



**Patient Group Direction (PGD)
Supply of Amoxicillin for sore throat via the
Pharmacy First Service**

Version v01.01

Valid from November 2023 to end November 2025*

Review date November 2025

*(*or earlier in event of changes to any related guidance or withdrawal of Pharmacy First Service)*

This patient group direction must be agreed to and signed by all pharmacists involved in its use.
The PGD must be easily accessible in the community pharmacy.

Purpose of this Patient Group Direction

This PGD covers the supply of Amoxicillin via the SPPG Pharmacy First Service for the management of sore throats.

The Pharmacy First Service is available from community pharmacies in Northern Ireland contracted to provide the service.

Change History

Version number	Change details	Date
V01.01	➤ New SPPG PGD template for the supply of Amoxicillin via the Pharmacy First Service	14/09/2023

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Staff Characteristics

Qualifications	Pharmacists currently registered with the Pharmaceutical Society of Northern Ireland
Specialist competencies or qualifications	<p>Pharmacists must:</p> <ol style="list-style-type: none">1. Be working as a community pharmacist in a pharmacy contracted to provide the Pharmacy First Service.2. Be familiar with the relevant Summary of Product Characteristics for the medicines that may be supplied via this Patient Group Direction (PGD).3. Be familiar with and adhere to relevant Pharmaceutical Society of Northern Ireland standards and guidance.4. Have completed all the required training modules/courses outlined in the service specification and guidance. <p>The pharmacists must be able to assess the person's capacity to understand the nature and purpose of the medication in order to provide informed consent.</p> <p>All pharmacists are personally accountable for their practice and must be competent to work under PGD. In the exercise of professional accountability there is a requirement to maintain and improve professional knowledge and competence.</p> <p>Under PGD legislation there can be no delegation. Supply of the medication has to be by the same practitioner who has assessed the patient under this PGD.</p>
Continuing training & education	<p>The pharmacist should be aware of any change to the recommendations for the medicines that may be supplied via this PGD.</p> <p><u>The community pharmacist must provide the service in accordance with the requirements of the associated Service Specification and Guidance</u> available at https://hscbusiness.hscni.net/services/2800.htm</p> <p>It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice.</p>

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Clinical Condition or situation to which this PGD applies

Clinical Condition or situation to which this PGD applies	For the treatment of patients with painful, inflamed throat, which makes swallowing difficult, where phenoxymethylpenicillin is unavailable, in accordance with the Pharmacy First Sore Throat service.
Criteria for inclusion	<p>Amoxicillin can be given to:</p> <p>Adults and children aged 5 years and over, presenting with symptoms of acute uncomplicated sore throat, when phenoxymethylpenicillin is unavailable and they have:</p> <ul style="list-style-type: none"> ➤ A FeverPain score of 2 or above AND ➤ A positive result from a Rapid Antigen Point of Care Test (POCT) for Streptococcus A infection ➤ No contraindications to Amoxicillin ➤ Informed consent has been given
Criteria for exclusion¹	<p>Amoxicillin should not be given:</p> <ul style="list-style-type: none"> ➤ Red Flag Symptoms: <ul style="list-style-type: none"> ○ To anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration that is associated with sore throat. Phone 999 immediately. ○ To patients with persistent symptoms (lasting > 2 weeks) and/or severe symptoms which may be indicative of more serious disease, such as cancer. Smoking and alcohol are risk factors that should be considered as part of clinical assessment. ➤ If informed consent is not given. Patients do not agree to share relevant clinical information or there is no valid consent ➤ To children aged 4 years and under ➤ To patients with a known hypersensitivity to amoxicillin and penicillin type antibiotics – see SmPC ➤ To patients with known hypersensitivity to any of the excipients – see SmPC ➤ For amoxicillin oral solution only – patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltose insufficiency ➤ To patients with known or suspected hepatic failure ➤ To patients with moderate, severe or end stage renal failure (creatinine clearance <60mL/min) or patient has renal disease where renal function cannot be confirmed ➤ To patients at high risk of serious complications because of: <ul style="list-style-type: none"> ○ significant heart, lung, kidney, liver, or neuromuscular disease (including patients with a history of valvular heart disease, rheumatic fever, post-streptococcal glomerular

¹ Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required

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- nephritis)
- uncontrolled diabetes
- patients who are immunocompromised.
- To patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders) including for example:
 - A patient who is on chemotherapy, radiotherapy, has known or suspected leukaemia, asplenia, aplastic anaemia or HIV/AIDS, or is taking an immunosuppressive drug following a transplant.
 - A patient who is taking a disease-modifying anti-rheumatic drug (DMARD) e.g. sulfasalazine, methotrexate
 - A patient who is taking a medicine that can cause blood disorders (e.g. neutropenia, agranulocytosis, thrombocytopenia) leading to infection and acute sore throat including cytotoxic drugs, carbimazole, clozapine etc
- To patients with a history of repeated episodes (> 2 previous episodes) of Streptococcus A infection in previous 6 months.
- If patients present with:
 - Signs of airway obstruction (inability to swallow, drooling, stridor, hoarse voice, muffled voice, holding a tripod position)
 - Signs of marked systemic illness or sepsis
 - Breathing difficulty
 - Dehydration
 - Severe neck pain and or stiffness
 - Severe pain
 - Persistent sore throat especially if unilateral
 - Persistent change in voice
 - Severe swallowing problems (dysphagia/ odynophagia)
 - Trismus or difficulty opening the jaw
 - Persistent mouth ulcer / lesion.
 - Masses / unilateral swelling
 - Severe oral mucositis
 - Rash (e.g. scarlet fever)
 - Suspected rare cause e.g. Kawasaki disease
 - Symptoms of suppurative complications (e.g. otitis media, sinusitis, mastoiditis, peri-tonsillar abscess [quinsy], scarlet fever)
- To patients who are taking contra-indicated medicines (see Drug Interactions section for further detail) including:
 - methotrexate
 - bacteriostatic antibiotics e.g. tetracyclines, erythromycin, chloramphenicol and sulphonamides
 - recent typhoid vaccination

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	<ul style="list-style-type: none">○ probenecid➤ To patients taking concurrent antibiotic treatment➤ To patients who the pharmacist has assessed as not having capacity to understand the nature and purpose of treatment➤ Where a request has been made by a third party on behalf of a patient.
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Cautions (including any relevant action to be taken)	<p>Please refer to the SmPC for amoxicillin for full details of special warnings and precautions for use.</p> <p>Oral penicillins are not indicated in patients with severe illness or with a gastrointestinal disease that causes persistent nausea, vomiting, gastric dilation, cardio spasm, intestinal hypermotility or diarrhoea because absorption may be reduced. Occasionally, patients do not absorb therapeutic amounts of orally administered penicillin.</p> <p>Caution should be used when treating patients with a history of antibiotic-associated colitis.</p> <p>During treatment with amoxicillin, non-enzymatic glucose tests may be false-positive.</p> <p>History of Allergy</p> <ul style="list-style-type: none">➤ Amoxicillin should be given with caution to patients with a history of any allergy, especially to other drugs.➤ Amoxicillin should also be given cautiously to cephalosporin-sensitive patients, as there is some evidence of partial cross-allergenicity between the cephalosporins and penicillins. Patients have had severe reactions (including anaphylaxis) to both drugs.➤ If the patient experiences an allergic reaction amoxicillin should be discontinued and treatment with the appropriate agents initiated (e.g. adrenaline and other pressor amines, antihistamines and other corticosteroids). <p>Concurrent Infection</p> <ul style="list-style-type: none">➤ Patients, particularly adolescents with concurrent infection with Glandular fever/Epstein-Barr virus (EBV) have an increased frequency of amoxicillin associated skin rashes. <p>Diabetes</p> <ul style="list-style-type: none">➤ If a patient with diabetes is unsure of how to manage their condition when they are unwell or are not eating and drinking they should be advised to contact their GP or diabetic nurse.➤ Oral hypoglycaemic agents/Insulin - Careful monitoring of
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glucose is recommended.

Oral anticoagulants

- There is a risk of serious haemorrhage and significant elevations in International Normalized Ratio (INR) and prothrombin time when antibiotics are co-administered with warfarin. INR and prothrombin times should be frequently monitored while patients are receiving antibiotics and oral anticoagulants concurrently.
- **Patients must be referred to the clinic responsible for INR monitoring within 3 days of starting antibiotic treatment.**
- Caution should be exercised when antibiotics are co-administered with direct acting oral anticoagulants such as dabigatran, rivaroxaban and apixaban, particularly to patients at high risk of bleeding.

Pregnancy

- Not known to be harmful.
- Penicillins like amoxicillin may be used in pregnancy. The vast majority of the large amount of available data shows no increased risk following maternal exposure. However, as with other drugs, caution should be exercised when supplying to pregnant patients.
- A patient information leaflet (PIL) is available to support a patient in their decision to use antibiotics during pregnancy. [Bumps - best use of medicine in pregnancy \(medicinesinpregnancy.org\)](http://www.bumps.org/medicinesinpregnancy)

Lactation

- Trace amounts in milk, but appropriate to use.
- Amoxicillin is not contraindicated with breast feeding. Trace quantities of amoxicillin can be detected in breast milk. While adverse effects are apparently rare, two potential problems exist for the nursing infant:
 - modification of bowel flora
 - direct effects on the infant such as allergy/sensitisation
- Caution should therefore be exercised when supplying for the nursing mother.

Pseudomembranous colitis

- Pseudomembranous colitis has been reported with nearly all

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	<p>antibacterial agents and may range in severity from mild to life-threatening.</p> <ul style="list-style-type: none">➤ Clostridioides difficile-associated diarrhoea (CDAD) has been reported with use of nearly all antibacterial agents and may range in severity from mild diarrhoea to fatal colitis. <p>Phenylketonuria and amoxicillin oral suspension</p> <ul style="list-style-type: none">➤ Amoxicillin oral suspension may contain aspartame (E951), a source of phenylalanine. This medicine should be used with caution in patients with phenylketonuria <p>Maltodextrin (glucose) and amoxicillin oral suspension</p> <ul style="list-style-type: none">➤ Amoxicillin oral suspension may contain glucose➤ To be taken into consideration in patients with diabetes mellitus➤ May be harmful to teeth
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Action to be taken if individual is excluded or declines treatment	<ul style="list-style-type: none">➤ Phone 999 immediately for anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration that is associated with sore throat.➤ If patient meets the exclusion criteria, refer to a medical practitioner. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. Patients presenting with any of the following symptoms must be referred to the Emergency Department:<ul style="list-style-type: none">○ Severe suppurative complications (e.g. peri-tonsillar abscess or cellulitis, parapharyngeal abscess, retropharyngeal abscess or Lemierre syndrome) as there is a risk of airway compromise or rupture of the abscess.○ Signs of being markedly systemically unwell and is at risk of immunosuppression.○ Suspected Kawasaki disease.○ Diphtheria: characteristic tonsillar or pharyngeal membrane.○ Signs of being profoundly unwell and the cause is unknown or a rare cause is suspected, for example: Stevens–Johnson syndrome or Yersinia pharyngitis.➤ Explain the reasons for exclusion to the patient and document in the consultation record.➤ If the patient declines treatment; advise of the consequences of not receiving treatment and document the advice given and details of any referral made and their (patient, parent or guardian) intended actions.➤ Patients may be provided with advice and symptomatic treatment from the analgesic section of the service formulary.
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Further advice	If there is any doubt about the administration of the medication or patient's fitness or suitability to receive the medication, a doctor should be consulted. Refer to SmPC and BNF .
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Description of treatment

Name, form & strength of medicine	<ul style="list-style-type: none"> • Amoxicillin 500mg capsules • Amoxicillin 250mg/5ml or 500mg/5ml oral suspension • Amoxicillin 250mg/5ml or 500mg/5ml sugar-free oral suspension
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Legal category	POM - Prescription only medicine
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Indicate any off-label use (if relevant)	<ul style="list-style-type: none"> • Amoxicillin oral suspension – No off-label use • Amoxicillin capsules – Yes <p>If the patient is unable to swallow capsules AND amoxicillin oral solution is unavailable the capsule can be opened and the contents tipped out and mixed with liquid or soft food. See Specialist Pharmacy Service (SPS) guidance for patients with swallowing difficulties for further advice.</p> <p>It is important to note the following:</p> <ul style="list-style-type: none"> ○ administration in this way is off-label (used outside of the product licence). ○ when crushing tablets or opening capsules, caution should be exercised on handling the antibiotic powder produced to avoid contact sensitisation or inhalation. <p>Safety measures that should be used include:</p> <ul style="list-style-type: none"> ○ use a closed system e.g. dispersing a tablet in the barrel of a syringe. ○ wear gloves to reduce contact with the skin, and a mask to prevent dust inhalation. ○ sensitisation is a risk with all of the antibiotics but may be of particular concern with penicillins. <p>Parents/carers with penicillin allergy should avoid involvement in preparing and administering the tablets this way.</p>
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Route / Method of administration	<p>Oral</p> <ul style="list-style-type: none"> ➤ <u>Amoxicillin capsules:</u> Capsules should be swallowed whole with water. If being supplied in cases where the liquid formulation is not available, see Specialist Pharmacy Service (SPS) guidance for patients with swallowing difficulties for guidance on opening the capsule and tipping the contents into soft food or liquid. ➤ <u>Amoxycillin oral suspension:</u> Follow the instructions for reconstitution
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Dose and frequency of administration	<p>Adults and children aged 5 years and over: 500mg THREE times a day for TEN days</p> <p>Amoxicillin 500mg capsules: 500mg (ONE capsule) three times a day for TEN days</p> <p>Amoxicillin 250mg / 5ml oral suspension: 500mg (TWO 5ml spoonful's) three times a day for TEN days</p> <p>Amoxicillin 500mg / 5ml oral suspension: 500mg (one 5ml spoonful) three times a day for TEN days</p>
Duration of treatment	This PGD only allows for the duration stated in the dosage schedule above.
Quantity to be supplied	<p>Appropriately labelled packs to provide treatment for TEN days:</p> <p>500MG Capsules: 30 X 500MG capsules to provide TEN days treatment</p> <p>250mg / 5ml oral suspension: 3 x 100mL bottles to provide TEN days treatment OR 500mg / 5ml oral suspension: 2 x 100mL bottles to provide TEN days treatment</p>
Storage	<p>Medicines must be stored securely and in accordance with product SmPC</p> <p>Capsules: Store below 25°C</p> <p>Reconstituted oral suspension: Store below 25°C and use within 14 days</p>
Disposal	Advise return of any unused medication to community pharmacy for safe disposal
Drug interactions	<p>The following list of interactions is not exhaustive. A detailed list of drug interactions can be found in the SmPC and the BNF.</p> <p>Contraindications</p> <ul style="list-style-type: none"> ➤ <u>Methotrexate</u>: Use of amoxicillin while taking methotrexate can cause reduced excretion of methotrexate thereby increasing the risk of toxicity. ➤ <u>Typhoid vaccine (oral)</u>: Antibacterial agents may inactivate oral typhoid vaccine if ingested concomitantly. Avoid where recent vaccination or vaccination due. ➤ <u>Bacteriostatic antibiotics</u>: Certain bacteriostatic antibiotics such as chloramphenicol, erythromycin, tetracyclines and sulphonamides have been reported to antagonise the

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bactericidal activity of penicillins and concomitant use is not recommended.

- Probenecid: concomitant use is not recommended as probenecid decreases the renal tubular secretion of amoxicillin which may result in increased and prolonged blood levels of amoxicillin.

Cautions for use

- Allopurinol: concurrent administration with amoxicillin can increase the likelihood of allergic skin reactions.
- Coumarin anticoagulants: Penicillins may interfere with anticoagulant control (see 'cautions' section above).
- Phenindione - Penicillins may interfere with anticoagulant control (see 'cautions' section above).
- Sulfinpyrazone: Excretion of penicillins may be reduced by sulfinpyrazone.
- During treatment with amoxicillin, non-enzymatic urinary glucose tests may be false-positive.

Identification & management of adverse reactions

The following are side effects reported for all penicillins. This list is not exhaustive. A detailed list of adverse reactions is available in the [SmPC](#) and the [BNF](#).

- Advise the patient that if any of the following side effects occur, discontinue treatment immediately and contact the Emergency Department or dial 999:
 - Allergic reactions such as sudden difficulty with breathing, speaking and swallowing.
 - Extreme dizziness or fainting.
 - Severe itchy skin rash especially if blistering, soreness of the eyes mouth or genital organs.
- Very common to common adverse effects (affecting between 1 in 10 and 1 in 100 patients) with amoxicillin (and does not reflect all reported side effects):
 - Nausea, diarrhoea, skin rash
 - Patients, particularly adolescents with concurrent infection with Glandular fever/Epstein-Barr virus (EBV) have an increased frequency of amoxicillin associated skin rashes
- Uncommon adverse effects (affecting between 1 in 100 and 1 in 1000 patients)
 - Vomiting, urticaria, pruritis

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	<ul style="list-style-type: none"> ➤ <u>Rare or very rare adverse effects</u> (affecting between 1 in 1000 and 1 in 10,000 patients): <ul style="list-style-type: none"> ○ Mucocutaneous candidiasis, reversible leukopenia (including severe neutropenia or agranulocytosis), reversible thrombocytopenia and haemolytic anaemia. ○ Prolongation of bleeding time and prothrombin time. ○ Severe allergic reactions, including angioneurotic oedema, anaphylaxis, serum sickness and hypersensitivity vasculitis. ○ Hyperkinesia, dizziness, aseptic meningitis, convulsions, antibiotic associated colitis (including pseudomembraneous colitis) and haemorrhagic colitis. Black hairy tongue. Hepatitis and cholestatic jaundice. A moderate rise in AST and or ALT. Skin reactions such as erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous and exfoliative dermatitis, acute generalised exanthematous pustulosis (AGEP) and drug reaction with eosinophilia and systemic symptoms (DRESS). Interstitial nephritis, crystalluria. ➤ <u>Adverse effects with unknown frequency:</u> <ul style="list-style-type: none"> ○ Jarish-Herxheimer reaction. (Reaction seen following treatment with amoxicillin for Lyme disease).
Management of and reporting procedure for adverse reactions	<p>Any adverse reaction to the product should be documented in the patient's medical records (PMR). Alert a doctor in the event of a serious adverse reaction.</p> <p>Report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme.</p>
Written or other information to be given to individual or carer	<ul style="list-style-type: none"> ➤ Supply the marketing authorisation holder's patient information leaflet (PIL). ➤ Supply the PIL for parents and carers on using solid dosage forms of antibiotics for children ➤ A PIL is available to support a patient in their decision to use antibiotics during pregnancy. bumps - best use of medicine in pregnancy (medicinesinpregnancy.org) ➤ Provide all patients/carers with a copy of the TARGET PIL
Individual advice / follow up	<p>Inform the patient or their carer that:</p> <ul style="list-style-type: none"> ➤ The capsules should be swallowed whole with water ➤ Amoxicillin can be taken irrespective of food intake ➤ If the patient can't swallow capsules and the liquid is unavailable, the capsule can be opened and the contents tipped

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	<p>out and mixed with liquid or soft food.</p> <ul style="list-style-type: none"> ➤ The oral suspension should be shaken well before each dose ➤ The importance of good oral hygiene to prevent tooth discolouration when taking the oral suspension ➤ If they get any side effects, to talk to their doctor, pharmacist or nurse. This includes any possible side effects not listed in the PIL ➤ In the event of a severe adverse reaction to discontinue treatment immediately and seek to medical advice ➤ Read the PIL before taking the medication ➤ Visit the NHS website on amoxicillin for more information ➤ To seek medical advice if their condition deteriorates and/or they become systemically unwell or if their symptoms do not improve
<p>Special considerations / additional information</p>	<p>Inform the patient or their carer:</p> <ul style="list-style-type: none"> ➤ That the condition is self-limiting and is likely to get better within 7 days, with or without antibiotic treatment. ➤ To seek further medical advice if symptoms do not improve within 7 days or worsen. ➤ That taking simple analgesics, at regular intervals, will help temperature and discomfort. ➤ That adults and older children may find sucking throat lozenges, ice cubes or flavoured frozen desserts (e.g. ice lollies) provides symptomatic relief. ➤ That they may wish to try medicated lozenges to help reduce pain, but their benefit is likely to be small. It is unclear if throat sprays containing an antiseptic plus local anaesthetic or benzydamine gargles help symptoms. ➤ To avoid smoking and smoky environments. ➤ To drink plenty of cool or warm fluid and avoid very hot drinks that could irritate the throat. Eat cool and soft foods. ➤ That adults can try a warm saline mouthwash or gargle (half a teaspoon of salt in a glassful of warm water) at frequent intervals, but do not swallow the mouthwash – this is not suitable for young children. <p>Reinforce messages around preventing infections e.g. wash hands frequently, avoid sharing glasses or utensils with people who are ill, cough or sneeze into a tissue and dispose of it in the bin.</p>

Records and Audit Trail

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Records	<p>Appropriate records must include the following:</p> <ul style="list-style-type: none">➤ That valid informed consent has been given.➤ Patient's name, address and date of birth.➤ Name of GP patient is registered with.➤ Specify how the patient has/has not met the criteria of the PGD.➤ Name/dose/form/quantity of medicine supplied.➤ Date and time of supply.➤ Relevant past and present medical history.➤ Documentation of cautions as appropriate.➤ Advice given if patient excluded or declines treatment.➤ Details of any ADRs/allergy status and actions taken.➤ The supply must be entered in the Patient Medication Record (PMR).➤ That supply was made under a PGD.➤ Any safety incidents, such as medication errors, near misses and suspected adverse events.➤ Any additional requirements in accordance with the service specification.➤ GP to be notified within 24 hours (where possible) of the supply.➤ All records must be kept for the time periods in line with the DOH Good Management, Good records guidelines. This includes individual data, master copies of the PGD and lists of authorised practitioners. <p>Records should be signed and dated.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all patients receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
Additional Facilities / Requirements	<ul style="list-style-type: none">➤ The pharmacy must have a Standard Operating Procedure (SOP) for providing the service, with the appropriate procedures and policies in place, including consent, record keeping, competency and training requirements.➤ Medication supplied using this PGD must be labelled with the same labelling and other information which patients would otherwise have received if the medicine had been supplied against a prescription. If a PMR system is used it should be documented that the medicine was supplied via PGD.➤ Access to medical support (this may be via telephone).➤ Safe storage areas for medicines and equipment.➤ Clean and tidy clinical rooms that allow confidentiality and patient privacy and access to hand washing facilities.➤ Access to the latest information on amoxicillin contraindications, cautions, side effects and interactions.

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- Access to PPE and suitable RAD tests.
- Pharmacists must possess appropriate professional indemnity.

Key references

- Electronic BNF <https://bnf.nice.org.uk/>
- Summary Product Characteristics SmPC. Available from: [Home - electronic medicines compendium \(emc\) https://www.medicines.org.uk](#)
- Patient Group Directions. Medicines practice guideline [MPG2] <http://www.nice.org.uk/guidance/mpg2/resources>
- GPhC In Practice: Guidance on Consent 2018. Available at: https://www.pharmacyregulation.org/sites/default/files/document/in_practice_guidance_on_consent_june_2018.pdf
- GPhC in Practice: Guidance on confidentiality 2018. Available at: https://www.pharmacyregulation.org/sites/default/files/document/in_practice_guidance_on_confidentiality_june_2018.pdf
- Clinical Knowledge Summaries Sore Throat – acute. Available from <https://cks.nice.org.uk>
- BMJ Best Practice. Acute pharyngitis. Available from <https://bestpractice.bmj.com>
- Management of Sore Throat and Indications for tonsillectomy – SIGN guidance 117 April 2010 Available from <https://www.sign.ac.uk>
- AWMSG All Wales Common Ailments Formulary [Common ailments formulary - All Wales Therapeutics and Toxicology Centre \(nhs.wales\) https://awttc.nhs.wales](#)
- NICE Guideline NG84 Sore throat (acute): antimicrobial prescribing, <https://www.nice.org.uk/guidance/ng84/chapter/Recommendations#managing-acute-sore-throat>
- Patient UK. Sore Throat Cause, Symptoms and Treatment. Available from <https://patient.info>
- BMJ Best Practice. Tonsillitis. Available from <https://bestpractice.bmj.com>
- [Specialist Pharmacy Service \(SPS\) guidance for patients with swallowing difficulties](#)
- Yellow Card Reporting site. <http://yellowcard.mhra.gov.uk>
- Leaflets A to Z. Best Use of Medicines in Pregnancy BUMPS provided by the UK Teratology Information Service (UKTIS) Available from [bumps - best use of medicine in pregnancy \(medicinesinpregnancy.org\)](#)

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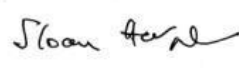

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PGD Template Development

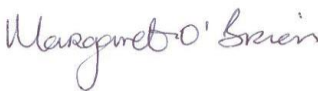

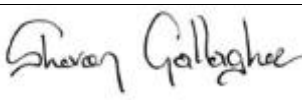
	Name	Signature	Date
Clinician	Dr Sloan Harper SPPG Medical Adviser		11/10/23
Pharmacist	Siobhan O'Hare-Smith SPPG Pharmacy Adviser		18/10/23

This PGD has been reviewed and updated by the Regional PGD Review Group:

Name	Designation
Sinead McElroy	SPPG Pharmacy Adviser

SPPG Authorisation for use in Community Pharmacies in Northern Ireland

This Patient Group Direction has been approved for use by the DoH Strategic Planning and performance Group by:

Primary Care approval			
Role	Name	Sign	Date
SPPG Head of General Medical Services	Dr Margaret O'Brien		25/10/2023
SPPG Head of Pharmacy & Medicines Management	Joe Brogan FPSNI		19/10/2023
SPPG Clinical Governance Lead	Sharon Gallagher Deputy Secretary Department of Health		30/10/2023

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Amoxicillin	POM
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Authorisation Page – Community Pharmacies

Organisations using PGDs must designate an appropriate person within the organisation to ensure that only fully competent, qualified and trained healthcare professionals operate within a PGD.

This page must be completed by pharmacists who will operate under the PGD i.e. pharmacists working in the community pharmacy

Name of Community Pharmacy:

The Pharmacy Manager / Contractor on behalf of the independent pharmacy contractor has accepted the responsibility to ensure that:

1. The named pharmacists (listed on the signature sheet) have received the appropriate training as detailed in the service specification and guidance.
2. Only fully competent, qualified and trained pharmacists operate within these directions on behalf of the community pharmacy.
3. The content of the Patient Group Direction is agreed on behalf of the independent pharmacy contractor.
4. Authorised staff should have access to a copy of the PGD indicating their authorisation to work within the scope of the PGD.

Signature **Date**.....

Name (please print)

Patient Group Direction (PGD) for supply/administration of

Amoxicillin	POM
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Authorisation Page - Individual Signature Sheet

The following registered pharmacists are allowed to operate under this PGD

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD. I understand that PGDs do not remove inherent professional obligations or accountability and it is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with the "Code for pharmacists in Northern Ireland".

Name of Professional (PRINT)	Signature	Date

Print extra copies of this page as need be. Page ___ of ___

Next review date: November 2025

Expiry date: 30/11/2025

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