NHS Grampian

Patient Group Direction For The Supply Of Trimethoprim For The Treatment Of Women With Uncomplicated Urinary Tract Infections By Nurses And Pharmacists Working Within NHS Grampian Community Pharmacies

Co-ordinators:	**Consultation Group**:	**Approver:**
PGD pharmacist Pharmacy and Medicines Directorate	See relevant page in the PGD	Medicine Guidelines and Policies Group

Signature:		**Signature:**
		

Identifier:	**Review Date:**	**Date Approved:**
NHSG/PGD/trimeth/ MGPG584	October 2015	October 2013

A Patient Group Direction is a specific written instruction for the supply or administration of named medicines in an identified clinical situation. It is drawn up locally by Doctors, Pharmacists and other appropriate professionals, approved by the Employer and advised by the relevant professional advisory committees. In most cases, appropriate clinical care is provided on an individual basis by a specific prescriber to a specific individual patient. Patient Group Directions should only be considered where they offer a benefit to patient care without compromising patient safety in any way.

Uncontrolled when printed

Version 1

Title: Patient Group Direction for the supply of trimethoprim for the treatment of women with uncomplicated urinary tract infections by nurses and pharmacists working within NHS Grampian Community Pharmacies

Identifier: NHSG/PGD/trimeth/MGPG584
Replaces: New document

Across NHS Boards	Organisation Wide	Directorate	Clinical Service	Sub Department Area
	Yes			

Author: PGD pharmacist
Subject Patient Group Direction
Key word(s): PGD patient group direction trimethoprim nurse pharmacist urinary tract infection women

Policy application: NHS Grampian

Purpose: This Patient Group Direction (PGD) authorises appropriately qualified and trained nurses and pharmacists to supply trimethoprim to females without the requirement for a patient specific prescription written by a medical practitioner.

Responsibilities for implementation:

Organisational: Chief Executive and Management Teams
Corporate: Unscheduled Care Group
Departmental: Pharmacy and Medicines Directorate

Operational Management Unit: Community Pharmacy Managers

Policy statement: It is the responsibility of individual nurses and pharmacists and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

Review: This policy will be reviewed at least every two years or sooner if current treatment recommendations change.

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Responsible for review of this document:	PGD pharmacist, Pharmacy and Medicines Directorate
Responsible for ensuring Registration of this document on the NHS Grampian Information/ Document Silo:	Pharmacy and Medicines Directorate
Physical location of the original of this document:	Pharmacy and Medicines Directorate
Job/group title of those who have control over this document:	Pharmacy and Medicines Directorate
Responsible for disseminating document as per distribution list:	PGD pharmacist, Pharmacy and Medicines Directorate

Revision History:

Date of change	Approval date of PGD that is being superseded	Summary of Changes	Section heading
		New PGD	

Patient Group Direction for the supply of trimethoprim for the treatment of women with uncomplicated urinary tract infections by nurses and pharmacists working within NHS Grampian Community Pharmacies

Contents

NHS Grampian

Patient Group Direction For The Supply Of Trimethoprim For The Treatment Of Women With Uncomplicated Urinary Tract Infections By Nurses And Pharmacists Working Within NHS Grampian Community Pharmacies

Part A

1. Introduction

This patient group direction (PGD) will allow nurses and pharmacists to be authorised to supply trimethoprim to females aged 16 – 65 years presenting with an uncomplicated urinary tract infection (UTI).

This PGD should be used in conjunction with the recommendations in the current British National Formulary and individual Summary of Product Characteristics.

2. Clinical Decision Making

2.1. Females who may be considered for the supply of trimethoprim

Females aged 16 – 65 years presenting with three or more of the following symptoms **or** if **both** dysuria and frequency are present - (see Appendix 3).

- Dysuria
- Frequency
- Urgency
- Polyuria
- Haematuria
- Suprapubic tenderness.

Diagnosis of a UTI can be supported by urine dipstick tests which are positive for leucocytes and/or nitrites.

2.2. Females who may receive the supply of trimethoprim

All females in 2.1 above, where they, their parent, guardian or person with parental responsibility does not want specifically to consult with a doctor and are happy for the supply to be given by the nurse or pharmacist.

2.3. Contraindications

Females may **not** be supplied trimethoprim under this PGD if:

(i) They are aged under 16 years.
(ii) They are over the age of 65 years.
(iii) They are pregnant.
(iv) They have vaginal itch/discharge.

(v) The symptoms are suggestive of upper urinary tract infection (rapid onset, fever, rigors, nausea, vomiting, diarrhoea, loin pain/tenderness, systemically unwell).
(vi) A prior episode of UTI in last 28 days was treated by an antibiotic.
(vii) There have been 2 or more episodes in the last 6 months **or** 3 or more episodes in the last 12 months.
(viii) There is a catheter in situ.
(ix) There is known moderate/severe renal impairment.
(x) They have hypersensitivity to co-trimoxazole, trimethoprim or to any other components of the medication.
(xi) They have known hyperkalaemia, diabetes, severe hepatic insufficiency, megaloblastic anaemia and other blood dyscrasias, folate deficiency, porphyria, galactose intolerance, the Lapp lactose deficiency or glucose-galactose malabsorption or are immunosuppressed.
(xii) They are taking any medicines which may interact (please refer to current BNF, e.g. azathioprine, ciclosporin, mercaptopurine, methotrexate, phenytoin, warfarin (see section 3.3).
(xiii) There is known abnormality to the urinary tract.
(xiv) There is no consent.

2.4. Precautions

Trimethoprim may be used for short-term use in lactating mothers, although the drug is excreted in breast milk. However consideration should be given to referral of the mother for medical consultation if the baby is newborn (less than 4 weeks old).

2.5. Action to be taken when a patient is excluded from treatment under this PGD

If a patient is excluded from treatment under this PGD, medical advice should be sought – refer to a doctor.

2.6. Action to be taken when the patient/parent/guardian/person with parental responsibility does not wish the treatment to be received under this PGD

The patient should be advised of self management options and advised to see their GP if symptoms fail to resolve within 5 days.

Where patient needs cannot be met in the pharmacy, refer to GP, Out of Hours Service, Accident and Emergency or genito urinary medicine clinic (GUM) as appropriate.

If urgent referral is required, refer to GP or use direct referral process contained within the Unscheduled Care Folder during out of hours period.

3. Description Of Treatment Available Under This Direction

3.1. Trimethoprim 200mg tablets

Trimethoprim 200mg tablets (non-proprietary). Description and excipients can vary with manufacturer.

Trimethoprim is a **Prescription-only Medicine (PoM).**

3.2. Dose, route and frequency

A single 200mg tablet to be taken orally twice daily for three days.

3.3. Concurrent medication

The use of trimethoprim is contra-indicated in females receiving medication with which there is an interaction under the remit of this PGD.

(i) Trimethoprim may potentiate the anticoagulant effects of warfarin.

(ii) Bone marrow depressants (e.g. azathioprine, mercaptopurine and methotrexate) - trimethoprim may increase the potential for bone marrow aplasia.

(iii) Rifampicin may reduce the plasma concentration of trimethoprim.

(iv) Phenytoin and digoxin - the patient should be carefully monitored as trimethoprim may increase the plasma concentration of phenytoin and digoxin.

(v) Ciclosporin – increased risk of nephrotoxicity with trimethoprim.

(vi) Increased anti-folate effect in patients receiving pyrimethamine therapy in addition to trimethoprim.

Refer to current BNF for full information.

3.4. Adverse effects

Possible adverse effects include:

Urticaria	Hyperkalaemia	Pruritis
Rashes	Photosensitivity	Depression of haematopoiesis
Fever	Headache	Monilial (yeast) overgrowth

Gastro intestinal disturbances including nausea, diarrhoea, glossitis and vomiting

Use the Yellow Card System to report adverse drug reactions directly to the Yellow Card Centre (YCC) Scotland. Yellow Cards and guidance on their use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/

3.5. Advice to patient

(i) Give advice to take trimethoprim with food.

(ii) Give advice on what to expect and what to do for major and minor reactions.

(iii) Provide cystitis information leaflet.

(iv) The patient information leaflet contained in the medicine(s) should be made accessible to the patient/parent/guardian/person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given to the patient/parent/guardian/person with parental responsibility in a language that they can understand.

(v) Explain treatment and course of action.

(vi) Explain the benefits and risks of taking antibiotics for this condition.

(vii) Advise to take at regular intervals and complete the course.

(viii) Advise if condition worsens or symptoms persist for longer than 3 days to seek further medical advice.

3.6. Follow up treatment

Not applicable.

Part B

4. Designated Staff Authorised To Supply Under This PGD

The following staff are authorised to supply the drug specified in this PGD without an individual medical prescription providing the patient falls into one of the categories listed in 2.2 of this PGD. Staff must be employed either directly by NHS Grampian, or contracted to provide NHS services, or providing services in partnership with NHS Grampian under the direction of this authorised PGD.

(i) Pharmacists registered as Practising Pharmacists as recognised by the General Pharmaceutical Council.

(ii) Nurses, as recognised by the NMC.

In addition the following requirements are necessary. Staff must:

(i) agree to be professionally accountable for their work (Appendix 1).

(ii) be competent to assess the patient's capacity to understand the nature and purpose of the supply in order for the patient to give or refuse consent.

(iii) be aware of current treatment recommendations and be competent to discuss issues about the drug with the patient.

(iv) have been trained and assessed as being competent in the supply of the drug. All staff will have access to the current PGD.

(v) maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct.

(vi) agree to work within the terms of the NHS Grampian PGD.

Professional Managers/Nurse managers/Lead nurses will be responsible for:

(i) Ensuring that the current PGD is available to staff providing care under this direction.

(ii) Ensuring that the staff have access to all relevant Scottish Government Health Directorate advice, including any relevant CMO letter(s).

(iii) Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.

(iv) Maintaining a current record of all staff authorised to supply the drug specified in this PGD.

5. Documentation

5.1. Authorisation of supply

Pharmacists working within NHS Grampian can be authorised to supply the drug specified in this PGD by The Director of Pharmacy and Medicines Management. Nurses can be authorised to supply the drug specified in this PGD by their nurse manager.

A certificate of competence (Appendix 2) signed by the authorising manager should be supplied. This should be held in the individual staff records or as agreed locally.

5.2. Record of supply

An electronic or paper record for recording the screening of patients and the subsequent supply of the drug specified in this PGD must be completed in order to allow audit of practice. This should include:

(i) Name and address of patient/parent/guardian/person with parental responsibility, Unit No/CHI No
(ii) Date of birth
(iii) Consultant/General Practitioner details
(iv) Symptoms reported
(v) Urine dipstick test result if done
(vi) Exclusion criteria, record why drug not supplied
(vii) Reason for giving
(viii) Consent to the supply (if not obtained elsewhere)
(ix) Signature and name in capital letters of practitioner who supplied the drug
(x) Date drug supplied.

The patient's General Practitioner should be advised of the supply of trimethoprim on the same, or next available working day.

These records should be retained:

For young people older than 16 years, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment.

For 17 years and over retain for 6 years after date of supply.

Or for 3 years after death, or in accordance with local policy, where this is greater than above.

5.3. Consent

Prior to the supply of the drug, consent must be obtained, preferably written, either from the patient, parent, guardian or person with parental responsibility and documented either in the patient's medical records/notes or on a supply form (see section 5.2). Consent must be in line with current NHSG "Staff Policy for Obtaining Consent for Clinical Procedures and Healthcare Interventions". See link below.
http://intranet.grampian.scot.nhs.uk/ccc_nhsg/15692.html?pMenuID=460&

6. Further Points

The manufacturers leaflet inside boxes of drug should be read and advice from them taken into consideration.

7. Facilities And Supplies To Be Available At Sites For The Supply Of The Drug Specified In The PGD

The following should be available at sites where the drug is to be supplied:

(i) Access to medical support (this may be via telephone).
(ii) Safe storage areas for medicines and equipment.
(iii) Approved equipment for the disposal of used materials.
(iv) Clean and tidy work areas.
(v) Copies of the current PGD for the drug specified in the PGD.

8. Audit

All records of supply of the drug specified in this PGD will be filed with the normal records of medicines supply in each practice/service. A designated person within each practice/service will be responsible for auditing completion of drug forms and collation of data.

Part C

9. Management And Monitoring Of Patient Group Direction

9.1. Consultative group

Alison Davie	Lead Pharmacist (Central Clusters) Aberdeen City CHP
Linda Harper	Associate Director of Practice Nursing/Lead Nurse G-Med
Caroline Hind	Deputy Director of Pharmacy
Linda Juroszek	CHP Pharmacist, Aberdeen City.
Kate Livock	Project Manager - Unscheduled Care
Gillian Macartney	Specialist Antibiotic Pharmacist
Deirdre O'Brien	Consultant Microbiologist
Ann Smith	G-MED Lead Pharmacist

9.2. Professional advisory group approving PGD

Medicine Guidelines and Policies Group

9.3. Authorising managers

Dr Roelf Dijkhuizen
Medical Director, NHS Grampian

Mr David Pfleger
Director of Pharmacy and Medicines Management, NHS Grampian

Ms Elinor Smith
Nursing Director, NHS Grampian

10. References

1. Electronic Medicines Compendium http://www.medicines.org.uk

Trimethoprim (Accord Healthcare Limited brand) - Date of revision of text 01/03/13, accessed 02.07.13

2. British National Formulary, 65 March 2013 –The Pharmaceutical Press.
3. SIGN Management of suspected bacterial urinary infection in adults July 2006 available at http://sign.ac.uk

Document:	Drafted:	September 2013
	Completed:	October 2013
	Approved:	October 2013 (published October 2013)

Review date: Every 2 years or sooner if current treatment recommendations change.

Appendix 1

Health Care Professional Agreement To Supply Medicines Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Pharmacy

Agree to supply medicines under the direction contained within the following Patient Group Direction

Patient Group Direction for the supply of trimethoprim for the treatment of women with uncomplicated urinary tract infections by nurses and pharmacists working within NHS Grampian community pharmacies

I have completed the appropriate training to my professional standards enabling me to supply medicines under the above Patient Group Direction. I agree not to act beyond my professional competence nor outwith the recommendations of the Patient Group Direction.

Signed: _____

Print Name: _____

Date: _____

Professional Registration No: _____

Appendix 2

Certificate Of Competence To Supply Medicines Under Patient Group Direction

This authorises: _____

Working within: _____ e.g. Pharmacy

To supply medicines under the following Patient Group Direction

Patient Group Direction for the supply of trimethoprim for the treatment of women with uncomplicated urinary tract infections by nurses and pharmacists working within NHS Grampian Community Pharmacies

The above named person has satisfied the training requirements and is competent to supply medicines under the above Patient Group Direction. The above named person has agreed not to act beyond their professional competence nor outwith the recommendations of the Patient Group Direction

Signed: _____ Director of Pharmacy or Authorising Manager

Print Name: _____

Date: _____

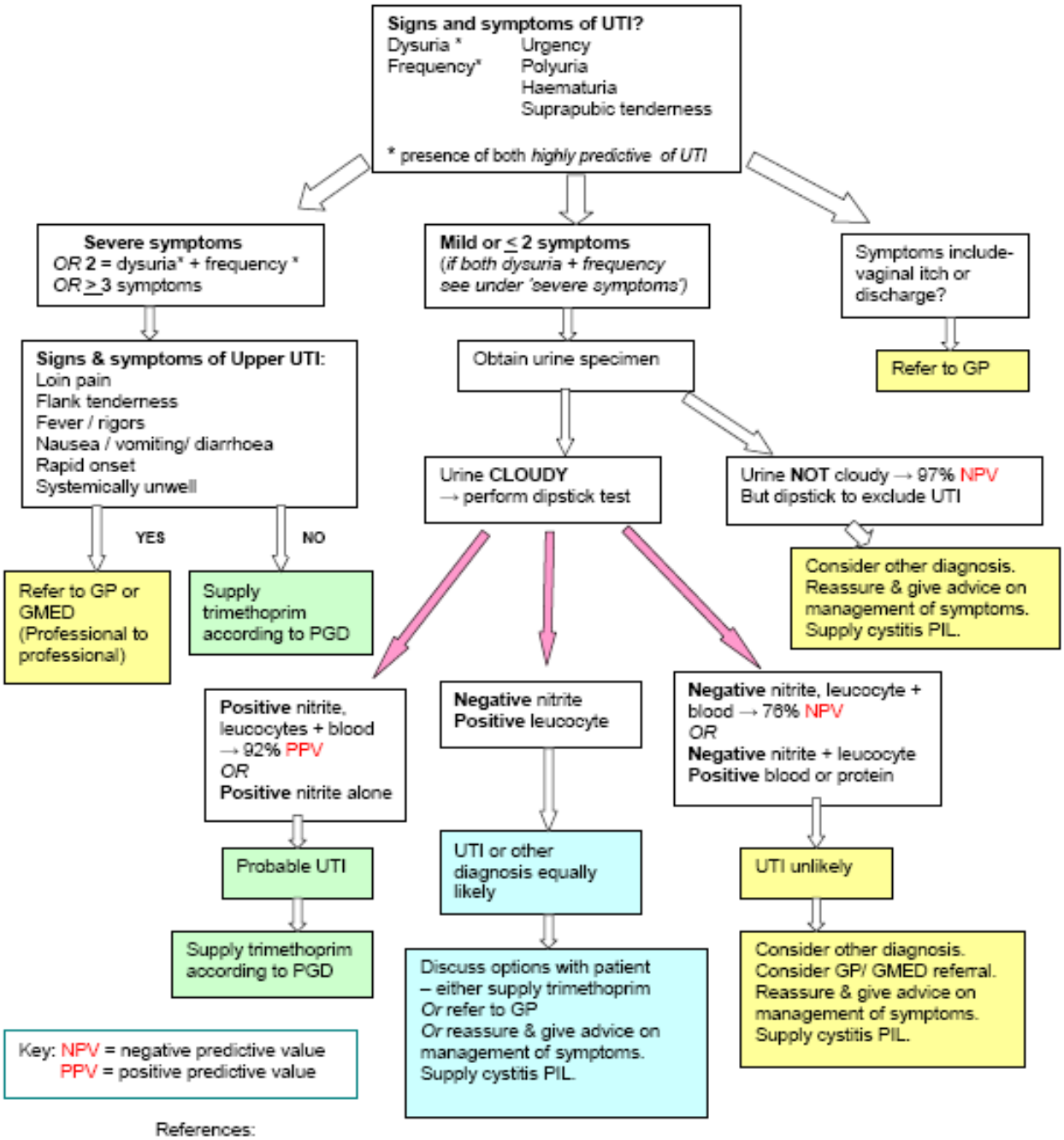
NHS Grampian

Appendix 3

Patient Group Direction for the supply of trimethoprim for the treatment of Uncomplicated UTI by Nurses and Pharmacists working within NHS Grampian

Management of suspected UTI in non-pregnant females aged 16-65 years

NB: Only proceed if patient has no exclusions under PGD



References:

- SIGN88 Management of suspected bacterial urinary tract infection in adults July 2013
- HPA / RCGP Diagnosis of UTI Quick reference guide for primary care April 2011