

## Nitrofurantoin PGD to treat uncomplicated UTI (females from 16yrs to under 65yrs)

|             |  |                            |  |
|-------------|--|----------------------------|--|
| Date        |  | Patient Name and DOB       |  |
| GP Practice |  | Address including Postcode |  |

Please note: This service is intended for residents of NHSE&I Midlands Region registered with a GP in the region but it may now be offered to temporary residents who have a GP in England and who are staying in the region.

**Important:** When delivering this service to a temporary resident you **MUST** enter details of their regular GP practice and their home address to ensure that any notification sent to their GP will tie in with their Patient Records

**Note:** this service is not intended to be delivered to patients who live outside the area and are only visiting for the day or reside just over the Midlands borders.

**Was this patient referred to you for this service?**

|    |                         |                                    |                    |
|----|-------------------------|------------------------------------|--------------------|
| No | Yes, referred by NHS111 | Yes, referred by their GP practice | Other please note: |
|----|-------------------------|------------------------------------|--------------------|

### Guidance

You may wish to print the handy which shows the diagnostic and treatment decision tree and may help you in delivering this UTI service. Produced by PHE and endorsed by NICE, this flowchart is the basis for the PGD for this service. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755890/PHE\\_UTI\\_flowchart - Under 65 women.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755890/PHE_UTI_flowchart_-_Under_65_women.pdf)

### Inclusion Criteria

The PGD includes any otherwise healthy, non-pregnant women aged 16 to 64 years of age presenting with ANY of the 3 key diagnostic signs **OR** ANY of the other severe urinary symptoms below

**Patient presents with two or more of the 3 key diagnostic signs or other severe urinary symptoms of UTI do NOT require dipstick testing to treat.**

**Women aged 16yrs to under 65 years – key diagnostic signs:**

|   |   |                               |
|---|---|-------------------------------|
| Dysuria (burning pain when passing urine) | New nocturia (passing urine more often than usual at night) | Urine cloudy to the naked eye |
|---|---|-------------------------------|

**Women aged 16yrs to under 65 years – severe urinary symptoms:**

|                                      |                             |                       |
|--------------------------------------|-----------------------------|-----------------------|
| Visible haematuria. (blood in urine) | Urinary urgency / frequency | Suprapubic tenderness |
|--------------------------------------|-----------------------------|-----------------------|

### When to use Dipsticks

Only use dipstick test to guide treatment decisions in otherwise healthy, non-pregnant women presenting with **ONLY ONE** of the 3 key diagnostic signs or other severe urinary symptoms of UTI

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

**Women aged 16yrs to under 65 years with only one of key diagnostic sign OR severe urinary symptoms:**

These patients 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.

|  |  |
|--|--|
| <b>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</b><br><i>(If client decides to delay treatment, you will still be paid for completing the consultation)</i> |  |
| 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 under 65 years only)

|   |   |  |
|---|---|--|
| Male  | Elderly patients with confusion suggestive of UTI   |  |
| Female under 16 years of age  | Female aged 65 years and over   |  |
| Individual has complicated UTI (associated with a structural / functional abnormality)  | Current or recent fever within the past 48 hours  |  |
| Pregnancy / suspected pregnancy   | Breastfeeding   |  |
| Concomitant use of medication that has a clinically significant interaction with Nitrofurantoin.<br>For a comprehensive list of interactions, please refer to SPC or BNF  | Patients with back or loin pain and pyrexia, consider Pyelonephritis- refer to immediately (other possible symptoms include chills, nausea, vomiting, headache, rigors) <b>-refer immediately to Primary Care Clinician or Urgent Care if suspected</b> |  |
| Elderly patients with confusion suggestive of UTI   | Known hypersensitivity to Nitrofurantoin or excipients  |  |
| Exclude vaginal and urethral cause of urinary symptoms<br>- vaginal discharge<br>- urethritis<br>- exclude STIs<br>- genitourinary syndrome of menopause (vulvo-vaginal atrophy)  | Treatment for UTI with any antimicrobial in the past 3 months   |  |
| Individuals already taking prophylactic antibiotics for UTI   | Recurrent UTI (more than 2 episodes in 6 months or 3 episodes in 12 months)   |  |
| More than two episodes of UTI treated under this PGD within previous 12 months  | Known previous nitrofurantoin resistant UTI (check SCR or self-reported by patient if SCR not available)  |  |
| Catheterised patients   | Known blood dyscrasias (G6PD deficiency specifically)   |  |
| Known acute porphyria   | Known anaemia   |  |
| Known diabetes mellitus (Type 1 or 2)   | Known folate deficiency   |  |
| Known vitamin B deficiency  | Known electrolyte imbalance   |  |
| Suspected malignancy (gynaecological or urological cancers may result in urinary symptoms) – suspect if weight loss, unexplained bleeding, persistent or frequent abdominal pain, new lumps – refer to primary care clinician | Known moderate / severe renal impairment (eGFR <45ml/min)   |  |
| Known pulmonary disease   | Known peripheral neuropathy   |  |
| History of kidney stones / renal colic  | Patients who cannot swallow tablets or capsules   |  |
| Hospitalisation in a foreign country within last 3 months   | UK hospitalisation for over 7 days in last 6 months   |  |
| Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine   | Immunocompromised complex multiple morbidities  |  |

#### Referral Information

If patient is excluded refer to Primary Care Clinician 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  |  |

Cont overleaf

**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.

**7 Day follow up questions:**

| Where was follow-up carried out?  | In pharmacy | By telephone |           | Unable to follow up |            |
|---|-------------|--------------|-----------|---------------------|------------|
| How are you feeling today compared to 7 days ago?   | Much better | Better       | Same      | Worse               | Much worse |
| Did you follow the advice given by the pharmacist   |             |              |           |                     |            |
| Have you taken the medication advised by the pharmacist?  |             |              |           |                     |            |
| Have you taken the antibiotics provided by the pharmacist?  |             |              |           |                     |            |
| If you needed to come back to collect deferred antibiotics, how long did you wait?  |             |              |           |                     |            |
| Have you contacted your GP or any other Health Care Professional since seeing me 7 days ago? If yes, who did you contact?   |             |              |           |                     |            |
| If the answer to the above question is yes, please briefly explain why  |             |              |           |                     |            |
| If patient was <b>lost to follow up</b> you need to log your 3 contact attempts – must be on different days/ at different times. If you are open over weekend one attempt should be sat/sun and one attempt must be evening (as late as practical during your normal opening hours) | Attempt 1   | Attempt 2    | Attempt 3 |                     |            |

Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within one working day of the consultation and one working day of follow up conversation

[www.pharmoutcomes.org](http://www.pharmoutcomes.org)

|                     |       |
|---------------------|-------|
| Client's Signature: | Date: |
|---------------------|-------|

|                   |              |            |       |
|-------------------|--------------|------------|-------|
| Pharmacists Name: | GPhC number: | Signature: | Date: |
|-------------------|--------------|------------|-------|