



Please refer to the Summary of Product Characteristics (SPC) and the doxycycline PGD in addition to this form.

ORAL DOXYCYCLINE FOR TREATMENT OF SEXUALLY ACQUIRED CHLAMYDIA CONSULTATION FORM

PATIENT NAME

DOB/CHI No.....

ADDRESS.....

POSTCODE.....

DATE AND TIME OF CONSULTATION.....

VOUCHER NO.....

Criteria for Exclusion (proceed if all no)	Yes	No	Action
No Informed consent			
Under 16 years old			
Pregnant or possibly pregnant			
Breastfeeding			
HIV positive			
Hepatic impairment or hepatotoxic drugs			
Porphyria			
Systemic Lupus Erythematosus			
Myasthenia gravis			
Hypersensitivity to tertracyclines			
Known hypersensitivity to any component of the			
medicine			
Signs and Symptoms of acute conditions eg scrotal			
pain, swelling, erytema, pyrexia, significant dysuria or			
penile discharge, rectal pain or discharge			
Signs and symptoms of acute pelvic inflammatory			
disease (PID) eg febrile, clinically unwell			
Symptoms of pelvic pain			
Sucrose intolerance			
Client taking a medication interacting with Doxycycline			
Check BNF			
*Where warfarin interaction is identified see below			

*Where increased INR monitoring can be ensured Doxycyline and warfarin can be taken concurrently





Medication counselling and advice

- Take with full glass of water in standing or sitting position
- Can be taken with milk or during meals to avoid gastric irritation if required
- Second daily dose should be taken at least one hour before bed to reduce gastric irritation
- Doxycycline can cause photosensitivity- avoid direct sunlight or UV sun bed light
- If photosensitivity occurs (skin erythema) the patient should be advised to discontinue treatment and contact Sexual Health Fife or their GP for advice
- Alcohol can reduce the effectiveness of doxycycline
- Absorption of doxycycline may be impaired by concurrently administered antacids or other drugs containing aluminium, calcium, magnesium, zinc, iron, bismuth or kaolin. Dosages should be maximally separate e.g. take two hours before or six hours after taking antacid

Sexual health counselling and advice

- Advise patient not to have sex with untreated partner(s) because of significant risk of re-infection even if using a condom. Advise not to have sex for seven days after both patient and partner have completed treatment, whichever is later.
- Advise patient that testing for other STIs such as gonorrhoea, syphilis and HIV is recommended for Chlamydia positive patients and their contacts. Signpost patient to Sexual Health Fife for STI screening
- Ask patient if they require advice on contraception and signposted to Sexual Health Fife services where appropriate.
- Offer patient free condoms
- Issue Chlamydia treatment patient information leaflet (Available from Sexual Health Fife website Resources or click here <u>Chlamydia PIL</u>)
- Advise patient to seek further medical advice if condition worsens or fails to improve with treatment

Treatment given as per PGD	Doxycycline 100mg Bd for 7 days
Pharmacist Name	
Pharmacist Signature	
Date	
Pharmacy stamp/ Contractor Code	





Gender based Violence

If a patient discloses that they are at risk of gender based violence the patient should be given contact details for the Fife Gender Based Violence team or signposted to local services to seek support. Where a patient gives their permission you can make a referral to the GBV team. You can also contact the GBV team directly for advice.

Where a patient indicates that there is an immediate risk of harm to themselves or others, for example a child then the police should be contacted after ensuring this does not create more danger for the child before they can be safeguarded.

Contact numbers	
Office hours	GBV se

Office hours	GBV service admin 01592729258
Available 24 hours	Domestic Abuse Helpline 0800 027 1234
	Fife Womens Aid 0808 802 5555

GBV nurses 01592729133

Retain consultation checklist for your own records only Voucher code returned to Sexual Health on claim form

Referral Form to Sexual Health/GP

Where patient does not meet criteria for PGD they should be referred to Sexual Health for alternative treatment using the referral form on Sexual Health Fife website which can be found using link below

Professional referral form Sexual Health Fife

Alternatively use form in Appendix 1.

If the patient prefers to attend their own GP or where GP referral is more appropriate then please refer using your usual referral pathway.





Appendix 1 Referral form for Sexual Health

Patient Name	
GP	
Address	
CHI/DOB	
Patient preferred contact number	
Is patient pregnant?	Y/N
Brief description of reason for referral	
Additional poods or griptorprotor required	
Additional needs e.g. interpreter required	
Referring Pharmacist Name	
Contact number	
Date	
Time	
Pharmacy Stamp/ Contractor Code	

Send to Fife.Sexualhealthreferrals@nhs.scot