# 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:** | 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/OOHIf 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 providedEnsure 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? | ☐ | ☐ | 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** |

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| --- | --- | --- | --- |
| 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 inrecognising pulmonary fibrosis secondary to nitrofurantoin |
| Current use of alkalinising agents | SUITABLE | AVOID or advise to stopalkalinising 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 ofpulmonary 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) | ☐ |

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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) | ☐ |
| 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. |

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