

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

DOXYCYCLINE CAPSULES 100MG

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. First line genital tract (GT) chlamydia trachomatis infection (azithromycin is second line) 2. First line uncomplicated non-gonococcal urethritis infection in men, (azithromycin is second line) 3. Prophylaxis during termination of pregnancy (TOP) 4. Rectal chlamydia infection <p>Doxycycline may be useful in cases where azithromycin is contraindicated</p>
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.</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> Suspected pelvic inflammatory disease Pregnant/suspected pregnancy (azithromycin)/ breastfeeding 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 criterion will not apply. Suspected upper abdominal pain/peri-hepatitis</p> <p><u>Men</u> Known or suspected proctitis/prostatitis New or unusual testicular pain Suspected epididymo-orchitis Persistent or recurrent urethritis</p>

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	<p><u>Men and Women</u> Known or suspected allergy to doxycycline or tetracycline antibiotics Impaired liver function Achlorhydria Taking anticoagulants, ciclosporin or retinoids People with porphyria, myasthenia gravis or systemic lupus erythematosus Re-presentation with uncomplicated chlamydia within the last month except retreatment of the original episode. Known or suspected sero-reactive arthritis</p>
Cautions - Seek further advice from doctor before proceeding and document advice	Patients reporting that they are under 16 years old Current gastro-intestinal infection or disturbance Taking any medicine which interact as listed in BNF Appendix 1 Known or suspected conjunctivitis People who are exposed to excessive UV light, e.g. those travelling abroad or using sunbeds (consider Azithromycin) Predicted poor concordance (consider Azithromycin)
Further information	Compliance with medication should be checked opportunistically e.g when patient calls for results.
Action if patient declines or is excluded	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records. Erythromycin or Ofloxacin may be appropriate in some cases
Drug Details	
Name, form & strength of medicine	Doxycycline capsules 100mg
Legal status	Prescription Only Medication (POM)
Route/Method	Oral
Dosage / frequency	One capsule to be taken twice a day (preferably during meals but not immediately before going to bed)
Duration of treatment	Seven days For women undergoing TOP start on the day of termination, or the day after termination.
Quantity to supply	14 capsules
Side effects	Nausea, vomiting, diarrhoea, Headache, flushing, tinnitus Erythema due to sun exposure - the patient should stop treatment and contact clinic for advice.
Advice to patient/carer	Read patient information leaflet. Take dose twice a day for 7 days. Swallow capsules whole with a glass of water or with food in a sitting or standing position and not immediately before going to bed (to reduce the risk of oesophageal irritation). Avoid antacids, and zinc or iron supplements for at least 2 hours before and after treatment

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	<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>If gastrointestinal disturbances are significant, contact clinic.</p> <p>Avoid strong sunlight or sunbeds during treatment and stop medication if erythema develops</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 doxycycline the dose should be repeated. If this happens more than once seek advice from the clinic or GP, as the course may need to be extended (you will need more doses to make up for those 'lost'). Likewise if this is also within 2h of taking an oral contraceptive pill you should seek advice from the clinic or GP as efficacy will likely be affected.</p>
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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	2006 UK National Guideline for the Management of Genital Tract Infection with Chlamydia trachomatis. Br. Assoc. Sexual Health & HIV. Summary of Product Characteristics; BNF 2008 UK National guideline on the management of non-gonococcal urethritis. Br. Assoc Sexual Health & HIV
Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Consultant in GUM Signature:  Date: 4/11/18
Lead Pharmacist	Dr Alex Johnson, Senior Pharmacist Signature:  Date: 28.11.18
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 15/11/18

Date approved: Nov 2018 Expiry date: Nov 2020

Ref : DS / 03

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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

