

Supply of Medicine
PATIENT GROUP DIRECTION (PGD) FOR

ACICLOVIR TABLETS 400MG

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

Clinical Condition	
Indication	First line treatment of patients who say they are over 16 years old attending Sexual Health Service supported clinics in Worcestershire diagnosed with suspected genital herpes . Episodic anti-viral treatment for Individuals previously diagnosed with genital herpes.
Inclusion criteria	Direct clinical visualisation of vesicles and/or ulceration of the external genitalia / peri-anal area. Patients attending with genital ulceration with a previously confirmed diagnosis of genital herpes.
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Individuals who have had three treatments under this PGD Allergy to aciclovir, valaciclovir or any of the excipients Concurrently taking ciclosporin or theophylline Renal impairment Immunocompromised patients No visualisation of vesicles or ulcers Painless ulcer Urinary retention Re-presentation with genital herpes within the last month
Cautions/Seek further advice	If the patient is known to be under 16 the nurse will need to discuss with a doctor first Current gastro-intestinal infection Pregnancy / breastfeeding Taking any medicine which interact as listed in BNF Appendix 1
Action if patient declines or is excluded	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.
Drug Details	
Name, form & strength	Aciclovir tablets 400mg
Legal status	Prescription only medicine (POM)
Route/Method	Oral
Dosage	400mg three times a day
Duration of treatment	5 days
Quantity to supply	15 tablets. Discard any remainder if pack larger.
Side effects	The manufacturers patient information leaflet (PIL) should be offered. The more common side-effects are below: Rashes, nausea and vomiting, diarrhoea, abdominal pains, dizziness, headache, fatigue.
Advice to patient/carer	Advise to discard remaining tablets if pack size larger than 15. Antiviral agent for symptom control not cure Drink plenty of liquids If patient develops erythema they should stop treatment and

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	<p>contact the clinic for advice. If gastrointestinal disturbances are significant, patient should be advised to contact clinic. <u>Counselling of patients with first episode genital herpes should include a discussion of the following topics:</u> Possible source of infection Natural history including risk of asymptomatic viral shedding Immediate care Future treatment options Risk of transmission by sexual and other means Risk of transmission to foetus during pregnancy and risk to baby during birth.</p>
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Staff Characteristics	
Professional qualifications	Nurses on the NMC Register
Specialist competencies or qualifications	<p>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. Trained in management of anaphylaxis Has completed approved training in Genito-urinary Medicine (GUM) and attends annual updates on GUM / STI.</p>
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 National Guideline for the Management of Genital Herpes- www.bashh.org/guidelines Summary of Product Characteristics & BNF

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Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Consultant in GUM Signature:  Date: 19/10/17
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature:  Date: 9/11/17
Lead Nurse	Carolyn Gosling, GUM Nurse Signature:  Date: 19.10.2017
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 20/11/17

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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