p>If being used to treat a human or animal bite and not being referred to hospital, the patient must arrange for a review within 24-48 hours.</p> <p>Patients should be advised to follow-up with their GP if symptoms have not fully resolved by the end of the course.</p>

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 by health board

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

Metronidazole in BNF

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

Metronidazole on EMC

[Metronidazole 400mg tablets SmPC \(medicines.org.uk\)](#)

[Metronidazole 400mg tablets Patient Information Leaflet \(medicines.org.uk\)](#)

BNF Treatment Summaries

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

[Antiprotozoal drugs](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

[Bites - human and animal](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG184 Human and animal bites: Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG184 Human and animal bites: Visual summary \(nice.org.uk\)](#)