

Patient Group Direction for the supply of Nitrofurantoin Modified Release capsules by Community Pharmacists in the management of Uncomplicated Urinary Tract Infections

PRIVATE AND CONFIDENTIAL

Patient Details: Name Address GP surgery :
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Check List for Management of Uncomplicated Urinary tract Infections in Women

Inclusion criteria	Yes	No
Patient is present at consultation and consents to treatment		
Patient is aged 16 years or over and under 75 years		
Patient presents with three or more of the following symptoms : dysuria, urinary frequency, nocturia, urinary urgency suprapubic pain or polyuria treat without performing urinalysis.		
Patient presents with two or less symptoms perform urinalysis. Urinalysis of cloudy urine shows the presence of leucocytes or nitrites and blood then treat.		
Criteria for exclusion for treatment checked and none apply and to the best of the patient's knowledge do not have a problem with their kidneys		
Inform patient that about half of women with cystitis will be free of symptoms within three days even if they take no treatment		
Consent form and checklist completed by Pharmacist on PharmOutcomes. Prescription charge collected if applicable		
PMR completed and nitrofurantoin modified release capsule labelled as per PGD.		
Treatment regimen understood including: <ul style="list-style-type: none"> Advice given if symptoms do not respond within 48 – 72 hours: Patient should make an appointment to see their GP and take an early morning midstream urine sample to this appointment. 		
Follow up advice given on measures to reduce recurrent episodes, e.g. increase fluid intake.		

Cautions
Patients with an underlying condition which may reduce renal function. This includes patients with Hypertension, Heart Disease ,Renal disease Concomitant use of medication that can adversely affect renal function, such as ACE inhibitors and diuretics For these groups of patients, the pharmacist should check if the patient has had a recent renal function test and if so that the eGFR level is above 45ml/min If this information is not available for this particular group of patients ,the patient should be excluded and referred to their GP
Magnesium trisilicate Mixture- May reduce absorption of nitrofurantoin OTC UTI treatments – nitrofurantoin can cause electrolyte disturbances- caution if person presenting has recently tried treatment with OTC potassium citrate. Patients should be advised

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not to take alkalinising agents whilst taking nitrofurantoin.
Interference with some tests for glucose in urine
Women should be advised that the SPC for nitrofurantoin and the Patient leaflet advises patients about the possible interaction with oestrogen

Exclusion criteria	Yes	No
All men		
Already taking a course of antibiotics.		
Allergy to nitrofurantoin or any component of the capsule		
Previous treatment with any antimicrobial for UTI, including nitrofurantoin or trimethoprim, in the last THREE MONTHS		
Presenting with any of the following symptoms, fever, flank pain, chills, rigors, nausea, vomiting and headache.		
Presenting with vaginal discharge		
Already had 2 or more UTI's in past 3 months or more than 5 during the previous 12 months.		
Woman is pregnant or breastfeeding.		
Women is aged under 16 or over 75 years		
Woman has renal disease, urological abnormalities or had surgery involving the lower urinary tract.. History of renal stones or renal colic		
Eldery female patients with confusion suggestive of a UTI		
Women with an indwelling catheter		
Woman has known or suspected diabetes, or blood dyscrasias		
Woman has known liver disease		
Woman has significant immunosuppression or having treatment for HIV		
Woman has known or suspected porphyria		
Woman has known or suspected G6PD deficiency +/-or Vitamin B deficiency		
Woman has Pulmonary Disease e.g.COPD/emphysema/chronic bronchitis		
Woman has known neurological disorders (including peripheral neuropathy)		
On any of the following medicines: probenacid, sulphinpyrazone, carbonic anhydrase inhibitors eg acetazolamide, oral typhoid vaccine (for three days before and after treatment)		

If the patient answers yes to any of the exclusion criteria then they must be referred to GP.
 Pharmacist's Signature _____ Date _____