

## Patient Group Direction (PGD) for the Administration of

Canesten HC® Cream

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

by Specialist Ear Care Nurses or Registered Nurses, with a Diploma in Primary Ear Care (or equivalent) employed or contracted by the Rotherham NHS Foundation Trust working within clinic or at the home of the patient who have successfully undertaken approved training and have been assessed as competent

<b>PGD Number:</b>	EC3v3
<b>Author (Lead Person):</b>	Beverley Sales
<b>Head of Services:</b>	Linda Mills
<b>Discipline:</b>	Primary Ear Care and Audiology Services
<b>Date Ratified by the Drugs &amp; Therapeutics Group:</b>	4.5.2016
<b>Expiry Date:</b>	31.5 2019
<b>Dissemination:</b>	Linda Mills
<b>Implementation:</b>	Linda Mills
<b>File Location:</b>	Documents Store, TRFT Intranet
<b>Key Words:</b>	Ear, Clotrimazole, Hydrocortisone, PGD

Patient Group Direction No. EC3v3

Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

The majority of clinical care should be provided on an individual, patient-specific basis. The supply and administration under a PGD should be reserved for those limited situations where this offers an advantage for patient care (without compromising patient safety), and where it is consistent with appropriate professional relationships and accountability.

- Each PGD has a unique identifier allocated by the pharmacist responsible for the management of Patient Group Directions for the organisation.
- Once a PGD has been given approval, the date on which the PGD comes into effect will be inserted by the pharmacist prior to submission onto the Rotherham NHS Foundation Trust intranet.
- The PGD must be reviewed within three years of authorisation
- PGDs that have failed to be reviewed and re-ratified ***must not*** be used past their expiry date and patient specific direction (prescriptions) must be used to authorise supply of medicines.

**Patient Group Direction for the Administration of  
Canesten HC® Cream**

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

by Specialist Ear Care Nurses or Registered Nurses, with a Diploma in Primary Ear Care (or equivalent) employed or contracted by the Rotherham NHS Foundation Trust working within clinic or at the home of the patient who have successfully undertaken approved training and have been assessed as competent

**1. Clinical Condition or situation to which the direction applies**

Drug Name: **Clotrimazole 1% w/w and Hydrocortisone 1% w/w Cream**

<p><b>Clinical Indications</b></p>	<ul style="list-style-type: none"> <li>• Acute or chronic fungal otitis externa which is confirmed by otoscopy</li> <li>• Patient may have had recent treatment with anti-bacterial ointment/drops/cream</li> </ul>
<p><b>Criteria for Inclusion</b></p>	<ul style="list-style-type: none"> <li>• Informed consent of patient prior to examination</li> <li>• Children up to the age of fourteen without an occlusive dressing</li> <li>• Adults and children fifteen years of age and older</li> </ul> <p>Patients presenting with symptoms of a fungal infection, which are usually a combination of the following:</p> <ul style="list-style-type: none"> <li>• Meatus may be partially or fully occluded with fungal debris and mycelia</li> <li>• Red, inflamed, painful meatus</li> <li>• Severe itchiness</li> <li>• Swab results indicate fungal infection</li> <li>• Recent treatment with antibacterial ointment/cream/drops</li> <li>• Any of the clinical indications can be found in a mastoid cavity</li> </ul> <p><u>Note:</u> Repeated fungal infection may indicate diabetes</p>
<p><b>Criteria for Exclusion</b></p>	<ul style="list-style-type: none"> <li>• Patients with hypersensitivity to any component of the product</li> <li>• Infants and children up to the age of fourteen where a wick is required</li> <li>• Patients who have had this treatment for 7 days without clinical improvement</li> <li>• Pregnancy and breastfeeding</li> <li>• Untreated bacterial or viral skin conditions, e.g. herpes simplex, shingles</li> <li>• Acne rosacea</li> <li>• Broken areas of skin</li> <li>• Widespread plaque psoriasis</li> </ul>

<p><b>Action if Excluded</b></p>	<p>If patient is allergic to any component of Canesten HC cream:</p> <ul style="list-style-type: none"> <li>• Refer to specialist ear care nurse/independent prescriber</li> <li>• Refer to medical practitioner or ENT consultant</li> <li>• Document in patient's clinical record</li> </ul>
<p><b>Action if Patient declines Treatment</b></p>	<ul style="list-style-type: none"> <li>• Explain rationale for compliance to patients who do not wish to receive the medication</li> <li>• Inform/refer to specialist ear care nurse/independent prescriber</li> <li>• Inform/refer to medical practitioner or ENT consultant</li> <li>• Document in patient's clinical record</li> </ul>
<p><b>Notes, Drug Interactions and Adverse Effects</b></p>	<ul style="list-style-type: none"> <li>• Adverse effects include allergic reactions (syncope, hypotension, dyspnoea and urticaria), local reactions: blisters, discomfort/pain, oedema, erythema, irritation, peeling/exfoliation, pruritus, rash, stinging/burning.</li> <li>• If used for more than 2 weeks the following may occur: Broken veins, excessive hair growth, stretch marks, thinning of the skin, secondary infections</li> <li>• This list is not exhaustive. Refer to current BNF or Summary of Product Characteristics (SPC) for full details <a href="http://www.medicines.org.uk/emc">www.medicines.org.uk/emc</a></li> </ul>

## 2. Description of treatment

<p><b>Name, strength and formulation of drug</b></p>	<p>Canesten HC Cream® Clotrimazole 1% w/w and Hydrocortisone 1% w/w cream</p>
<p><b>Legal status</b></p>	<p>POM</p>

<p><b>Storage</b></p>	<p>Standards must be consistent with the Summary of Product Characteristics. All medication must be stored in a secure locked environment away from the direct patient care area below 25°C</p>
<p><b>Dose/dose range</b></p>	<p>Apply sparingly into the external auditory meatus/pinna</p>
<p><b>Method /route</b></p>	<p>Following aural toilet, paint the cream onto the affected area using cotton wool wound round a Jobson Horne probe Alternatively ointment may be applied sparingly on a ribbon gauze wick (adults and children fifteen years of age and older only), which can remain in the meatus for up to 48 hours All ear treatments must be carried out under direct vision using a light source.</p>
<p><b>Frequency of administration</b></p>	<p>Optimum treatment is local meatal cleaning and application of cream every 48 hours. If no improvement after 48 hours, consider taking a swab for culture and sensitivities and treat accordingly</p>
<p><b>Total dose number</b></p>	<p>In children up to fifteen years of age courses should be limited to 7 days In adults and children fifteen years of age and older do not continue for more than 7 days in the absence of clinical improvement. Treat initially for 7 days and thereafter at weekly intervals for 2 weeks, to ensure no spores remain in order to overcome the spores' 3 week life cycle.</p>
<p><b>Patient/carer advice and follow-up treatment</b></p>	<ul style="list-style-type: none"> <li>• Patients may experience local mild burning or irritation immediately after application of the cream.</li> <li>• Advise about nature of treatment</li> <li>• Give ear care education to prevent further problems</li> <li>• Warn about possible sensitivities and side effects to treatment and instruct accordingly</li> <li>• Give the patient a treatment information leaflet</li> </ul>

### 3. Records

1. The following records must be kept either on paper or computer based. Records should be kept locally and appropriate information passed to patient and relevant physicians.

- Patient's name, address, date of birth and consent given
- Name of medication
- Dose given.
- Brand, Batch Number and Expiry Date
- Signature & name of staff who administered or supplied the medication
- Route and site of administration (record all sites of administration to allow any reactions to be related to the site of the injection)
- Information & advice given to patient (including side effects)
- Details of any adverse drug reaction and actions taken, including documentation in the patient's clinical record. Any adverse reaction must be notified to relevant physicians.
- Referral arrangements (including self care)
- Date administered / supplied
- Any serious adverse events and any that may be attributable to black triangled drugs ▼ should be reported via Trust procedure and then to the MHRA using the yellow card system. [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk)

#### 2. Audit Trail Data Collection

- A record of all individuals receiving treatment under this Patient Group Direction should be kept for audit purposes.
- **Reconciliation:** Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient-by-patient basis
- **Storage:** Standards must be consistent with the Summary of Product Characteristics. All medication must be stored in a secure locked environment away from the direct patient care area

## 4. Anaphylaxis - Emergency Treatment

Before administering any medication the possibility of anaphylaxis must be discussed and documented with the patient/carer prior to administration of any medication, which may produce an anaphylactic reaction.

When giving any medication the following should always be readily available:

- Access to the patients notes
- Adrenaline (Epinephrine) 1 in 1000 for intramuscular (i.m.) injection for use in emergency (NB: **check expiry dates** regularly )
- Syringes and needles of **suitable size** and capacity for dose.
- Access to a telephone

<b>Adrenaline (Epinephrine) 1 in 1000 (1mg/ml)</b>	<b>For intramuscular injection</b>	
Age	Dose	Volume
Children under 6 years	150 micrograms	0.15ml
Children 6 – 12 years	300 micrograms	0.3ml
Adults and adolescents	500 micrograms	0.5ml
These doses may be repeated if necessary at 5-minute intervals according to blood pressure, pulse and respiratory function.		
Special cautions: see BNF 3.4.3	Epinephrine/ Adrenaline	

BNF Current Edition section 3.4.3

## 5. Professional Responsibility All practitioners

- The Lead Person and the practitioner will ensure he/she has the relevant training and is competent. He/she will attend training updates as appropriate.
- The practitioner will have due regard for their Professional Conduct and Guidelines for the Administration / Supply of Medicines
- It is the responsibility of the individual practitioner to ensure that he/she has appropriate knowledge of the product prior to proceeding. Refer to the Summary of Product Characteristics (SPC) or current BNF for further details on the product.
- Each individual must have received a personal copy of the PGD and signed on the list of individual professionals who may work within this PGD (kept with master copy of this PGD)
- Must be competent in the recognition and management of anaphylaxis.
- Must have access to all relevant DOH advice, including the relevant CMO letters or training and be competent in all aspects of immunisation including contraindications
- Must have access to a current copy of the BNF and *Immunisation against infectious disease* (The 'Green book') and comply with its recommendations (available on DH website – [www.dh.gov.uk/greenbook](http://www.dh.gov.uk/greenbook)) where appropriate.
- Annual attendance at the The Rotherham NHS Foundation Trust or workplace update on resuscitation skills and the management of anaphylaxis.
- Maintenance of own level of updating with evidence of continued professional development
- Regular updates in immunisation and vaccination where appropriate with particular reference to changes and national directives.
- **Such practitioners that meet the above criteria for training have The Rotherham NHS Foundation Trust's approval to administer/supply Canesten HC® cream (clotrimazole 1% w/w and hydrocortisone 1% w/w cream) in accordance with this PGD without a doctor's prescription, and with the patient's informed consent.**
- Storage and handling of medicines should be carried out in accordance with The Rotherham NHS Foundation Trust's Medicines Management Policy.
- The EC Labelling and Leaflet Directive 92/27 applies to all supplies of medicine, including those supplied under Patient Group Directions and all products other than those immediately administered must be labelled for supply to patients.

Sources: HSC 200/026 Patient Group Directions; Current BNF; Current Summary of Product Characteristics. Refer to The Rotherham NHS Foundation Trust Procedure for Emergency Treatment of Anaphylactic Reactions and the UK Resuscitation Council Guidelines



The original signed copy of this Patient Group Direction is held in the Pharmacy department.  
A copy of the signed document is held on file by the Lead Person.

## 6. Management of Patient Group Direction

This patient group direction is to be read, agreed to and signed by all healthcare professionals to whom it applies. One copy should be given to each practitioner with a copy being kept by the Lead Person with responsibility for PGDs within the organization.

Developed by:-	Name & Title	Signature	Date
Lead doctor			
Lead Pharmacist	Christina Dezelak Medicines Information Pharmacist		
Lead health professional from group who will administer/supply medicine			

<b>Patient Group Direction (PGD) for The Administration of Canesten HC® Cream (Clotrimazole 1% and Hydrocortisone 1% w/w cream)</b> by Specialist Ear Care Nurses or Registered Nurses, with a Diploma in Primary Ear Care (or equivalent) employed or contracted by the Rotherham NHS Foundation Trust working within clinic or at the home of the patient who have successfully undertaken approved training and have been assessed as competent			
<b>This Patient Group Direction is authorised by us</b>			
Title	Name (& Role if not stated)	Signed	Date
Local clinical manager e.g. nurse manager			
Responsible Consultant/ Clinician			
Chair of Drugs & Therapeutic Group	Osman Chohan Chief Pharmacist		

