NHS
Cornwall and Isles of Scilly

Patient group direction for the supply of aciclovir 800mg tablets by community pharmacists for the management of acute herpes zoster (shingles)

Documentation details

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Version no: 1.0
Valid from: 12/2022
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Expiry date: 03/2025

Change history

Version number	Date	Details
1.0	5 December 2022	New PGD

Patient group direction development

Date template comes into effect: 12/2022
Version no: 1.0
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Patient group direction working group

Name and role	Job title	Organisation
Chris Burgin Pharmacist and lead author	Pharmaceutical advisor	Cornwall and Isles of Scilly ICB
Anne Jones Pharmacist	Pharmaceutical advisor	Cornwall and Isles of Scilly ICB
Medicines optimisation programme board (MOPB), reviewers, December 2022 Dr Jim Huddy, GP Mike Wilcock, pharmacist	 General practitioner Head of prescribing support unit	 Cornwall and Isles of Scilly ICB Royal Cornwall Hospitals NHS Trust

Organisational authorisations

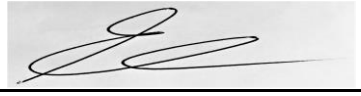
The PGD is not legally valid until it has had the relevant organisational authorisation.

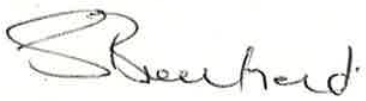
It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Cornwall and the Isles of Scilly integrated care board (ICB) authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services: Community pharmacies contracted to provide the locally commissioned community pharmacy PGD service for minor ailments.

Limitations to authorisation: None.

Approved by	Name	Date of email approval
CIOS ICB interim head of prescribing and medicines optimisation	Marco Motta 	28 February 2023
CIOS ICB chief medical officer	Chris Reid	Approved by email 26 February 2023

Approved by	Name	Date of email approval
CIOS ICB chief nursing officer	Susan Bracefield 	7 March 2023

Local enquiries regarding the use of this PGD may be directed to ciosicb.prescribing@nhs.net

Individual registered health professionals must be authorised by name to work to this PGD. This should be recorded on the authorisation sheet at the end of this document.

Characteristics of staff

Qualifications and professional registration

Registered professional with one of the following bodies:

- Pharmacists registered with the General Pharmaceutical Council (GPhC)

Initial training

- Must be authorised by name as an approved practitioner under the current terms of this PGD before working to it.
- Has undertaken appropriate training and been assessed and declared competent to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.
- Must be competent in the use of PGDs (see NICE competency framework for health professionals using PGDs).
- Must have access to the PGD and associated online resources.

Competency assessment

All pharmacists operating under this PGD are required to complete a declaration of competence for minor ailments via the Centre Pharmacy Postgraduate Education (CPPE) website and complete the declaration of competence on PharmOutcomes.

Staff operating under this PGD are encouraged to attend specific commissioning organised training events on minor ailments and complete the CPPE common clinical conditions and minor ailments and e-assessment.

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.

Ongoing training and competency

Practitioners must ensure they are up to date with relevant issues and clinical skills relating to the management of shingles, with evidence of appropriate continued professional development (CPD) including familiarisation with the appropriate NICE clinical knowledge summary (CKS)

Pharmacists will be required to complete an annual declaration of competence via the CPPE website and PharmOutcomes.

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.

Clinical condition or situation to which this PGD applies

Condition or situation: Treatment of herpes zoster (shingles) infection.

Criteria for inclusion

- Immunocompetent adults aged between 18 and 49 years, presenting within 72 hours of the onset of the rash and who have **any** of:
    - Untreated shingles rash affecting a single non-truncal dermatome such as the limbs
    - Moderate or severe pain
    - Moderate or severe rash
- Immunocompetent adults aged over 50 years, who have untreated acute shingles rash affecting a single dermatome and are presenting within 72 hours of the onset of the rash

Criteria for exclusion

- Patients under 18 years of age
- Patients aged 65 years or over
- Rash affecting the head or neck
- Rash affecting more than one dermatome
- Rash affecting the ano-genital region
- Rash present for more than 72 hours
- Patient is systemically unwell
- Pregnant or breastfeeding
- Immunocompromised patients including those taking long-term corticosteroids
- Known moderate or severe renal impairment
- Known impairment of absorption from the gut
- Immunocompetent patient who has had two previous episodes of shingles
- Severe pain not adequately controlled with OTC treatment
- Failure of previous treatment with aciclovir
- Known hypersensitivity to aciclovir or any other ingredients of the preparation to be supplied
- Patient is taking interacting medicines. Check appendix 1 of the current print edition of British National Formulary (BNF) for full list, or online

Urgent referral to a doctor may be required if any of these are reported

- Serious complications (such as meningitis, encephalitis or myelitis) are suspected.

- The person has shingles in the ophthalmic distribution of the trigeminal nerve, especially those with:
    - Hutchinson's sign –a rash on the tip, side, or root of the nose, representing the dermatome of the nasociliary nerve, which is a prognostic factor for subsequent eye inflammation and permanent corneal denervation.
    - Visual symptoms.
    - An unexplained red eye.
- A severely immunocompromised person has shingles
- An immunocompromised person has shingles where the rash is severe, widespread, or they are systemically unwell

Cautions including any relevant action to be taken

Discuss with appropriate medical or independent non-medical prescriber any medical condition or medication of which the pharmacist is unsure or uncertain.

Action to be taken if the patient is excluded

- Explain the reasons for exclusion to the individual
- Advise patient of the importance of seeking treatment within 72 hours of rash onset
- Record reasons for exclusion and any action(s) taken
- Advise patient on alternative treatment
- Refer to a prescriber if appropriate (for example GP or NHS 111 or out of hours (OOH) services)
- Give safety-netting advice

Action to be taken if the patient declines treatment

- Ensure the individual is aware of the need for treatment and the potential consequences of not receiving treatment
- Document the reasons for declining, advice given and the decision reached.
- Advise patient on alternative treatment if appropriate
- Refer to a prescriber if appropriate
- Give safety-netting advice

Arrangements for referral for medical advice

Advise people with shingles to seek medical help if symptoms worsen rapidly significantly at any time, or symptoms have not improved after completing a course of treatment.

Description of treatment

Name, strength and formulation of drug

Aciclovir 800mg tablets

Legal category

Prescription only medicine (POM)

Route and method of administration

Oral

Indicate any off-label use (if relevant)
Not applicable

Dose and frequency of administration
- 1 tablet to be taken 5 times a day for 7 days.
- This will usually be every 4 hours during a person's normal waking hours

Duration of treatment
As per dose and frequency of administration above

Quantity to be supplied
35 tablets per treatment episode

Storage
Stock must be stored in conditions in line with the summary of product characteristics (SmPC)

Drug interactions
- Aciclovir has a number of drug-drug interactions which may be clinically significant, and all concurrent medications should be reviewed for interactions.
- Where a significant interaction is identified which may require dosage amendment or additional monitoring refer to appropriate medical or independent non-medical prescriber
- A detailed list of all drug interactions is available in the BNF online or the product SmPC, which is available from the electronic medicines compendium (EMC) website www.medicines.org.uk

Increased risk of adverse reactions
A detailed list of adverse reactions is available in the SPC, which is available from the EMC website www.medicines.org.uk and BNF www.bnf.org

Identification and management of adverse reactions
- Common
    - Gastrointestinal adverse effects, such as nausea, vomiting, diarrhoea and abdominal pain
    - Headache
    - Dizziness
    - Fever
    - Fatigue
    - Skin rashes (including photosensitivity and urticaria)
- Rare or very rare
    - Anaphylaxis
    - Angioedema
    - Dyspnoea
    - Hepatic disorders
    - Increases in blood urea and creatinine
- This list is not exhaustive; refer to BNF or SmPC for full details.

Management of and reporting procedure for adverse reactions

- Healthcare professionals and patients or carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme
- Record all adverse drug reactions (ADRs) in the patient's medical record (and inform the patient's GP)
- Report via organisation incident policy

Written information to be given to the patient

- The marketing authorisation holder's patient information leaflet provided with the product if treatment is to be supplied and advise patient to read the leaflet
- The British Association of Dermatologists (BAD) information leaflet on shingles

Patient advice and follow up treatment

- Advise the patient on how to take the product and the importance of completing the course
- Discuss side effects
- Advise on over the counter pain relief.
    - Paracetamol alone or in combination with ibuprofen may be recommended where appropriate
- Maintain an adequate fluid intake
- Explain that only a person who has not had chickenpox or the varicella vaccine can catch chickenpox from a person with shingles.
    - The person with shingles is infectious until all the vesicles have crusted over (usually 5–7 days after rash onset)
    - Avoid contact with people who have not had chickenpox, particularly pregnant women, immunocompromised people, and babies younger than 1 month of age
- Avoid sharing clothes and towels
- Wash their hands often
- Wear loose-fitting clothes to reduce irritation
- Cover lesions that are not under clothes while the rash is still weeping
- Avoid use of topical creams and adhesive dressings, as they can cause irritation and delay rash healing
- Keep the rash clean and dry to reduce the risk of bacterial superinfection. They should seek medical advice if there is an increase in temperature, as this may indicate bacterial infection
- Avoid work, school, or day care if the rash is weeping and cannot be covered. If the lesions have dried or the rash is covered, avoidance of these activities is not necessary
- Seek advice if new vesicles are forming after 7 days of antiviral treatment, or if healing is delayed

Records

- Completion of PGD checklist on PharmOutcomes
- Completion of patient medication record
- Label the pack being supplied appropriately:
    - dose, form and route of supply or administration
    - quantity supplied or administered

    - supplied via PGD
- Record details of any adverse drug reactions and actions taken.
- Referral arrangements (including self-care)
- Batch number and expiry date (if applicable)
- Completion of consent form and completion of the audit claim on PharmOutcomes
- Records should be signed and dated (or a password controlled e-records).
- All records should be clear, legible and contemporaneous
- A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy

Audit trail

- PMR entry
- Patient's GP should be notified using the notification form on PharmOutcomes within 48 hours of supply for inclusion in the patients notes

Key references

- NICE CKS – management of shingles
- NHS website - shingles
- BNF – aciclovir monograph
- Electronic Medicines Compendium (EMC)
- NICE PGD medicines practice guideline [MPG2]

(All last accessed 5 December 2022)

Registered health professional authorisation sheet

PGD: Supply of aciclovir 800mg tablets by community pharmacists for the management of acute herpes zoster (shingles)

Valid from: 12/2022
Expiry: 03/2025

Before signing this PGD, check that the document has had the necessary authorisations in above. Without these, this PGD is not lawfully valid.

Authorisation

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.