



Patient Group Direction (PGD)

This PGD authorises community pharmacists to supply trimethoprim tablets to non-pregnant patients aged 16 years and over presenting with symptoms of acute uncomplicated urinary tract infection under NHS Pharmacy First Scotland.

NPGD 25 223

Publication date: 14 August 2025

Most Recent Changes

Version	Date	Summary of changes
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

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Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD trimethoprim tablets

This specimen PGD template has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The community pharmacist who may supply trimethoprim tablets under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals and to ensure familiarity with the manufacturer's product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

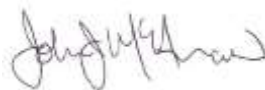
NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine must be by the same practitioner who has assessed the patient under the PGD.

This PGD has been approved on behalf of NHS Scotland by NHS 24 by:

Doctor (Name / Signature): Dr Ron Cook



Pharmacist (Name /Signature): Dr John McAnaw



NHS Scotland representative (Name / Signature): Mr Jim Miller



Approved on behalf of NHS Ayrshire & Arran by:

Medical Director (Name / Signature) Dr Crawford McGuffie



Director of Pharmacy (Name / Signature) Roisin Kavanagh



PGD Chair, Jen Pennycook



Date approved: 11th September 2025

It is the responsibility of the person using the PGD to ensure they are using the most recent issue.

Expiry date: 13 August 2028

1. Clinical situation

1.1. Indication

Treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over.

SIGN guidance states lower urinary tract infections (LUTI) are commonly occurring and frequently self-limiting infections. Consider hydration and NSAIDs (if appropriate) as first-line treatment in women aged under 65 with suspected uncomplicated lower UTI who describe their symptoms as mild.

1.2. Inclusion criteria

Patients aged 16 years of age and over.

Assigned as female at birth and have not had any gender reassignment procedures.

Older women should be fit, ambulatory and self-caring.

If no dipstick testing is available, or patient is over 65 years of age, the patient must present with:

- **BOTH** dysuria and frequency

OR

- **THREE** or more of the following symptoms:
 - Dysuria
 - Frequency
 - Urgency
 - Suprapubic tenderness

Otherwise:

Diagnose a UTI in the presence of two or more urinary symptoms (dysuria, frequency, urgency, visible haematuria or nocturia) and a positive dipstick test result to nitrite.

NOTE: A positive dipstick test in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.

Valid consent to receiving treatment under this PGD has been obtained.

1.3. Exclusion criteria

Patients assigned male at birth.

Patients living in long term care facilities.

Hypersensitivity to trimethoprim, co-trimoxazole or any of the excipients within the tablets.

If **UPPER** urinary tract infection is more likely i.e. Flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI.

Patients over 45 years of age with unexplained visible haematuria without symptoms of UTI.

Visible haematuria which persists or recurs after successful treatment of UTI.

Unexplained non-visible haematuria if found on urine dipstick if no UTI symptoms present.

Patients over 40 years of age who present with recurrent UTI with any haematuria.

Risk of treatment failure due to one or more of the following:

- Received antibiotic treatment within the previous 1 month
- Two or more episodes of UTI in last 6 months

- Three or more episodes of UTI in last 12 months
- Taking antibiotic prophylaxis for recurrent UTI

Presence of new unexplained vaginal discharge or itch suggestive of other pathology.

Confused

Patient utilises urethral or suprapubic catheters (either indwelling or intermittently)

Known abnormality of the urinary tract.

Known or suspected pregnancy (including those intending to become pregnant within the next 3 months).

Known moderate to severe renal impairment.

Known haematological abnormalities, porphyria / known folate deficiency which has not been corrected.

Known severe liver fibrosis / encephalopathy.

Known hyperkalaemia, megaloblastic anaemia, galactose intolerance, the LAPP lactose deficiency or glucose-galactose malabsorption.

Current immunosuppression e.g. chemotherapy, long-term oral corticosteroids, other immunosuppressant therapies.

Concomitant use of interacting medicines - See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP/OOH for consideration of an alternative treatment.

Individuals for whom no valid consent has been received.

1.4. Cautions/need for further advice/ circumstances when further advice should be sought from a prescriber

Caution should be used in:

- Patients where there is any doubt of inclusion / exclusion criteria being met.
- Patients presenting with flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI should be referred to GP / Out of hours.
- Patients over 65 years of age
 - Manage suspected UTI in ambulant women aged 65 years and over who are able to look after themselves independently with no co-morbidities as in those under 65 years, taking into account the increasing background incidence of asymptomatic bacteriuria.
- Diabetes
 - Patient with known diabetes is not excluded from treatment in community pharmacy. If concerned about recurrent UTIs or that this may be a side effect of medication e.g. SGLT2 inhibitors, consider signposting to GP practice for follow-up.
- Symptoms of UTI lasting longer than 7 days
 - Prolonged symptoms suggestive of a UTI may be considered for treatment, but clinical judgement may be required regarding onward referral.
- Breastfeeding
 - Patients who are breastfeeding and displaying symptoms of UTI can be considered for treatment in community pharmacy.
 - As a rule, if a medication is licensed for use in paediatrics (neonatal age onwards), then it should be safe for use in breastfeeding as the dose the infant/child receives via the breastmilk will be significantly less than therapeutic doses.
 - National Institute for Health and Care Excellence. British National Formulary for Children. Available at [Trimethoprim | Drugs | BNFC |](#)

NICE (Accessed 11 October 2024). Trimethoprim is licensed for use in the neonatal period onwards.

- UK Drugs in Lactation Service states the following:
 - Trimethoprim can be used with caution
 - Limited published evidence of safety, small amounts in breastmilk, for short term use only due to risk of folate deficiency, monitor infant for gastro-intestinal disturbances and oral candida infection, especially if used in high doses, although these effects are unlikely to occur.
 - **Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice** (accessed 13 August 2025)
- Renal impairment:
 - Patients with no known renal impairment can be treated without the requirement to independently check levels of impairment. Determination of “no known renal impairment” can be made by asking patient if GP has advised that they have some degree of renal/kidney function impairment, or if they have ongoing reviews with a renal doctor.
 - If there are any patient factors which could indicate an increased risk of renal impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).
- Hepatic impairment
 - Patients with no known hepatic impairment can be treated without the requirement to independently check levels of impairment. Determination of “no known hepatic impairment” can be made by asking patient if GP has advised that they have some degree of hepatic/liver function impairment, or if they have ongoing reviews with a hepatic doctor.

- If there are any patient factors which could indicate an increased risk of hepatic impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).

1.5. Action if excluded

Refer to GP Practice / Out-of-hours (OOH) service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

1.6. Action if patient declines

If patient declines treatment: advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within three days or if symptoms worsen.

Patients can be directed to NHS Inform for guidance on self-care at: [Urinary tract infection \(UTI\) | NHS inform](#) (accessed 13 August 2025)

Ensure patient is aware of risks and consequences of declining treatment.

Document the reason for declining treatment and advice given in PMR.

2. Description of treatment

2.1. Name of medicine/form/strength

Trimethoprim 200 mg (or 2 x 100 mg) tablet

2.2. Route of administration

Oral

2.3. Dosage

200 mg

2.4. Frequency

TWICE daily at 12 hourly intervals.

2.5. Duration of treatment

3 days

2.6. Maximum or minimum treatment period

One treatment cycle of 3 days

2.7. Quantity to supply

6 x 200 mg tablets or 12 x 100 mg tablets

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

2.10. Is the use out with the SPC?

No.

2.11. Storage requirements

As per manufacturer's instructions.

Store below 25°C in a cool, dry place.

2.12. Additional information

None

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these

Please refer to current BNF or SPC for full details.

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

The most frequent adverse effects at usual dose are pruritis and skin rash (in about 3 to 7% of patients). These effects are usually mild and quickly reversible on withdrawal of the drug.

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional supplying the medication under this PGD. This can be accessed on www.medicines.org.uk.

In the event of severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

Pharmacists should check patient medication history for clinically significant interactions using appropriate reference sources e.g., BNF, Stockley.

3.2. Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at www.mhra.gov.uk/yellowcard.

3.3. Advice to patient or carer including written information

Written information to be given to individuals:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) and information on UTI/cystitis ([TARGET TYI-UTI leaflet V23.5.pdf](#) (rcgp.org.uk) (Accessed 13 August 2025))

Verbal advice to be given to individuals/parent/carer:

- Advise about the importance of adequate hydration in relieving symptoms – offensive smelling or cloudy urine may be suggestive of dehydration.
- Increasing fluid intake to around 2.5L per day (6-8 mugs containing approximately 350ml) is thought to reduce UTI by dilution and flushing of bacteriuria. (No evidence has been identified for benefit, increasing fluid intake with water in women with urinary symptoms is a low-cost intervention without evidence of harm that may provide symptomatic relief).
- Advise the individual on mode of action, risks and benefits of the medicine, possible side effects and their management.
- This medicine should be taken regularly until the course is completed.
- Ensure the patient has access to appropriate analgesia for symptomatic relief of dysuric pain e.g. paracetamol or ibuprofen.
- Advise on self-care – maintaining a good fluid intake, wear loose fitting underwear / clothing, wear cotton underwear and avoid use of vaginal deodorants.

- Advise on ways to prevent reinfection – avoid double voiding, voiding after sexual intercourse.
- If using combined oral contraception, no additional contraceptive precautions are required unless vomiting or diarrhoea occur.
- Ensure the patient is aware that if symptoms worsen, they experience significant flank pain, become systemically unwell, or develop a temperature then they should seek further medical advice **that day** from their GP practice or Out of hours (OOH).
- If symptoms have not resolved after 3 days, if symptoms return or drug side effects are severe, seek further medical advice.
- If haematuria persists or returns after successful treatment, seek further medical advice for follow up.
- Advise that the patient's GP will be notified of the supply of antibiotics by the next working day, but should they need to seek further advice from Out of hours, the patient should make staff aware of their trimethoprim treatment.
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on:
www.mhra.gov.uk/yellowcard.

3.4. Monitoring

Not applicable

3.5. Follow up

Advise patient to seek further medical advice if symptoms worsen, or there is ongoing concern following the completion of treatment course.

3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient's rights to confidentiality and safety
- Access to a working telephone
- Access to medical support (this may be via telephone or email)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel
- Access to current BNF (online version preferred)
 - [BNF British National Formulary - NICE](#)
 - [BNF for Children British National Formulary - NICE](#)
- Access to SmPC/PIL/Risk Minimisation Material:
 - [Home - electronic medicines compendium \(emc\)](#)
 - [MHRA Products | Home](#)
 - [RMM Directory - \(emc\)](#)
- Access to copy of current version of this PGD

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

Under PGD legislation there can be no delegation. Supply of the medication must be completed by the same practitioner who has assessed the patient under this PGD.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD must:

- Be familiar with trimethoprim medicine and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:

<https://learn.nes.nhs.scot/33556/pharmacy/cpd-resources/urinary-tract-infections-utis-for-nhs-pharmacy-first-scotland>

- Be able to assess the person's/ parent's/ carer's capacity to understand the nature of the purpose of the medication in order to give or refuse consent.
- Be familiar with local Health Board treatment recommendations.

4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attending approved training and training updates as appropriate.
- Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

5. Audit trail

5.1. Authorisation of supply

Pharmacists can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD (Appendix 1) and submit to the relevant NHS Health Board prior to using the PGD via the preferred channel of that Board (may be email or completion of Microsoft Form).

5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

A Universal Claim Framework (UCF) record of the screening and subsequent supply, or not, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form, in the PMR (either paper or computer based):

- name of individual, address, date of birth / CHI number
- name of GP with whom the individual is registered (if known)
- confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/person with parental responsibility where applicable)
- details of presenting complaint and diagnosis
- details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.

- details of exclusion criteria – why the medicine was not supplied (if applicable)
- advice given, including advice given if excluded or declines treatment under this PGD
- details of any adverse drug reactions and actions taken
- referral arrangements (including self-care)
- signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine

The patient's GP (where known) should be provided with a copy of the GP notification form for the supply of trimethoprim tablets, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance¹ (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management*. Edinburgh 2020. Available at [SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf](#) (Accessed 30th June 2025)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. Health Improvement Scotland. *SIGN 160: Management of suspected bacterial lower urinary tract infection in adult women. A national clinical guideline.* September 2020. Available at: [sign-160-uti-0-1_web-version.pdf](#) (accessed 13 August 2025)
2. Health Improvement Scotland: Scottish Antimicrobial Prescribing Group. Urinary Tract Infections. Available at: [Urinary tract infections \(UTIs\) \(sapg.scot\)](#) (Accessed 13 August 2025).
3. Public Health England. Diagnosis of urinary tract infections. July 2025. Available at: [Diagnosis of urinary tract infections: quick reference tools for primary care - GOV.UK](#) (Accessed 13 August 2025)
4. Royal College of General Practitioners. TARGET Urinary tract infection resource suite. Available at: [Urinary tract infection resource suite: Patient facing materials | RCGP Learning](#) (Accessed 13 August 2025)
5. Health Protection Scotland. Scottish Urinary Tract Infection Network. Available at: [The Scottish Urinary Tract Infection Programme \(SUTIN\) | National Services Scotland \(nhs.scot\)](#) (Accessed 13 August 2025).
6. Faculty of Sexual and Reproductive Health. Clinical guidance: Drug Interactions with Hormonal Contraception. May 2022. Available at: [Clinical Guidance: Drug Interactions with Hormonal Contraception \(fsrh.org\)](#) (Accessed on 13 August 2025)
7. Current edition of British National Formulary (BNF) [BNF British National Formulary - NICE](#), and BNF for children [BNF for Children British National Formulary - NICE](#)

7. Individual authorisation (Appendix 1)

PGDs FOR THE SUPPLY OF TREATMENTS FOR URINARY TRACT INFECTION BY COMMUNITY PHARMACISTS UNDER THE “NHS PHARMACY FIRST SCOTLAND” SERVICE

These PGDs do not remove professional obligations and accountability.

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under these PGDs.

I have read and understood the PGDs authorised by each of the NHS Boards I wish to operate in and agree to provide the following only in accordance with the specific PGD.

(Tick which apply)

- Trimethoprim 200 mg (or 2 x 100 mg) tablets ☐
- Nitrofurantoin 100 mg MR capsules or 50 mg capsules or tablets ☐

Name of Pharmacist _____ GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board area where appropriate. If you work in more than 3 Health Board areas, please use additional forms.)

Name of Pharmacy	Contractor Code	Health Board
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature _____ Date _____

Please complete form, sign and send to each Health Board you work in.

E mail and postal addresses are given overleaf.

NHS Board	Address	
Ayrshire & Arran	Complete MS Form available at Patient Group Directions – NHS Ayrshire & Arran	Microsoft Form
Borders	Complete MS Form available at nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/	Microsoft Form
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG Dg.pcd@nhs.scot	Please email or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW Fife.pgd@nhs.scot	Please email or post
Forth Valley	Community Pharmacy Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR fv.communitypharmacysupport@nhs.scot	Please email or post
Grampian	Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE gram.pharmaceuticalcareservices@nhs.scot	Please email or post
Greater Glasgow & Clyde	Complete MS Form available at PGDs - Greater Glasgow and Clyde	Microsoft Form
Highland	Community Pharmacy Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW nhsh.cpsoffice@nhs.scot	Please email or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk	Please email or post
Lothian	No longer require pharmacists to return signed copies of PGDs. For any queries, please contact loth.communitypharmacycontract.nhs.scot	
Orkney	Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 ork.pharmacyadmin@nhs.scot	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB shet.pharmacyprimarycare@nhs.scot	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Clepington Road, Dundee, DD3 8AE TAY.pharmacydepartment@nhs.scot	Please email or post
Western Isles	Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB Michelle.taylor44@nhs.scot	Please email or post

8. Version history

Version	Date	Summary of changes
1.0	March 2020	Original national PGD produced
2.0	August 2022	• Addition of covering statement regarding validity of PGD when approaching date for review of content. • Indication ○ Removal of upper age limit • Inclusion criteria ○ Clarification that “older women should be fit, ambulatory and self-caring” and that “a positive dip stick in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.” ○ Inclusion of visible haematuria in list of symptoms when testing urine with dipstick. • Exclusion criteria ○ Upper age limit removed ○ Clarification that patients living in long term care facilities are excluded ○ Clarification of definition of “upper” UTI ○ Haematuria – specific criteria now apply ○ Clarification of definition of vaginal discharge / itch ○ Clarification of catheter use ○ Pregnancy -now includes women who intend to become pregnant in the next 3 months. ○ Clarification of definition and associated actions required for patients with renal or hepatic impairment. ○ Clarification of definition of immunosuppression • Cautions/further advice ○ Removal from exclusion, insertion into cautions/further advice with provision of additional information for patients over 65 years of age, with diabetes, symptoms lasting more than 7 days, breastfeeding • Advice to patient ○ Update to information for patients • Action if patient is excluded ○ Removal of requirement to record in Pharmacy Care Record (PCR) • Action if patient declines ○ Inclusion of link to NHS Inform for guidance on self-care

Version	Date	Summary of changes
		○ Removal of requirement to record in PCR • Specialist competencies or qualifications ○ Updated link to training module • Record/audit trail ○ Removal of requirement to record in PCR ○ Clarification that notification form should be sent to GP for patients being referred as well as those being treated by community pharmacy ○ Update to information on retention of records ○ Update to additional references
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria ○ Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards