



Patient Group Direction PGD231

FOR THE ADMINISTRATION OR SUPPLY OF PHENOXYMETHYLPENICILLIN (PENICILLIN V)

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	[REDACTED]
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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.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD231 Phenoxymethylpenicillin (Penicillin V)
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	18/09/2024	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

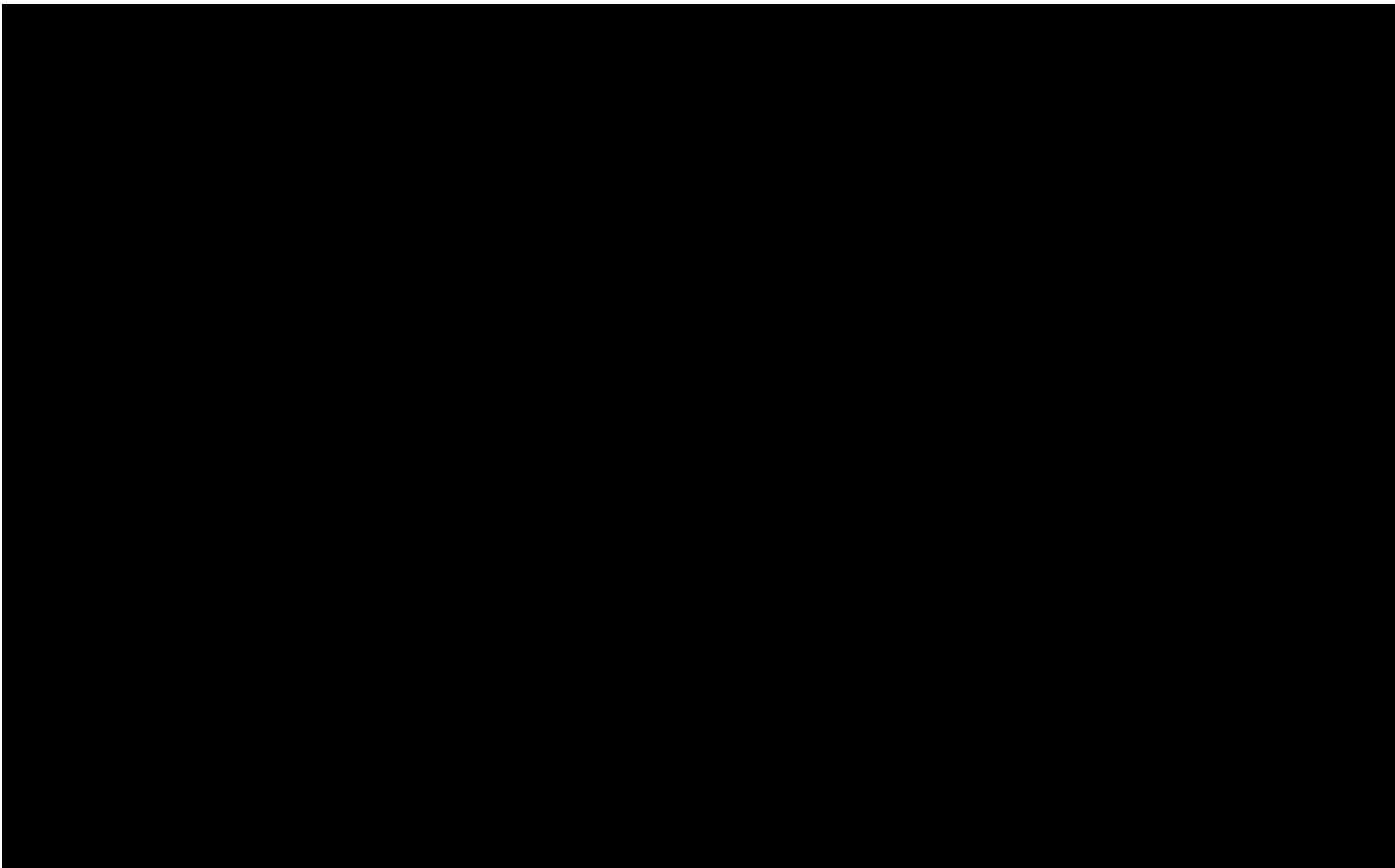
1.3 Approvals: This document requires the following approvals:

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	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 Phenoxymethylpenicillin, 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 sore throat: <ul style="list-style-type: none"> Tonsillitis Pharyngitis Sinusitis / Rhinosinusitis
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 sore throat / tonsillitis / pharyngitis with either: <ul style="list-style-type: none"> Centor score of 3 or 4: <ul style="list-style-type: none"> Tonsillar exudate Fever ($>38^{\circ}\text{C}$) Absence of cough Tender anterior cervical lymphadenopathy or FeverPAIN score of 4 or 5: <ul style="list-style-type: none"> Fever ($>38^{\circ}\text{C}$) Purulent tonsils Attending rapidly Inflamed tonsils No cough Sinusitis / rhinosinusitis with: <ul style="list-style-type: none"> Purulent discharge and severe localised pain Symptoms lasting >10 days, or Patients with high risk of complications (immunocompromised, etc.)
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* Ineffective treatment with antibiotics for the current infection Acute sore throat with signs of peri-tonsillar abscess (quinsy), difficult swallowing, or difficulty breathing Centor <3 and FeverPAIN <4: these indicate that it's unlikely to be a bacterial infection, patients should be given self-care advice including analgesia 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
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	Phenoxymethylpenicillin 250mg 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	<p>All indications listed in this PGD: 500mg (two tablets) 4 times a day for 5 days.</p> <p>For pharyngitis and tonsillitis: a 10-day course may be required for a full microbiological cure, especially if the patient has risk factors for a Strep A infection. Patients should refer to their GP if not fully cured by 5 days.</p>
Maximum dose and number of treatments	<p>Per notes above.</p> <p>Supply may be boxes of 28 x 250mg tablets, clinicians should be aware of this when giving a 5-day course and supply the correct quantity (40 tablets).</p>

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<ul style="list-style-type: none">• Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol, especially if their INR is known to be high• Can cause a false positive high urine glucose measurement – patients undergoing testing for diabetes should be made aware of this
Drug interactions	All significant interactions are noted in the exclusion criteria above
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, 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 Phenoxymethylpenicillin 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 Phenoxymethylpenicillin 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 • Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol should inform their INR clinic of the use of Phenoxymethylpenicillin 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	<p>Local arrangements apply</p>		
Additional facilities / supplies required	<p>Drinking water (if required).</p> <p>Doxycycline is the preferred second choice antibiotic to Phenoxymethylpenicillin for acute sinusitis / rhinosinusitis. If the patient is excluded from this PGD refer to PGD213 for suitability.</p> <p>Clarithromycin (or Erythromycin if pregnant) is the preferred second choice antibiotic to Phenoxymethylpenicillin for acute sore throat conditions. They are no longer carried by SAS APs, if the patient requires either then refer to their GP or a SAS prescriber.</p> <p>Phenoxymethylpenicillin is available as 250mg/5ml oral suspension in 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> <p>Clinicians should also consider the patient's need for analgesia. Refer to PGD209 Co-codamol, PGD219 Ibuprofen and PGD230 Paracetamol for suitability.</p>		
<p>Doc: PGD231 Phenoxymethylpenicillin</p> <p>Date: 28/03/2025</p>	<table border="1"> <tr> <td data-bbox="595 2051 954 2083"> <p>Page 8 of 10</p> <p>Version: 1.0</p> </td><td data-bbox="954 2051 1476 2083"> <p>Author(s): [REDACTED]</p> <p>Review Date: 28/03/2028</p> </td></tr> </table>	<p>Page 8 of 10</p> <p>Version: 1.0</p>	<p>Author(s): [REDACTED]</p> <p>Review Date: 28/03/2028</p>
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Monitoring	No specific monitoring required
Follow up	<p>Patients should be advised to follow-up with their GP if symptoms have not fully resolved by the end of the course.</p> <p>If the patient has an acute sore throat condition following known or suspected exposure to <i>Streptococcus pyogenes</i> (Group A Strep) infection, evidence suggests that a 10-day course is appropriate. If this is the case, then issue five days of Phenoxymethylpenicillin as per this PGD and refer the patient to their GP for ongoing treatment.</p>
Details of treatment records required	<p>The ePR, or other patient record, must contain the following:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 <p>The ePR, or other patient record, must also contain:</p> <ul style="list-style-type: none"> • The patient's medical and medication history • Medication and safety-netting / worsening advice given to the patient / carer <p>All records should be clear, legible and contemporaneous.</p>

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)

Phenoxymethylpenicillin in BNF

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

Phenoxymethylpenicillin on EMC

[Phenoxymethylpenicillin 250mg Tablets SmPC](#) (medicines.org.uk)

[Phenoxymethylpenicillin 250mg Tablets Patient Information Leaflet](#) (medicines.org.uk)

BNF Treatment Summaries

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

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

[Oral bacterial infections](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

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

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

[Sinusitis \(acute\)](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

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

NICE Clinical Guidelines

[NG79 Sinusitis \(acute\): Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG79 Sinusitis \(acute\): Visual summary](#) (nice.org.uk)

[NG84 Sore throat \(acute\): Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG84 Sore throat \(acute\): Visual summary](#) (nice.org.uk)