



PATIENT GROUP DIRECTION

FOR THE SUPPLY OF FLUCONAZOLE 150MG CAPSULES TO WOMEN BETWEEN 16-60 YEARS OF AGE BY COMMUNITY PHARMACISTS UNDER THE MINOR AILMENTS SERVICE IN NHS HIGHLAND

THE COMMUNITY PHARMACIST SEEKING TO SUPPLY FLUCONAZOLE 150MG CAPSULES MUST ENSURE THAT ALL PATIENTS HAVE BEEN SCREENED AND MEET THE CRITERIA BEFORE SUPPLY TAKES PLACE

NHS Highland has authorised this patient group direction to help patients by providing them with more convenient access to an efficient and clearly defined service within NHS Highland*.

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*It cannot be used until Appendix 1 is completed for each clinical area.

For further information on the use of Patient Group Directions in NHS Highland and the PGD procedure can be obtained from the Secretary of the PGD Subgroup of the Area Drug and Therapeutics Committee on 01463 706942

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**PATIENT GROUP DIRECTION FOR THE SUPPLY
OF FLUCONAZOLE 150MG CAPSULES**

Management and monitoring of patient group direction

Prepared by:	
Medical Practitioner	Name: Dr Iain Kennedy Title: General Medical Practitioner Signature
Senior representative of the professional group who will provide care under the direction.	Name: Mary V Morton Title: Head of Community Pharmaceutical Services Contact Details: Pharmacy Services, NHS Highland, John Dewar Building, Highlander Way, Inverness, IV2 7GE. Telephone: (01463) 706886 Fax: (01463) 713844 Signature
Pharmacist	Name: Anna MacLennan Title: Prescribing Support Pharmacist Signature
Authorised by:	
Patient Group Direction Sub-group	Name: Helen Tissington Title: Chair of the PGD Subgroup Signature
Date of ratification of the direction on behalf of the Area Drug & Therapeutics Committee	<i>Date 4th June 2008</i>
Review Date	Two years from final ratification and every two years thereafter. Or when there is a change in clinical practice, evidence or the Summary of Product Characteristics for any of the medicines included is updated, whichever is first.

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Clinical indication to which this patient group direction applies

Definition of situation/condition	Woman with previous history of vaginal candidiasis presenting in Community Pharmacy with a need for treatment of symptoms of vaginal candidiasis, and registered for the Minor Ailment Service (MAS).
Clinical criteria for inclusion	<p>Candidiasis is a yeast infection caused by the Candida species of fungus, usually Candida albicans. Many women are affected by vaginal thrush at some point in their lives and in some women it may recur regularly.</p> <p>The condition develops when Candida albicans, which is often present in the vagina, causes itching, irritation, discharge, redness, soreness and swelling of the vagina and vulva and a thick, white vaginal discharge.</p>
Clinical criteria for exclusion	<ul style="list-style-type: none"> ▪ Under 16 and over 60 years of age ▪ Women who are experiencing the symptoms for the first time ▪ Liver and kidney disease ▪ Risk of sexually transmitted infection (STI) or other cause for vaginal discharge. ▪ Irregular or abnormal vaginal bleeding ▪ Genital ulceration ▪ Known hypersensitivity to fluconazole ▪ More than two infections of thrush within the last six months
Criteria for seeking further clarification from doctor	<p>Urgent referral : Not applicable</p> <p>Routine referral :</p> <ul style="list-style-type: none"> ▪ If symptoms not clearing within 3 days ▪ Pregnant ▪ Breast feeding ▪ Renal impairment ▪ Known diabetic and recurring candidiasis ▪ Second request within one month ▪ Vaginal pain, bleeding or blistering <p>Patients who fall into the categories detailed in the exclusion criteria.</p>

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	Healthcare professionals should not supply/administer if they feel that it is inappropriate for the patient.
Action if patient excluded from treatment	Refer patient to general practitioner. The reason why the patient was excluded under the PGD will be documented in the patient's medication record (PMR).
Action if patient declines treatment	Refer patient to general practitioner. The reason why the patient refused treatment under the PGD will be documented in the patient's medication record (PMR).

Characteristics of staff authorised to take responsibility for the supply or administration of medicines under the patient group direction

Qualifications required	Community Pharmacist registered as a practicing member of the Royal Pharmaceutical Society
Additional requirements specialist qualifications, training, experience and competence necessary	Received and understood training to undertake the administration and supply of medicines under a PGD.
Continuing training requirements	Individual requirements identified through CPD.

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Description of treatment available under the patient group direction

Name of medicine	Fluconazole Capsule 150mg - One capsule
Legal status	POM
Route/Method of Administration	Oral
Frequency of dose/ duration of treatment	Vaginal candidiasis – a single dose of 150mg by mouth
Follow up treatment	None
Advice to be given to patient before the treatment	<ul style="list-style-type: none"> ▪ Provide Patient Information Leaflet ▪ Treat at any time of menstrual cycle, including during periods. ▪ Discuss any possible side effects with the patient. ▪ Advise regarding re-infection and that partner may need treatment if symptomatic ▪ Washing the vaginal area with water only, avoiding the use of perfumed soaps, vaginal deodorants or douches. ▪ Avoiding using latex condoms, spermicidal creams and lubricants if they cause irritation. ▪ Wearing cotton underwear and loose-fitting clothes if possible.
Identifying and managing possible adverse reactions	<p>Occasional : nausea, abdominal discomfort, diarrhoea, flatulence, headache, rash</p> <p>Rare: dyspepsia, vomiting, taste disturbance, hepatic disorders, hypersensitivity reactions, anaphylaxis, dizziness, seizures, alopecia, pruritus, toxic epidermal necrolysis, Stevens-Johnson syndrome, hyperlipidaemia, leucopenia, thrombocytopenia, hypokalaemia</p> <p>Also see BNF</p> <p>If an adverse reaction does occur give immediate treatment. The pharmacist should phone or write the GP to notify of any adverse drug reactions as soon as possible.</p> <p>Report the reaction to the MHRA using the Yellow Card System.</p>

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Referral for medical advice	Appearance or suspicion of an adverse reaction, as above.
Facilities and supplies required	None
Special considerations/additional information	Access to current to BNF
Details of records required	<p>Following to be noted in the computerised patient information records and on the CP 2 form :</p> <ul style="list-style-type: none"> • Dose, frequency and the quantity supplied • Date of supply to patient
References	

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Appendix I**Health professionals approved to provide care under the direction**

The **professional manager** who approves a healthcare professional to supply and/or administer medicines under the patient group direction, is responsible for ensuring that he or she is competent, qualified and trained to do so and for maintaining an up-to-date record of such approved persons in conjunction with the Head of Profession. For clinical governance purposes, the manager should also feedback to the secretary of the PGD subgroup giving information on which clinical areas will be using the PGD.

The **healthcare professional** who is approved to supply and/or administer medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration or supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

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Local clinical area(s) where these healthcare professionals will operate this PGD:

Name of Healthcare Professional	Signature	Date	Name of Professional Manager	Signature	Date

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