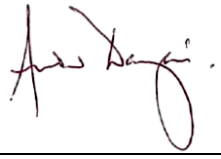
Somerset Partnership NHS
NHS Foundation Trust

PATIENT GROUP DIRECTION No. 1.2	
Supply and / or administration of	
Name of drug:	**Azithromycin 250mg capsules or tablets**
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), MIU and School Nurses**

PGD approved by

Name	Title	Signature	Date
Andrew Dayani	Medical Director		23/08/2013
Nina Vinall	Professional Lead		23/08/2013
Andrew Brown	Head of Medicines Management		23/08/2013
Mike Smith	Microbiologist		23/08/2013
Approval Date			September 2013
Expiry Date			September 2016

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Document Control

Version	Date Issued	Brief Summary of Change
1.7	**7 November 2013**	**Reviewed by Dr Rebecca Hobbs and updated in Somerset Partnership template**
Author(s) name and job title		**Dr. Rebecca Hobbs** **Clinical Director Contraceptive and Sexual Health Service (Lead Contact)** **Stephen Du Bois, Assistant Pharmaceutical Advisor, NHS Somerset**
Approval Group:		**Medicines Management Group**
Approval Date:		**3 September 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
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
1.2	06.08.07	Amended Final Document- Additional Exclusion criteria added
1.3	Apr 09	Reviewed by Dr Lindsay Smith, General Practitioner,

		Patient Safety Lead, due to review date being due.
1.4	May 09	Reviewed with comments Andrew Brown, Chief Pharmaceutical Officer
1.5	May 2009	Reviewed Section 4 in line with national guidelines on treatment in pregnancy
1.6	July 2009	Reviewed by using clinicians to amend age to 13 years and over and to exclude treatment in pregnancy
1.7	August 2013	Updated following review by PGD Review Group and put into new Trust template

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1. Clinical Condition

Locality / speciality to which the direction applies	CASH, MIU and School Nurses working under the Chlamydia Screening Programme
Definition of condition / situation to which the direction applies	Uncomplicated Chlamydia infection and/or non-gonococcal urethritis and /or epidemiological treatment
Criteria for inclusion	Adults and children aged 13 years and over where all the following criteria are met: • 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 *Chlamydia trachomatis* and/or non-gonococcal urethritis (NGU), and/or epidemiological treatment is required. ○ If for ***Chlamydia trachomatis*** infection: A positive urethral, cervical or urine Chlamydia NAAT, and/or Chlamydia culture, and/or immunofluourescence has been obtained. ○ If for **non-gononococcal 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 polymorphononuclear 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

	Inflammatory disease (PID) (C5) should be offered epidemiological treatment. Tests need to be sent to confirm diagnosis.
Criteria for exclusion Please refer to the current BNF and/or the Summary or Product Characteristics (SPC) for further information on drug interactions.	• Allergy / hypersensitivity to azithromycin or other macrolide antibiotics (e.g. erythromycin, clarithromycin, telithromycin) or exipients • Existing symptomatic arrhythmias • Pregnancy • Lactation/breastfeeding
Description or circumstances in which further advice should be sought from a doctor and arrangements made for referral	• Individuals receiving systemic treatment with rifabutin. • Individuals with pro-arrhythmic conditions such as: o Congenital QTc interval prolongation (e.g. Romano-Ward syndrome (autosomal dominant & associated deafness – autosomal recessive). o Documented acquired QTc interval prolongation (e.g. drug induced, cardiac pathology (heart failure, ischaemia, myocarditis) electrolyte abnormality, cerebrovascular disease,subarachnoid haemorrhage, ischaemic stroke), severe bradycardia (especially complete heart block, hypothyroidism/hyperthyroidism). • Electrolyte disturbances such as hypokalaemia, hypomagnesaemia, and hypocalcaemia. • Personal or family history of syncope, sudden death at a young age, or congenital deafness (a feature of Jervall & Lange-Neilsen syndrome). • Individuals receiving corticosteroid or other immunosuppressive treatment, including general radiation. • Immunocompromised or immunodeficient individuals with (e.g. individuals suffering with HIV, leukaemia, malignancy • Individuals with lower abdominal pain or burning pain on passing urine. • Hepatic impairment • Young people under the age of 18 years where there is known, suspected or alleged child abuse.
Action if service user declines	• Seek medical advice or refer to a doctor. • Document action/refusal in patient's record.

Description of follow-up for service users receiving treatment under the direction	• If receiving treatment through the Somerset Partnership 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.

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2. Staff Characteristics

Professional qualification to be held by staff undertaking this Patient Group Direction	Registered Nurses Registered Midwives
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.	• 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	• 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.	• 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

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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3. Description of Treatment

Name of medicine	Azithromycin
Legal status	Prescription-only medicine (POM)
Strength and Form	250mg capsule or tablet
Route of administration	Oral
Maximum dose/frequency per time period	Four capsules (1000mg) as single dose
Maximum quantity to be supplied	Four capsules
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.	• Dizziness, headache, somnolence, parasthesia, hyperactivity. • Taste and smell disturbances/ perversion. • Reversible hearing impairment, cardiac disorders such as chest pain and arrhythmias. • Nausea, vomiting, diarrhoea, dyspepsia, abdominal discomfort, constipation, flatulence, pancreatitis and rare reports of tongue and tooth discolouration. • Abnormal liver function including hepatitis and cholestatic jaundice. Rare cases of hepatic failure. • Allergic reactions including pruritis, rash, photosensitivity, urticaria. • Rarely, serious skin reactions including Stevens Johnson

	Syndrome and toxic epidermal necrosis. • Arthralgia. • Interstitial nephritis and acute renal failure. • Asthenia. • Myasthenia like syndrome. • Convulsions.
Advice to service user or carer	• Swallow whole with plenty of water (ideally one hour before and two hours after a meal). • Do not take indigestion remedies at the same time or two hours before or after a dose. • Advise to return for alternative treatment if vomiting occurs within three hours of administering medication. • Advise no sexual contact for one week. • Advice on strategies to reduce the risk of re-infection with Chlamydia or any sexually transmitted infections after treatment. • Advise patient to recommend to sexual contacts who may also be infected with Chlamydia trachomatis to seek medical advice. • Warn female patients that if they develop diarrhoea the oral contraceptive pill may be ineffective. • If the patient is suspected of having another concurrent sexually transmitted infection (STI) refer the patient to their FP or a relevant specialist for further investigation.
Advice on concurrent medication Please refer to the current BNF and/or the Summary or Product Characteristics (SPC) for further information on drug interactions.	• Advice re indigestion remedies as above
Record of administration and a description of the records to be kept for audit purposes	It is essential to record the following in the patient notes: • Name of medicine / dose / quantity supplied

	• Advice given to patient / carer (to include side effects) • Signed and dated. (Where computer records are used health professionals must have individual identifier to enable audit trail).