

Appendix 3 - Patient Group Direction for antibiotic treatment of acute Urinary Tract Infection (UTI) in non-pregnant female patients over 16 years of age

Patient assessment form

Patient Name:		Date of Birth /CHI:	
Date of assessment:		Patient is aware that GP will informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient clinical picture and related appropriate actions

Symptom assessment	Yes	No	Actions
Symptom of dysuria (pain or burning when passing urine)	<input type="checkbox"/>	<input type="checkbox"/>	Consider treatment if three or more of the following symptoms present: <ul style="list-style-type: none"> • Dysuria • Frequency • Urgency • Suprapubic tenderness • Or if BOTH dysuria and frequency present. Support the diagnostic process with dipstick testing if available
Symptom of frequency (needing to pass urine more often than usual)	<input type="checkbox"/>	<input type="checkbox"/>	
Symptom of urgency (little warning of the need to pass urine)	<input type="checkbox"/>	<input type="checkbox"/>	
Symptom of suprapubic tenderness (pain/tenderness in lower abdomen)	<input type="checkbox"/>	<input type="checkbox"/>	
Frank haematuria (blood in urine)	<input type="checkbox"/>	<input type="checkbox"/>	If unexplained or specific exclusion criteria apply – do not treat and REFER to GP/OOH If likely to be related to UTI – treatment may be provided
Vaginal discharge or irritation	<input type="checkbox"/>	<input type="checkbox"/>	If new/unexplained – do not treat and REFER for STI assessment
Clinical features	Yes	No	Actions
Do symptoms suggest upper UTI (these may include loin pain, fever $\geq 38^{\circ}\text{C}$, rigors or systemically very unwell)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER urgently (same day) due to risk of upper UTI or sepsis
Duration of symptoms > 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided Ensure GP is notified that follow up may be required

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Has the patient had a UTI requiring an antibiotic within the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER due to risk of resistant organisms
Does the patient have recurrent UTI? (≥ 2 episodes in last 6 months or ≥ 3 episodes in last year?)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER due to need for urine culture
Does patient take prophylactic antibiotics for treatment of UTI?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Urinary catheter in situ or use of intermittent self-catheterisation?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Is the patient currently immunosuppressed? E.g. auto-immune disease, chemotherapy, long term corticosteroids or other immunosuppressant medication?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Pregnant – known or suspected? Planning to become pregnant in next 3 months if treating with trimethoprim?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided. Refer to GP if concern over recurrent UTI or if UTI is potentially caused by side effect of medication
Confused or dehydrated?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Is the patient on any interacting medications (e.g. warfarin/trimethoprim). See current BNF/SPC for details	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Known haematological abnormalities, porphyria, folate deficiency which is uncorrected, glucose-6-phosphate deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Known electrolyte imbalance?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
Known severe liver fibrosis / encephalopathy?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER

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Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and REFER
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Treatment options

Follow NHS board's first line formulary choice – this is trimethoprim in most boards. Ideally nitrofurantoin should only be used if you have access to information about current renal function. However, if no recent eGFR is available but the patient has no history of renal problems, nitrofurantoin may be used (See Appendix 1).

Clinical features affecting therapeutic choice	Trimethoprim	Nitrofurantoin
Clinically significant drug interactions with existing medication	AVOID if significant interaction exists with current medication	
Known interstitial lung disease or poorly controlled respiratory disease	SUITABLE	AVOID due to difficulty in recognising pulmonary fibrosis secondary to nitrofurantoin
Current use of alkalinising agents	SUITABLE	AVOID or advise to stop alkalinising agent
Allergy or adverse effect to trimethoprim	AVOID	SUITABLE
Allergy or adverse effect to nitrofurantoin	SUITABLE	AVOID

Preparation options and supply method

Medicine and strength	Regimen - Health Board specific	Supply method
Nitrofurantoin 50 mg tablets	ONE tablet FOUR times daily x 12	PGD via UCF
Nitrofurantoin MR 100 mg capsules	ONE capsule TWICE daily x 6	
Trimethoprim 100 mg tablets	TWO tablets TWICE daily x 12	
Trimethoprim 200 mg tablets	ONE tablet TWICE daily x 6	
Symptomatic management only	Appropriate analgesia	UCF or OTC or existing supply

Patient advice checklist

Advice	Provided (tick as appropriate)
How to take medication	<input type="checkbox"/>
Expected duration of symptoms - to seek medical assistance if symptoms worsen or are not resolving within 3 days	<input type="checkbox"/>
Nitrofurantoin only – stop taking immediately and seek medical assistance if symptoms of pulmonary reaction develop (e.g. cough, dyspnoea, fever, chills)	<input type="checkbox"/>
Ensure adequate fluid intake (approx. 2.5L per day but avoid very large amounts due to risk of inadequate bladder contact with antibiotic). Fluid intake should result in urine being a pale straw colour.	<input type="checkbox"/>
Symptomatic (use of analgesia)	<input type="checkbox"/>

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Advice	Provided (tick as appropriate)
Prevention of UTI - Hygiene / toilet habits (do not 'hold on' – go to the toilet when you need to)	<input type="checkbox"/>
If patient has haematuria – seek medical assistance if haematuria persists or returns after successful treatment of UTI	<input type="checkbox"/>
Patient information leaflet relating to medication is given to patient	<input type="checkbox"/>

Communication

Contact made with	Details (include time and method of communication)
Patient's regular General Practice (details)	
Other	

Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	
Batch number and expiry	
Print name of pharmacist	
Signature of pharmacist	
GPhC registration number	