NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction for Community Pharmacists to Supply Nitrofurantoin MR Capsules / Immediate Release Capsules or Tablets to Non-Pregnant Patients Aged 16 Years and Over Presenting with Symptoms of Acute Uncomplicated Urinary Tract Infection Under NHS Pharmacy First Scotland Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Lead Author: Adapted from Pharmacy First PGD for Community Pharmacists to Supply Nitrofurantoin MR Capsules / Immediate Release Capsules or Tablets to Non-Pregnant Patients Aged 16 Years and Over Presenting with Symptoms of Acute Uncomplicated Urinary Tract Infection Version 3.0 – PF Publication date 14 August 2025		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**
NoS Identifier: NoS/PGD/Nitrofurantoin/1709	**Review Date:** 13 August 2028 **Expiry Date:** 13 August 2028	**Date Approved by NoS:** 27 August 2025

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:

NoS PGD that has been adapted and/or superseded	NoS/PGD_Nitrofurantoin/1309 V1	
Date of change	**Summary of Changes**	**Section heading**
August 2025	Title change to include NoS Boards	
	Amended administration error	Section 4.2

PF recent changes

Version	Date	Summary of changes
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria: • Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria o Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from inclusion criteria for considering a renal assessment prior to supplying nitrofurantoin. • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 2.1 Name of medicine/strength/form • Addition of immediate release 50mg capsules 2.3 Dosage • Addition of immediate release 50mg capsules 2.4 Frequency • Addition of immediate release 50mg capsules 2.7 Quantity to supply • Addition of immediate release 50mg capsules 3.1 Warnings including possible adverse effects and the management of these

		• Addition of common side effects when taking nitrofurantoin 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

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:	

Contents Page **Page No**

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

PGD nitrofurantoin MR capsules, immediate release capsules or tablets

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 nitrofurantoin 100mg MR capsules or 50mg immediate release capsules or tablets 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	Dr 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:

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

Authorised and executively signed for use within NoS by:

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

Version 3.0 – Approved for NoS from 27th August 2025

1. Clinical situation

1.1. Indication

Treatment of acute uncomplicated urinary tract infection (UTI) in non-pregnant females aged 16 years and over.

SIGN guidance states lower urinary tract infections (LUTI) are commonly occurring and frequently self-limiting infections. Consider hydration and NSAIDs (if appropriate) as first-line treatment in women aged under 65 with suspected uncomplicated lower UTI who describe their symptoms as mild.

1.2. Inclusion criteria

Patients aged 16 years of age and over.

Assigned as female at birth and have not had any gender reassignment procedures.

Older women should be fit, ambulatory and self-caring.

If no dipstick testing is available, or patient is over 65 years of age, the patient must present with:

- **BOTH** dysuria and frequency
  OR
- **THREE** or more of the following symptoms:
  - Dysuria
  - Frequency
  - Urgency
  - Suprapubic tenderness

Otherwise:

Diagnose a UTI in the presence of two or more urinary symptoms (dysuria, frequency, urgency, visible haematuria or nocturia) and a positive dipstick test result to nitrite.

NOTE: A positive dipstick test in women over 65 years of age is not an indication of UTI as asymptomatic bacteriuria is common in older women.

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

1.3. Exclusion criteria

Patients assigned male at birth.

Patients living in long term care facilities.

Hypersensitivity to nitrofurantoin or any of the excipients within the capsules / tablets.

If **UPPER** urinary tract infection is more likely i.e. Flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI.

Patients over 45 years of age with unexplained visible haematuria without symptoms of UTI.

Visible haematuria which persists or recurs after successful treatment of UTI.

Unexplained non-visible haematuria if found on urine dipstick if no UTI symptoms present.

Patients over 40 years of age who present with recurrent UTI with any haematuria.

Risk of treatment failure due to one or more of the following:

- Received antibiotic treatment within the previous 1 month
- Two or more episodes of UTI in last 6 months
- Three or more episodes of UTI in last 12 months
- Taking antibiotic prophylaxis for recurrent UTI

Presence of new unexplained vaginal discharge or itch suggestive or other pathology.

Confused

Patient utilises urethral or suprapubic catheters (either indwelling or intermittently)
Known abnormality of the urinary tract.

Known or suspected pregnancy

Known moderate to severe renal impairment.

History of renal stones / renal colic, abnormal urinary tract e.g. vesicoureteric reflux, reflux nephropathy, neurogenic bladder, urinary obstruction, stent, recent instrumentation.

Known haematological abnormalities, blood dyscrasias, known porphyria, known vitamin B (particularly folate) deficiency which has not been corrected, G6PD deficiency, electrolyte imbalance.

Known severe liver fibrosis / encephalopathy.

Known or susceptibility to peripheral neuropathy or known neurological disorder.

Current immunosuppression e.g. chemotherapy, long-term oral corticosteroids, other immunosuppressant therapies.

Known interstitial lung disease or poorly controlled respiratory disease.

Concomitant use of interacting medicines - See current BNF and SPC for full risk of possible interactions. If clinically significant interactions are identified, then patients should be referred to GP/OOH for consideration of an alternative treatment.

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:

- Patients where there is any doubt of inclusion / exclusion criteria being met.
- A renal function assessment should be considered prior to supplying nitrofurantoin.
- Patients presenting with flank pain radiating towards the groin, feeling systemically unwell (fever and chills, rigors, nausea, vomiting) as well as with other symptoms of lower UTI should be referred to GP / Out of hours.
- Recent hospital in-patient stay (in the previous 3 months) – consider the reason for this admission.
- Known previous nitrofurantoin-resistant isolates or multi-drug isolates or recent travel to a country with known increased incidence of antimicrobial resistance.
- Patients over 65 years of age
    - Manage suspected UTI in ambulant women aged 65 years and over who are able to look after themselves independently with no co-morbidities as in those under 65 years, taking into account the increasing background incidence of asymptomatic bacteriuria.
- Diabetes
    - Patient with known diabetes is not excluded from treatment in community pharmacy. If concerned about recurrent UTIs or that this may be a side effect of medication e.g. SGLT2 inhibitors, consider signposting to GP practice for follow-up.
- Symptoms of UTI lasting longer than 7 days
    - Prolonged symptoms suggestive of a UTI may be considered for treatment, but clinical judgement may be required regarding onward referral.
- Breastfeeding
    - Patients who are breastfeeding and displaying symptoms of UTI can be considered for treatment in community pharmacy.
    - As a rule, if a medication is licensed for use in paediatrics (neonatal age onwards), then it should be safe for use in breastfeeding as the dose the infant/child receives via the breastmilk will be significantly less than therapeutic doses.
    - National Institute for Health and Care Excellence. British National Formulary for Children. Available at Nitrofurantoin | Drugs | BNFC | NICE (Accessed 13 August 2025). Nitrofurantoin is licensed for use from 3 months onwards.
    - UK Drugs in Lactation Service states the following:
        - Nitrofurantoin can be used with caution.
        - Moderate level of evidence of use in breastfeeding, small amounts in breastmilk.

    - Avoid in known G6PD deficiency, hyperbilirubinaemia and in jaundiced premature infants because of risk of kernicterus.
    - Advising on medicines during breastfeeding – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice (accessed 13 August 2025)
- Renal impairment:
    - Patients with no known renal impairment can be treated without the requirement to independently check levels of impairment. Determination of "no known renal impairment" can be made by asking patient if GP has advised that they have some degree of renal/kidney function impairment, or if they have ongoing reviews with a renal doctor.
    - If there are any patient factors which could indicate an increased risk of renal impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).
- Hepatic impairment
    - Patients with no known hepatic impairment can be treated without the requirement to independently check levels of impairment. Determination of "no known hepatic impairment" can be made by asking patient if GP has advised that they have some degree of hepatic/liver function impairment, or if they have ongoing reviews with a hepatic doctor.
    - If there are any patient factors which could indicate an increased risk of hepatic impairment (e.g., current medication, relevant co-morbidities or age), treatment can be considered in community pharmacy if relevant patient records/blood results can be independently checked e.g., using Clinical Portal. If this is not possible, the patient should be referred to GP/OOH).

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

If patient declines treatment: advise on self-care to relieve symptoms and advise to see their GP practice if symptoms fail to resolve within three days or if symptoms worsen.

Patients can be directed to NHS Inform for guidance on self-care at: Urinary tract infection (UTI) | NHS inform (accessed 13 August 2025)

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

Nitrofurantoin 100mg MR capsules OR Nitrofurantoin 50 mg capsules or tablets

2.2. Route of administration

Oral

2.3. Dosage

100mg (MR capsules) OR 50mg (capsules or tablets)

2.4. Frequency

TWICE daily at 12 hourly intervals (MR capsules) OR FOUR times daily (capsules or tablets)

2.5. Duration of treatment

3 days

2.6. Maximum or minimum treatment period

One treatment cycle of 3 days

2.7. Quantity to supply

6 x 100 mg MR capsules OR 12 x 50 mg capsules or tablets

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 25ºC 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.

If a patient experiences any side effects that are intolerable or hypersensitivity reactions occur, the medication should be discontinued.

The most frequent adverse effects at usual dose are nausea, vomiting, diarrhoea, loss of appetite, headaches, dizziness, drowsiness and discoloured dark yellow or brown urine.

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.

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.
Pharmacists should check patient medication history for clinically significant interactions using appropriate reference sources e.g., BNF, Stockley.

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.

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) and information on UTI/cystitis (TARGET TYI-UTI leaflet V23.5.pdf (rcgp.org.uk) (Accessed 13 August 2025)

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

- Advise about the importance of adequate hydration in relieving symptoms – offensive smelling or cloudy urine may be suggestive of dehydration.
- Increasing fluid intake to around 2.5L per day (6-8 mugs containing approximately 350ml) is thought to reduce UTI by dilution and flushing of bacteriuria. (No evidence has been identified for benefit, increasing fluid intake with water in women with urinary symptoms is a low-cost intervention without evidence of harm that may provide symptomatic relief).
- Advise the individual on mode of action, risks and benefits of the medicine, possible side effects and their management.
- This medicine should be taken regularly until the course is completed.
- Ensure the patient has access to appropriate analgesia for symptomatic relief of dysuric pain e.g. paracetamol or ibuprofen.
- Advise on self-care – maintaining a good fluid intake, wear loose fitting underwear / clothing, wear cotton underwear and avoid use of vaginal deodorants.
- Advise on ways to prevent reinfection – avoid double voiding, voiding after sexual intercourse.
- If using combined oral contraception, no additional contraceptive precautions are required unless vomiting or diarrhoea occur.
- Urine alkalinising agents should be avoided with nitrofurantoin as these reduce the antibacterial activity of nitrofurantoin.
- Avoid concomitant administration of magnesium trisilicate as this may reduce nitrofurantoin absorption.
- Nitrofurantoin may colour the urine yellow or brown, this is harmless.
- Ensure the patient is aware that if symptoms worsen, they experience significant flank pain, become systemically unwell, or develop a temperature then they should seek further medical advice **that day** from their GP practice or Out of hours (OOH).
- Advise patient to discontinue treatment if a rash develops and seek further medical advice.
- Advise patient to stop taking immediately and see medical advice from GP, OOH or NHS 24 if they experience pulmonary, hepatic, haematological or neurological reactions e.g. breathing difficulties, abdominal pain, discomfort, bruising and bleeding.
- If symptoms have not resolved after 3 days, if symptoms return or drug side effects are severe, seek further medical advice.

- If haematuria persists or returns after successful treatment, seek further medical advice for follow up.
- Advise that the patient's GP will be notified of the supply of antibiotics by the next working day, but should they need to seek further advice from Out of hours, the patient should make staff aware of their nitrofurantoin treatment.
- 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.

3.4. Monitoring

Not applicable

3.5. Follow up

Advise patient to seek further medical advice if symptoms worsen, or there is ongoing concern following the completion of treatment course.

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 nitrofurantoin medicine 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/33556/pharmacy/cpd-resources/urinary-tract-infections-utis-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.
- Be familiar with local Health Board treatment recommendations.

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 via the preferred channel of that Board (may be email or completion of Microsoft Form).

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, or not, 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 nitrofurantoin MR capsules or immediate release capsules or tablets, or appropriate referral on the same, or next available working day.

These records should be retained in accordance with national guidance[1] (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 30th June 2025)

6. Additional references

Practitioners operating the PGD must be familiar with:

1. Health Improvement Scotland. *SIGN 160: Management of suspected bacterial lower urinary tract infection in adult women. A national clinical guideline*. September 2020. Available at: sign-160-uti-0-1_web-version.pdf (accessed 13 August 2025)
2. Health Improvement Scotland: Scottish Antimicrobial Prescribing Group. Urinary Tract Infections. Available at: Urinary tract infections (UTIs) (sapg.scot) (Accessed 13 August 2025).
3. Public Health England. Diagnosis of urinary tract infections. July 2025. Available at: Diagnosis of urinary tract infections: quick reference tools for primary care - GOV.UK (Accessed 13 August 2025)
4. Royal College of General Practitioners. TARGET Urinary tract infection resource suite. Available at: Urinary tract infection resource suite: Patient facing materials | RCGP Learning (Accessed 13 August 2025)
5. Health Protection Scotland. Scottish Urinary Tract Infection Network. Available at: The Scottish Urinary Tract Infection Programme (SUTIN) | National Services Scotland (nhs.scot) (Accessed 13 August 2025).
6. Faculty of Sexual and Reproductive Health. Clinical guidance: Drug Interactions with Hormonal Contraception. May 2022. Available at: Clinical Guidance: Drug Interactions with Hormonal Contraception (fsrh.org) (Accessed on 13 August 2025)
7. Current edition of British National Formulary (BNF) BNF British National Formulary - NICE, and BNF for children BNF for Children British National Formulary - NICE
8. Marketing authorisation holder's Summary of Product Characteristics. Electronic Medicines Compendium. Nitrofurantoin 100mg Capsules - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) **or** Nitrofurantoin 50 mg Tablets - Summary of Product Characteristics (SmPC) - (emc) or Nitrofurantoin 50 mg capsules - Summary of Product Characteristics (SmPC) - (emc) | 101005 (medicines.org.uk)(Accessed 13 August 2025)

7. Version history

Version	Date	Summary of changes
1.0	March 2020	Original national PGD produced
2.0	August 2022	• Addition of covering statement regarding validity of PGD when approaching date for review of content. • Indication o Removal of upper age limit • Inclusion criteria o Clarification that "older women should be fit, ambulatory and self-caring" and that "a positive dip stick in women over 65 years of age is not an

		indication of UTI as asymptomatic bacteriuria is common in older women." o Inclusion of visible haematuria in list of symptoms when testing urine with dipstick. • Exclusion criteria o Upper age limit removed o Clarification that patients living in long term care facilities are excluded o Clarification of definition of "upper" UTI o Haematuria – specific criteria now apply o Clarification of definition of vaginal discharge / itch o Clarification of catheter use o Pregnancy -now includes women who intend to become pregnant in the next 3 months. o Clarification of definition and associated actions required for patients with renal or hepatic impairment. o Clarification of definition of immunosuppression • Cautions/further advice o Removal from exclusion, insertion into cautions/further advice with provision of additional information for patients over 65 years of age, with diabetes, symptoms lasting more than 7 days, breastfeeding • Advice to patient o Update to information for patients • Action if patient is excluded o Removal of requirement to record in Pharmacy Care Record (PCR) • Action if patient declines o Inclusion of link to NHS Inform for guidance on self-care o Removal of requirement to record in PCR • Specialist competencies or qualifications o Updated link to training module • Record/audit trail o Removal of requirement to record in PCR o Clarification that notification form should be sent to GP for patients being referred as well as those being treated by community pharmacy o Update to information on retention of records o Update to additional references
3.0	August 2025	Version 2.0 PGD transferred into new NHS PFS template. 1.1 Indication • Addition of text to give guidance on when not to prescribe. 1.2 Inclusion criteria:

		• Clarification of inclusion criteria when dipstick testing is unavailable or patient is 65 years of age or over (amended wording) 1.3 Exclusion criteria: • Removal of following to prevent duplication with inclusion criteria o Patient under 16 years of age • Update to wording on interactions to standardise with other PFS PGDs. 1.4 Cautions/ need for further advice section: • Moved guidance from inclusion criteria for considering a renal assessment prior to supplying nitrofurantoin. • Moved guidance from exclusion criteria for patient presenting who is systemically unwell. • Addition of further advice on dealing with patients with renal or hepatic impairment. 2.1 Name of medicine/strength/form • Addition of immediate release 50mg capsules 2.3 Dosage • Addition of immediate release 50mg capsules 2.4 Frequency • Addition of immediate release 50mg capsules 2.7 Quantity to supply • Addition of immediate release 50mg capsules 3.1 Warnings including possible adverse effects and the management of these • Addition of common side effects when taking nitrofurantoin 3.5 Follow up • Addition of standard wording for NHS PFS PGDs 6.0 References • Update to references weblinks 7.0 Individual authorisation form • Update to include both trimethoprim and nitrofurantoin on one form to reduce paperwork • Updated contact details for Health Boards

Appendix 1 - Individual authorisation (Appendix 1)

PGDs FOR THE SUPPLY OF TREATMENTS FOR URINARY TRACT INFECTION BY COMMUNITY PHARMACISTS UNDER THE "NHS PHARMACY FIRST SCOTLAND" SERVICE

These PGDs do 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 these PGDs.

I have read and understood the PGDs authorised by each of the NHS Boards I wish to operate in and agree to provide the following only in accordance with the specific PGD.

(Tick which apply)

- Trimethoprim 200 mg (or 2 x 100 mg) tablets ☐
- Nitrofurantoin 100 mg MR capsules or 50 mg capsules or tablets ☐

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

Patient Name & address:	Click or tap here to enter text.	**Date of Birth /CHI:**	Click or tap here to enter text.
Date of assessment:	Click or tap to enter a date.	**Patient is aware that GP will informed:**	Yes ☐ No ☐

Patient clinical picture and related appropriate actions

Symptom assessment	**Yes**	**No**	**Actions**
Symptom of dysuria (pain or burning when passing urine)	☐	☐	Consider treatment if **BOTH** dysuria and frequency **OR three or more** of the following symptoms are present: • Dysuria • Frequency • Urgency • Suprapubic tenderness Support the diagnostic process with dipstick testing if available
Symptom of frequency (needing to pass urine more often than usual	☐	☐	
Symptom of urgency (little warning of the need to pass urine)	☐	☐	
Symptom of suprapubic tenderness (pain/tenderness in lower abdomen)	☐	☐	
Frank haematuria (blood in urine)	☐	☐	If unexplained or specific exclusion criteria apply – do not treat and **REFER** to GP/OOH If likely to be related to UTI – treatment may be provided
Vaginal discharge or irritation	☐	☐	If new/unexplained – do not treat and **REFER** for STI assessment
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
Duration of symptoms > 7 days?	☐	☐	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?	☐	☒	If YES, do not treat and **REFER** due to risk of resistant organisms
Does the patient have recurrent UTI? (≥2 episodes in last 6 months or ≥ 3 episodes in last 12 months?	☐	☐	If YES, do not treat and **REFER** due to need for urine culture
Does patient take prophylactic antibiotics for treatment of UTI?	☐	☐	If YES, do not treat and **REFER**
Urinary catheter in situ or use of intermittent self-catheterisation?	☐	☐	If YES, do not treat and **REFER**
Is the patient currently immunosuppressed? E.g. auto-immune disease, chemotherapy, long term corticosteroids or other immunosuppressant medication?	☐	☐	If YES, do not treat and **REFER**
Pregnant – known or suspected? Planning to become pregnant in next 3 months if treating with trimethoprim?	☐	☐	If YES, do not treat and **REFER**
Breastfeeding?	☐	☐	If YES, treatment may be provided
Diabetes?	☐	☐	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?	☐	☐	If YES, do not treat and **REFER**
Known moderate to severe renal impairment or abnormality of the urinary tract or ureteric stent?	☐	☐	If YES, do not treat and **REFER**
Is the patient on any interacting medications (e.g. warfarin/trimethoprim). See current BNF/SPC for details	☐	☐	If YES, do not treat and **REFER**
Known haematological abnormalities, porphyria, folate deficiency which is uncorrected, glucose-6-phosphate deficiency?	☐	☐	If YES, do not treat and **REFER**
Known electrolyte imbalance?	☐	☐	If YES, do not treat and **REFER**
Known severe liver fibrosis / encephalopathy?	☐	☐	If YES, do not treat and **REFER**

Patient has known blood disorders such as leucopenia, megaloblastic anaemia, thrombocytopenia, agranulocytosis, or methaemoglobinaemia?	☐	☐	If YES, do not treat and **REFER**

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.	☐
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) • Avoid alkalinising agents as this reduces the antibacterial activity • Avoid concomitant administration with magnesium trisilicate (reduces absorption) • May colour urine brown/yellow – this is harmless	
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.	☐

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
Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

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:		
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	Pharmacist name Click or tap here to enter text.
Patient address	Click or tap here to enter text.	
	Click or tap here to enter text.	GPhC number Click or tap here to enter text.
Postcode	Click or tap here to enter text.	DateClick or tap to enter a date.

Following assessment (Tick as appropriate)

Presenting symptoms			
Dysuria ☐	Urgency ☐	Haematuria ☐	
Frequency ☐	Polyuria ☐	Suprapubic tenderness ☐	
Urine dipstick results (optional)			
Nitrite '+'ve ☐	Leucocyte '+'ve ☐	Blood '+'ve ☐	Not taken ☐

Your patient has been given a 3 day course of:	Trimethoprim 200 mg tablets	☐
	Nitrofurantoin 100 mg MR capsules	☐
	Nitrofurantoin 50 mg capsules	☐
	Nitrofurantoin 50 mg tablets	☐
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred: Click or tap here to enter text.		☐

Follow up by GP practice required for the following reasons: Click or tap here to enter text.	☐

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.

Patient consent: 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 ☐

This form should now be sent to the patient's GP and a copy retained in the pharmacy.

Appendix 1.

For boards using nitrofurantoin, a renal function assessment is required.

*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.