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

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| **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

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| **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) |  |  | If severe or 2 or more symptoms present consider treatment |
| Symptom of frequency (needing to pass urine more often than usual) |  |  | If severe or 2 or more symptoms present consider treatment |
| Symptom of suprapubic tenderness (pain/tenderness in lower abdomen) |  |  | If severe or 2 or more symptoms present consider treatment |
| Symptom of urgency (little warning of the need to pass urine) |  |  | If severe or 2 or more symptoms present consider treatment |

## Patient clinical picture and related appropriate actions

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| **Clinical features** | **Yes** | **No** | **Actions** |
| Do symptoms suggest upper UTI (these may include loin pain, fever > 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? (>2 episodes in last 6 months or >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 referIf YES do not treat and refer |
| Known haematological abnormalities, porphyria, folate deficiency, glucose-6-phosphate deficiency? |  |  |
| Known electrolyte imbalance? |  |  |
| Known hepatic insufficiency? |  |  |
| 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).

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| **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**

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| **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**

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| **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

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| --- | --- |
| 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.

Does the patient have:

* Known renal problems?
* Abnormality of the urinary tract?
* Stent in urinary tract?

If YES

Exclude and refer to GP / OOH

If NO

Is Clinical Portal or ICE available?

Clinical Portal or ICE or other clinical system **available\***

Check most recent eGFR

Exclude if eGFR <60ml/min and refer to GP / OOH

If no eGFR available\*\* and no history of renal problems, proceed with PGD

Clinical Portal or ICE or other clinical system **not available.**

Trimethoprim may be offered if no contra-indications

Contact surgery or OOH for renal function check if nitrofurantoin required\*

Nitrofurantoin

or

Trimethoprim depending on board formulary first line choice

\*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.