# 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

**CONFIDENTIAL WHEN COMPLETED**

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| --- | --- | --- | --- |
| GP name | Click or tap here to enter text. |  | Pharmacy Stamp |
| 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. |  | Pharmacist name  Click or tap here to enter text. |
| Patient address | Click or tap here to enter text. |  |
| Click or tap here to enter text. |  | GPhC number Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |  | DateClick 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 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. | Consent received |