Patient Group Direction for antibiotic treatment of acute Urinary Tract Infection (UTI) in adult women (16-65 years): Patient assessment form

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: (16-65 years inclusive only)**	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)

Patient symptoms and related appropriate actions

Symptom assessment	Yes	No	Actions
Frank haematuria (blood in urine)			If YES do not treat and refer. Other more serious causes require to be excluded.
Vaginal discharge or irritation			If this is present treatment must **not** be offered as presence of vaginal symptoms reduces the likelihood of UTI to about 20%.
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

Clinical features	Yes	No	Actions
Do symptoms suggest upper UTI (these may include loin pain, fever $\geq$ 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? ($\geq$2 episodes in last 6 months or $\geq$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 within the last 28 days?			If YES do not treat and refer due to risk of resistant organisms

Duration of symptoms ≥ 7 days?			If YES do not treat and refer
Is the patient immunocompromised? e.g. auto-immune disease, chemotherapy, immunosuppressant medication or HIV positive?			If YES do not treat and refer
Pregnant?			If YES do not treat and refer urgently (same day)
Breast feeding?			If YES do not treat and refer
Diabetes?			
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 (if eGFR <60ml/min, refer)
Is the patient on warfarin?			If YES do not treat and refer
Known haematological abnormalities, porphyria, folate deficiency, glucose-6-phosphate deficiency?			
Known electrolyte imbalance?			
Known hepatic insufficiency?			If YES do not treat and refer
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).

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

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

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)	☐

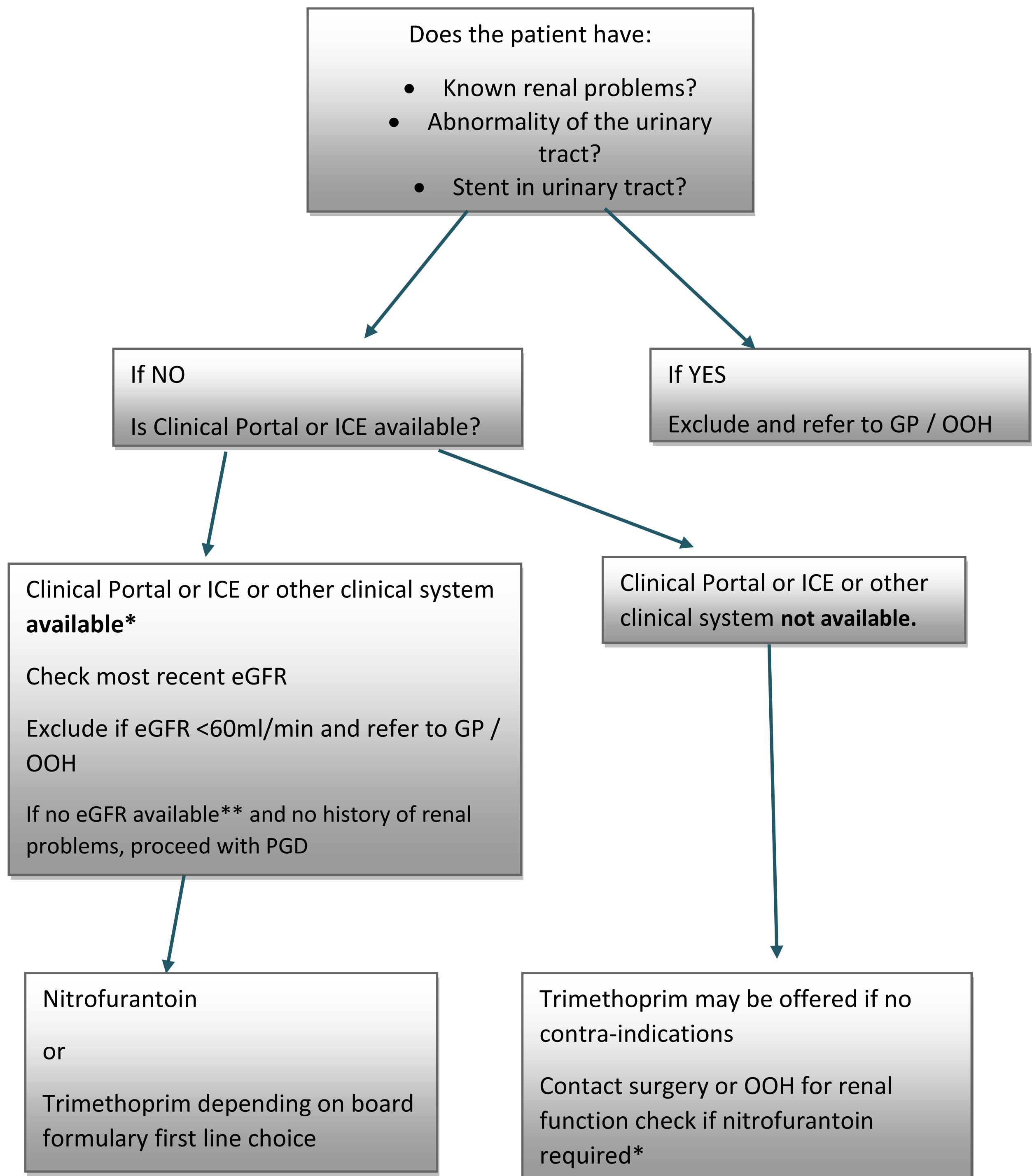
Communication

Contact made with	Details (include time and method of communication)
Patients regular General Practice (details)	Click or tap here to enter text.

Details of antibiotic supplied and pharmacist supplying under the PGD

Antibiotic supplied	
Batch number and expiry	
Print name of pharmacist	
Signature of pharmacist	
GPhC registration details	

Appendix 1.
For boards using nitrofurantoin a renal function assessment is required.



*eGFR must be >60ml/min for use of the nitrofurantoin PGD
**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.