



Radiology PGD

**Patient Group Direction for the Supply or Administration of
Azithromycin 250mg capsules
to patients undergoing radiological examination of uterus and fallopian
tubes**

**This document authorises the supply of Azithromycin 250mg capsules
by registered nurses to patients attending for Hysterosalpingogram who
meet the criteria for inclusion under the terms of the document**

**The registered nurse seeking to supply Azithromycin 250mg capsules
must ensure that all patients have been screened and meet the criteria
before supply takes place**

**The purpose of this Patient Group Direction is for registered nurses to
administer antibiotic for prophylactic cover for patients attending for
Hysterosalpingogram in the absence of a consultant radiologist**

This direction was authorised on: May 2013

The direction will be reviewed by: May 2015

Clinician Responsible for Training and Review: Fiona McDonald



Patient Group Direction for supply of Azithromycin 250mg capsules without a prescription for a named individual by a registered nurse employed by NHS Borders in Radiology.

1. This Patient Group Direction relates to the following specific preparation:

Name of medicine, strength, formulation	Azithromycin 250mg capsules
Legal status	POM Prescription Only Medicine
Storage	
Dose	4 capsules (1g)
Route/method	Orally
Frequency	Once
Total dose Quantity (Maximum/Minimum)	4 capsules (1g)
Advice to Patients	Read the patient product information leaflet supplied before taking the tablets. Sensitively ensure patient is able to read and understand, if not then cover details verbally. Swallow tablets whole, ideally whilst in the clinic setting.
Relevant Warnings	Avoid direct exposure to sunlight, ultraviolet light and sunbeds as this may cause a rash.

2. Clinical condition

Clinical Condition to be treated	Prophylactic therapy to ensure that pelvic infection does not occur following hysterosalpingogram
Criteria for inclusion	Female patients undergoing hysterosalpingogram. All must have no contraindications in their medical history to the type of antibiotic to be supplied.
Criteria for exclusion	Person under 16 years of age. Known allergy to Azithromycin, or other Macrolide. Known hepatic impairment. Known renal impairment. Known human immunodeficiency virus (HIV) infection. Patient complaining of other symptoms.

	<p>Patient using any drug with a potentially hazardous interaction with Azithromycin.</p> <p>Reservations/concerns by patient about side effects of the antibiotic.</p>
Action if excluded	If the exclusions detailed above (other than pregnancy risk) are present, refer to consultant radiologist or consultant gynaecologist.
Action if declines	<p>Where the health professional requires advice on the management of the problems or feels the patient's management is outside their sphere of competence, support should be sought from an appropriate medical practitioner.</p> <p>If patient refuses antibiotics refer patient to consultant gynecologist for advice. If patient refuses to see doctor document in clinic notes. Do not proceed without advice from a medical practitioner</p>
Interactions with other medicaments and other forms of interaction	<p>Antacids: In patients receiving Azithromycin and antacids, Azithromycin should be taken at least 1 hour before or 2 hours after the antacid.</p> <p>Cyclosporin: In a pharmacokinetic study with healthy volunteers that were administered a 500 mg/day oral dose of azithromycin for 3 days and were then administered a single 10 mg/kg oral dose of cyclosporin, the resulting cyclosporin C_{max} and AUC_{0-5} were found to be significantly elevated (by 24% and 21% respectively), however no significant changes were seen in $AUC_{0-\infty}$. Consequently, caution should be exercised before considering co administration of these two drugs. If co administration is necessary, cyclosporin levels should be monitored and the dose adjusted accordingly.</p> <p>Digoxin: Some of the macrolide antibiotics have been reported to impair the metabolism of digoxin (in the gut) in some patients. Therefore, in patients receiving concomitant Azithromycin and digoxin the possibility of raised digoxin levels should be borne in mind.</p> <p>Ergot derivatives: Because of the theoretical possibility of ergotism, Azithromycin and ergot derivatives should not be co administered.</p> <p>Theophylline: Theophylline levels may be increased in patients taking Azithromycin.</p>

3. Records:- Radiology

1. The following records should be kept (either paper or computer based)

The GP practice, clinic, hospital, and ward or department
The patient name and CHI number
The medicine name and dose, administered
Drug batch number and expiry
The name of the approved healthcare professional who administered the medicine.

2. Preparation, audit trail, data collection and reconciliation:-

Stock balances should be reconcilable with receipts, administration, records and disposals on a patient by patient basis.

3. Storage:- No special storage requirements

4. Professional Responsibility -

- ❖ All Health Professionals will ensure he/she has the relevant training and is competent in all aspects of medication, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate. For those involved in immunization, regular anaphylaxis updates are mandatory.
- ❖ Nurses will have due regard for the NMC Code of Professional Conduct, standards for conduct, performance and ethics (2008) and NMC Standards for Medicines Management (2008)

5. References

- ❖ British National Formulary (BNF) current edition
<http://bnf.org/bnf/index.htm>
- ❖ Borders Joint Formulary (BJF)
http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1

CHECKLIST FOR AZITHROMYCIN 250MG

Nurse should check the following with the patient

	YES	NO
Allergy to antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Any known liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Any known kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Any known heart disease	<input type="checkbox"/>	<input type="checkbox"/>

If any of these are answered with **YES** then check with radiologist before giving the antibiotic

Current medications

Please list these and check against drug interaction list below. If any current medicines are on the interaction list, check with radiologist before giving the antibiotic.

List of current meds:

Drug interaction list:

- **Trisenox**; arsenic trioxide
- **Neoral, Sandimmune** cyclosporine;
- **Orap** pimozide;
- **Prograf** tacrolimus;
- **Theo-Dur, Theolair, Theochron** theophylline;
- **Coumadin, Jantoven** warfarin;
- **Any other antibiotic,**
- **Any antidepressants**
- **Any anti-malaria medications**
- **Any cholesterol-lowering medicines**
- **Medicine to prevent or treat nausea and vomiting**
- **Migraine headache medicine**
- **Sedative or tranquiliser medication,**
- **Seizure medicine**

Advise the patient:

To swallow the tablets whole

Not to take any antacids for at least two hours after taking the tablets as this affects the absorption of the medicine

Avoid sunbathing or using sunbeds for a few days as the medicine makes the skin more sensitive to and sunburn may occur

AZITHROMYCIN 250MG Batch no.

Checked by _____ Given by _____ Date _____