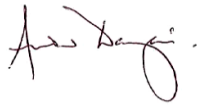





| PATIENT GROUP DIRECTION No. 1.1 | |
|--|---|
| Supply and / or administration of | |
| Name of drug: | Doxycycline 100mg |
| Condition: | Uncomplicated Chlamydia infection and / or non-gonococcal urethritis and / or epidemiological treatment |
| Area of Practice: | Chlamydia Screening Programme |
| Locations / Teams: | Nurses in Contraception and Sexual Health (CASH) and MIU |

PGD approved by

| Name | Title | Signature | Date |
|----------------------|------------------------------|--|------------------|
| Andrew Dayani | Medical Director |  | 4 November 2013 |
| Gareth Howells | Professional Lead |  | 4 November 2013 |
| Andrew Brown | Head of Medicines Management |  | 4 November 2013 |
| Dr Robert Baker | Microbiologist |  | 4 November 2013 |
| Approval Date | | | 10 December 2013 |
| Expiry Date | | | 9 December 2016 |

| PATIENT GROUP DIRECTION No. 1.1 | |
|--|---|
| Supply and / or administration of | |
| Name, Form and Strength of Drug: | Doxycycline 100mg capsules or tablets |
| Condition: | Uncomplicated Chlamydia infection and / or non-gonococcal urethritis and / or epidemiological treatment |

Document Control

| Version | Date Issued | Brief Summary of Change |
|---|-------------------------|--|
| 1.7 | 31 December 2013 | Review |
| Author(s) name and job title | | Dr. Rebecca Hobbs Clinical Director Contraceptive and Sexual Health Service Stephen Du Bois, Assistant Pharmaceutical Advisor, NHS Somerset |
| Approval Group: | | Medicines Management Group |
| Approval Date: | | 10 December 2013 |
| Author fulfils requirements for training and competency as set out in Trust PGD Policy | | Yes |

CONTRIBUTION LIST Key individuals involved in developing the document

| Name | Designation or Group |
|--------------------|--|
| Stephen Du Bois | Assistant Pharmaceutical Advisor, NHS Somerset |
| Dr Rebecca Hobbs | Clinical Director Contraceptive and Sexual Health Service (CASH) |
| Mrs Jane Duddridge | Lead Nurse, CASH |
| All Members | PGD Review Group |

Document History

| Version | Date | Comments / Amendments |
|----------------|-------------|---|
| 1.0 | 23.01.07 | Final Document |
| 1.1 | 29.01.07 | Amended final document. |
| 1.1 | 19.01.09 | Reviewed by using clinicians as review date due. No changes or amendments made. |
| 1.2 | April 2009 | Reviewed by Dr Lindsay Smith, General Practitioner, Patient Safety Lead. |
| 1.3 | May 2009 | Reviewed by Andrew Brown, Chief Pharmaceutical Officer as review date due. |

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|-----|------------|--|
| 1.4 | July 2009 | Reviewed by using clinicians to amend age to 13 years and older. |
| 1.5 | April 2013 | Reviewed by Dr Rebecca Hobbs and updated in Somerset Partnership template. |
| 1.6 | May 2013 | Amendments after review by PGD Review Group on 14 May 2013 |
| 1.7 | Oct 2013 | Minor amendments after review by Microbiologist |

| PATIENT GROUP DIRECTION No. 1.1 | |
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| Supply and / or administration of | |
| Name, Form and Strength of Drug: | Doxycycline 100mg capsules or tablets |
| Condition: | Uncomplicated Chlamydia infection and / or non-gonococcal urethritis and / or epidemiological treatment |

1. Clinical Condition

| | |
|--|--|
| Locality / speciality to which the direction applies | MIU and CASH working under the Chlamydia Screening Programme |
| Definition of condition / situation to which the direction applies | Uncomplicated genital chlamydial infection and/or non-gonococcal urethritis and/or epidemiological treatment. |
| Criteria for inclusion | <p>Adults and children aged 13 years and over where all the following criteria are met:</p> <ul style="list-style-type: none"> • Valid consent from patient or person with parental responsibility has been obtained. • Fraser competent if <16 years old. • Relief and treatment of genital infections due to <i>Chlamydia trachomatis</i> and/or non-gonococcal urethritis (NGU), and/or epidemiological treatment is required. <ul style="list-style-type: none"> ○ If for <i>Chlamydia trachomatis</i> infection: A positive urethral, cervical or urine Chlamydia NAAT, and/or Chlamydia culture, and/or immunofluorescence has been obtained. ○ If for non-gonococcal urethritis (NGU): Men with symptoms of urethral discharge, irritation and/or dysuria and men with signs of discharge after holding urine for longer than three hours. Microscopic examination of male urethral smear showing more than five polymorphonuclear leucocytes/high power field and no intracellular Gram negative diplococci ○ If for epidemiological treatment: Male and female patients with no symptoms or positive microscopy but presenting as a sexual contact with or without contact slip for Chlamydia (C4a), NGU (C4h) or pelvic |

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| | Inflammatory disease (PID) (C5) should be offered epidemiological treatment. Tests need to be sent to confirm diagnosis. |
| <p>Criteria for exclusion</p> <p>Please refer to the current BNF and/or the Summary of Product Characteristics (SPC) for further information on drug interactions.</p> | <ul style="list-style-type: none"> • Hypersensitivity to doxycycline or other tetracycline antibiotics (e.g. minocycline, oxytetracycline, lymecycline) or excipients. • Pregnancy • Lactation/breastfeeding • Porphyria. |
| <p>Description or circumstances in which further advice should be sought from a doctor and arrangements made for referral</p> | <ul style="list-style-type: none"> • Recurrent non-gonococcal urethritis (NGU) • Hepatic impairment • Individuals receiving corticosteroid or other immunosuppressive treatment, including general radiation. • Where the patient is taking immune suppressant treatment or is immunocompromised (e.g. individuals suffering with AIDS, leukaemia, malignancy.) • Systemic lupus erythematosus. • Myasthenia gravis. • Individuals receiving systemic treatment with any potentially hepatotoxic drugs e.g. Barbiturates, Carbamazepine, Ciclosporin, Coumarin-type anticoagulants (e.g. warfarin), Phenytoin. • Individuals with low abdominal pain or burning pain on passing urine. • If an adverse reaction occurs, provide immediate treatment and inform the patient's managing doctor as soon as possible. • Young people under the age of 18 years where there is known, suspected or alleged child abuse. |
| <p>Action if service user declines</p> | <ul style="list-style-type: none"> • Seek medical advice or refer to a doctor • Document action / refusal in patient's record. |
| <p>Description of follow-up for service users receiving treatment under the direction</p> | <ul style="list-style-type: none"> • If receiving treatment through the Somerset Chlamydia Screening Programme: the service protocol for follow-up must be followed: • Follow up at clinic only if symptoms persist. • For NGU trace and treat sexual contacts. • For Chlamydia; referral to health advisor should be considered. |

| PATIENT GROUP DIRECTION No. 1.1 | |
|--|---|
| Supply and / or administration of | |
| Name, Form and Strength of Drug: | Doxycycline 100mg capsules or tablets |
| Condition: | Uncomplicated Chlamydia infection and / or non-gonococcal urethritis and / or epidemiological treatment |

2. Staff Characteristics

| | |
|---|---|
| Professional qualification to be held by staff undertaking this Patient Group Direction | Registered Nurses |
| Specialist qualifications, training, experience and competence considered necessary and relevant to the medicines administered and the clinical condition being treated under this Patient Group Direction. | <ul style="list-style-type: none"> • The healthcare professional has undertaken appropriate training to carry out clinical assessment of a patient leading to diagnosis that requires treatment according to the indications listed in this PGD • The healthcare professional has undertaken Somerset Partnership approved training in the supply of medicines under PGDs • You must be authorised by name, under the current version of this PGD before working under it. |
| Professional Responsibility | <ul style="list-style-type: none"> • The healthcare professional must be willing to be professionally accountable for this work and be working within his/her competence • The practitioner should be aware of any change to the recommendations for the medicine listed • Maintenance of own level of updating with evidence of professionals respective continued professional development requirements |
| Requirements for staff training and competency assessment for administering medicine under this Patient Group Direction. | <ul style="list-style-type: none"> • Trust PGD Training and theory competency assessment • Competency assessment for this PGD • To have undertaken drug calculation test if mandatory |
| System for recording | Healthcare Professional to complete Trust Individual |

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|--|---|
| names of individuals authorised to supply and / or administer drugs under this Patient Group Direction | Authorisation (Appendix C of PGD Policy) signed by authorising manager. Copy to be kept by authorising/line manager in department, copy to Medical Director and copy to individual nurse. |
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| PATIENT GROUP DIRECTION No. 1.1 | |
|--|---|
| Supply and / or administration of | |
| Name, Form and Strength of Drug: | Doxycycline 100mg capsules or tablets |
| Condition: | Uncomplicated Chlamydia infection and / or non-gonococcal urethritis and / or epidemiological treatment |

3. Description of Treatment

| | |
|--|---|
| Name of medicine | Doxycycline |
| Legal status | Prescription only medicine (POM) |
| Strength and Form | 100mg capsule or tablet |
| Route of administration | Oral |
| Maximum dose/frequency per time period | Twice daily for seven days |
| Maximum quantity to be supplied | 14 capsules or tablets |
| Description of pack in which medicines will be supplied | Pre-labelled pack supplied by pharmacy |
| Storage and security arrangements | Stored in locked drug cupboards or filing cabinet in schools/colleges |
| Relevant warnings including potential adverse reactions Always refer to the manufacturers Summary of Product Characteristics (SPC) for the medicine to be supplied / administered under this PGD for a more complete overview of adverse reactions. | <ul style="list-style-type: none"> • Doxycycline is generally well tolerated with a low incidence of side-effects. • Gastro-intestinal symptoms are usually mild and seldom necessitate treatment discontinuation: • Nausea, vomiting, diarrhoea |
| Advice to service user or carer | <ul style="list-style-type: none"> • Swallow whole with plenty of water (ideally one hour before and two hours after a meal). • Do not take iron preparations or indigestion remedies at the same time or two hours before or after a dose. • Individuals taking antacids – advise individual to take doxycycline at least one hour before or two hours after the antacid. |

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| | <ul style="list-style-type: none"> • Advise to return for alternative treatment if vomiting occurs within three hours of administering medication. • Advise no sexual contact for one week. • Advise that alcohol consumption will reduce the effectiveness of the antibiotic, therefore, should be avoided, or at least consumption kept to a minimum. • Advice on avoidance of bright sunlight/ultra violet light/use of sunlamps during treatment and for several days after treatment is completed. • Advice on strategies to reduce the risk of reinfection with <i>Chlamydia</i> or any sexually transmitted infections after treatment. • Individuals should be advised to seek treatment from an appropriate medical practitioner if condition does not resolve on treatment under this PGD. • Advise patients to recommend to sexual contacts who may also be infected with <i>Chlamydia trachomatis</i> to seek medical advice. • Warn female patients that if they develop diarrhoea the oral contraceptive pill may be ineffective and to take other precautions. • If the patient is suspected of having another concurrent sexually transmitted infection (STI), refer the patient to their GP or relevant specialist for further investigation. |
| <p>Advice on concurrent medication</p> <p>Please refer to the current BNF and/or the Summary of Product Characteristics (SPC) for further information on drug interactions.</p> | <ul style="list-style-type: none"> • Advice re iron preparations and indigestion remedies as above |
| <p>Record of administration and a description of the records to be kept for audit purposes</p> | <p>It is essential to record the following in the patient notes:</p> <ul style="list-style-type: none"> • Name of medicine / dose / quantity supplied • Advice given to patient / carer (to |

| | |
|--|--|
| | <p>include side effects)</p> <ul style="list-style-type: none">• Signed and dated. (Where computer records are used health professionals must have individual identifier to enable audit trail). |
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