Patient Group Direction for the supply of Trimethoprim 200mg tablets to patients of Out of Hours/Minor Injury Units/Emergency Department receiving treatment from NHS Borders.

This document authorises the supply of Trimethoprim 200mg tablets by registered nursing staff to patients who meet the criteria for inclusion under the terms of the document at Out of Hours/Minor Injury Units/ Emergency Department

The registered nurse seeking to supply Trimethoprim 200mg tablets must ensure that all clients have been screened and meet the criteria before supply takes place

The purpose of this Patient Group Direction is to allow management of acute uncomplicated urinary tract infection (UTI) in non-pregnant females over 16 years and under 65 years of age, in NHS Borders by registered nurses

PGD previously approved: 1st November 2004

This direction was authorised on: April 2013

The direction will be reviewed by: April 2015

Clinician Responsible for Training and Review: Emergency Department Consultant/Clinical Lead BECS

PGD Reviewed by: Dr Jacques Kerr, ED Consultant.

Patient Group Direction for administration of Trimethoprim 200mg tablets without a prescription for a named individual by registered nurses employed by NHS Borders.

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

Name of medicine, strength, formulation	Trimethoprim 200mg tablets
Legal status	POM Prescription Only Medicine
Storage	(as per manufacturers instructions)
Dose	200mg
Route/method	Oral Tablets
Frequency	Twice a day (12 hourly) for 3 days
Total dose Quantity (Maximum/Minimum)	Total daily dose: 400mg in divided doses Total supply: 6 Tablets
Advice to Patients	• Discuss contents of the patient information leaflet, explaining the importance of regular administration and course completion • If inadequate symptom relief after 3 days, see GP or if side-effects occur • If on combined oral contraception, no additional contraceptive precautions are required unless vomiting or diarrhoea occur. (See reference section for Faculty of Reproductive and sexual healthcare guidance - Jan 2011). • Patients taking Warfarin are not excluded but should be advised to have their INR checked by their G.P. • Taking an over-the-counter potassium citrate product may reduce 'burning' on passing urine, e.g. Potassium citrate mixture, Cystopurin sachets. Sodium citrate products (Canesten oasis, Care Cystitis relief and

	Cymalon) are less suitable for those on a low sodium diet. • Drink adequate fluid • Paracetamol may relieve dysuric pain but if flank pain develops contact GP • Inform patient that about half of women with cystitis will be free of symptoms within 3 days even if they take no treatment • Consider sexual history and possible STD and advise attendance at GUM clinic if appropriate.
Relevant Warnings	Nausea/vomiting, pruritis, rashes hyperkalaemia, depression of haematopoesis, photosensitivity.
Follow up Arrangements	See SIGN 88 guideline, (Appendix 1)

2. Clinical condition:

Clinical Condition to be treated	Acute uncomplicated urinary tract infection (UTI) in non-pregnant females over 16 years and under 65 years of age
Criteria for inclusion	UTI diagnosed by following SIGN 88 flow chart guidance see **Appendix 1.**
Criteria for exclusion	• Males • Girls under 16 • Women aged 65 or over • Diabetics • Recurrent UTI (3 or more in previous 12 months) • Allergy to/or previous adverse effects from Trimethoprim • Fever present, or systemically unwell • Significant flank pain • Confused or dehydrated • Patients already taking antibiotic prophylaxis for recurrent UTI, e.g. Trimethoprim • Pregnancy • Patients with renal impairment • Patients with known haematological abnormalities. • Patients with porphyria/folate deficiency • Patients taking any drugs which interact – see current BNF Appendix 1. Key drugs of high significance are:

	Amiodarone, Azathiprine, Ciclosporin, Digoxin, Eplenerone, Mercaptopurine, Methotrexate, Phenytoin, Pyrimethamine (anti-malarial), Rifampicin, Repaglinide, Lamivudine
Action if excluded	Refer for medical advice and document
Action if declines	Document refusal and advise alternative treatment source.
Interactions with other medicaments and other forms of interaction	Amiodarone, Azathioprine, Ciclosporin, Digoxin, Eplenerone, Mercaptopurine, Methotrexate, Phenytoin, Pyrimethamine (anti-malarial), Rifampicin, Repaglinide, Lamivudine + others of less significance in current BNF, Appendix 1.

3. Documentation/Record keeping.

a) 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, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered
Drug batch number and expiry
The signature and printed name of the healthcare professional who supplied or administered the medicine
The patient group direction title and/or number
Whether patient met the inclusion criteria and whether the exclusion criteria were assessed
Quantity supplied / received and current stock balance

b) Preparation, audit trail, data collection and reconciliation-

Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient by patient basis.

c) Storage- As per manufacturers' instructions

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 'The Code' (2008) and NMC Standards for Medicines Management (2007)

5. Sources of Evidence used for the PGD creation should be stated.

- Sign 88 – Management of suspected bacterial urinary tract infection in adults at:http://www.sign.ac.uk/pdf/sign88.pdf (Appendix 1.)

- Faculty of Reproductive and sexual healthcare guidance - Jan 2011

- British National Formulary (BNF) current edition
  http://bnf.org/bnf/index.htm

- British National Formulary (BNF) Children edition
  http://bnfc.org/bnfc/bnfc/current/

- Borders Joint Formulary (BJF)
  http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1

- Trimethoprim SPC, found at:
  http://www.medicines.org.uk/EMC/medicine/23271/SPC/Trimethoprim+200+mg+tablets/

Patient Group Direction for the supply of Trimethoprim 200mg Tablets by health professionals employed by NHS Borders

This Patient Group Direction is approved for use by the under-signed :			
Job Title	**Name**	**Signed**	**Date**
Senior Doctor/Dentist for relevant clinical area	Sheena MacDonald		27/2/14
NHS Borders Director of Pharmacy	Alison Wilson		5/3/14
NHS Borders Senior Health Professional for Clinical Area	Evelyn Fleck	EFleck	28/2/14
NHS Borders Consultant Microbiologist	Edward James		12/3/14

PGD AUTHORISED ON 19/3/14
Signed by ADTC CHAIRPERSON: .....
Name: ...Karen McNicoll.....

The Health Professionals named below, being employees of NHS Borders are authorised to supply this medication under this Patient Group Direction and agree to supply this medication in accordance with this Patient Group Direction

Name of Health Professional	Job Title	Signed	Date

Appendix 1. Flow Chart from SIGN 88 Guideline.

Annex 1