

NHSSCOTLAND

PATIENT GROUP DIRECTION

**SUPPLY OF FLUCONAZOLE 150MG
UNDER THE MINOR AILMENT SERVICE**

**Effective date : 1 July 2006
Review date : 1 July 2008**

Name of Medicine :	Fluconazole 150mg Capsule
Legal Classification :	POM
PGD Ref No :	
Replacing PGD Ref No :	

Effective Date :	1 July 2006
Review Date :	1 July 2008

Professional Group authorised to use PGD :	Community Pharmacist registered as a member of the Royal Pharmaceutical Society
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PGD prepared/reviewed* by : (*delete as appropriate)			
	Doctor	Pharmacist	NHS Board
Name	Ken Proctor	Mary Morton	NHS Highland
Signature			NHS Highland
Date			

Approved for use by PGD Sub Group : Date
Not applicable – Sub Group being formed

Approved on behalf of NHS Board			
	Name	Signature	Date
Medical Director	Alison Graham		
Director of Pharmacy	John Cromarty		

To apply to use this PGD, please sign and return page 5

Description of Treatment	
Name of medicine :	Fluconazole
POM/P/GSL :	POM
Pharmaceutical Form :	Capsule
Strength :	150mg
Dosage :	Vaginal candidiasis – a single dose of 150mg by mouth
Total Dosage:	150mg
Route of Administration :	Oral
Frequency of Administration :	One capsule completes the course
Duration of Treatment :	One capsule completes the course
Total Treatment Quantity :	One capsule
Clinical Situation for use of this PGD	<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>
Inclusion Criteria	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).
Exclusion Criteria	<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 disease (STD) or other cause for vaginal discharge. ▪ Irregular or abnormal vaginal bleeding ▪ Genital ulceration ▪ Known hypersensitivity to flucunazole ▪ More than two infections of thrush within the last six months
Action if patient is excluded from treatment under this PGD	Refer to GP

Referral Criteria	<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
Adverse Effects	<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-Johnston syndrome, hyperlipidaemia, leocpenia, thrombocytopenia, hypokalaemia</p> <p>Also see BNF</p>
Follow-up treatment	None
Written/Verbal Advice to be given to patient	<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.
Record required of Supply/Administration	<p>Following to be noted in the computerised patient information record and on the CP 2 form :</p> <ul style="list-style-type: none"> • Dose, frequency and the quantity supplied • Date of supply to patient

In the event of a Suspected Adverse Drug Reaction, please complete a yellow card and submits to the MCA. A yellow card can be found at the rear of the BNF. Record findings, advice and actions in person's record.

PATIENT GROUP DIRECTION	
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Agreement by Practitioner

**SUPPLY OF FLUCONAZOLE 150MG CAPSULES
by COMMUNITY PHARMACISTS**

I have read and fully understand the Patient Group Direction for the supply of Fluconazole 150mg Capsules and agree to provide this medicine only in accordance with this PGD.

Name of Pharmacist _____

RPSGB Registration Number _____

Normal Pharmacy Location _____

Signature: _____ Date: _____

Address to which Authorisation should be sent:

 _____ Postcode: _____

Note :
A copy of this agreement must be signed by each pharmacy practitioner who wished to be authorised to use the PGD for the supply of Fluconazole 150mg Capsules under MAS.

Please sign and return this page to: *Mary Morton, Head of Community Pharmaceutical Services, NHS Highland, John Dewar Building, Inverness Retail & Business Park, Highlander Way, Inverness IV2 7GE.*

<p><i>For NHS Board Use:</i></p> <p>The above named community pharmacist is authorised to use this PGD for Fluconazole 150mg Capsules</p> <p>Signed: Date:</p> <p>Designation : Head of Community Pharmaceutical Services</p>	
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