

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

METRONIDAZOLE 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	Bacterial vaginosis
Inclusion criteria	<p>The following clinical/diagnostic criteria should be present:</p> <ul style="list-style-type: none"> White/grey homogenous discharge Vaginal discharge ph >4.5 Microscopy showing 'clue cells' with reduced or absent lactobacilli and few polymorphs. a High Vaginal swab that is positive for bacterial vaginosis <u>Empirical treatment in CRHC clinics</u> Low risk of sexually acquired infection and a non-itchy offensive smelling discharge & no evidence of upper genital tract infection
<p>Exclusion criteria</p> <p>If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber</p>	<ul style="list-style-type: none"> Known allergy to metronidazole Acute porphyria. Patients taking oral anti-coagulants, phenobarbital, lithium, fluorouracil, ciclosporin, busulfan, phenytoin, disulfiram. Neurological disease Re-presentation with uncomplicated bacterial vaginosis within 4 weeks
Cautions/Seek further advice	<p>If patient is known to be under 16 the nurse will discuss treatment with a doctor before proceeding</p> <ul style="list-style-type: none"> Breastfeeding Jaundice or known liver disease Suspected likelihood of continuing to drink alcohol Pregnancy/suspected pregnancy
Action if patient declines or is excluded	<p>Refer to supervising doctor/receiving facility as appropriate.</p> <p>Document refusal or action taken in patient's records.</p> <p>Clindamycin vaginal cream is an alternative if metronidazole intolerant</p>

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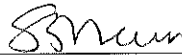
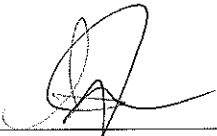
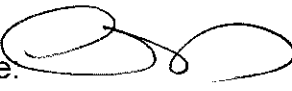
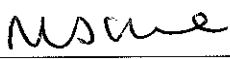
METRONIDAZOLE TABLETS 400mg

Drug Details	
Name, form & strength	Metronidazole tablets 400mg
Legal status	Prescription only medicine (POM)
Route/Method	Oral
Dosage / frequency	One 400mg tablet to be taken twice a day (every twelve hours)
Duration of treatment	5 days
Quantity to supply	10 x 400mg tablets. Discard remainder if pack supplied is larger Label with date, patient's name and dosage instructions
Side effects	GI upsets/nausea. May darken urine. Metallic taste in mouth, furred tongue. Rarely drowsiness, dizziness, confusion, transient visual disturbances which may affect ability to drive
Advice to patient/carer	Advise to discard remainder if pack size larger than 10 tablets Supply manufacturer's patient information leaflet Explain mode of Action (anti-microbial drug) and how to take. Avoid alcohol during therapy and 48 hours afterwards If suspect patient has alcohol in their system suggest to wait before starting treatment (alcohol within last 24 hours) Swallow whole with or after food with plenty of water If gastro-intestinal disturbances are significant the patient should be advised to seek medical help
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 Has up to date anaphylaxis training and is competent to work under PGDs having completed the online learning package.
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	Most current versions of :- National Guideline For the Management of Bacterial Vaginosis Clinical Effectiveness Group British Association for Sexual Health and HIV guidelines Summary of Product Characteristics; British National Formulary

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Clinical Authorisation	
Lead Doctor	Dr Sumit Bhaduri, Consultant in GUM Signature:  Date: 3/10/18
Lead Pharmacist	Dr Alex Johnson, Senior Pharmacist Prescribing Support Signature:  Date: 3.10.18
Lead Nurse	Carolyn Gosling, GUM Specialist Nurse Signature:  Date: 11.10.2018
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 30/10/18

