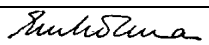
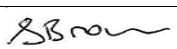
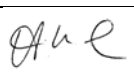
NHS AYRSHIRE & ARRAN

PATIENT GROUP DIRECTION

Name of Medicine :	Doxycycline 100mg tablets/capsules
Legal Classification :	Prescription only medicine
PGD Ref No :	CP/PCN 23 300
Replacing PGD Ref No :	CP21 255 and PCN 21 280

Effective Date :	22nd June 2023
Review Date :	21st June 2025

Professional Group authorised to use PGD on completion and submission of an Approved Practitioner Form:	Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC). Pharmacists currently registered with the General Pharmaceutical Council (GPhC).

PGD prepared/reviewed* by : (*delete as appropriate)			
	Doctor	**Pharmacist**	**Other**
Name	**Ruth Holman**	**Scott Brown**	**Attica Wheeler**
Signature			
Date	**25/05/2023**	**23/05/2023**	**29.05.2023**

Approved on behalf of NHS Ayrshire & Arran
Chair or vice chair PGD group:
Name: Jen Pennycook
Signature: 
Date: 22/06/2023

Description of Treatment	
Name of medicine : Doxycycline 100mg capsules/tablets	
POM/P/GSL :	POM
Pharmaceutical Form :	Tablets/capsules
Strength :	100mg
Clinical situation for use of this PGD	• Genital, pharyngeal and/or rectal *Chlamydia trachomatis* infection • Uncomplicated *Mycoplasma genitalium* infection. • Non-gonococcal or non-specific urethritis (NGU, NSU). **Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of any of the conditions detailed below.**
Inclusion criteria	• Individuals with a positive test for *Chlamydia trachomatis* infection in the genitals, rectum or pharynx. • Individuals with a positive test for *Mycoplasma genitalium* (without a clinical diagnosis of pelvic inflammatory disease (PID) in women) as initial treatment prior to further antimicrobial therapy where *Mycoplasma genitalium* is known to be sensitive to macrolides or is of unknown resistance status. • Individuals with a microscopic diagnosis of NGU or NSU. • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of chlamydia, NSU/NGU, PID or epididymo-orchitis who are unwilling/unable to defer testing after the 2-week window period. • A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions. • Consent given. • Aged 13 years and over who are assessed as Fraser competent.
Exclusion criteria	• Consent not given. • Individuals under 13 years of age. The Child Protection Team must be contacted for children under 13 years of age who present having sexual intercourse. Ensure treatment of the infection is provided by a prescriber. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent.

	Medical history • Individuals with clinical proctitis or PID • Individuals with confirmed Lymphogranuloma venereum (LGV) or a contact of LGV. • Breast feeding • Known pregnancy • Known hepatic impairment • Presence of concomitant conjunctivitis and/or joint pain/swelling • Acute porphyria • Myasthenia gravis • Systemic Lupus Erythematosus (SLE) • Individuals with oesophagitis and oesophageal ulcerations. • Sucrose or fructose intolerance, glucose galactose malabsorption, sucrose-isomaltase insufficiency • Patients taking ciclosporin – monitoring of ciclosporin levels may be indicated • Patients taking phenindione – INR monitoring advised • Patients taking Warfarin – INR monitoring advised **Medication history** • Any concurrent interacting medicine(s) – see Section 4 Drug interactions **Known allergy or hypersensitivity to doxycycline, other tetracycline antibiotics or to any component of the product - see Summary of Product Characteristics (SPC)**
Dosage :	100mg twice daily
Total Dosage:	200 mg daily
Route of Administration :	*Oral*
Frequency of Administration :	Twice daily
Duration of Treatment :	7 days
Total Treatment Quantity :	Appropriately labelled pack/s containing 14* x 100mg tablets/capsules *when 2 x 8 x 200mg packs are given, ask patient to discard the remaining 2 x tablets/capsules
Action if patient is excluded from treatment under this PGD	• Consider if Azithromycin can be used (see separate PGD) • If excluded, ensure the individual is aware of the need for treatment and document this in the consultation record. • Explain the reason for exclusion and document within clinical records. • Refer to Independent Prescriber for further assessment.

Interactions	All concurrent medications should be reviewed for interactions. The interactions listed as severe/concurrent use to be avoided in the BNF are: • Acenocoumarol • Acitretin • Alitretinoin • Isotretinoin • Lithium • Tretinoin Practitioners are referred to the full list in the relevant section of the British National Formulary BNFand in the Summary of Product Characteristics SPC for the product being used.
Adverse Effects	The following side effects are reported as common in the doxycycline SPC but note this list may not reflect all reported side effects: • Hypersensitivity reactions • Headache • Nausea • Vomiting • Photosensitivity skin reactions • Rash including maculopapular, erythematous rashes and Henoch-Schonlein purpura • Urticaria • Hypotension • Pericarditis • Tachycardia • Dyspnoea • Peripheral oedema A detailed list of adverse reactions is available in the SPC and BNF **Reporting procedure for adverse reactions** • Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme • Record all adverse drug reactions (ADRs) in the patient's medical record.
Follow-up treatment	**Genital or pharyngeal infection**: A test of cure following treatment is NOT routinely indicated. Indications for a test of cure include • persistent symptoms after treatment • concerns re adherence to treatment or reinfection • pregnancy • use of treatment other than doxycycline or azithromycin

	If symptoms e.g. discharge, intermenstrual bleeding do not improve after treatment advise patient to seek medical help.
Written/Verbal Advice to be given to patient	<u>Written Information</u>:- • Patient information leaflet(PIL) provided with medication. This should be available in a form that can be easily understood by the patient. Where English is not easily understood, translations and properly recognised interpreters should be used. • Information about Sexual Health services within Ayrshire and Arran. <u>Verbal information</u>:- • Patient should receive advice regarding Chlamydia infection at the time of antibiotic treatment. Further information available at www.shayr.com • Doxycycline should be taken with food • Take Doxycycline with plenty of water while sitting or standing and well before you go to bed for the night to stop irritation and ulceration of your gullet • Do not take indigestion remedies or medicines containing iron or zinc 2 hours before or after you take this medicine • If vomiting occurs within 3 hours of taking tablets patients who re-present should be referred to Medical Practitioner/Nurse Independent Prescriber. • Complete the specified course • Advise patient regarding common side effects • Avoid direct exposure to sunlight, ultraviolet light and sunbeds. • Advise patient to abstain from all sexual contact (oral, vaginal or anal, even with a condom) whilst taking treatment and until they and their current partner(s) have completed 7 days treatment. Further info on www.shayr.com • Explain that if sexual contact takes place after treatment with untreated partner there is a significant risk of re-infection and further treatment will be required. • Patient must be advised to notify any partners and appropriate partner notification documentation should be completed.

	• Every patient should be advised to have a repeat test in 6-12 months because people with previous Chlamydia infection have high rates of reinfection. Referral for advice:- If the patient has any concerns refer back to Medical Practitioner or Independent Prescriber
Record required of Supply/Administration	**<u>Sexual Health Department</u>** Log in to NaSH and record in the 'prescribing detail' page: • Name of preparation administered • Quantity administered • Name of the member of staff administering the medicine • The date of the administration (time will then be recorded automatically) • That the drug has been supplied under a PGD Record any adverse reaction in clinical notes. Complete the allergies section if appropriate **<u>Administration - Electronic Prescribing (in-patients only)</u>** On completion of the PGD LearnPro module, nurses are granted access rights to add PGD orders on the electronic prescribing system (HEPMA). As per the process explained in the LearnPro module, PGDs are found searching for medicines starting with NURSE and the following information is recorded: • Name of medicine, form and strength administered • Dose administered • Route of administration • Electronic signature of staff member who administered the medicine • Date and time of administration • Frequency is recorded as a STAT dose which automatically moves to the "Discontinued Medicines" section of the prescribing record once administered • Adverse reactions are recorded using the Allergies and Notes functions on the system

	Administration - Medicine prescription sheet (paper) • Name of medicine, form and strength administered • Add PGD and the reference number in brackets (PGD ref..) in the other instructions/Doctor's signature section. • Dose administered • Route of administration • Signature of staff member who administered the medicine • Date and time of administration • If a 'one off' dose only to be administered, record the above information on the 'medicines to given once' section on the reverse of the medicine prescription sheet. • Adverse reactions are recorded on the front adverse reaction box on the prescription sheet. **Supply - for out-patients/clinics/emergency departments (record in case notes)** • Name of medicine, form and strength supplied • After the name of the preparation put PGD and reference number in brackets (PGD ref ...) • Quantity/dose supplied • Signature of staff member who supplied the medicine • Date and time of supply • Adverse reactions **Community PGD's** A Patient Medication Record (PMR) should be created for the patient, if it does not already exist, and the following information should be recorded in the PMR • Name of preparation • Quantity • Any directions for use • Date of supply