

Administration

PATIENT GROUP DIRECTION (PGD) FOR

AZITHROMYCIN 250mg tablets / capsules / oral suspension

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

Clinical Condition	
Indication	<ol style="list-style-type: none"> 1. Second line to Doxycycline in uncomplicated genital tract (GT) chlamydia trachomatis infection 2. Second line to Doxycycline in uncomplicated non-gonococcal urethritis (NGU) infection in men 3. Prophylaxis during termination of pregnancy (TOP)
Inclusion criteria	<p>Chlamydia infection Patients who have positive chlamydia GT infection Potential reinfection because of poor concordance with recent antibiotic therapy for Chlamydial infection Patients who have been treated with an appropriate antibiotic for Chlamydial infection but who have had unprotected sex with an untreated sexual partner. For rectal chlamydia doxycycline is preferred</p> <p>Non-gonococcal urethritis Evidence of urethritis in men. Direct microscopic visualisation of >5 polymorphonuclear leucocytes (PMNL) in men per high power field averaged over 5 fields or > 10PMNL in a gram stained preparation of centrifuged first pass urine averaged over 5 fields</p> <p>Both Chlamydia and Urethritis On epidemiological grounds, if a recent sexual partner has informed the patient of a diagnosis of non-gonococcal urethritis or Chlamydial infection.</p> <p>Women undergoing TOP</p>
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	<p><u>Women</u> History of pelvic pain which is 'new', 'severe' or significantly changed. Where pain is unchanged and identified as pre-menstrual/ovulation pain or pain because of a long-standing bowel disease this exclusion criteria will not apply. Suspected upper abdominal pain/peri-hepatitis Suspected Pelvic inflammatory disease</p> <p><u>Men</u> Known or suspected proctitis/prostatitis New or unusual testicular pain Suspected epididymo-orchitis Persistent or recurrent urethritis</p> <p><u>Men & Women</u> Known allergy to nuts and/or soya protein Known or suspected hypersensitivity to azithromycin or other macrolide e.g. erythromycin, clarithromycin</p>

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	<p>Impaired liver function, Achlorhydria Taking anticoagulants, ciclosporin, digoxin, theophylline, ergot or terbinafine Re-presentation with uncomplicated chlamydia within the last month, except for re-treatment of the same episode. Men or women with known or suspected sero reactive arthritis</p>
Cautions - Seek further advice from doctor before proceeding and document advice	<p>Taking any medicine which interacts as listed in BNF Appx 1 Known or suspected conjunctivitis Patients who report that they are under 16 years old Women who are pregnant/suspected pregnancy / breastfeeding should be informed that this product is unlicensed for use with these groups, however use is supported by the World Health Organization (Ref; 2006 Br. Assoc. Sexual Health & HIV)</p>
Further information	<p>For rectal chlamydia doxycycline is preferred (see PGD DS/35) Doxycycline may be suitable for some patients for whom azithromycin is contra-indicated.</p>
Action if patient declines or is excluded	<p>Refer to doctor if patient cannot be treated under PGD Document refusal or action taken in patient's records</p>

Drug Details	
Name, form & strength of medicine	<p>Azithromycin 250mg tablets or capsules Azithromycin oral suspension 200mg in 5ml</p>
Legal status	<p>Prescription only medicine (POM)</p>
Route/Method	<p>Oral</p>
Dosage	<p>Four 250mg tablets / capsules (1 gram) as ONE single dose or 5 x 5ml spoonfuls (25ml) suspension. Capsules must be taken at least one hour before or two hours after food. Tablets and suspension can be taken with or without food.</p>
Frequency	<p>See below</p>
Quantity to administer	<p>For Chlamydia Single dose of 1g ie. four tablets / capsules or 25ml suspension. Followed by 500mg, two tablets /capsules or 12.5ml suspension, once daily for 2 further days (an additional 2 doses). For NGU Two 250mg tablets/capsules (500mg) as ONE single dose then one 250mg tablet/ capsule daily for 4 days. For TOP Single dose of four tablets / capsules (1g) or 25ml suspension For prophylaxis during TOP take on the day of the termination, or the day after the termination</p>

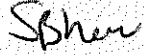

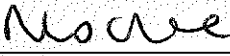
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Side effects	<p>The manufacturers patient information leaflet (PIL) should be given and the client advised to read it for side-effect information. Commonly nausea, vomiting, abdominal discomfort, diarrhoea, indigestion.</p> <p>If gastrointestinal disturbances are significant, patient should be advised to contact clinic.</p>
Advice to patient/carer	<p>Antibiotic used to treat or prevent infection</p> <p>Antacid medication taken less than one hour before treatment may reduce absorption - delay treatment until a minimum of two hours has elapsed.</p> <p>Partner notification should be discussed, documented and further action agreed.</p> <p>Abstain from sexual activity (including oral sex) that puts them at risk of infection for 7 days and until partner(s) have completed course of treatment.</p> <p>In the past there have been concerns that some antibacterials that do not induce liver enzymes reduce the efficacy of <i>combined</i> oral contraceptives by impairing the bacterial flora responsible for recycling ethinylestradiol from the large bowel. However, there is a lack of evidence to support this interaction. Current recommendations are that no additional contraceptive precautions are required when <i>combined</i> oral contraceptives are used with antibacterials that do not induce liver enzymes, unless diarrhoea or vomiting occur.</p> <p>If vomiting occurs within 2 hours of taking azithromycin the dose should be repeated</p>
Follow up	GP or clinic if needed

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Staff Characteristics	
Professional qualifications	Nurses on the NMC Register
Specialist competencies or qualifications	Trained in Genito-urinary Medicine (GUM) approved or provided by the Sexual Health Directorate Attends updates on GUM / STI at least every 2 years Trained in anaphylaxis. Completed PGD open learning package online and so is competent to work under PGDs in this trust.
Continuing education & training	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis. Dose and form supplied. Advice given to patient (including side effects). Signature/name of staff who supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care)
References/Resources and comments	Current versions of the following :- UK National Guideline for the Management of Genital Tract Infection with Chlamydia trachomatis. Br. Assoc. Sexual Health & HIV. UK National guideline on the management of non-gonococcal urethritis. Br. Assoc Sexual Health & HIV Summary of Product Characteristics; BNF
Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Consultant in GUM Signature:  Date: 23/10/18
Lead Pharmacist	Dr Alex Johnson, Senior Pharmacist Signature:  Date: 7/11/18
Organisational Authorisation	
On behalf of Worcestershire Health & Care NHS trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 30/11/18

