



# Using POMS In Private Practice



Janet McGroggan MSc MCPod  
Owner of Stride Clinic

# POM A

Adrenaline

Lidocaine hydrochloride without adrenaline

Mepivacaine hydrochloride

# POM S

Amoxicillin

Flucloxacillin

Erythromycin

Topical hydrocortisone (max 1% w/w)



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Adrenaline

Lidocaine hydrochloride without adrenaline

Mepivacaine hydrochloride



# POM S

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Erythromycin

Topical hydrocortisone (max 1% w/w)

## Guidance notes for COSHH assessment form

This form must be completed for every hazardous chemical used within the company. The form must be signed by the employee and their employer/supervisor before the work starts.

1. Assessor: Insert the name of the person doing this assessment
2. Employer/Supervisor: Insert the name of the Employer/Supervisor.
3. Assessment Date: Insert the date that the assessment form is completed. The assessment is valid for a maximum of 1 year. It must be reviewed after 1 year, or if a significant change occurs (change of lab, pregnancy, etc).
4. Dates reviewed: all COSHH assessments must be reviewed annually (as a minimum). The review date should be entered here and signed by the assessor to confirm that the assessment is still valid.
5. Substance: insert name of the chemical to be used. NB. Biological hazards must not be assessed on this COSHH form.
6. Hazardous properties: insert details of all of the hazardous properties of the chemical – e.g. Flammable, explosive, carcinogen, harmful by inhalation, etc).
7. Quantity: insert quantity to be used (mg, g, ml, etc)
8. Additional information: include details of any additional information, including any workplace exposure limits. Detail fully all R/S phrases and H and P statements (it is not sufficient to simply state R45, full details are needed).
9. Emergency procedures: provide full details of emergency procedures to be employed following contact with the chemical (skin contact, eye contact, inhalation and ingestion) – such as use of diphtherine, administration of emergency oxygen, etc. Also include details of emergency spill procedures.
10. What will the chemical be used for? Who may be exposed?: Insert title of experiment or experimental procedure that the chemical is to be used in, and detail who may be exposed (individual worker? People in close proximity? Cleaners? Engineers?).





# Using Local Anaesthetics

Develop a protocol





# Using Local Anaesthetics

Develop a protocol

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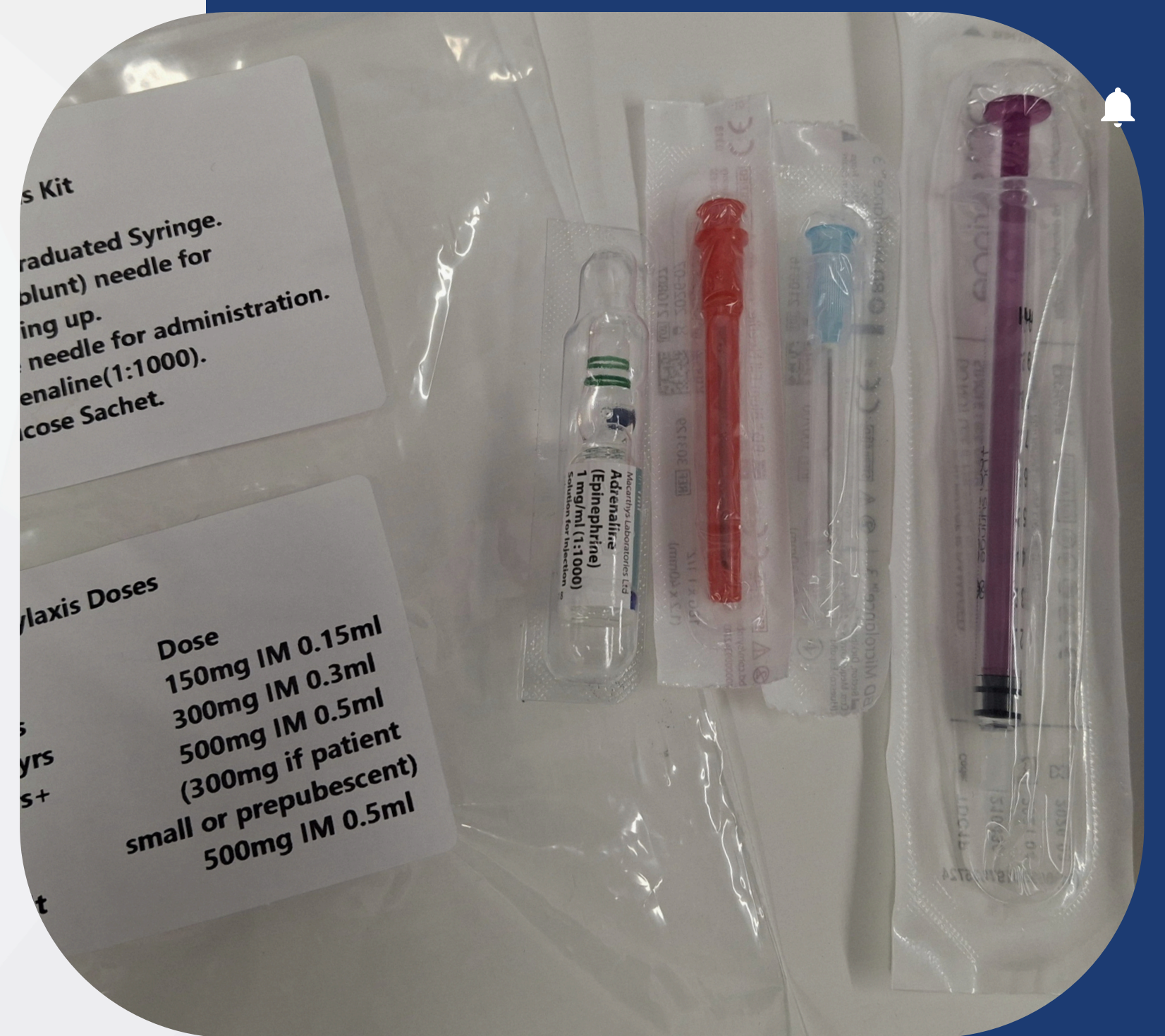
Prepare for anaphylaxis

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s Kit  
graduated Syringe.  
(blunt) needle for  
ing up.  
needle for administration.  
renaline(1:1000).  
ucose Sachet.

laxis Doses

Dose  
150mg IM 0.15ml  
300mg IM 0.3ml  
500mg IM 0.5ml  
(300mg if patient  
small or prepubescent)  
500mg IM 0.5ml





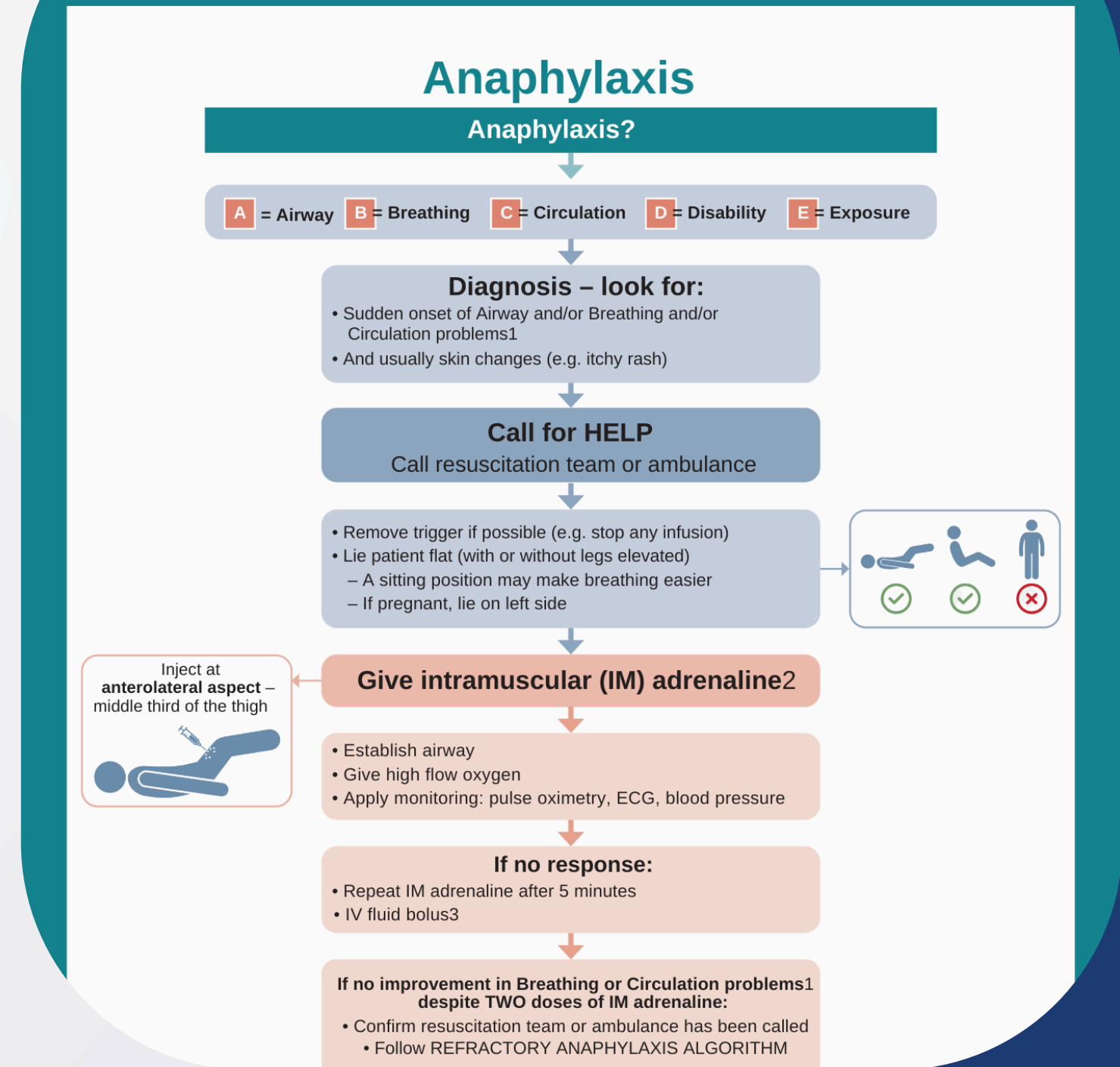
# Using Local Anaesthetics

Develop a protocol

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Prepare for anaphylaxis

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# Using Local Anaesthetics

Develop a protocol

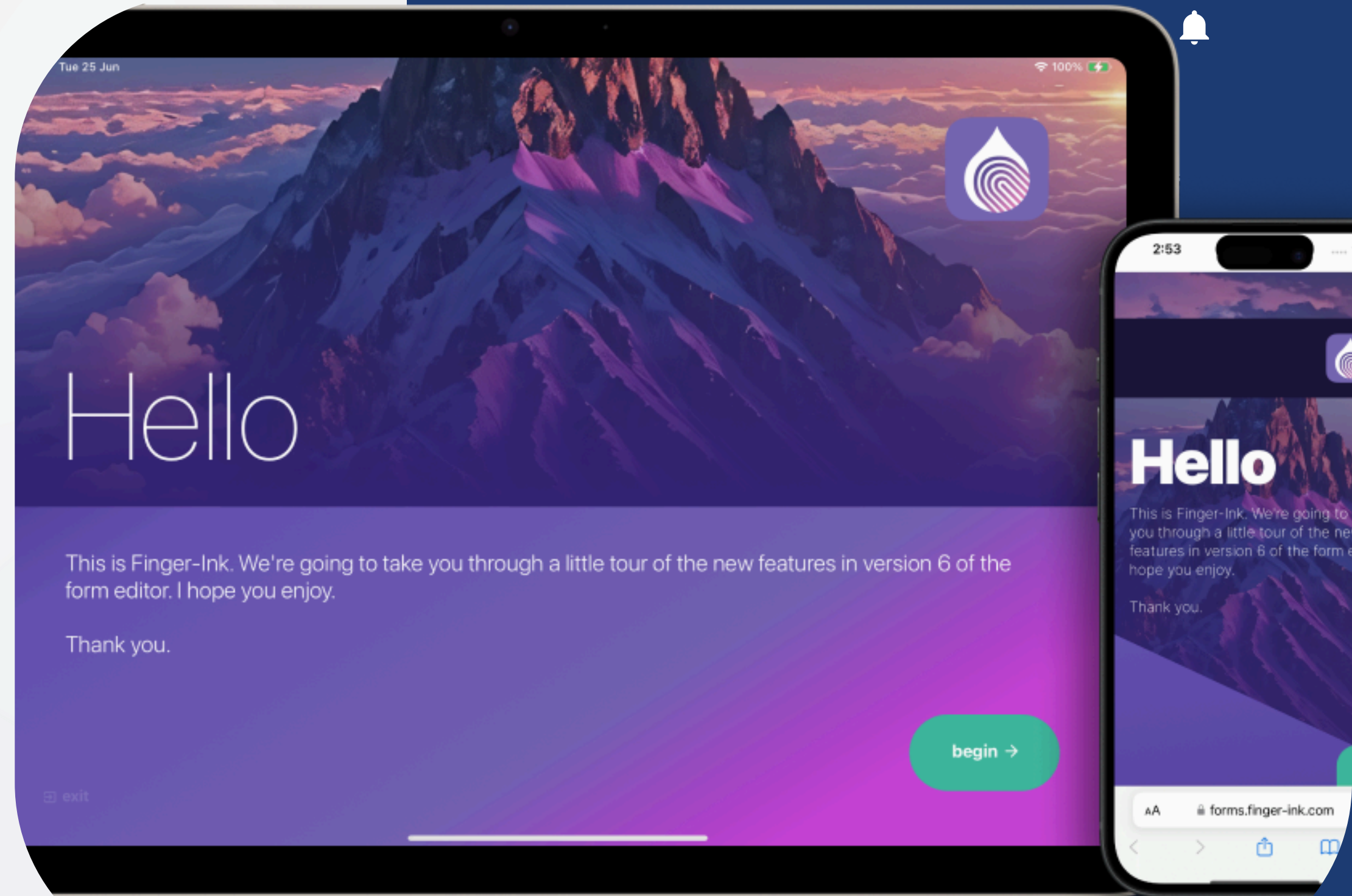
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Prepare for anaphylaxis

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Get Consent

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# Using Local Anaesthetics

Develop a protocol

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Prepare for anaphylaxis

---

Get Consent

---

Be confident

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## Sale & Supply of Antibiotics



Protocol



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# Sale & Supply of Antibiotics



**Safe Storage**

# Sale & Supply of Antibiotics



STRIDE CLINIC  
Podiatry & Healthcare

Patient Name \_\_\_\_\_

Date of Issue \_\_\_\_\_

## **Amoxicillin 500mg Capsules (21)**

Take 3 capsules per day for 7 days. Spread doses evenly through daytime. Complete the full course.

Supplying Podiatrist: Janet McGroggan

HCPC No - CH15873

12 Welles Street, Sandbach, Cheshire, CW11 1GT

01270 767744

[www.strideclinic.com](http://www.strideclinic.com)

## **Audit & Label**



# Antibiotics Record

Settings > Treatment note templates > Antibiotics Record

Reason why you have decided to supply antibiotics

Drug Name

Dosage

Expiry Date

Review Date

Have you sent a GP letter?

Yes

# Sale & Supply of Antibiotics

## Record



# Antibiotics Record

Settings > Treatment note templates > Antibiotics Record

Reason why you have decided to prescribe

ReferringDoctor.County  
ReferringDoctor.Postcode

Drug

Dose

Expiry

Review

Have you

Yes

Also by email: ReferringDoctor.Email

RE: Patient.FullName, Patient.Address1, Patient.Address2,  
Patient.Town, Patient.County, Patient.Postcode

D.O.B: Patient.DateOfBirth

Dear ReferringDoctor.CompanyName

On Patient.MostRecentAppointmentDate the above patient was supplied with [antibiotic] [dose] and advised to take [number] daily for [number] days. This was to treat [detail area of infection] and I will review them on [date of review].

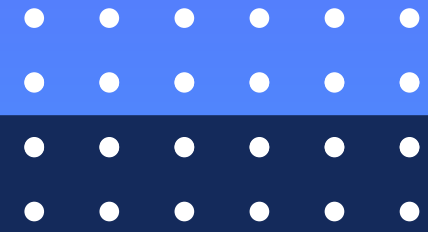
Please do not hesitate to contact me if you require any further information.

Kindest regards

ReferringDoctor.FullNameWithTitle

## Sale & Supply of Antibiotics

### Record, Inform and Review



**Thank  
You**

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