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

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).

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	☐
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

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GP name	Click or tap here to enter text.
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.
Patient address	Click or tap here to enter text. Click or tap here to enter text.
Postcode	Click or tap here to enter text.

Pharmacy Stamp
Pharmacist name Click or tap here to enter text.
GPhC number Click or tap here to enter text.
Date Click 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.