Patient Group Direction
for Registered Pharmacists working in Community pharmacies to supply
Trimethoprim 200mg tablets
To non pregnant females between the ages of 16 and 65 years with uncomplicated UTIs'

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It is the responsibility of the person using this PGD to ensure that they are using the most recent issue. This can be found on the NHS Fife Intranet at http://intranet.fife.scot.nhs.uk

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THIS PATIENT GROUP DIRECTION HAS BEEN APPROVED BY:
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PGD Pharmacist – Pharmacy Services
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1. Clinical condition to which the patient group direction applies

<table>
<thead>
<tr>
<th>Indication</th>
<th>Acute uncomplicated urinary tract infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion criteria</td>
<td>Non pregnant female patients between 16 and 65 years of age presenting with 3 or more of the following symptoms OR if BOTH dysuria and frequency are present:</td>
</tr>
<tr>
<td></td>
<td>dysuria</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td>Urgency</td>
</tr>
<tr>
<td></td>
<td>Nocturia</td>
</tr>
<tr>
<td></td>
<td>Suprapubic tenderness</td>
</tr>
<tr>
<td></td>
<td>Valid consent to treatment in accordance with NHS Fife Consent Policy</td>
</tr>
<tr>
<td>Exclusion criteria</td>
<td>Males</td>
</tr>
<tr>
<td></td>
<td>Aged under 16 years</td>
</tr>
<tr>
<td></td>
<td>Aged over 65 years</td>
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<tr>
<td></td>
<td>Pregnant females</td>
</tr>
<tr>
<td></td>
<td>Present with vaginal itch/discharge</td>
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<tr>
<td></td>
<td>Symptoms suggestive of upper urinary tract infection (rapid onset, fever, rigors, nausea, vomiting, diarrhoea, loin pain/tenderness, systemically unwell).</td>
</tr>
<tr>
<td></td>
<td>Haematuria</td>
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<tr>
<td></td>
<td>Confused or dehydrated</td>
</tr>
<tr>
<td></td>
<td>Patients already taking antibiotic prophylaxis for recurrent UTI e.g. trimethoprim</td>
</tr>
<tr>
<td></td>
<td>A prior episode of UTI in last 28 days which was treated by an antibiotic</td>
</tr>
<tr>
<td></td>
<td>There have been 2 or more episodes in the last 6 months or 3 or more episodes in the last 12 months</td>
</tr>
<tr>
<td></td>
<td>There is a catheter in situ</td>
</tr>
<tr>
<td></td>
<td>There is known moderate/severe renal impairment</td>
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<tr>
<td></td>
<td>They have hypersensitivity to co-trimoxazole, trimethoprim, or any other components of the medication</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>They are taking any medicines which may interact (See below for more details)</td>
</tr>
<tr>
<td></td>
<td>There is a known abnormality to the urinary tract.</td>
</tr>
<tr>
<td></td>
<td>Informed non consent</td>
</tr>
</tbody>
</table>

| Cautions / Circumstances when further advice should be sought from a doctor | Breastfeeding – trimethoprim does appear in breast milk but is not known to be harmful with short term use. However consideration should be given to referral of the mother for medical consultation if the baby is newborn (less than 4 weeks old) |
|                                                                            | It is the responsibility of the designated authorised staff using this PGD to ensure that treatment with the drug detailed is appropriate. If there is any doubt then advice should be sought and recorded before the drug is administered |

| Action if excluded | Do not use the PGD |
|                   | Refer patient for further medical advice (General Practitioner or NHS Fife Primary Care Emergency Service (PCES)) |
|                   | The reason for referral must be documented in pharmacy patient medical record (PMR) or patient care record (PCR) and retain a copy of referral letter (appendix 2) |
|                   | Inform GP of decision to exclude and action taken (referral made), the patient medical record can be updated accordingly. |
Action if patient declines treatment

- Patient should be advised of self management options and advised to see their GP if symptoms fail to resolve within 3 days or symptoms worsen
- Where patient needs cannot be met in the pharmacy, refer to GP, NHS Fife Primary Care Emergency Service (PCES), Accident and Emergency or Sexual Health Clinic as appropriate.
- The reason for refusal must be documented
- Ensure patient is aware of implications of declining treatment

2. Medication details

<table>
<thead>
<tr>
<th>Name strength &amp; formulation of drug</th>
<th>Trimethoprim 200mg tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route of administration</td>
<td>Oral</td>
</tr>
<tr>
<td>Dosage</td>
<td>200mg</td>
</tr>
<tr>
<td>Frequency of administration</td>
<td>TWICE daily (12 hourly)</td>
</tr>
<tr>
<td>Duration of treatment</td>
<td>3 day course</td>
</tr>
<tr>
<td>Quantity to be supplied</td>
<td>6 tablets</td>
</tr>
</tbody>
</table>

Drug interactions and action to be taken

The use of trimethoprim is contra-indicated in females receiving medication with which there is an interaction under the remit of this PGD.
- Trimethoprim may potentiate the anticoagulant effects of warfarin.
- Bone marrow depressants (eg azathioprine, mercaptopurine and methotrexate)- trimethoprim may increase the potential for bone marrow aplasia.
- Rifampicin may reduce the plasma concentration of trimethoprim.
- Phenyoitn and digoxin – the patient should be carefully monitored as trimethoprim may increase the plasma concentration of phenyoitn and digoxin.
- Ciclosporin – increased risk of nephrotoxicity with trimethoprim.
- Increased anti-folate effect in patients receiving pyrimethamine therapy in addition to trimethoprim.
- Refer to BNF for full information.

Patient advice verbal and written

- Provide patient information leaflet for medicine
- Provide information leaflet on self-management and the prevention of urine infections
- Paracetamol and Ibuprofen may be used to relieve pain and discomfort
- Advise to take at regular intervals and complete the course
- Advise if condition worsens or symptoms persist for longer than 3 days to seek further medical advice.
- Consideration of sexual history and the possibility of sexually transmitted disease should be made. Attendance at a Sexual Health Clinic may be advised

Legal category

- POM

Black triangle drug

- No

Use out with SPC

- No

Storage requirements

- Store below 25 C in a cool dry place
- Ensure tablets are within expiry date
### Identification and management of adverse reactions

Possible adverse effects include:
- Urticaria
- Rashes
- Fever
- Hyperkalaemia
- Monilium (yeast overgrowth)
- Photosensitivity
- Headache
- Pruritus
- Gastro-intestinal disturbances including nausea, diarrhoea, glossitis and vomiting.

- Rarely hypersensitivity reactions especially involving the skin have been reported
- Although an effect on folate metabolism is possible, interference with haematopoiesis rarely occurs at the recommended dose.
- Any suspected adverse reaction should be reported to the doctor and recorded in the patient’s medical case notes
- Patients should seek medical advice for significant side effects or if concerned
- All suspected serious reactions should be reported directly to the MHRA/Commission on Human Medicines through the Yellow Card scheme and recorded in the patient's medical notes. Reports should be made online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Advice may be obtained from Yellow Card Centre Scotland on 0131 242 2919

### Additional facilities/supplies required
- Access to a BNF

### 3. Staff characteristics

<table>
<thead>
<tr>
<th>Define Practitioner Group</th>
<th>Pharmacists working in community pharmacy within NHS Fife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional qualifications</td>
<td>Registered pharmacist with current General Pharmaceutical Council (GPhC) registration</td>
</tr>
</tbody>
</table>
| Specialist competencies or qualifications | Registered pharmacist is competent to undertake supply and administration of medicines under Patient group directions
- Has successfully completed NES Pharmacy e-learning module on “Pharmacy First” |
| Continued training requirements | Maintain own professional level of competence and knowledge in this area |

### 4. Referral arrangements/Audit trail

| Arrangements for referral to medical advice | The patient may be referred at any stage if this is necessary in the professional opinion of the pharmacist (Appendix 2)
- Patients should be advised to seek further medical advice if the course of treatment proves ineffective in relieving their symptoms |
| Records/Audit trail | Complete a proforma (Appendix 1) for every patient. This should include;
- Name and address of patient/parent/guardian/person with parental |
<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>responsibility</td>
<td>Date of birth, GP details, Symptoms reported, Exclusion criteria, record why drug not supplied, Details of supply given (6 x 200mg trimethoprim tablets) including reason for giving, Consent to supply (if not obtained elsewhere), Signature and name in capital letters of practitioner who supplied the drug, Date of supply to patient</td>
</tr>
<tr>
<td></td>
<td>The patient's General Practitioner should be advised of the supply of trimethoprim on the same, or next available working day (Appendix 2).</td>
</tr>
<tr>
<td></td>
<td>These records should be retained:</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>- For 17 years and over retain for 6 years after the date of supply.</td>
</tr>
<tr>
<td></td>
<td>- 3 years after death, or in accordance with local policy, where this is greater than above.</td>
</tr>
</tbody>
</table>

**References/Resources & comments**

- NES Pharmacy e-learning module on “Pharmacy First” [https://learn.nes.nhs.scot/](https://learn.nes.nhs.scot/)
- Fife Formulary Chapter 5 Infections (Primary Care Antibiotic Guidelines) [http://www.fifeadtc.scot.nhs.uk/formulary/5-infections](http://www.fifeadtc.scot.nhs.uk/formulary/5-infections)

**This Patient Group Direction has been assessed for Equality and Diversity Impact**
5. Management and monitoring of Patient Group Direction

Pharmacist Agreement (Authorisation Form)

Supply of Trimethoprim 200mg tablets by Community Pharmacists

I ____________________________, confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. I **confirm that I have successfully completed the NES e learning module on Pharmacy First.** I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which the supply of the medicine will take place and agree to provide this medicine only in accordance with this PGD.

I understand that it is the responsibility of the pharmacist to act in accordance with the Code of Ethics for Pharmacists and to keep an up to date record of training and competency.

Name of Pharmacist

GPharm Council Registration No.

Normal Pharmacy Location

Signature

Date

**Note:**

A copy of this agreement must be signed by each pharmacy practitioner who wishes to be authorised to use the PGD for the supply of trimethoprim 200mg tablets.

*Please fax a copy of this page to Pharmacy services on 01383 741395 or*

Email: loualexander@nhs.net

Post: Pharmacy Services, Pentland Block, Lynebank Hospital, Dunfermline KY11 4UW

Each authorised pharmacy practitioner should be provided with an individual copy of the authorised PGD.
### Appendix 1 – Treatment assessment proforma (to be retained in pharmacy)

<table>
<thead>
<tr>
<th>Date of Assessment:</th>
<th>Time of Assessment:</th>
</tr>
</thead>
</table>

**Name of Patient:**

**Date of Birth:**

**Details of presenting symptoms are shown below:**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>[circle as appropriate]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysuria</td>
<td>[yes*/no]</td>
</tr>
<tr>
<td>Frequency</td>
<td>[yes*/no]</td>
</tr>
</tbody>
</table>

\*(If both dysuria & frequency present, definitive of UTI)*

| Urgency | \[yes\] |
| Nocturia | \[yes\] |
| Suprapubic tenderness | \[yes\] |
| Other | \[\] |

<table>
<thead>
<tr>
<th>Contra-indications to treatment of UTI by Pharmacist: [(circle as appropriate)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt;16 or &gt;65</td>
</tr>
<tr>
<td>Allergy to trimethoprim, co-trimoxazole or any of the components of the medication</td>
</tr>
<tr>
<td>Haematuria</td>
</tr>
</tbody>
</table>

\*Signs and Symptoms of upper UTI - any of the following: Loin pain, flank tenderness, fever/rigor, nausea/vomiting/diarrhoea, rapid onset, systematically unwell*

\*Taking interacting medications: Check current BNF for interactions but including: Azathioprine, ciclosporin, mercaptopurine, methotrexate, phenytoin, warfarin, digoxin, pyrimethamine, rifampicin*

\*Medical conditions – any of the following: Renal impairment, hyperkalaemia, diabetes, severe hepatic insufficiency, megaloblastic anaemia, other blood dyscrasias, folate deficiency, porphyria, galactose intolerance, the Lapp lactose deficiency, glucose-galactose malabsorption, immunosuppressed, urinary tract abnormality*

| Confused/dehydrated | \[Yes\]/\[No\] |
| Pregnant (confirmed or possible) | \[Yes\]/\[No\] |
| Vaginal itch/discharge | \[Yes\]/\[No\] |
| More than 2 episodes of UTI in 6 months or 3 episodes in 12 months | \[Yes\]/\[No\] |
| Previous antibiotic treatment for UTI in last 28 days | \[Yes\]/\[No\] |
| UTI antibiotic prophylaxis | \[Yes\]/\[No\] |
| Catheter in situ | \[Yes\]/\[No\] |

**Comments/Notes**

\*Patients answering any question “Yes” are excluded from the PGD & must be managed as appropriate*

| UTI information leaflet | \[\] |
| Trimethoprim 200mg twice daily for 3 days (6 tablets) | \[\] |

 pharmacist name (print) ________________________

 Pharmacist signature ________________________ Date __________________________
Appendix 2

NHS Fife Treatment of uncomplicated Urinary Tract Infections (UTI’s) in non-pregnant adult females (aged 16 to 65)

Client Assessment Form and Notification of Supply through Community Pharmacy

Date:  
Time: 

CONFIDENTIAL WHEN COMPLETED:

Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name:  
GP practice address:  

The following patient has attended this pharmacy for assessment and treatment of an uncomplicated urinary tract infection.

Patient name:  
Date of Birth:  
CHI: (If available)  
Patient address:  

Postcode:  

Following assessment (Tick as Appropriate):
Your patient has been given a 3 day course of trimethoprim 200mg twice daily  
Self care advice only  
Patient is unsuitable for treatment via PGD for the following reason and has been referred  

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records.

Patient consent: I can confirm that the information provided is a true reflection of my individual circumstances and I give my consent to allow an NHS Fife Pharmacist to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but that this will be totally anonymous and not be attributable to any individual patient.

Patient Signature:  
Date:  

Pharmacy stamp

Print Name:  
Signed:  
Date:  

This form should now be sent to the patient’s GP and a copy retained in the pharmacy
Appendix 3

Urinary Tract Infection (UTI)

Preventing Future episodes

- **Drink** plenty of water every day (aim to drink six to eight glasses).
- Go to the toilet when you need – **do not** hold it in.
- **Avoid** nylon underwear and feminine hygiene sprays.
- **Avoid** the use of tampons.
- Keep yourself extra clean ‘down below’ by using a separate flannel to wash yourself night and morning.
- Use plain water for washing; always wipe from ‘**front to back**’
- **Avoid** bubble baths, talcum powder, all personal (vaginal) deodorants & feminine wipes
- A bath every day is not necessary and may, in fact, be harmful – a shallow bath is better than a deep one and a **shower** is better still.

If you are prone to getting UTIs after sex:

- **Cleanse** the genital area with water **before** intercourse (but do not douche).
- **Pass urine** as soon as possible **afterwards**.
- If you are a female using a diaphragm or spermicidal creams, you may wish to choose a different form of contraception, as these can increase the risk of UTIs.
- Use enough lubrication (eg KY jelly) during sex, if you are prone to dryness.

*There is some evidence that drinking cranberry juice (one glass per day) can help prevent UTIs coming back. However, this is not advised if you take warfarin to thin the blood or have a personal family history of kidney stones. If you find the drink bitter, try mixing it with another fruit juice or you may prefer to take cranberry tablets, which are available to buy.*

If symptoms do return

- As soon as you feel the first twinges of an infection, start drinking a lot of water or another bland liquid such as milk or weak tea. **Avoid** strong coffee, tea or alcohol. For the first 3 hours, drink at least half a pint every 20 minutes to flush out the infection before it gets a grip.
- Take one tablespoonful of bicarbonate of soda dissolved in water as soon as symptoms appear and repeat this every 3-4 hours. This reduces the acidity of the urine and helps relieve the stinging.
- Take paracetamol or ibuprofen at regular intervals for pain relief, if you’ve had no previous side effects.