# Patient Group Direction for antibiotic treatment of acute Urinary Tract Infection (UTI) in adult women (16+ years): Patient assessment form

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| **Patient Name:**  | Click or tap here to enter text. | **CHI:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Age: (16+ years)** | Click or tap here to enter text. |
| **Gender:** | M / F (exclude if male) | **Patient consents to GP being informed:** | YES/NO (exclude if no consent) |

**NOTE: This assessment form should be used in conjunction with the latest PGD taking into account latest information on inclusion and exclusion criteria.**

## Patient symptoms and related appropriate actions

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| **Symptom assessment** | **Yes** | **No** | **Actions** |
| Haematuria |  |  | If YES, Can be considered (refer to PGD for criteria) |
| Vaginal discharge or irritation |  |  | Can be considered unless “presence of new, unexplained vaginal discharge or itch is suggestive of other pathology” |
| 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 suprapubic tenderness (pain/tenderness in lower abdomen) |  |  |
| Symptom of urgency (little warning of the need to pass urine) |  |  |

## Patient clinical picture and related appropriate actions

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| **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 |
| Urinary catheter in situ or use of intermittent self-catheterisation? |  |  | If YES do not treat and refer |
| 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 the need for culture  |
| Has the patient had a UTI requiring an antibiotic 1. within the last 28 days?
2. 2 or more UTIs in last 6 months
3. 3 or more UTIs in the last year
4. Taking antibiotic prophylaxis for recurrent UTIs
 |  |  | If YES do not treat and refer due to risk of resistant organisms |
| Duration of symptoms > 7 days? |  |  | If YES, can be considered for treatment with guidance to report to GP |
| Current immunosuppression/treatment? e.g. chemotherapy, long term corticosteroids, other immunosuppressant therapies? |  |  | If YES do not treat and refer |
| Pregnant? |  |  | If YES do not treat and refer urgently (same day) |
| Breast feeding? |  |  | If YES, Can be considered (refer to PGD for criteria) |
| Diabetes |  |  | If YES, Can be considered (refer to PGD for criteria) |
| Confused or dehydrated |  |  |  |
| Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent? |  |  | If YES do not treat and refer to GP/OOH (if eGFR <60ml/min, refer) |
| Known severe liver fibrosis/encephalopathy |  |  | If YES, Can be considered (refer to PGD for criteria) |
| Is the patient on warfarin? |  |  | If YES do not treat and referIf YES do not treat and refer |
| Known haematological abormalities, Porphyria, folate deficiency (which has not been corrected) , glucose-6-phosphate deficiency? |  |  |
| Known electrolyte imbalance? |  |  |
| Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia? |  |  |

## 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** | **Regime** | **Supply method** |
| Nitrofurantoin MR 100mg  | One capsule twice daily x 6 | PGD via UCF |
| Nitrofurantoin 50mg  | One tablet four times a day x 12 |
| Trimethoprim 200mg | One tablet twice daily x 6 |
| Trimethoprim 100mg | Two tablets twice a day x 12 |
| Symptomatic management only | Appropriate analgesia | UCF or OTC or existing supply |

**Patient advice checklist**

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| **Advice** | **Provided (tick as appropriate)** |
| Ensure adequate fluid intake (2L 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. | ☐ |
| Prevention of UTI - Hygiene / toilet habits (do not ‘hold on’ – go to the toilet when you need to) | ☐ |
| 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) | ☐ |
| Symptomatic (use of analgesia) | ☐ |

## Communication

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| **Contact made with** | **Details (include time and method of communication)** |
| Patients regular General Practice (details) |  |

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

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| --- | --- |
| Antibiotic supplied |  |
| Batch number and expiry |  |
| Print name of pharmacist |  |
| Signature of pharmacist |  |

**Appendix 1.**

**NOTE: A renal function assessment is required for all patients being considered for treatment of acute urinary tract infection (UTI) through a Patient Group Direction (PGD)**

Does the patient have:

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

Exclude and refer to GP / OOH

Check most recent eGFR on Clinical Portal/ICE/other available systems

**Contraindication notes:**

**eGFR <60ml/min – Nitrofurantoin contraindicated**

**eGFR <45ml/min – Trimethoprim cannot be supplied via PGD**

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

Is patient excluded via any/all of above contraindications relating to eGFR?

Provided there are no other contra-indications, treatment may be offered:

First line: Trimethoprim (if eGFR is <45ml/min, refer to GP/OOH

Second line: Nitrofurantoin (if eGFR <60ml/min, refer to GP/OOH)

**YES**

**NO**

Exclude and refer to GP / OOH

**YES**

**NO**

**\*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.**