

**Supply of Medicine****PATIENT GROUP DIRECTION (PGD) FOR****Fluconazole 150mg Capsule**

**YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT**

<b>Clinical Condition</b>	
<b>Indication</b>	Treatment of patients attending Sexual Health Service supported clinics diagnosed with acute vulvovaginal candidiasis (VVC), sub-preputial candidiasis (SPC) or candidal balanoposthitis. If topical treatment is required please use Clotrimazole PGD.
<b>Inclusion criteria</b>	Direct microscopic visualisation of spores or pseudo-hyphae or both <b>OR</b> positive culture for candida <b>OR</b> clinically diagnosed candidal balanoposthitis, SPC or VVC.
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>◦ Known allergies to fluconazole, other imidazoles or any other excipient (eg lactose, gelatin).</li> <li>◦ Re-presentation with uncomplicated VVC or candidal balanoposthitis within 4 weeks of symptom resolution.</li> <li>◦ Recurrent VVC defined as 4 or more treated episodes annually</li> <li>◦ Recurrent SPC defined as 2 or more treated episodes annually</li> <li>◦ Treatment failure within same episode ie persistent symptoms more than 1 week after first and second line treatment</li> <li>◦ Irregular or abnormal vaginal bleeding</li> <li>◦ Genital ulcers, sores or blisters suggestive of other infection</li> <li>◦ Lower abdominal pain or dysuria</li> <li>◦ Fever or chills. Nausea or vomiting, diarrhoea</li> <li>◦ Foul smelling discharge</li> <li>◦ Pregnancy, Risk of Pregnancy, Breast feeding</li> <li>◦ Abnormal host (eg hyper-oestrogenic state, diabetes mellitus, immunosuppression)</li> <li>◦ Pelvic pain</li> <li>◦ Porphyria</li> </ul>
<b>Cautions/Seek further advice</b>	If patient is known to be under 14 years old the nurse will discuss treatment with a doctor before proceeding If symptoms seem particularly severe Fluconazole has been associated with prolongation of the QT interval and should be used with caution in patients with potentially pro-arrhythmic conditions eg, known QT prolongation, cardiomyopathy, sinus bradycardia, symptomatic arrhythmias, electrolyte disturbances
<b>Action if patient declines or is excluded</b>	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.

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<b>Drug Details</b>	
<b>Name, form &amp; strength of medicine</b>	Fluconazole 150mg capsule
<b>Legal status</b>	Prescription only Medicine (POM)
<b>Route/Method</b>	Oral
<b>Frequency</b>	Single dose given in clinic (ie not supplied to take later)
<b>Duration of treatment</b>	Single dose only
<b>Quantity to supply</b>	One 150g capsule
<b>Side effects</b>	Manufacturers patient information leaflet (PIL) should be given. Most common side effects are nausea, abdominal discomfort, diarrhoea, flatulence, headache, rash
<b>Advice to patient/carer</b>	You have been given an anti-fungal treatment If you have any concerns about adverse effects or if your symptoms are no better after 7 days, please contact your clinic, GP, A&E or Primary Care Centre for advice.
<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Nurses on the NMC Register.
<b>Specialist competencies or qualifications</b>	A registered nurse working within the sexual health service, (after discussion and agreement with the service/departmental lead), who has undertaken training in and attended annual updates on and is therefore competent to supply and administer medicines under PGDs. Has completed approved training in Genito-urinary Medicine (GUM) and attends annual updates on GUM / STI. Is trained in the management of anaphylaxis
<b>Continuing education &amp; training</b>	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
<b>Referral Arrangements and Audit Trail</b>	
<b>Referral</b>	Consult physician or clinic if symptoms have not improved in one week.
<b>Records/audit trail</b>	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis. Dose and form administered. Advice given to patient (including side effects). Signature/name of staff who gave the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care)

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<b>References/Resources and comments</b>	Current British Association of Sexual Health and HIV UK National Guidelines on the Management of Vulvovaginal Candidiasis & Balanoposthitis Summary of Product Characteristics & BNF
<b>Clinical Authorisation</b>	
<b>Lead Doctor</b>	Dr Sumit Bhaduri, Deputy Medical Director & Consultant in GUM  Signature:  Date: 4/1/18
<b>Lead Pharmacist</b>	Dr Alex Johnson, Prescribing Support Pharmacist  Signature:  Date: 19.1.18
<b>Organisational Authorisation</b>	
<b>On behalf of Worcestershire Health and Care NHS Trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 12/1/18

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**Individual Authorisation**

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR  
ACCOUNTABILITY.

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date