

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Department of Dermatology

Patient Group Direction (PGD) for the administration and supply of Potassium Permanganate 5% solution by nursing staff

1/. Clinical Condition

Clinical Condition	Used as an antiseptic in the bath or as a direct soak application for patients with weeping eczema or leg ulcers
Maturity of patient	Adult and Paediatric (all ages)
Criteria for inclusion	All patients with weeping eczema or weeping leg ulcers
Criteria for exclusion	Hypersensitivity to any of the ingredients of the solution
Action if excluded	Patient should be referred back to referring doctor
Action if patient declines treatment	Document patients refusal in the patients medical notes and refer patient back to referring doctor
Circumstances when further advice should be sought	If there are any adverse reactions to the treatment seek advice from referring doctor

2. Characteristics of staff

Class of health care professional to whom PGD applies	Named Nurse
Qualifications required	Qualified as a first level registered nurse working within Dermatology
Additional requirements	The qualified nurse must have worked within the Dermatology Department for a minimum of one year
Continuing training requirements	Attend courses relating to dermatology and a commitment to continuing updating of skills in discipline area. Adhere to NMC recommendations on professional development, scope of practice and conduct

3. Description of Treatment

Name of Medicine	Potassium Permanganate 5% solution
Class of Medicine	Oxidiser, astringent and disinfectant
Legal Status	General sales list medicine (GSL)
Medicine is licensed for clinical condition stated in PGD	No. It is an unlicensed medicine however is widely acknowledged as an effective treatment of the conditions included in the PGD
Route of administration	Applied topically to the skin as a direct soak or diluted into the bath water
Pharmaceutical form and strength	Potassium Permanganate 5% topical solution
Dose	<p><u>As a topical soak</u> In a container dilute a few drops of potassium permanganate 5% solution in water to produce a rose pink colour Immediately soak pieces of gauze in the rose pink solution and apply to lesions</p> <p><u>As a bath additive</u> Dilute a small quantity of potassium permanganate in a bath full of water to produce a rose pink colour Immediately soak the whole body in this rose pink water</p>
Frequency	Applied once a day as a direct soak exposing the skin to the solution for 10 minutes only Bathe once a day exposing the skin to the solution for 10 minutes only
Maximum dose to be supplied	One 100ml bottle
Maximum period of administration which medicine should be administered	Expose the skin to the Potassium Permanganate 5% as a soak or bath solution for 10 minutes only each day Stop using the solution when the skin has stopped weeping Patient assessed daily by named nurse

3 Treatment continued

Common adverse effects	<ul style="list-style-type: none">• Staining of skin, clothes and bedding• Can be irritant to the mucous membranes or eyes
Drug Interactions	None Known
Action to take if adverse effect	Stop treatment and refer the patient back to the referring doctor Record the adverse reaction in the patients notes
Additional warning	Can stain skin and fabrics
Information on follow up treatment	Patient reminded only to use the solution for 10 minutes
Prescription to be supplied to patient	Prescription to be supplied from stock . Date and patients name to be recorded on item and recorded in patients notes. Information/ instruction sheet also to be given to patient

4 Patient Information

Written / Verbal advice for patients	During treatment the patient is shown how to dilute the solution to the required concentration (Rose Pink colour) Reminded that the solution can stain skin and clothes it may come in contact with (see appendix 4) The patient is followed up by dermatology department nurse or their district nurse who can assess the ulcer lesion, if required The patient is also given verbal/written information regarding their condition and the telephone numbers of a contact nurse
Records to be kept	Record all treatment details in the patients nursing kardex and retain copies of all medicines given. A detailed discharge summary should be written in the patient's notes and a discharge sheet recording attendance and treatment given completed. The referring doctor should be given the notes and any follow up appointment made
Audit	Practice to be reviewed each year

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