

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Administration of

Clotrimazole 1% w/w and Hydrocortisone 1% w/w Cream

for the Treatment of

Otitis Externa (In Adults and Children Aged 2 Years and Over)

by Registered Pharmacists, as part of the

Doncaster Clinical Commissioning Group Ear Care Service

Version Number 1.0

Change History	
Version and Date	Change details
1.0 June 2021	New PGD

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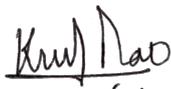
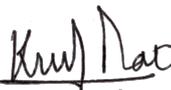
PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	01/07/2021
Review date	31/05/2023
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This PGD has been developed by the individuals named below. This PGD has been approved by the authorised signatories detailed in the Organisational Authorisations section of this document, on behalf of Doncaster CCG.

Name	Designation
Richard Neilson	Locality Lead Pharmacist, Doncaster CCG Medicines Management

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor	Rao Kolusu Prescribing Lead GP NHs Doncaster CCG		Jun 16, 2021
Senior pharmacist	Alex Molyneux Chief Pharmacist NHs Doncaster CCG		15/06/2021
Senior representative of professional group using the PGD			Jun 16, 2021
Person signing on behalf of authorising body	Rao Kolusu Prescribing Lead GP NHs Doncaster CCG		Jun 16, 2021

GLOSSARY

PGD	Patient Group Direction
GPhC	General Pharmaceutical Council
OOH	Out of Hours Clinic
DoCs	CPPE Declaration of Competence Documents
CPD	Continuing Professional Development
CKS	Clinical Knowledge Summary
SmPC	Summary of Product Characteristics
AOM	Acute Otitis Media
OE	Otitis Externa

1. Characteristics of Staff

Qualifications and professional registration	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC).
Initial training	<p>Competent to work under Patient Group Directions, including satisfactory completion of training to assess patients and supply in accordance with this Patient Group Direction.</p> <p>Working as a community pharmacist and completed ear care training through the Rotherham Primary Earcare & Audiology service.</p> <p>All references in Section 4, and any subsequent updates, must be read and understood by the clinician prior to using this PGD.</p>
Competency assessment	<p>CPPE Declaration of Competence Documents (DoCs). See Minor ailments (cppe.ac.uk).</p> <p>Pharmacists operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions.</p> <p>Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.</p>
Ongoing training and competency	<p>Commitment to undertake training updates and revalidation according to the accreditation requirements of the commissioning organisation.</p> <p>Commitment to keep up to date with clinical developments in this area or changes to the recommendations for the medicine listed, as part of their Continuing Professional Development (CPD).</p> <p>Competent to follow and supply medicines using a PGD.</p> <p>Be able to demonstrate understanding of the indications for the treatment and the correct posology with appropriate advice given.</p> <p>Commitment to keep up to date Safeguarding training at a minimum of Level 2.</p> <p>The pharmacist must keep up to date with current legislation, including the Equality Act and Mental Capacity Act.</p>
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

2. Clinical Condition or Situation to which this PGD Applies

Clinical condition or situation to which this PGD applies	<ul style="list-style-type: none"> Acute or chronic fungal otitis externa confirmed by otoscopy
Criteria for inclusion	<ul style="list-style-type: none"> Adults and children aged 2 years and over The pharmacist is able to make a safe diagnosis of otitis externa The parent/carer of a child under 16 years of age agrees to treatment under this PGD Patients presenting with symptoms of a fungal infection, which are usually a combination of the following: <ul style="list-style-type: none"> External auditory meatus may be partially or fully occluded with fungal debris and mycelia Red, inflamed, or painful auricle Severe itchiness Swab results indicate fungal infection Recent treatment with antibacterial topical applications <p>Note that recurrent fungal infections (more than 6 episodes in the last 12 months) may indicate diabetes and the patient's GP must be informed about any recurrent fungal infections.</p>
Criteria for exclusion	<ul style="list-style-type: none"> Infants under 2 years of age No consent obtained from the parent/carer if the patient is under 16 years of age Hypersensitivity to any of the active ingredients or excipients Patients currently using clotrimazole with hydrocortisone for otitis externa Broken areas of skin Widespread plaque psoriasis Patients with other diseases affecting the skin (e.g. acne, rosacea, perioral dermatitis, lues, tuberculosis, etc.) Any untreated bacterial skin infection Viral skin diseases (e.g. herpes simplex, chicken pox, shingles etc.) Any unremitting ear pain Any signs of otitis media with effusion ('glue ear') or without Any otorrhoea (drainage of the ear, often due to a perforated tympanic membrane) Any other current or recent infection of the ear Any recent course of treatment for the same presentation (3-4 weeks) There is granulation tissue at the bone-cartilage junction of the ear canal, or exposed bone in the ear canal Any signs of facial paralysis such as drooping of one side of the face - refer to NHS 111 immediately Any systemic symptoms such as malaise or fever (temperature of 38°C or above) Unilateral hearing loss - if this persists once an obvious cause is removed for example, removal of earwax, refer to a GP for further investigation to rule out more serious issues such as an acoustic neuroma Any sign of mastoiditis - refer to a GP or NHS 111 immediately Skin lesions on the helix - refer to a GP for further investigation to rule out more serious issues such as a squamous cell carcinoma Malignant otitis externa Visible cholesteatoma

	<ul style="list-style-type: none"> • Evidence of foreign body in the ear canal • Perforation of the tympanic membrane • Patients with a grommet (tympanostomy tube) inserted in the tympanic membrane within the last 12 months • Pregnancy or breastfeeding
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> • Refer to Summary of Product Characteristics for the product supplied www.medicines.org.uk
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> • Record reasons for exclusion in patient notes • Record the reason for exclusion and any action taken on PharmOutcomes • Advise patient on alternative treatment if suitable • Refer to a prescriber such as the patient's usual GP or NHS 111 if appropriate
Action to be taken if the patient or carer declines treatment	<p>Refer to the patient's usual GP or NHS 111 if the patient is not able to see their GP or is not registered with an NHS GP practice. Offer the patient details of relevant local services such as walk-in centres and OOH services if applicable.</p> <p>You must:</p> <ul style="list-style-type: none"> • Document advice given • Advise patient on alternative treatment • Refer to a prescriber if appropriate
Arrangements for referral for medical advice	<p>Supply the patient with a referral note to hand to the prescriber indicating the reasons for the referral.</p>

3. Description of Treatment

Name, strength & formulation of drug	<p>Clotrimazole 1% w/w and Hydrocortisone 1% w/w cream</p> <p>(Including the Canesten HC brand)</p>
Legal category	POM
Route / method of administration	<p>Topical cream.</p> <p>Following aural toilet, paint the cream onto the affected area using cotton wool wound round a Jobson Horne probe.</p> <p>Alternatively, the cream may be applied sparingly on a ribbon gauze wick in adults and children 16 years of age and older only, which can remain in the meatus for up to 48 hours.</p> <p>All ear treatments must be carried out under direct vision using a light source.</p>
Dose and frequency of administration	<p>Optimum treatment is local meatal cleaning and application of cream every 48 hours.</p> <p>If no improvement after 48 hours, consider referring the patient to their GP for a swab for culture and sensitivities, and any ongoing treatment.</p>
Duration of treatment	<p>For children up to 15 years of age courses should be limited to 7 days.</p> <p>For adults and children 16 years of age and older do not continue for more than 7 days in the absence of clinical improvement.</p> <p>Treat all patients initially for 7 days and thereafter at weekly intervals</p>

	for 2 weeks, to ensure no spores remain to overcome the spores' 3 week life cycle.
Quantity to be administered	A topical application during the consultation. No supply is to be made.
Storage	<p>This cream must be stored in ambient storage conditions, usually within the range of 8-25°C.</p> <p>One tube of cream may be used on several patients providing that all necessary hygiene techniques have been adhered to.</p> <p>Once opened, the cream must be labelled with the date of opening and discarded within 12 weeks.</p> <p>Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk.</p>
Drug interactions	<p>General information about interactions between hydrocortisone and other medicinal products is available in the BNF: Hydrocortisone Interactions. You must refer to this reference along with the interactions stated in the SPC before supplying the cream.</p> <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk.</p>
Identification & management of adverse reactions	<p>The following side effects may be seen with Clotrimazole 1% w/w and Hydrocortisone 1% w/w cream:</p> <ul style="list-style-type: none"> • Patients may experience local mild burning or irritation immediately after application of the cream • Advise about nature of treatment, explaining the difference between an antifungal treatment and antibacterial treatment if beneficial • Offer ear care education to prevent further problems • Warn about possible sensitivities and side effects to treatment and instruct accordingly <p>Advise the patient that if they notice any adverse reactions, they must contact a pharmacist or their GP.</p> <p>The above list of side effects is not exhaustive. A detailed list of adverse reactions is available in the SPC for the product used, which is available from the electronic Medicines Compendium website: www.medicines.org.uk.</p>
Management of and reporting procedure for adverse reactions	<ul style="list-style-type: none"> • Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record • Report via the pharmacy's policy for reporting adverse reactions
Written information to be given to patient or carer	Give the marketing authorisation holder's patient information leaflet (PIL) with the product supplied every time.
Patient advice / follow up treatment	<ul style="list-style-type: none"> • Discuss side effects and administration with the patient's parent/carers and provide the manufacturer's patient information leaflet • Recommend the use of simple analgesia such as paracetamol or

	<p>ibuprofen to help relieve pain if required</p> <ul style="list-style-type: none"> • Ensure that any precipitating or aggravating factors are removed • If earwax is a problem, the person should seek professional advice and have it removed safely to avoid damaging the ear canal • Cotton buds or other objects should not be used to clean the ear canal • Keep the ears clean and dry by using ear plugs and or a tight fitting cap when swimming - people with acute otitis externa should abstain from water sports for at least 7 to 10 days • Using a hair dryer (at the lowest heat setting) to dry the ear canal after hair washing, bathing, or swimming • Keeping shampoo, soap, and water out of the ear when bathing and showering • If the person is allergic or sensitive to ear plugs, hearing aids, or earrings, they should avoid them, or use alternatives if (for example hypoallergenic hearing aids are available) • There are no known interactions with other medical products when administered via this topical route • For external use only • Advise the parent/carer that the infection can spread, therefore need to wash hands after use and between applications if using the cream in both ears • Advise the parent/carer about personal hygiene and not to share towels, face cloths, etc. • Advise patient to safely discard the cream after completing the course (e.g. return to a pharmacy for destruction) • Patients or parents/carers must consult a GP if new symptoms occur, or current symptoms worsen • Patient information is available on the NHS website https://www.nhs.uk
<p>Records</p>	<p>Record:</p> <ul style="list-style-type: none"> • That valid informed consent was given • Name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • Name of registered health professional • Name of medication supplied/administered • Date of supply/administration • Dose, form, and route of supply/administration • Quantity supplied/administered • Batch number and expiry date (if applicable) • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • That the medicine is supplied via a PGD • In discussion with the client enter consultation details onto the relevant module within PharmOutcomes at the time of the consultation if possible and always within 24 hours • Details of the supply must also be made in the pharmacy's patient medication record (PMR) <p>All records should be clear, legible, and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>

4. Key References

Key references	<ul style="list-style-type: none">• Electronic Medicines Compendium http://www.medicines.org.uk/• Electronic BNF https://bnf.nice.org.uk/• NICE Medicines Practice Guideline MPG2 for Patient Group Directions https://www.nice.org.uk/guidance/mpg2• Common Conditions and Minor Ailments https://www.cppe.ac.uk/learningdocuments/pdfs/common_clinical_conditions_and_minor_ailments.pdf• CPPE Minor Ailments and Declaration of Competence https://www.cppe.ac.uk/gateway/minor• Clinical Knowledge Summary Otitis Externa https://cks.nice.org.uk/topics/otitis-externa/• NHS Conditions – Ear Infections https://www.nhs.uk/conditions/ear-infections/
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Clotrimazole_Hydrocortisone_OE_Administer_PG GD_DCCG_Finals

Final Audit Report

2021-06-16

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