2020 Nitrofurantoin PGD to treat uncomplicated UTI (females 16-64 yrs) - proforma for use in case of IT failure

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: The service is only available to females who are registered with a GP in the East or West Midlands

Inclusion Criteria

Women aged 16yrs to up to 65 years (ie must be 16-64yrs) with 3 of the listed symptoms:

Dysuria		Urinary frequency / urgency		Lower abdominal pain	
Blood in urine (haematuria)		Polyuria			

Patients may also have suprapubic pain, cloudy or foul smelling urine.
Vaginal discharge reduces the likelihood of the woman having a bacterial UTI.

Use of Dipsticks – this is not a diagnostic indicator alone. Use dipstick only if necessary.

Women aged 16-64 yrs with 2 or less of the inclusion criteria symptoms:

If a female presents with one or two inclusion criteria symptoms they can only be treated if there is a strong possibility of UTI when tested with a dipstick. - **A nitrite and/or leucocytes dipstick must be positive.**

Dipstick Results (where used)

Positive nitrite (+/- leucocyte, +/- protein) = Probable UTI		Negative nitrite (+ leucocyte) = Possible UTI	
Negative nitrite and leucocyte (+ protein) = Unlikely UTI		All dipstick tests negative = UTI very unlikely	

General Advice on UTIs to be given to all females taking part in the service.

To support the worldwide drive to reduce antibiotic usage please inform clients that about half of women will be free from symptoms within 3 days even with no treatment *(If client decides to delay treatment, you will still be paid for completing the consultation)*			
Drink plenty of fluid – 3L per day.			
Avoid caffeine containing & alcoholic drinks		Try to empty bladder when urinating	
May be precipitated by fragranced products		Importance of personal hygiene	
Paracetamol / ibuprofen for pain/discomfort		Cranberry juice & alkalizing prods – no evidence	
To prevent the recurrence of UTI the following measures can help - Maintain an adequate fluid intake. Ensure the bladder is fully emptied. Empty bladder after sexual intercourse			

Exclusion Criteria (service for females age 16yrs to up to 65 years of age only)

Male		Elderly patients with confusion suggestive of UTI	
Patients aged under 16 years / 65 years and over		Known hypersensitivity to Nitrofurantoin	
Patients with back or loin pain and pyrexia, consider Pyelonephritis- refer to immediately (other possible symptoms include chills, nausea, vomiting, headache, rigors)		Concomitant use of medication that has a clinically significant interaction with Nitrofurantoin. For a comprehensive list of interactions, please refer to SPC or BNF	
Recurrent UTI treated with antibiotics within previous 4 weeks		More than two episodes of UTI treated under this PGD within previous 12 months	
Catheterised patients		Haematuria only	
Blood dyscrasias (G6PD deficiency specifically)		Pregnancy or Breastfeeding	
Renal Impairment (eGFR <45ml/min)		Pulmonary disease	
Peripheral neuropathy		History of kidney stones / renal colic	
Refused consent		Acute porphyria	

Referral Information

If patient is excluded refer to GP for advice and treatment and also advise on support for self-care if appropriate.
A copy of this form may be used as a referral form if the pharmacist wishes. If the patient has been referred to the pharmacy service via a Care Navigation Pathway and is symptomatic, but is excluded under the PGD, the pharmacist must make all reasonable attempts to contact the patients GP practice to arrange for an appointment.

Medication Supply under PGD

In order for medication to be supplied the patient must give consent for information to be shared with their GP. The PharmOutcomes system will automatically inform the patients GP practice. If the practice cannot receive notifications the PharmOutcomes system will advise you to send info by another suitable method (consider GDPR)

Nitrofurantoin MR 100mg capsules twice daily for 3 days OR Nitrofurantoin 50mg tablets four times a day for 3 days. Should be taken with food. Label must state "Supplied under PGD"

Preparation supplied:	100mg S/R capsules (x 6) – FIRST LINE	
	50mg tablets (x12) – SECOND LINE	

Nitrofurantoin suspension may NOT be supplied under this service

The following advice MUST be given on every supply. (More comprehensive list of cautions + side effects in SPC)

Patient information leaflet given and discussed as necessary	
Nitrofurantoin may cause dizziness and drowsiness. Patients should be advised not to drive or operate machinery if affected until such symptoms stop.	
Discolouration of the urine to yellow or brown is common.	
Take all preparations with food to minimise GI effects and complete the course.	
Take the MR capsules regularly at 12 hourly intervals. Take the tablets regularly at approx. 6 hourly intervals	
Possible side effects GI disturbances (nausea, vomiting) Pruritis. Skin rashes. Abdominal pain + diarrhoea	
Severe adverse reactions are rare, but there have been reports of the following effects; Acute pulmonary reactions; Neurological effects including peripheral neuropathy; Severe allergic skin reactions including erythema multiforme; Haematological effects which are generally reversible on cessation of treatment.	
Report adverse reactions to pharmacy	
Advise clients to see GP if condition not improved after 3 days or if UTI becomes a recurring problem	
To prevent the recurrence of UTI the following measures can help - Maintain an adequate fluid intake. Ensure the bladder is fully emptied. Empty bladder after sexual intercourse	

Final Checklist. Complete all sections.

Consultation Outcome:

Patient excluded from PGD supply. Referred to GP		Consultation completed and patient has decided to defer antibiotic treatment		Supply made under PGD	

Where a supply was made, the following must also be completed:

PMR entry completed		Nitrofurantoin labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed?			

Please note: Exemption forms should be retained in the pharmacy in case requested by NHS England & Improvement.
For consultations carried out without a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

Client's Signature:	**Date:**

Pharmacists Name:	**GPhC number:**	**Signature:**	**Date:**