

Amoxicillin for adult patients under Bone Infection Unit, Nuffield Orthopaedic Centre, Oxford University Hospitals NHS Foundation Trust

1. Responsibilities

Shared care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy.

Specialist (BIU, Nuffield Orthopaedic Centre):

- Complete pre-treatment assessment
- Initiate treatment and prescribe until the dose is stable (minimum 28 days post discharge) **and** the GP accepts shared care
- Send a letter to the GP requesting shared care. Outline shared care protocol criteria. Specify the patient's treatment plan and ensure that it is communicated to GP at the point of transfer of prescribing. Each patient will have targeted treatment which could include more than one agent depending on cultures and sensitivities.
- Respond to any concerns raised regarding accepting shared care, continue prescribing until any issues are resolved. If no concerns are raised within 14 days, shared care can be assumed and the patient will collect the next prescription from the GP
- To carry out a medical follow-up outpatient appointment following discharge, and communicate any changes to treatment to the GP
- Liaise with GP regarding changes in disease management, drug dose, missed clinic appointments
- Ensure the patients understand the nature and complications of drug therapy and their role in reporting adverse effects promptly
- Provide copy of patient information leaflet and drug monitoring card where appropriate
- Be available to give advice to GP and patient throughout treatment

GP

- Raise any concerns within 14 days. If no concerns are raised, shared care will be assumed and the patient will collect the next prescription from the GP
- Prescribe medication once the dose is stable and shared care is agreed
- Ensure all monitoring is completed in accordance to the specific shared care protocol.
- Check and record results then advise the specialist of any deteriorations or abnormal results
- Notify the specialist to any changes in patients condition, any adverse drug reactions or failure to attend tests

Patient

- Agree to treatment and monitoring after making an informed decision
- Agree to being under the shared care of the GP and specialist
- Attend for blood tests and monitoring when required
- Report any side effects to the GP or a member of the specialist team

<p>2. Background</p>	<p>Bone and joint infection is a relatively rare condition which usually requires a combination of surgical and medical management. Definitive treatment therefore most commonly commences in hospital.</p> <p>Until recently, the initial course of post-operative antibiotic therapy was routinely administered intravenously, and management of such patients in the community was supervised by the Outpatient Parenteral Antibiotic Therapy (OPAT) team. There has been a shift to earlier oral antibiotic therapy such that most patients are discharged on oral antibiotic therapy. This has the advantages of earlier discharge from hospital, reduced costs and limitation of the risk of complications relating to long-term intravenous access devices. The majority of bone and joint infection patients will now be going home on oral antimicrobial therapy, with the initial 4-week supply of oral medicines provided by the hospital, and the remainder of the course through primary care. Where the selected antibiotic is restricted to hospital prescription only, the entire course will be supplied by the hospital pharmacy.</p>
<p>3. Indications (Please state whether licensed or unlicensed)</p>	<p>Used alone or in combination with other antimicrobial agents for targeted treatment of skin and soft tissue infections and bone and joint infections based on cultures and sensitivities. Licensed use.</p>
<p>4. Locally agreed off-label use</p>	<p>Not applicable</p>
<p>5. Contraindications and cautions</p> <p>Please note this does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it.</p>	<p>Contraindications:</p> <ul style="list-style-type: none"> • History of penicillin allergy • History of a severe immediate hypersensitivity reaction (e.g. anaphylaxis) to another beta-lactam agent (e.g. a cephalosporin, carbapenem or monobactam) • Hypersensitivity to any of the excipients <p>Cautions:</p> <p>Convulsions may occur in patients with impaired renal function or in those receiving high doses of amoxicillin or in patients with predisposing factors (e.g. history of seizures, treated epilepsy or meningeal disorders)</p>

	Please see SPC for comprehensive information.	
6. Initiation and ongoing dose regime Note - <ul style="list-style-type: none"> •Transfer of monitoring and prescribing to primary care is normally after the patient's dose has been optimised and with satisfactory investigation results for at least 4 weeks •The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability. •All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician •Termination of treatment will be the responsibility of the specialist. 	Usual dose is amoxicillin 1g TDS. Dose may need to be adjusted in renal impairment. Duration will be specified by the Bone Infection Team at OUHFT.	
7. Pharmaceutical aspects	Route of administration:	Oral
	Formulation:	Capsules or oral solution
	Administration details:	Swallow with water without opening the capsules. Space the doses evenly during the day.
	Other important information:	
8. Significant medicine interactions For a comprehensive list consult the BNF or Summary of Product Characteristics. SPC	The following list is not exhaustive; please see SPC for comprehensive information and recommended management. <ul style="list-style-type: none"> • Increased risk of toxicity when given with methotrexate – monitor FBC, U&Es, and LFTs • Amoxicillin potentially alters the anticoagulant effect of warfarin. Monitor INR and adjust warfarin dose accordingly with the addition or withdrawal of amoxicillin • Concomitant use of probenecid with amoxicillin may result in increased and prolonged blood levels of amoxicillin • Concomitant administration of allupurinol during the treatment with amoxicillin can increase the likelihood of allergic skin reactions. 	
9. Baseline investigations, initial monitoring and	Baseline investigations: FBC and U&Es	

ongoing monitoring to be undertaken by specialist		
10. Ongoing monitoring requirements to be undertaken by primary care- See section 10 for further guidance on management of adverse effects/ responding to monitoring results.	Monitoring	Frequency
	FBC and U&Es	According to clinical need only if directed by the specialist or in response to emerging clinical indicators– discuss any concerns with specialist
	Deterioration in renal function to eGFR 30mL/min/1.73m ² or less.	Look for alternative causes. Repeat U&Es; if abnormal results then discuss with specialist
11. Adverse effects and managements Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme www.mhra.gov.uk/yellowcard	Result	Action for GP
	Hypersensitivity reactions	Anaphylaxis, rash – stop amoxicillin and discuss with specialist
	Diarrhoea	If persistent, severe, or associated abdominal pain/distension then stop and contact specialist
	Convulsions	Withhold amoxicillin and discuss with specialist
12. Advice to patients and carers The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.	The patient should be advised to report any of the following signs or symptoms to their GP without delay: <ul style="list-style-type: none"> • Severe diarrhoea with bleeding • Blisters, redness or bruising of the skin • Darker urine or paler stools • Yellowing of the skin or the whites of the eyes (jaundice) 	
13. Pregnancy, paternal exposure and breast feeding It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist.	<u>Pregnancy:</u> Safe for use in pregnancy and breast feeding <u>Breastfeeding:</u> Safe for use in breast feeding	
14. Specialist contact information	Name: <i>Bone Infection Unit, Nuffield Orthopaedic Centre</i> Role and specialty: <i>The Infection team, BIU registrar</i> Daytime telephone number: <i>OUH switchboard 0300 304 7777 bleep 7186</i> Email address: <i>boneinfectionadvice@nhs.net</i> Alternative contact: <i>Call the Infection consultant covering BIU via switchboard 0300 304 7777</i> Out of hours contact details: <i>Microbiology registrar on-call via OUH switchboard 0300 304 7777</i>	

15. Additional information	Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.
16. References	<ol style="list-style-type: none"> 1. BNF accessed via http://bnf.nice.org.uk on 13/12/2021. 2. Accord Healthcare Limited. Summary of Product Characteristics for Amoxicillin 500mg capsules. Last updated 31/10/2017. Accessed via Amoxicillin 500 mg Capsules BP - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) on 13/12/2021.
17. To be read in conjunction with the following documents	<ul style="list-style-type: none"> • RMOC Shared Care Guidance • NHSE/NHSCC guidance – items which should not be routinely prescribed in primary care: guidance for CCGs • NHSE policy- Responsibility for prescribing between Primary & Secondary/Tertiary Care
18. Local arrangements for referral Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change.	Referral from BIU to GP is via the discharge summary. Route of return should the patient's condition change is via the specialist contact information provided above.