

**Patient Group Direction for Community Pharmacists to Supply  
 Fusidic Acid 2% Cream to Children and Adults Presenting with  
 Symptoms of Impetigo Under NHS Pharmacy First Scotland Within  
 NHS Grampian, Highland, Orkney, Shetland, Tayside and Western  
 Isles**

<b>Lead Author:</b> Adapted from Pharmacy First PGD Supply Fusidic Acid 2% Cream to Children and Adults Presenting with Symptoms of Impetigo Under NHS Pharmacy First Scotland. Version 3.0 – PF Publication date 14 August 2025		<b>Approver:</b> NoS PGD Group  <b>Authorisation:</b> NHS Grampian
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<b>Signature:</b> 		<b>Signature:</b> 
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<b>NoS Identifier:</b> NoS/PGD/Fusidic_Acid/ 1708	<b>Review Date:</b> 13 August 2028  <b>Expiry Date:</b> 13 August 2028	<b>Date Approved by NoS:</b> 27 August 2025
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NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have  
 authorised this Patient Group Direction to help individuals by providing them with  
 more convenient access to an efficient and clearly defined service within the NHS  
 Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are  
 completed.

**Uncontrolled when printed**

**Version 3.0**

**Revision History for NoS:**

<b>NoS PGD that has been adapted and/or superseded</b>	Supersedes NoS/PGD/FusidicAcid/MGPG1308 V1	
<b>Date of change</b>	<b>Summary of Changes</b>	<b>Section heading</b>
August 2025	Title Change to include NoS Boards	

**PF recent changes**

Version	Date	Summary of changes
3.0	August 2025	<p>Version 2.0 PGD transferred into new NHS PFS template.</p> <ul style="list-style-type: none"> <li>1.1 Indication <ul style="list-style-type: none"> <li>Moved paragraph on NICE guidance re hydrogen peroxide 1% as first line treatment from front cover to 'indication paragraph'.</li> </ul> </li> <li>2.3 Dosage <ul style="list-style-type: none"> <li>Changed from "gently" to "thin layer" to give clearer guidance on how much to apply.</li> </ul> </li> <li>6.0 References <ul style="list-style-type: none"> <li>Update to references for further reading.</li> </ul> </li> </ul>

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

**Policy Statement:** It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	August 2025
	Completed:	August 2025
	Approved:	August 2025
	Amended and re-authorised:	

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## Authorisation

This PGD is not legally valid until it has had the relevant organisational authorisation.


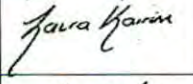
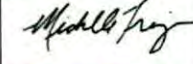
### PGD fusidic acid 2% cream

This specimen PGD template has been produced in collaboration with the Scottish Antimicrobial Prescribing Group and the Primary Care Community Pharmacy Group to assist NHS Boards in the uniform provision of services under 'NHS Pharmacy First Scotland' banner across NHS Scotland. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.


The community pharmacist who may supply fusidic acid 2% cream under this PGD can do so only as a named individual. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals and to ensure familiarity with the manufacturer's product information/summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicine must be by the same practitioner who has assessed the patient under the PGD.


This specimen PGD has been approved on behalf of NHS Scotland by NHS 24 by:			
Doctor	Ron Cook	Signature	
Pharmacist	Dr John McAnaw	Signature	
NHS Scotland Representative	Mr Jim Miller	Signature	

This PGD has been produced for NoS by:					
Doctor	Dr Hugh Bishop	Signature		Date Signed	25/08/2025
Senior representative	Laura Karim	Signature		Date Signed	21/08/2025
Community Pharmacist	Michelle Frazier	Signature		Date Signed	21/08/2025

**Approved for use within NoS by:**

<b>NoS Group Chair</b>	<b>Signature</b>	<b>Date Signed</b>
Lesley Coyle		21/08/2025

**Authorised and executively signed for use within NoS by:**

<b>NHS Grampian Chief Executive</b>	<b>Signature</b>	<b>Date Signed</b>
Adam Coldwells – Interim Chief Executive		27/08/2025

**Version 3.0 – Approved for NoS from 27<sup>th</sup> August 2025**

# 1. Clinical Situation

## 1.1. Indication

Treatment of minor staphylococcal skin infections (impetigo).

NICE Guidelines 153 recommends that hydrogen peroxide 1% cream should be considered as first line treatment for patients with localised non-bullous impetigo who are not systemically unwell or at high risk of complications. Hydrogen peroxide 1% cream (Crystacide) is listed on the NHS Pharmacy First Scotland Approved List.

**Please refer to your local Health Board policy for first line treatment of impetigo.**

## 1.2. Inclusion criteria

Adults and children with minor / localised, uncomplicated skin infection.

The rash consists initially of vesicles with an erythematous base which easily rupture and are seldom observed. The exudate dries to form yellow-gold or yellow-brown crust which gradually thickens.

Patient must be present at the consultation.

Valid consent to receiving treatment under this PGD has been obtained.

## 1.3. Exclusion criteria

Widespread infection.

History of MRSA colonisation or infection.

Patient has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months.

Patient is systemically unwell.

Hypersensitivity to fusidic acid or any of the excipients within the cream.

Patient has an underlying skin condition on the same area of the body as the impetigo.

Individuals for whom no valid consent has been received.



## **1.4. Cautions/need for further advice/ circumstances when further advice should be sought from a prescriber**

Caution should be used in:

- Lesions present near the eye – care should be taken when applying cream near to the eye.
- Patients under one year of age – in some cases, impetigo management may require oral (or intravenous) antibiotics, especially in neonates. These children may need clinical review therefore appropriate safety-netting is essential e.g. if not improving, see GP.

## **1.5. Action if excluded**

Refer to GP Practice / Out-of-hours (OOH) service and document reason for exclusion and any action taken in Patient Medication Record (PMR).

## **1.6. Action if patient declines**

Advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within five days or if symptoms worsen.

Advise patient to contact NHS 24 if becoming systemically unwell or rapidly spreading to large areas of the body during OOH period.

Ensure patient is aware of risks and consequences of declining treatment.

Document the reason for declining treatment and advice given in PMR.

# **2. Description of Treatment**

## **2.1. Name of medicine/form/strength**

Fusidic acid 2% cream.

## **2.2. Route of administration**

Topical.

## **2.3. Dosage**

Thin layer to affected area.

## **2.4. Frequency**

THREE or FOUR times daily.

## 2.5. Duration of treatment

5 days.

## 2.6. Maximum or minimum treatment period

Use for a maximum of 5 days. Maximum of one supply in three months.

## 2.7. Quantity to supply

1 x 15g.

## 2.8. ▼ black triangle medicines

No.

## 2.9. Legal category

Prescription Only Medicine (POM).

In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.

## 2.10. Is the use out with the SPC?

No.

## 2.11. Storage requirements

As per manufacturer's instructions.

Store below 25°C in a cool, dry place.

## 2.12. Additional information

None.



## 3. Adverse Reactions

### 3.1. Warnings including possible adverse reactions and management of these

**Please refer to current BNF or SPC for full details.**

Side effects with this product are rare, however hypersensitivity reactions may occur. If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

For a full list of side effects, refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional supplying the medication under this PGD. This can be accessed on [www.medicines.org.uk](http://www.medicines.org.uk).

In the event of severe adverse reaction e.g., swelling of eyes, face, lips or throat, shortness of breath or wheezing, developing of rash, or feeling faint, individuals should be advised to seek medical advice immediately.

### 3.2. Reporting procedure for adverse reactions

Pharmacists should document and report all adverse incidents through their own internal governance systems.

All adverse reactions (actual and suspected) should be reported to the appropriate medical practitioner and recorded in the patient's medical record. Pharmacists should record in their PMR and inform the patient's GP as appropriate.

Where appropriate, healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. Yellow cards and guidance on their use are available at the back of the BNF or online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

### 3.3. Advice to patient or carer including written information

Written information to be given to individuals:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL).

Verbal advice to be given to individuals/parent/carer:

- Wash hands before and after applying cream.
- Where possible, remove scabs by bathing with warm water before applying the cream.

- Impetigo is a very infectious condition. It is important to prevent infection spreading by using own flannels and towels (hot wash after use).
- Do not scratch or pick spots.
- If applicable, suggest applying cream three times day on school days (before school, after school and evening) and four times daily at other times.
- Do not share cream with anyone else.
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on:  
[www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

### 3.4. Monitoring

Not applicable.

### 3.5. Follow up

Advise patient to seek further medical advice if the skin infection spreads or there is no improvement after 5 days. If the patient becomes systemically unwell or rapidly spreading to large areas of the body during OOH period, seek medical advice from NHS 24.

### 3.6. Additional facilities

The following should be available when the medication is supplied:

- An acceptable level of privacy to respect patient's rights to confidentiality and safety.
- Access to a working telephone.
- Access to medical support (this may be via telephone or email).
- Approved equipment for the disposal of used materials.
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel.
- Access to current BNF (online version preferred)
  - [BNF British National Formulary - NICE](#)
  - [BNF for Children British National Formulary - NICE](#)
- Access to SmPC/PIL/Risk Minimisation Material:
  - [Home - electronic medicines compendium \(emc\)](#)
  - [MHRA Products | Home](#)
  - [RMM Directory - \(emc\)](#)
- Access to copy of current version of this PGD.

## 4. Characteristics of Staff Authorised under the PGD

### 4.1. Professional qualifications

Pharmacist with current General Pharmaceutical Council (GPhC) registration.

**Under PGD legislation there can be no delegation. Supply of the medication must be completed by the same practitioner who has assessed the patient under this PGD.**

### 4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD must:

- Be familiar with fusidic acid cream and alert to changes in the manufacturer's product information/summary of product information.
- Have successfully complete the NES Pharmacy e-learning module:  
<https://learn.nes.nhs.scot/34440/pharmacy/cpd-resources/impetigo-for-nhs-pharmacy-first-scotland>.
- Be able to assess the person's/ parent's/ carer's capacity to understand the nature of the purpose of the medication in order to give or refuse consent.

### 4.3. Continuing education and training

All practitioners operating under this PGD are responsible for:

- Maintaining their skills, knowledge, and their own professional level of competence in this area according to the General Pharmaceutical Council Standards for Pharmacy Professionals.
- Ensuring they remain up to date with the use of medications included and be aware of local treatment recommendations.
- Attending approved training and training updates as appropriate.
- Undertake relevant continuing professional development when PGD or NES Pharmacy modules are updated.

## 5. Audit Trail

### 5.1. Authorisation of supply

Pharmacists can be authorised to supply the medicine specified in this PGD when they have completed local Board requirements for service registration.

Pharmacists should complete the individual authorisation form contained in the PGD ([Appendix 1](#)) and submit to the relevant NHS Health Board prior to using the PGD.

### 5.2. Record of supply

All records must be clear, legible, contemporaneous and in an easily retrievable format to allow audit of practice.

A Universal Claim Framework (UCF) record of the screening and subsequent supply where appropriate, of the medicine specified in this PGD should be made in accordance with the NHS Pharmacy First Scotland service specification.

Pharmacists must record the following information, included in the assessment form ([Appendix 3](#)), in the PMR (either paper or computer based):

- Name of individual, address, date of birth / CHI number.
- Name of GP with whom the individual is registered (if known).
- Confirmation that valid consent to be treated under this PGD was obtained (include details of parent/guardian/person with parental responsibility where applicable).
- Details of presenting complaint and diagnosis.
- Details of medicine supplied - name of medicine, batch number and expiry date, with date of supply.
- Details of exclusion criteria – why the medicine was not supplied (if applicable).
- Advice given, including advice given if excluded or declines treatment under this PGD.
- Details of any adverse drug reactions and actions taken.
- Referral arrangements (including self-care).
- Signature and printed name of the pharmacist who undertook assessment of clinical suitability and, where appropriate, subsequently supplied the medicine.

**The patient's GP (where known) should be provided with a copy of the GP notification form for the supply of fusidic acid 2% cream or appropriate referral on the same, or next available working day.**

These records should be retained in accordance with national guidance<sup>1</sup> (see page 56 for standard retention periods summary table). Where local arrangements differ, clarification should be obtained through your Health Board Information Governance Lead.



All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each service. A designated person within each service will be responsible for auditing completion of drug forms and collation of data.

1. Scottish Government. *Scottish Government Records Management*. Edinburgh 2020. Available at [SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf](#) (Accessed 13<sup>th</sup> August 2025)

## 6. Additional References

Practitioners operating the PGD must be familiar with:

1. National Institute for Health and Care Excellence. Guideline 153 Impetigo: antimicrobial prescribing. February 2020. Available at [Impetigo: antimicrobial prescribing \(nice.org.uk\)](#) (Accessed 13 August 2025)
2. National Institute for Health and Care Excellence (NICE). Clinical Knowledge Summaries (CKS). Impetigo. Last revised July 2024. Available at: [Impetigo | Health topics A to Z | CKS | NICE](#) (Accessed 13 August 2025)
3. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. [Fusidic acid 20mg/g cream - Summary of Product Characteristics \(SmPC\) - \(emc\) | 3364](#) (Accessed 13 August 2025)
4. Current edition of British National Formulary (BNF) [BNF British National Formulary - NICE](#), and BNF for children [BNF for Children British National Formulary - NICE](#)

## 7. Version History

Version	Date	Summary of changes
1.0	March 2020	Original national PGD produced
2.0	August 2022	<ul style="list-style-type: none"> <li>• Addition of statement regarding first line treatment of non-bullous impetigo for patients who are not systemically unwell or at high risk of complications – refer to local Health Board policy on use of hydrogen peroxide 1% cream (Crystacide)</li> <li>• Addition of covering statement regarding validity of PGD when approaching date for review of content.</li> <li>• Removal of lower age limit of 2 years.</li> <li>• Changes to inclusion to criteria to clarify symptoms of impetigo.</li> <li>• Amendment of exclusion criteria from multiple sites to widespread infection.</li> <li>• Removal of “concern about non-compliance with topical treatment” exclusion.</li> <li>• Update to guidance for children at school to minimise risk of spread of infection.</li> <li>• Addition of guidance on follow up required when patient becomes systemically unwell during OOH period.</li> </ul>

3.0	August 2025	<p>Version 2.0 PGD transferred into new NHS PFS template.</p> <ul style="list-style-type: none"> <li>• 1.1 Indication <ul style="list-style-type: none"> <li>○ Moved paragraph on NICE guidance re hydrogen peroxide 1% as first line treatment from front cover to 'indication paragraph'.</li> </ul> </li> <li>• 2.3 Dosage <ul style="list-style-type: none"> <li>○ Changed from “gently” to “thin layer” to give clearer guidance on how much to apply.</li> </ul> </li> <li>• 6.0 References <ul style="list-style-type: none"> <li>○ Update to references for further reading.</li> </ul> </li> </ul>
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## Appendix 1 - Individual Authorisation

### PGD FOR THE SUPPLY OF FUSIDIC ACID 2% CREAM BY COMMUNITY PHARMACISTS UNDER THE “NHS PHARMACY FIRST SCOTLAND” SERVICE

***This PGD does not remove professional obligations and accountability.***

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

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

I have read and understood the PGD authorised by each of the NHS Boards I wish to operate in and agree to provide Fusidic Acid 2% cream only in accordance with the specific PGD.

Name of Pharmacist \_\_\_\_\_ GPhC Registration Number \_\_\_\_\_

Normal Pharmacy Location

**(Only one Pharmacy name and contractor code is required for each**

Name of Pharmacy	Contractor Code	Health Board
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

**Health Board area where appropriate. If you work in more than 3 Health Board areas, please use additional forms.)**

Please indicate your position within the pharmacy by ticking one of the following:

Locum ☐ Employee ☐ Manager ☐ Owner ☐

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete form, sign and send to each Health Board you work in.**  
Email and postal addresses are given overleaf.

## Appendix 2 – NHS Boards

NHS Board	Address	
Ayrshire & Arran	Complete MS Form available at <a href="#">Patient Group Directions – NHS Ayrshire &amp; Arran</a>	Microsoft Form
Borders	Complete MS Form available at <a href="https://nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/">nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/patient-group-directions-(pgds)-and-unscheduled-care-(cpus)/</a>	Microsoft Form
Dumfries & Galloway	NHS Dumfries & Galloway, Primary Care Services, Ground Floor North, Mountainhall Treatment Centre, Bankend Rd, Dumfries, DG1 4TG <a href="mailto:Dg.pcd@nhs.scot">Dg.pcd@nhs.scot</a>	Please email or post
Fife	PGD Administrator, Pharmacy Services, NHS Fife, Pentland House, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW <a href="mailto:Fife.pgd@nhs.scot">Fife.pgd@nhs.scot</a>	Please email or post
Forth Valley	Community Pharmacy Services, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR <a href="mailto:fv.communitypharmacysupport@nhs.scot">fv.communitypharmacysupport@nhs.scot</a>	Please email or post
Grampian	Pharmaceutical Care Services Team Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE <a href="mailto:gram.pharmaceuticalcareservices@nhs.scot">gram.pharmaceuticalcareservices@nhs.scot</a>	Please email or post
Greater Glasgow & Clyde	Complete MS Form available at <a href="#">PGDs - Greater Glasgow and Clyde</a>	Microsoft Form
Highland	Community Pharmacy Services, NHS Highland, Assynt House, Beechwood Park, Inverness. IV2 3BW <a href="mailto:nhsh.cpsoffice@nhs.scot">nhsh.cpsoffice@nhs.scot</a>	Please email or post
Lanarkshire	Pharmacy/Prescribing Admin Team, NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB <a href="mailto:Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk">Pharmacy.AdminTeam@lanarkshire.scot.nhs.uk</a>	Please email or post
Lothian	No longer require pharmacists to return signed copies of PGDs. For any queries, please contact <a href="mailto:loth.communitypharmacycontract.nhs.scot">loth.communitypharmacycontract.nhs.scot</a>	
Orkney	Pharmacy Department, The Balfour Hospital, Foreland Road, Kirkwall, KW15 1NZ Phone: 01856 888 911 <a href="mailto:ork.pharmacyadmin@nhs.scot">ork.pharmacyadmin@nhs.scot</a>	Please email or post
Shetland	Pharmacy Primary Care Services, NHS Shetland, Gilbert Bain Hospital, Lerwick, Shetland, ZE1 0TB <a href="mailto:shet.pharmacyprimarycare@nhs.scot">shet.pharmacyprimarycare@nhs.scot</a>	Please email or post
Tayside	Diane Robertson Pharmacy Department, East Day Home, Kings Cross Hospital, Cleington Road, Dundee, DD3 8AE <a href="mailto:TAY.pharmacydepartment@nhs.scot">TAY.pharmacydepartment@nhs.scot</a>	Please email or post
Western Isles	Michelle Taylor, Primary Care, 37 South Beach, Stornoway HS1 2BB <a href="mailto:Michelle.taylor44@nhs.scot">Michelle.taylor44@nhs.scot</a>	Please email or post



## Appendix 3 – Assessment Form

**Patient Group Directions for the treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant female patients over 16 years of age**  
**Patient assessment form**

<b>Patient Name &amp; address:</b>	Click or tap here to enter text.	<b>Date of Birth /CHI:</b>	Click or tap here to enter text.
<b>Date of assessment:</b>	Click or tap to enter a date.	<b>Patient is aware that GP will informed:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Patient clinical picture and related appropriate actions

Symptom assessment	Yes	No	Actions
Symptom of dysuria (pain or burning when passing urine)	<input type="checkbox"/>	<input type="checkbox"/>	Consider treatment if <b>BOTH</b> dysuria and frequency <b>OR three or more</b> of the following symptoms are present: <ul style="list-style-type: none"> <li>• Dysuria</li> <li>• Frequency</li> <li>• Urgency</li> <li>• Suprapubic tenderness</li> </ul> Support the diagnostic process with dipstick testing if available
Symptom of frequency (needing to pass urine more often than usual)	<input type="checkbox"/>	<input type="checkbox"/>	
Symptom of urgency (little warning of the need to pass urine)	<input type="checkbox"/>	<input type="checkbox"/>	
Symptom of suprapubic tenderness (pain/tenderness in lower abdomen)	<input type="checkbox"/>	<input type="checkbox"/>	
Frank haematuria (blood in urine)	<input type="checkbox"/>	<input type="checkbox"/>	If unexplained or specific exclusion criteria apply – do not treat and <b>REFER</b> to GP/OOH If likely to be related to UTI – treatment may be provided
Vaginal discharge or irritation	<input type="checkbox"/>	<input type="checkbox"/>	If new/unexplained – do not treat and <b>REFER</b> for STI assessment
Clinical features	Yes	No	Actions
Do symptoms suggest <b>upper</b> UTI (these may include loin pain, fever $\geq 38^{\circ}\text{C}$ , rigors or systemically very unwell)?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b> urgently (same day) due to risk of upper UTI or sepsis
Duration of symptoms > 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided Ensure GP is notified that follow up may be required

Has the patient had a UTI requiring an antibiotic within the last month?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, do not treat and <b>REFER</b> due to risk of resistant organisms
Does the patient have recurrent UTI? ( $\geq 2$ episodes in last 6 months or $\geq 3$ episodes in last 12 months?)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b> due to need for urine culture
Does patient take prophylactic antibiotics for treatment of UTI?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Urinary catheter in situ or use of intermittent self-catheterisation?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Is the patient currently immunosuppressed? E.g. auto-immune disease, chemotherapy, long term corticosteroids or other immunosuppressant medication?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Pregnant – known or suspected? Planning to become pregnant in next 3 months if treating with trimethoprim?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, treatment may be provided. Refer to GP if concern over recurrent UTI or if UTI is potentially caused by side effect of medication
Confused or dehydrated?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Is the patient on any interacting medications (e.g. warfarin/trimethoprim). See current BNF/SPC for details	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Known haematological abnormalities, porphyria, folate deficiency which is uncorrected, glucose-6-phosphate deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Known electrolyte imbalance?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
Known severe liver fibrosis / encephalopathy?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>

Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not treat and <b>REFER</b>
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### 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	Regimen - Health Board specific	Supply method
Nitrofurantoin 50 mg capsules	ONE capsule FOUR times daily x 12	PGD via UCF
Nitrofurantoin 50 mg tablets	ONE tablet FOUR times daily x 12	
Nitrofurantoin MR 100 mg capsules	ONE capsule TWICE daily x 6	
Trimethoprim 100 mg tablets	TWO tablets TWICE daily x 12	
Trimethoprim 200 mg tablets	ONE tablet TWICE daily x 6	
Symptomatic management only	Appropriate analgesia	UCF or OTC or existing supply

Advice	Provided (tick as appropriate)
How to take medication, possible side effects and their management.	<input type="checkbox"/>
Expected duration of symptoms - to seek medical assistance if symptoms worsen or are not resolving within 3 days	<input type="checkbox"/>
Nitrofurantoin only	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>• Stop taking immediately and seek medical assistance if symptoms of pulmonary reaction develop (e.g. cough, dyspnoea, fever, chills)</li> <li>• Avoid alkalinising agents as this reduces the antibacterial activity</li> <li>• Avoid concomitant administration with magnesium trisilicate (reduces absorption)</li> <li>• May colour urine brown/yellow – this is harmless</li> </ul>	
Ensure adequate fluid intake (approx. 2.5L per day but avoid very large amounts due to risk of inadequate bladder contact with antibiotic) – should result in pale, straw coloured urine.	<input type="checkbox"/>

### Communication

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

### Details of medication supplied and pharmacist supplying under the PGD

Medication supplied	Click or tap here to enter text.
Batch number and expiry	Click or tap here to enter text.
Print name of pharmacist	Click or tap here to enter text.
Signature of pharmacist	Click or tap here to enter text.
GPhC registration number	Click or tap here to enter text.



**Patient Group Direction for the treatment of acute Urinary Tract Infection (UTI)  
in patients over 16 years**  
**Notification of assessment and supply from community pharmacy**

**CONFIDENTIAL WHEN COMPLETED**

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GP name	Click or tap here to enter text.	Pharmacy Stamp
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential treatment of UTI:		Pharmacist name Click or tap here to enter text.  GPhC number Click or tap here to enter text.  Date Click or tap to enter a date.
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	
Patient address	Click or tap here to enter text.	
	Click or tap here to enter text.	
Postcode	Click or tap here to enter text.	

Following assessment (Tick as appropriate)

<b>Presenting symptoms</b>			
Dysuria <input type="checkbox"/>	Urgency <input type="checkbox"/>	Haematuria <input type="checkbox"/>	
Frequency <input type="checkbox"/>	Polyuria <input type="checkbox"/>	Suprapubic tenderness <input type="checkbox"/>	
<b>Urine dipstick results (optional)</b>			
Nitrite '+ve' <input type="checkbox"/>	Leucocyte '+ve' <input type="checkbox"/>	Blood '+ve' <input type="checkbox"/>	Not taken <input type="checkbox"/>
Your patient has been given a 3 day course of:	Trimethoprim 200 mg tablets	<input type="checkbox"/>	
	Nitrofurantoin 100 mg MR capsules	<input type="checkbox"/>	
	Nitrofurantoin 50 mg capsules	<input type="checkbox"/>	
	Nitrofurantoin 50 mg tablets	<input type="checkbox"/>	
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.		<input type="checkbox"/>	

<b>Follow up by GP practice required for the following reasons:</b> Click or tap here to enter text.	<input type="checkbox"/>
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Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.

You may wish to include this information in your patient records.

<b>Patient consent:</b> I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.	Consent received  <input type="checkbox"/>
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This form should now be sent to the patient's GP and a copy retained in the pharmacy.