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| This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date signed version of the PGD should be used. |

**PATIENT GROUP DIRECTION (PGD)**

**For administration/supply by Pharmacists of Trimethoprim 200mg Tablets**

**for the treatment of uncomplicated urinary tract infections (UTI) in non-pregnant women on the Isle of Wight**

Version Number 5.0

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| **Change History** | |
| **Version and Date** | **Change details** |
| 2.1  June 2015 | Expiration of previous version – update and reformatting in new template |
| 2.2  August 2015 | Changes suggested by CEC and LPC |
| 3.0  February 2018 | Review |
| 4.0  January 2020 | Review |
| 5.0  July 2022 | Updated to new National PGD template and review for inclusion of changes suggested by NHS England to prevent antimicrobial resistance (AMR)  Changes:   * “Non-pregnant” added to the PGD title for clarity * Registered, trained, and authorised community pharmacists and locum pharmacists removed from the PGD title * Add the requirement of 2 or more symptoms of uncomplicated UTI (as 1 single symptom indicates self-care) * Cloudy urine added to symptoms of uncomplicated UTI * Exclusion added: the establishment is unable to provide a confidential consultation added * Exclusion added: refuses to information sharing via PharmOutcomes® * Exclusion added: One single symptom of UTI when self-care advice and pain relief should be provided. * Altered mental state and skin rash added to signs of complicated UTI * Clarification of age limits as female of 16 or 65 were both included and at the same time excluded in prior PGD version * Specific information for suspected UTI added, including Natural history of illness, non-antibiotic management strategies and safety-netting * Biologicals added to the list of drugs that indicate the need to contact GP services to request FBC * Added requirement for follow-up phone call after 5-7 days |

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A).

The most recent and in date final signed as approved version of the PGD must be used.

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| Date PGD comes into effect: | June 2015 |
| Review date | July 2022 |
| Expiry date: | July 2024 |

**PGD DEVELOPMENT GROUP**

The template for this PGD has been peer reviewed by the Antimicrobial PGDs Short Life Working Group in accordance with their Terms of Reference and approved by the NHSE AMR Programme Board

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| **Name** | **Designation** |
| Caroline Allen | Lead author 2020  Former Deputy Head of Medicines Management, IOW Trust |
| Mel Stevens | Review 2020  Clinical Pharmacist. Antimicrobial Pharmacist, IOW Trust |
| Maria Medina | Review and update 2022.  Medicines Optimisation Pharmacist. HIOW Integrated Care Board |
| Beth Shaw | Review 2022.  Medicines Optimisation Pharmacist. HIOW Integrated Care Board |
| Alison Freemantle | Reviewed 2022.  Pharmacist, Community Pharmacy South Central |
| Samantha Truscott | Reviewed 2022  Hampshire and Isle of Wight, chair of AMS committee |

**This PGD is not legally valid until it has had the relevant organisational approval - see below**

**ORGANISATIONAL AUTHORIZATIONS**

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| **Name** |  | **Signature** | **Date** |
| **Senior doctor** | Dr. Adam Poole  HIOW Integrated Care Board  GP Prescribing Lead |  | 07/07/22 |
| **Senior pharmacist** | Janna Whelan  HIOW Integrated Care Board Deputy Head of Medicines Management for the Isle of Wight |  | 12/07/22 |
| **Specialist in antimicrobial therapy** | Samantha Truscott  Locality Lead Pharmacist and AMS sub-group chair HIOW ICB |  | 12/07/22 |
| **Person signing on behalf of** [**authorising body**](http://publications.nice.org.uk/patient-group-directions-gpg2/appendix-a-glossary#authorising-body) | Tracy Savage  HIOW Integrated Care Board Locality Director and Head of Medicines Optimisation and Primary Care for the Isle of Wight |  | 12/07/22 |

**This PGD is not legally valid until it has had the relevant organisational approval to ensure compliance with PGD legislation and National Medicine Practice Guidance MPG2 (**[**NICE MPG2 PGD 2017**](https://www.nice.org.uk/Guidance/MPG2)**)**

**To meet legal requirements, organisations providing trimethoprim under this PGD service must have the list of authorized practitioners able to do so – See Appendix A**

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| **Characteristics of staff** | |
| **Qualifications and professional registration** | Pharmacist registered with the General Pharmaceutical Council (GPhC), who   * Is currently contracted for employment with an NHS organisation or NHS commissioned service. * Has undertaken the appropriate training and competency assessments (see relevant sections below) * Has their accreditation registered on PharmOutcomes®.   There will be a 3-month grace period after PharmOutcomes® registration to complete this or access/claiming will be denied.  To access the Pharmacist Register visit <https://www.pharmacyregulation.org/registers/pharmacist> |
| 1. **Initial training** | Registered Pharmacists authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the condition listed in this PGD in accordance with local policy.  The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults as well as completed relevant local infection prevention and control and antimicrobial stewardship training.  Other local training requirements are specified in the Commissioner Service Specification Document available at <https://www.cpsc.org.uk/professionals/forms-contacts/isle-wight> and are summarised below:  **College of Pharmacy Postgraduate Education (CPPE) distance learning:**   * CPPE distance learning pack ‘Common clinical conditions and minor ailment: distance learning’ (8hrs)   <https://www.cppe.ac.uk/programmes/l?t=RespMin-P-03&evid=45133>   * CPPE learning assessment ‘Minor Ailments; a clinical approach (2022)   <https://www.cppe.ac.uk/programmes/l/minor2-a-12/>  **Be familiar with the relevant NICE Guidance:**   * NICE CKS Urinary Tract Infection (lower) –women <https://cks.nice.org.uk/urinary-tract-infection-lower-women> * Treatment for women with lower UTI who are not pregnant: <https://www.nice.org.uk/guidance/ng109/chapter/Recommendations#treatment-for-women-with-lower-uti-who-are-not-pregnant>   **Be familiar with the** l**egal and professional aspects of PGD administration and the supply of medicines for Pharmacists:**   * GPhC Standards for Pharmacy Professionals <https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017.pdf> * Medicine, Ethics and Practice: Royal Pharmaceutical Society (RPS) <https://www.rpharms.com/publications/the-mep> |
| **Competency assessment** | * Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for the recognition and management of uncomplicated urinary tract infections (UTI) in non-pregnant women. * Individuals operating under this PGD should be aware of the national guidance for public health management of uncomplicated urinary tract infections (UTI) in non-pregnant women in the UK. * Staff operating under this PGD are encouraged to review their competency using the [NICE Competency Framework for health professionals using patient group directions](https://www.nice.org.uk/guidance/mpg2/resources) * Staff operating under this PGD should follow their own risk assessments if they have allergies or sensitivities to any of the treatments included in the PGD.   **Self-declaration of competence:**   1. Pharmacists can self-declare their competence for Minor ailments – which includes Consultation skills, Common Clinical Conditions and Minor Ailments via the CPPE platform: <https://www.cppe.ac.uk/services/declaration-of-competence#navTop> 2. Pharmacists must self-declare their competence for the recognition and management of uncomplicated urinary tract infections (UTI) in non-pregnant women via **PharmOutcomes®**. |
| **Ongoing training and competency** | * Pharmacists operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. * Organisational PGD and/or medication training as required by employing Trust/organisation. |
| The decision to administer/supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.  refer to the Commissioner Service Specification Document available at <https://www.cpsc.org.uk/professionals/forms-contacts/isle-wight> | |

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| **Clinical condition or situation to which this PGD applies** | |
| **Clinical condition or situation to which this PGD applies** | Uncomplicated urinary tract infections in non-pregnant women with low risk of resistance to trimethoprim that present severe or 2 or more symptoms of uncomplicated urinary tract infection (UTI) and Nitrofurantoin (first line) is not appropriate.  Refer to the PGD for the administration of nitrofurantoin capsules for all other cases that fall under the exclusion criteria.. |
| **Criteria for inclusion**  Evidence shows if dysuria and increased frequency are present the likelihood of being a UTI is >90%  73% of women with two of dysuria, cloudy urine or nocturia will have a UTI and empirical antibiotics are reasonable  Women with only one symptom of dysuria, cloudy urine or nocturia but other severe urinary symptoms will benefit from having a urine dipstick | **Eligibility criteria:**   * Female * Aged between 16 and 64 * Not pregnant or breastfeeding * No catheter or complications * Presents with 2 or more symptoms of uncomplicated urinary tract infection (UTI) listed below:   + Dysuria   + Increased urinary frequency   + Urgency of recent onset   + Suprapubic pain   + Nocturia of recent onset   + Cloudy urine * Nitrofurantoin is not appropriate or contraindicated (See SCAN guidelines) [Uncomplicated UTI in Non-Pregnant Women (microguide.global)](https://viewer.microguide.global/SCAN/SCAN#content,76dd6f46-e50c-4a9b-ac53-a6b171323561) * Low risk of resistance   + Living in the community - not residential care   + Has not taken Trimethoprim in the preceding 3 months * Presents in the pharmacy or is contactable by telephone and can provide information regarding their symptoms.   Patients must consent to sharing their details and the consultation with their registered GP. The consent can be verbal and will be recorded on PharmOutcomes® as part of the consultation process. |
| **Criteria for exclusion**  Treat as complex patients and refer to 111/GP. | Trimethoprim cannot be provided under this PGD if the establishment is unable to provide a confidential consultation as per detailed in the Commissioner Service Specifications available at[HIOW PGDs and Service Specifications website](https://www.hampshiresouthamptonandisleofwightccg.nhs.uk/aboutus/medicines-optimisation?view=article&id=279&catid=13)  **Individuals who do meet eligibility criteria:**   * Male * Aged 15 years or under * Aged 65 years or over * Pregnant or possible pregnancy * Breast feeding * Lives in a residential care facility * Refuses, does not consent to treatment or information sharing via PharmOutcomes® * One single symptom of UTI when self-care advice and pain relief should be provided. * Presents any signs of complicated UTI, increased risk of resistance to trimethoprim or trimethoprim is contraindicated.   **Signs of complicated UTI:**   * Symptoms of pyelonephritis i.e., fever, flank pain, chills, nausea/ vomiting, rigors, loin or abdominal pains/ tenderness and headache * Altered mental state * Unresolving urinary symptoms * Vaginal discharge, itch or skin rash * Haematuria (unless menstruating~~)~~ * Known renal impairment or acute kidney injury * Indwelling catheter * Urological abnormalities or previous surgery involving the lower urinary trac * Suspected sepsis – follow national and regional guidance for identifying sepsis   **Increased risk of Trimethoprim antibiotic resistance:**   * Current prophylactic use of trimethoprim * Currently taking a prescribed antibiotic * Has taken Trimethoprim in the preceding 3 months * Recurrent UTI - a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months. * Previous known UTI resistant to antibiotics * Hospitalisation for >7 days in the last 6 months * Recent travel to a country with increased antibiotic resistance rates   **Sensitivity:**   * Known hypersensitivity to trimethoprim, or to any ingredient of the trimethoprim product being supplied   **Contraindications/Special precautions**: Require referral to 111 or GP services   * Known hypersensitivity to trimethoprim, or to any ingredient of the trimethoprim product being supplied   *(N.B. if not contraindicated for nitrofurantoin, then consider switching to alternate PGD)*   * Blood dyscrasias * Pregnancy * Severe hepatic insufficiency * Galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption * Acute porphyria * Patients at risk of hyperkalaemia * Patients with actual or potential folate deficiency   Be aware that an updated list of contraindications/special precautions may be available at the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk)  **Drug Interactions:**   * Patients currently taking any of the following medicines are at risk of a severe interaction and require referral to GP or 111 service.   + Acenocoumarol   + Aciclovir   + Amiloride   + Azathioprine   + Concomitant cephalosporins   + Celecoxib   + Ciclosporin   + Colistimethate   + Dapsone   + Digoxin   + Eplerenone   + Mercaptopurine   + Methotrexate   + NSAIDs   + Pyrimethamine   + Warfarin   + Ciclosporin   + Repaglinide: unless appropriate hypoglycaemic effect advise can be provided   This list is not exhaustive. If in doubt of interactions, please refer to the BNF interactions checker for identification of individual interacting drugs:  [**https://bnf.nice.org.uk/interaction/trimethoprim-2.html**](https://bnf.nice.org.uk/interaction/trimethoprim-2.html)  A full/updated list of interactions is also available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk) |
| **Cautions including any relevant action to be taken** | Patients taking direct anticoagulants with haematuria should be investigated and will be referred to their GP. This may not prevent the provision of trimethoprim for uncomplicated UTI as anticoagulants are more likely to provoke, rather than be the cause of haematuria. |
| **Specific information for suspected infection to be provided** | **Inform the patient of the natural history of a UTI:**   * **Mild UTI presenting with one or no symptoms** (detected via dipstick) usually last 5-7 days and can be managed with non-antibiotic management strategies.   In this case, a delayed antibiotic may be considered if symptoms get worse or do not improve after 48 hours of self-care.   * **Moderate uncomplicated UTI presenting two or more symptoms** usually last 4- 5 days, this can be reduced to 3-4 days if an appropriate antibiotic is taken.   **Inform the patient of non-antibiotic management strategies that should be considered.**   * Ensure appropriate hydration. Aiming to drink 6 to 8 glasses of water (2 litres) each day for 3-5 days. * Avoid alcohol, fizzy drinks or caffeine that can irritate bladder. * Unless contraindicated, consider taking paracetamol or ibuprofen at regular intervals for pain relief. * A hot water bottle may help to relieve abdominal discomfort. * There is currently no evidence to support taking cranberry products to improve UTI symptoms, but they may be of benefit in preventing recurrent UTIs * There is currently no evidence to support taking cystitis sachets containing alkalinising products, but patients wishing to try this should be aware that   + Products containing sodium are contraindicated in hypertension   + Products containing potassium should be avoided in patients with hyperkalaemia, renal or cardiac impairment or patients taking potassium sparing diuretics, ACE inhibitors or aldosterone antagonists.   **Provide safety-netting advice:**  That includes instructions about what to do if their condition deteriorates and how to recognise deterioration or sepsis.  Patients should urgently report any possible signs of serious infection, such as:   * Shivering, chills and muscle pain. * Confusion of drowsiness. * Not passing urine all day. * Vomiting * Haematuria (blood in the urine). * Temperature above 38oC or less than 36oC (centigrades) * Kidney pain * Pain under the ribs. * The symptoms get worse. * Symptoms do not start improving within 48 hours of self-care in mild UTI or taking antibiotics in moderate UTI   Advise patients to phone 111 if unsure of how urgent their symptoms are.  **Print and provide the patient with a copy of the** [**TARGET UTI LEAFLET (rcgp.org.uk)**](https://elearning.rcgp.org.uk/pluginfile.php/172235/mod_book/chapter/465/TYI-UTI%20GenPract%20V23.5%20UKHSA.pdf?time=1634718071669) that contains information to support the PGD consultation, provides treatment recommendations (including advice on how to prevent future UTIs, self-care information and safety-netting should signs of complications occur.  **Inform patient that their GP will be informed** of the supply of trimethoprim for uncomplicated UTI via the PharmOutcomes® platform. |
| **Action to be taken if the individual is excluded or declines treatment** | * Explain the reasons for exclusion to the individual/carer * Document in the patient notes the reasons for exclusion and the advice given * Discuss potential consequences of not undertaking treatment and appropriate reassurance if self-care management is advised. This includes information that patient with one or very mild symptoms not improving in 48 hours despite self-care management can come back for the supply of a delayed antibiotic. * For complex UTI refer patient to GP. * If pyelonephritis is suspected call 111 for advice. * For immunocompromised patients or patients taking immunosuppressant medicines or Disease Modifying Antirheumatic Drugs (DMARDs) or Biologicals - seek urgent medical attention via 111 for full blood count. * Provide patient with a Pharmacy First card for referral if required. |

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| **Description of treatment** | |
| **Name, strength & formulation of drug** | Trimethoprim 200mg tablets  🡪Trimethoprim is NOT related to penicillin and can be used in patients with documented sensitivity or allergy to penicillin. |
| **Legal category** | POM |
| **Route of administration** | Oral |
| **Off label use** | Not applicable |
| **Dose and frequency of administration** | One 200mg tablet to be taken TWICE a day (every 12 hours) for three days |
| **Duration of treatment** | Three Days (6 tablets) |
| **Storage** | Stock must be securely stored according to organisation medicines policy and in conditions in line with manufacturers Summary of Product Characteristics (SPC), which is available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk) and BNF [Trimethoprim | Drugs | BNF | NICE](https://bnf.nice.org.uk/drugs/trimethoprim/). |
| **Drug interactions** | A full list of interactions is available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk), alternatively, refer to the BNF interactions checker for individual identification of interacting drugs:  [**https://bnf.nice.org.uk/interaction/trimethoprim-2.html**](https://bnf.nice.org.uk/interaction/trimethoprim-2.html) |
| **Identification & management of adverse reactions** | For full list of Adverse Drug reactions (ADRs) see the British National Formulary (BNF), available at[**https://bnf.nice.org.uk/drug/trimethoprim.html**](https://bnf.nice.org.uk/drug/trimethoprim.html), and the Summary of Product Characteristics (SmPC) at the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk)  Advise patient that if they experience any unacceptable side effects, they should seek advice from their GP for further advice.  **Common or very common**  Diarrhoea; electrolyte imbalance; fungal overgrowth; headache; nausea; skin reactions; vomiting  **Rare or very rare**  Agranulocytosis; angioedema; anxiety; appetite decreased; arthralgia; behaviour abnormal; bone marrow disorders; confusion; constipation; cough; depression; dizziness; dyspnoea; eosinophilia; erythema nodosum; fever; haemolysis; haemolytic anaemia; haemorrhage; hallucination; hepatic disorders; hypoglycaemia; lethargy; leucopenia; meningitis aseptic; movement disorders; myalgia; neutropenia; oral disorders; pancreatitis; paraesthesia; peripheral neuritis; photosensitivity reaction; pseudomembranous enterocolitis; renal impairment; seizure; severe cutaneous adverse reactions (SCARs); sleep disorders; syncope; systemic lupus erythematosus (SLE); thrombocytopenia; tinnitus; tremor; uveitis; vasculitis; vertigo; wheezing  **Frequency not known**  Gastrointestinal disorder; megaloblastic anaemia; methaemoglobinaemia |
| **Management of and reporting procedure for adverse reactions** | * Pharmacist will call patient 5-7 days from now to establish if treatment has worked, if onward referral is required and if patient experienced adverse reactions. * Healthcare professionals and patients/carers are encouraged to report suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <http://yellowcard.mhra.gov.uk> * Record all ADRs in the patient’s medical record. * Report via community pharmacy organisation incident policy. * All ADRs/ significant events/ near misses occurring in relation to the administration of this medicine under the PGD must be reported to the CCG   [hiowicb-hsi.mot@nhs.net](mailto:hiowicb-hsi.mot@nhs.net) |
| **Further advice to be supplied to individuals** | Highlight to the patient that the information leaflet containing all the relevant medicine information is included in the box provided.  Advise patient to:   * To take at regular intervals (12 hours apart), if a dose is missed, take the dose as soon as it is remembered unless it is too close to your next dose (allow 4-6 hours between doses) and do not take a double the dose. * Complete the 3-day course even if the infection, signs or symptoms appear to be better * Take tablets whole with a full glass of water and may be taken with food if it causes stomach upset * Avoid alcohol as, whilst it does not interact with trimethoprim, can further irritate the bladder * Safely dispose of any unused medicines via the pharmacy medicine return service. * Stop trimethoprim if a rash appears and seek medical advice   They should seek GP advice if:   * unacceptable side effects occur * symptoms do not resolve after completion of the 3-day trimethoprim course. The patient, in this case, could consider taking a mid-stream early morning urine sample with them to the appointment.   Antibiotics and oral contraceptives:  The World Health Organisation (WHO) no longer advise that additional precautions are required when using combined hormonal contraceptives with antibiotics that are not enzyme inducers for a duration of less than 3 weeks. This is supported by the Faculty of Sexual and Reproductive Healthcare.  <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/>   * Advice should be provided around the usual precautions if nausea and vomiting should arise from taking the antibiotics   Provide advice on ways to reduce recurrence of UTI:   * Voiding after intercourse * gently wash external genitalia before and after sex * stop bacteria spreading form bowel to bladder by wiping from front (vagina) to back (anus) * avoid waiting to pass urine * maintaining adequate fluid intake.   Follow up advice:   * Pharmacist will call patient 5-7 days from now to establish if treatment has worked, and if onward referral is required. * If symptoms improve, routine follow up is not necessary, but patient may consider the given advice to prevent UTI recurrence. * If symptoms do not resolve after completion of the 3-day trimethoprim course, the patient should contact their GP and should consider taking a mid-stream early morning urine sample with them to the appointment.   Other useful information:   * eMC Trimethoprim Patient Information Leaflet (PIL): <https://www.medicines.org.uk/emc/files/pil.4061.pdf> * NHS Choices information on cystitis: <https://www.nhs.uk/conditions/cystitis/> * [TARGET UTI](http://www.rcgp.org.uk/clinical-and-research/toolkits/~/link.aspx?_id=9FCF9DA4B4A045519593320478DFD9E7&_z=z) leaflet: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/-/media/85AAD1D4DDEF455A85E0416C3BB714AE.ashx> |
| **Records** | Record of the supply should contain:   * that valid informed consent was given where applicable. * name of individual, address, date of birth and GP with whom the individual is registered (if relevant) * any known medication allergies * name of registered health professional operating under the PGD * name of medication administered/supplied * the batch number and expiry date of the medicine * date of supply * dose, form, and route * quantity supplied * advice given, including advice provided if patient is excluded or declines treatment * details of any previous adverse drug reactions and actions taken * that the medicine was administered via a Patient Group Direction (PGD) * Outcome of follow-up conversation 5-7 days after treatment was supplied   Records of all the above should be facilitated via PharmOutcomes® as part of the consultation process.  Records that cannot be immediately entered on Pharmoutcomes® should contain all the information detailed above and should be signed, named and dated (unless a password-controlled e-record), and securely kept for a defined period in line with local policy.  Records of the medicine supply should be also entered in the dispensing system.  All records should be clear, legible and contemporaneous.  A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.  Adherence to this PGD must be audited at least annually and audit records retained for inspection. |

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| **Key references** | |
| **Key references** | * ABPI (2019) SPC for Trimethoprim 200mg tablets. Electronic Medicines Compendium. Datapharm Communications Ltd. <http://www.medicines.org.uk/>, accessed 1st July 2022 * Joint Formulary Committee (2022) British National Formulary (online) July 2022. London:BMJ Group and Pharmaceutical Press. Online at http://www.medicinescomplete.com, accessed 1st July 2022 (requires login and password). Free access BNF available at https://bnf.nice.org.uk/ * Little P., Turner, S., Rumsby, K., et al. (2009) Dipsticks and diagnostic algorithms in urinary tract infection: development and validation, randomised trial, economic analysis, observational cohort and qualitative study. Health Technology Assessment 13(19). * Faculty of Sexual and Reproductive Health Clinical Guidance. Clinical Effectiveness Unit Drug Interactions with Hormonal Contraception J- Updated 2017 Reviewed January 2019: <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/> |

**Appendix A - Registered health professional authorisation sheet**

**PGD Name:** Supply of Trimethoprim 200mg Tablets for the treatment of uncomplicated urinary tract infections (UTI) in non-pregnant women on the Isle of Wight

Version Number: 5.0 Valid from: 31 July 2022 Expiry31 July 2024

**Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.**

Pharmacists in the Isle of Wight that are currently authorized to supply trimethoprim under this PGD should accredit their competence on the PharmOutcomes® platform, available on the website <https://pharmoutcomes.org>

**Registered health professional**

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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| **I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.** | | | |
| **Name** | **GPhC Number** | **Signature** | **Date** |
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**Authorising manager**

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| **I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_insert name of organisation**  **for the above-named health care professionals who have signed the PGD to work under it.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
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**Note to authorising manager**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.