# Patient Group Direction for the treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant female patients over 16 years of age

# Patient assessment form

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| --- | --- | --- | --- |
| **Patient Name:** | Click or tap here to enter text. | **Date of Birth /CHI:** | Click or tap here to enter text. |
| **Date of assessment:** | Click or tap to enter a date. | **Patient is aware that GP will informed:** | Yes  No |

## Patient clinical picture and related appropriate actions

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom assessment** | **Yes** | **No** | **Actions** |
| Symptom of dysuria (pain or burning when passing urine) |  |  | Consider treatment if **three or more** of the following symptoms present:   * 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 |  |  |
| Symptom of urgency (little warning of the need to pass urine) |  |  |
| Symptom of suprapubic tenderness (pain/tenderness in lower abdomen) |  |  |
|  | | | |
| Frank haematuria (blood in urine) |  |  | 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 |  |  | 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 > 38°C, rigors or systemically very unwell)? |  |  | If YES, do not treat and **REFER** urgently (same day) due to risk of upper UTI or sepsis |
| Duration of symptoms > 7 days? |  |  | If YES, treatment may be provided  Ensure GP is notified that follow up may be required |
| Has the patient had a UTI requiring an antibiotic within the last 28 days? |  |  | 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? |  |  | If YES, do not treat and **REFER** due to need for urine culture |
| Does patient take prophylactic antibiotics for treatment of UTI? |  |  | If YES, do not treat and **REFER** |
| Urinary catheter in situ or use of intermittent self-catheterisation? |  |  | 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? |  |  | If YES, do not treat and **REFER** |
| Pregnant – known or suspected?  Planning to become pregnant in next 3 months if treating with trimethoprim? |  |  | If YES, do not treat and **REFER** |
| Breastfeeding? |  |  | If YES, treatment may be provided |
| Diabetes? |  |  | 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? |  |  | If YES, do not treat and **REFER** |
| Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent? |  |  | If YES, do not treat and **REFER** |
| Is the patient on any interacting medications  (e.g. warfarin/trimethoprim).  See current BNF/SPC for details |  |  | If YES, do not treat and **REFER** |
| Known haematological abnormalities, porphyria, folate deficiency which is uncorrected, glucose-6-phosphate deficiency? |  |  | If YES, do not treat and **REFER** |
| Known electrolyte imbalance? |  |  | If YES, do not treat and **REFER** |
| Known severe liver fibrosis / encephalopathy? |  |  | If YES, do not treat and **REFER** |
| Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia? |  |  | If YES, do not treat and **REFER** |

**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).

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| --- | --- | --- |
| **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**

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| --- | --- | --- |
| **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 |  |
| Expected duration of symptoms - to seek medical assistance if symptoms worsen or are not resolving within 3 days |  |
| Nitrofurantoin only – stop taking immediately and seek medical assistance if symptoms of pulmonary reaction develop (e.g. cough, dyspnoea, fever, chills) |  |
| 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. |  |
| Symptomatic (use of analgesia) |  |
| Prevention of UTI - Hygiene / toilet habits  (do not ‘hold on’ – go to the toilet when you need to) |  |
| If patient has haematuria – seek medical assistance if haematuria persists or returns after successful treatment of UTI |  |
| Patient information leaflet relating to medication is given to patient |  |

**Communication**

|  |  |
| --- | --- |
| **Contact made with** | **Details (include time and method of communication)** |
| Patient’s regular General Practice (details) | Click or tap here to enter text. |
| Other |  |

## Details of medication supplied and pharmacist supplying under the PGD

|  |  |
| --- | --- |
| Medication supplied | Click or tap here to enter text. |
| Batch number and expiry | Click or tap here to enter text. |
| Print name of pharmacist | Click or tap here to enter text. |
| Signature of pharmacist | Click or tap here to enter text. |
| GPhC registration number | Click or tap here to enter text. |

# Patient Group Direction for the treatment of acute Urinary Tract Infection (UTI) in patients over 16 years

# Notification of assessment and supply from community pharmacy

**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 | Click or tap here to enter text. |  | Pharmacy Stamp |
| GP practice address | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. |  |
| The following patient has attended this pharmacy for assessment and potential treatment of UTI: | |  |
| Patient name | Click or tap here to enter text. |  |
| Date of birth/CHI | Click or tap here to enter text. |  | Pharmacist name  Click or tap here to enter text. |
| Patient address | Click or tap here to enter text. |  |
| Click or tap here to enter text. |  | GPhC number Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |  | DateClick or tap to enter a date. |

Following assessment (Tick as appropriate)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Presenting symptoms** | | | | | | |
| Dysuria | | | Urgency | | Haematuria | |
| Frequency | | | Polyuria | | Suprapubic tenderness | |
| **Urine dipstick results (optional)** | | | | | | |
| Nitrite ‘+’ve | Leucocyte ‘+’ve | | | Blood ‘+’ve | | Not taken |
| Your patient has been given a 3 day course of: | | Trimethoprim 200 mg tablets | | |  | |
| Nitrofurantoin 100 mg MR capsules | | |  | |
| Nitrofurantoin 50 mg tablets | | |  | |
| Your patient is unsuitable for treatment via PGD for the following reasons and has been referred:  Click or tap here to enter text. | | | | |  | |
| **Follow up by GP practice required for the following reasons:**  Click or tap here to enter text. | | | | |  | |

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 is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland 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 this will be totally anonymous and not be attributable to any individual patient.

|  |  |
| --- | --- |
| Patient signature | Date |
| Click or tap to enter a date. | Click or tap to enter a date. |

This form should now be sent to the patient’s GP and a copy retained in the pharmacy.**Appendix 1.**

**For boards using nitrofurantoin, a renal function assessment is required.**

\*eGFR must be >60ml/min for use of the nitrofurantoin PGD

\*\*If eGFR is not available on Clinical Portal or ICE or other clinical system available because such a test appears never to have been performed, it can be assumed there has been no history or suspicion of renal problems and supply can be made if clinically appropriate.

Does the patient have:

* Known renal problems?
* Abnormality of the urinary tract?
* Stent in urinary tract?

If YES

Exclude and refer to GP / OOH

NO

Clinical Portal or ICE or other clinical system **not available.**

Trimethoprim may be offered if no contra-indications

Contact surgery or OOH for renal function check if nitrofurantoin required\*

Nitrofurantoin or Trimethoprim

Depending on board formulary first line choice

YES

If NO

Is Clinical Portal or ICE available?

Clinical Portal or ICE or other clinical system **available\***

Check most recent eGFR

Exclude if eGFR <60ml/min and refer to GP / OOH

If no eGFR available\*\* and no history of renal problems, proceed with PGD