

**Patient Group Direction  
for the Supply and / or Administration  
of Azithromycin**

**By Authorised Registered Pharmacists, working in Primary Care  
settings, accredited to provide Chlamydia Screening and  
Treatment**

**Working in partnership with Northamptonshire Healthcare NHS  
Foundation Trust**

**For the treatment of Chlamydia trachomatis**

Approved by MMC: 10<sup>th</sup> May 2022

Expiry Date: 31<sup>st</sup> May 2024

Review Start Date 1<sup>st</sup> October 2023

**Directorate & Service:** Specialist Ambulatory Services in the Ambulatory,  
Therapy & Diabetes Services stack, Adults and Children's Directorate.

**Department responsible for review:** Northamptonshire Integrated Sexual  
Health & HIV Service

Reference number: PGD109 version 2.0

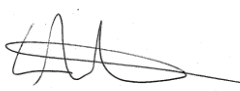
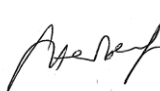




Authorised on behalf of NHFT by

Signature ...  .....Date: 13.05.2022.....

Dr Itai Matumbike Medical Director

to verify that the Trust's clinical governance framework for PGDs has been followed

## PATIENT GROUP DIRECTION (PGD) APPROVAL FORM

<b>Title of PGD: Patient Group Direction for the Supply and / or Administration of Azithromycin By Authorised Registered Pharmacists, working in Primary Care settings, accredited to provide Chlamydia Screening and treatment</b>	
Review	Expiry date (if review): 31 <sup>st</sup> May 2022
<b>Clinical areas in which the PGD will be / is used: Primary Care settings accredited to provide Chlamydia Screening and treatment in partnership with the Northamptonshire Integrated Sexual Health and HIV service. All NCSP (National Chlamydia Screening Programme) sites will have screening codes allocated.</b>	
<b>Directorate: Adults and Children's Directorate; Ambulatory, Therapy &amp; Diabetes Services</b>	<b>Service &amp; Department: Specialist Ambulatory Services; Northamptonshire Integrated Sexual Health &amp; HIV Service (NISHH)</b>
<b>Details and declaration of PGD Workgroup</b> The Lead Author confirms that a PGD is legal and appropriate. The following have reviewed and support this proposal for development of the PGD and agree to be a co-author once the proposal is approved.	
<b>Job title &amp; name of post holder</b>	<b>Signature and date</b>
Lead Author (Registered Health Professional) / Lead Practitioner. <i>As senior registered health professional representing the staff group, I confirm that use by the group of health professionals described in this PGD is appropriate and within their competence</i> <b>Lucy Milemore, Senior Nurse</b>	 29.04.22
Consultant <b>Dr Sophie Herbert</b>	 04.05.22
Directorate Pharmacist <b>Vijay Patel, HIV Specialist Pharmacist</b>	 29.04.22
Additional authors <b>Lisa Knight-Smith, Sexual Health Outreach Lead, NHFT</b>	 03.05.22
<b>Service Governance Approval</b> <ul style="list-style-type: none"> <li>The following managers have responsibility for service provision, governance (clinical and legal), and financial support of the service delivered under the PGD.</li> <li>and confirm they authorise use of the new / reviewed PGD in their speciality</li> </ul>	
<b>Job title &amp; name of post holder</b>	<b>Signature and date</b>
Clinical Lead <b>Dr Lynn Riddell</b>	 03.05.22
Clinical Director <b>George Flanagan</b>	 06.05.22

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Head of Service <b>Tracey Dempster</b>	 04.05.22
Appointed Practitioner in Charge <b>Lucy Milemore, Senior Nurse</b>	 29.04.22
<b>Clinical Executive / Directorate Governance Approval</b> The Clinical Executive / Directorate has agreed that a PGD is the most appropriate route to provide this clinical activity and has reviewed and supports operation of this PGD <b>Date approved by Directorate meeting: 12/05/2022</b>	
<b>Deputy Medical Director (print name)</b>  <b>Dr Sachin Sankar</b>	<b>Signature</b> 

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## Change history

Version number	Change details	Date
1.0	New template	20.04.20
	New dose – to be compliant with updated BASHH guidelines	20.04.20
	Updated exclusion criteria	24.05.20
2.0	Review/Drug interactions and side-effects updated	22.04.22

## Glossary

Abbreviation	Definition
BASHH	British Association for Sexual Health and HIV
BNF	British National Formulary
NICE	National Institute for Health and Care Excellence
NISHHS	Northamptonshire Integrated Sexual Health and HIV Service

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## Summary of need for this PGD

Direction for the supply*/administration* of:  * delete if appropriate	Azithromycin
Clinical need which this direction is intended to address	Patients infected with uncomplicated genital Chlamydia trachomatis.  Asymptomatic patients who are contacts of individuals with confirmed genital Chlamydia trachomatis
Objectives of care this direction will provide	To reduce the spread and incidence of chlamydia within the population.  To utilise the skills of clinically trained healthcare professionals in primary care  To improve patient access to medication and reduce waiting times for treatment  To increase patient choice as to where to access treatment for Chlamydia  To provide prompt, appropriate treatment for patients with Chlamydia
Key References including relevant national guidance	DoH Crown Report, 1998. A Report on the Supply and Administration of Medicines under Group Protocols ( <a href="#">link</a> )  Health Service Circular - HSC2000/026 Patient Group Directions [England Only]; Department of Health, Health Service Circular 9 <sup>th</sup> August 2000 (description of legislation and additional guidance)( <a href="#">link</a> )  Human Medicines Regulations 2012 SI 1916 (contains current legislation on PGDs) ( <a href="#">link</a> )  NICE Medicines Practice Guidance 2 (MPG2) Patient Group Directions. Published August 2013. Updated February 2014. Last updated March 2017. ( <a href="#">link</a> )

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	<p>NICE Competency Frameworks for Healthcare Professionals developing / reviewing, authorising and using Patient Group Directions January 2014 (<a href="#">link</a>)</p> <p>BNF / cBNF / Medicines for Children</p> <p>BASHH CEG September 2018 – Update on the treatment of Chlamydia trachomatis (CT) infection  <a href="https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf">https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf</a></p> <p>2010 Chlamydia trachomatis UK testing guidelines</p> <p><i>Summary of Product Characteristics eMC  Azithromycin – various products. Accessed April 2022</i></p>
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Clinical condition or situation to which this PGD applies	
1. Definition of condition or situation to which this PGD applies	Chlamydia trachomatis is a bacterium, which reproduces inside body cells. It is believed to be the most common sexually transmitted bacterial infection because it often causes no obvious symptoms, but it can have serious long-term health effects including infertility, ectopic pregnancy and miscarriage.
2. Criteria for confirming condition	<p>Referral from NISHH.</p> <p>Laboratory results are reviewed by a member of staff from NISHH and the patient referred to a named community pharmacy for treatment with azithromycin if:</p> <ol style="list-style-type: none"> <li>1. the patient has a laboratory-confirmed genital Chlamydia trachomatis infection</li> <li>2. the patient has asymptomatic sexual contact of a confirmed case of genital Chlamydia infection</li> <li>3. in female patients with an intra-uterine device in-situ, the patient does not have symptoms of pelvic inflammatory disease</li> <li>4. first-line treatment with doxycycline is not appropriate</li> </ol>
<p>3. Clinical criteria under which patient will be eligible for inclusion in this direction</p> <p><i>Consult clinicians working in the relevant area. Use BNF/BNFC/SPC. Take into account any clinical guidelines or policies that are available locally or nationally, e.g. BASHH/NICE/JCVI/SIGN/CKS</i></p>	<p><b>Practitioners should make use of the patient’s medical history (from notes or by talking to the patient) for information relevant to the decision making process.</b></p> <ul style="list-style-type: none"> <li>• <b>Persons aged 16-24 years of age and their partners of any age.</b></li> <li>• <b>Persons aged 15-16 years of age assessed as Fraser competent (appendix 1).</b></li> <li>• <b>Asymptomatic uncomplicated chlamydial infection</b></li> <li>• <b>Asymptomatic sexual contact of a confirmed case of genital Chlamydia infection</b></li> <li>• <b>Valid consent obtained.</b></li> </ul>
<p>4. Those criteria which exclude the patient from treatment under this direction</p> <p><i>For 4, 4a and 4b: Consult clinicians working in the relevant area. Use BNF/BNFC/SPC. Take into account any clinical guidelines or policies that are available locally or nationally, e.g. BASHH/NICE/JCVI/SIGN/CKS</i></p>	<ul style="list-style-type: none"> <li>• 15 - 16 years of age and not Fraser competent</li> <li>• Less than 15 years of age</li> <li>• More than 24 years of age</li> <li>• Breastfeeding</li> <li>• Known allergy to azithromycin or other macrolide or ketolide antibiotic e.g. erythromycin, clarithromycin, telithromycin</li> <li>• Any concurrent interacting medicine(s)</li> <li>• Known hepatic or renal impairment</li> <li>• Known HIV infection</li> <li>• Patient complaining of other symptoms suggestive of complicated infection i.e. pelvic pain, dyspareunia, intermenstrual bleeding, post coital bleeding</li> <li>• Patients not referred by NISHH (e.g. walk-in clients)</li> <li>• Male patients with testicular swelling</li> <li>• Some brands of azithromycin are contra-indicated in patients</li> </ul>

	<p>with a known allergy to soya and peanuts – check brand before issuing.</p> <ul style="list-style-type: none"> <li>Patients who do not consent to treatment under this patient group direction</li> </ul>
<p>4a. Patients who have a complex medical history (e.g. multiple clinical conditions) MAY be treated under this PGD if the practitioner judges it safe to do so, basing his/her assessment on the following criteria:</p>	<p><i>Not applicable</i></p>
<p>4b. Cautions including any relevant action to be taken</p> <p><i>Note: if the decision for action is to consult with a doctor/dentist, you should exclude this group of patients.</i></p>	<p><i>Not applicable</i></p>
<p>5. Details of action to be followed for patients excluded under this direction</p>	<ul style="list-style-type: none"> <li>Patients must be referred to the Chlamydia Screening Service (CSS) or a Doctor in GU Medicine for advice and provision of treatment.</li> <li>Refer on if child protection issues are identified as likely, in line with LSCBN Interagency Procedures. Follow local Safeguarding Children Inter-Agency Procedures</li> <li>If pregnancy is ongoing or probable refer client on to Northamptonshire Integrated Sexual Health Clinic</li> </ul> <p><b>Record in patient notes:</b></p> <ul style="list-style-type: none"> <li><b>reasons for exclusion</b></li> <li><b>action taken</b></li> <li><b>risks explained to patient and / or alternative treatment if any</b></li> </ul>
<p>6. Details of action to be followed if patient or carer declines to receive, or do not adhere to care under this direction</p>	<ul style="list-style-type: none"> <li>Advise on consequences of untreated Chlamydia infection</li> <li>Refer to Northamptonshire Integrated Sexual Health Clinic and ensure documentation reflects informed client choice</li> </ul> <p><b>Patients who refuse treatment under this patient group direction will be referred to an appropriate medical practitioner; and a record made in the patient's notes of:</b></p> <ul style="list-style-type: none"> <li><b>reasons why treatment declined</b></li> <li><b>action taken if treatment declined</b></li> <li><b>risks explained to patient and / or alternative treatment if any</b></li> </ul>

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Characteristics of staff practising under this PGD	
1. Qualifications and professional registration; to be held by staff undertaking this direction (e.g. registered Nurse, additional qualifications)	<p>Pharmacist registered with the General Pharmaceutical Council and working at a community pharmacy providing the “Chlamydia screening and treatment” locally enhanced service (LES).</p> <p>Pharmacist must have undertaken appropriate training which has been accredited by the CPPE (Centre for Pharmacy Postgraduate Education)</p>
2. Specialist qualification, training, experience and competence considered necessary and relevant to the clinical condition treated under this direction	<p>Completion of CPPE pre-workshop book (Chlamydia testing and treatment - PH/CHLAMYD16/PW)</p> <p>Attendance at relevant local CPPE accredited training workshop</p> <p>Understanding of Fraser competence assessment (see Appendix 1).</p>
3. Initial Training  Including specialist qualifications, training, experience and competence considered necessary and relevant to the medicine administered under this direction	<p>Attendance at relevant local CPPE training workshop (Sexual Health)</p> <p>Understanding of Fraser competence assessment (see Appendix 1).</p> <ul style="list-style-type: none"> <li>• Training in the use of PGDs. Practitioners must have successfully completed the Education and Training requirements in Appendix 3 of the MMPr023 Proposal Authorisation Use and Review of PGDs.</li> </ul>
4 Competency assessment	<p>Practitioners must:</p> <ul style="list-style-type: none"> <li>• have their request to seek authorisation to practice under this PGD approved by their line manager and the Appointed Practitioner in Charge.</li> <li>• be successfully assessed as competent in all the relevant clinical skills by an appropriate practitioner (the PGD Consultant Lead, other prescriber or their authorising manager as appropriate).</li> <li>• be successfully assessed as competent to practice under this PGD using either an assessment tool developed by the PGD Working Party or the NICE MPG2 competency framework for healthcare professionals using PGDs – by their authorising manager.</li> <li>• have a fully-signed competency statement and authorisation form for practice under this PGD, signed by the practitioner and his/her authorising manager</li> <li>• be included in the service register of practitioners authorised to act under this PGD - maintained by each Appointed Practitioner in Charge</li> </ul> <p>Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in</p>

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	the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
5. Requirements for continuing training and education and competency for staff supplying/administering medicines under this direction	<p>Annual review at IPR and evidence of practice</p> <p>Received relevant annual child protection training</p> <p>All registered pharmacists are personally accountable for their practice and in the exercise of professional accountability there is a requirement to maintain their own level of competence with evidence of relevant continued professional development (PREP requirements).</p>
<b><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></b>	

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Description of treatment	
1. Name, form and strength of medicine(s) supplied under this direction  (include ▼ for black triangle medicines)	Azithromycin  250mg tablets/capsules  500mg tablets/capsules  200mg/5ml oral suspension
2. Name, form and strength of medicine(s) administered under this direction,  (include ▼ for black triangle medicines)	Not applicable
3. Legal status of medicine(s)	POM (remuneration will be based on the Drug Tariff price for the POM preparation)
4. Method of obtaining supplies	Supplied from stock within own Pharmacy Dispensary
5. Indicate any off-label use (if relevant)	Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).  This PGD includes off label use in the following conditions: <ul style="list-style-type: none"> <li>• The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose.</li> <li>• Those under 18 years of age and under 45kg weight - azithromycin tablets or capsules are not licensed for use in children or adolescents weighing under 45kg</li> </ul>
6. Method or route of administration	Oral  Check specific brand supplied – advice relating to whether to take with food or without food may differ  <i>Refer to: BNF/BNFc/SPC/Medicines for Children</i>
7. Dose and frequency treatment for medicine(s), including where a range of dose is permissible, the criteria for deciding the dose	By mouth 1 gram once daily on day 1,  then 500mg once daily on days 2 and 3  <i>Refer to: BNF/BNFc/SPC/Medicines for Children</i>

<p>8. Duration of treatment / total dose and number of times treatment can be supplied/ administered</p> <p>(including maximum or minimum treatment period)</p>	<p>2g total dose as a three day course</p> <p><b>NB The PGD will only be used for a single supply, and a full record made.</b></p> <p><b>The medical team must be informed of any treatment given under this PGD by documentation in the medical notes.</b></p>
<p>9. Quantity to be supplied</p>	<p>Total dose 2g</p> <p>Can be supplied as tablets, capsules or oral solution (to the nearest original container)</p>
<p>10. Storage</p>	<p><b>The secure storage of all medicines listed in this PGD must be ensured and must be in accordance with Trust Policy and in conditions in line with the SPC.</b></p> <p>Storage in individual Community Pharmacy</p> <p><b>The Health Service Circular (HSC 2000/026) states that 'there must be a secure system for recording and monitoring medicines use from which it should be possible to reconcile incoming stock and out-goings on a patient by patient basis'. A stock control system must be put in place for pre-packs given to patients / clients to take away.</b></p>
<p>11. Contra-indications / brand specific information</p>	<p>Hypersensitivity to azithromycin, or any macrolide or ketolide antibiotic.</p> <p>Hypersensitivity to any excipient</p> <p>Some preparation contain soya oil - contra-indicated in patients with a peanut or soya allergy – check individual brand</p> <p><i>Refer to: BNF/BNFc/SPC/Medicines for Children</i></p>
<p>12. Cautions / brand specific information</p>	<p><i>Refer to: BNF/BNFc/SPC/Medicines for Children</i></p> <ul style="list-style-type: none"> <li>• Advise not to eat for 1 hour after taking (depending on brand supplied)</li> <li>• Warn of possible side-effects (patient information leaflet)</li> <li>• If they take an Oral Contraceptive and suffer from diarrhoea after taking the azithromycin they should ensure they do NOT have a “pill-free” period and should abstain from sexual intercourse for 7 days.</li> </ul>
<p>13. Drug interactions</p>	<p><i>Refer to: BNF/BNFc/SPC/Medicines for Children</i></p> <ul style="list-style-type: none"> <li>• All concurrent medications should be reviewed for interactions. The interactions listed as severe in the BNF are:</li> <li>• Colchicine</li> <li>• Digoxin</li> </ul>

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	<ul style="list-style-type: none"> <li>• Edoxaban</li> <li>• Rifabutin</li> <li>• Talazoparib</li> <li>• Ticagrelor</li> <li>• Topotecan</li> <li>• Ciclosporin</li> <li>• Antacids- Azithromycin should be taken at least 1 hour before or 2 hours after the antacid</li> </ul> <p><b>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></b></p>
14. Identification of adverse reactions	<p><i>Refer to: BNF/BNFc/SPC/Medicines for Children</i></p> <p><b>The following side effects are very common/common with azithromycin:</b></p> <ul style="list-style-type: none"> <li>• Nausea</li> <li>• Anorexia</li> <li>• Vomiting</li> <li>• Dyspepsia</li> <li>• Dizziness</li> <li>• Headache</li> <li>• Diarrhoea</li> <li>• Abdominal pain/discomfort</li> <li>• Flatulence</li> <li>• Loose stools</li> <li>• Rash</li> <li>• Pruritus</li> <li>• Arthralgia</li> <li>• Fatigue</li> <li>• Visual impairment</li> <li>• Deafness</li> <li>• Paraesthesia</li> <li>• Dysgeusia</li> </ul> <p><b>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></b></p>
15. Management of adverse reactions including facilities and supplies that should be available at the site where this direction is operated	<p><b>Practitioners should ensure that they are familiar with the doses, contraindications, cautions and interactions (see BNF/BNFc/SPC) of emergency medicines that they are likely to need to use.</b></p> <p><b>All medication that would be required for the treatment of reactions is available from Community Pharmacy Stock</b></p>

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	<p><b>Note 1 - These are not part of this patient group direction and will require prescribing by a medical practitioner as appropriate, but see note 2 below.</b></p> <p><b>Note 2 - Neither a prescription nor an instruction to administer is required for the following injectable drugs when administered for the purpose of saving life in an emergency:</b></p> <p><b>Adrénaline injection (1:1000)</b></p>
16. Arrangements for referral to medical advice	Patients should be advised to seek medical advice from their GP or contact NISHH service.
17. Reporting procedure for adverse reactions	<ul style="list-style-type: none"> <li>Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions especially those with a black triangle ▼ to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></li> <li>All medication errors, near misses and suspected adverse drug events should be reported to the (add as appropriate consultant, registrar or SHO),</li> <li>Record all adverse drug reactions (ADRs) in the patient's medical record</li> <li>All incidents should be reported via the Trust's electronic reporting system Datix</li> </ul>
18. Written information and to be given to patient or carer	<b>Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.</b>
19. Advice (including any written advice) to be given to the patient or carer before or after treatment	<ul style="list-style-type: none"> <li>Emphasise need for partner(s) to be treated.</li> <li>Advise no sexual intercourse for the following 7 days.</li> <li>Risk of re-infection from partner(s) if partner(s) have not been treated</li> </ul> <p>Possibility of reduced effect of contraceptive pill If they take an Oral Contraceptive and suffer from diarrhoea after taking the azithromycin they should ensure they do NOT have a "pill-free" period and should abstain from sexual intercourse for 7 days</p> <p>Possible concurrent medication considerations with antacids, ciclosporin, digoxin, ergot derivatives, theophylline, terfenadine, warfarin, statins and rifabutin. Check in current BNF</p> <ul style="list-style-type: none"> <li>Need to inform service if vomiting occurs within 2 hours of taking dose to assess need for repeat treatment.</li> </ul>
20. Information about follow-up treatment	<b>The individual/carers should be advised to seek medical advice in the event of an adverse reaction or treatment failure.</b>

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21. Site for treatment	<p>All NCSP (National Chlamydia Screening Programme) sites with screening codes allocated.</p> <p>Community Pharmacy</p>
22. Treatment records	<p>Pharmacist must complete documentation required in PharmOutcomes</p> <p>A computer or manual record of all individuals receiving this product under this Patient Group Direction should also be kept for audit purposes within each practice and designated setting</p> <p><b>All records should be clear, legible and contemporaneous.</b></p> <p><b>To ensure legal requirements for recording treatment are met, and to enable practice to be audited, the practitioner who administers medication under this patient group direction is responsible for informing the patient of their actions and recording the following:</b></p> <ul style="list-style-type: none"> <li>• Document all information relevant to the treatment in the <i>PharmOutcomes</i> which should include: Patient’s name, address, date of birth, NHS number</li> <li>• Patients will need to give valid informed verbal consent (in line with DoH advice on consent) to be treated under this patient group direction. This consent should be recorded (signed and dated) in the patient’s notes by the practitioner following the patient group direction.</li> <li>• Contact details of GP (if registered and if relevant)</li> <li>• Diagnosis / relevant medical history including drug allergies and sensitivities, previous ADRs, concomitant medication, risk factors, how the patient met the inclusion criteria, confirm no exclusion criteria met,</li> <li>• all decisions NOT to treat a patient under PGD 109 e.g. if the patient met one or more exclusion criteria or if the patient declined treatment</li> <li>• name of registered health professional</li> <li>• the name of the drug, strength, form, quantity supplied and / or dose administered, route (and site, if by injection) of administration</li> <li>• date of administration/supply (and time, if administered)</li> <li>• advice given to patient (including side effects) including verbal advice and PILs, and also advice given if patient is excluded or declines treatment</li> <li>• referral arrangements (including self-care)</li> <li>• details of any adverse drug reaction and actions taken including documentation in the patient’s medical record</li> <li>• writing a statement that supply or administration was made using the Patient Group Direction reference - “PGD 109</li> </ul> <p>Records should be signed and dated by the health professional who administered or supplied the medication, including their registration e.g. RGN.</p>

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	<p><b>NB If any of the above has already been documented in the patient's records, the designated practitioner must be satisfied that the records are accurate (otherwise this becomes delegation).</b></p>
<p>22. Audit trail for treatment records</p>	<p><b>The Trust PGD Monitoring Framework (available on Staff Room) should be completed by the Appointed Practitioner in Charge and PGD Lead Practitioner and returned to Pharmacy by the date specified in this PGD.</b></p> <p><b>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</b></p> <p>It is the responsibility of the Appointed Practitioner in Charge, or their nominated deputy, to ensure that practice is audited for each PGD in use within their directorate <b>annually</b>. Audit of PGDs should be included in the Directorate Audit programme.</p> <p>In addition: Compare the total number of referrals via the service with the number confirmed to have been reviewed by a Pharmacist/Nurse (analysis of data submitted via PharmOutcomes). To be carried out annually.</p>

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## MANAGEMENT AND MONITORING

<p>1. Authors of this direction (names and status of authors) [to sign PGD approval form on page 2]</p>	<p>Name Lucy Milemore , Lead Nurse Practitioner, Lead Author)</p> <p>Name Dr Sophie Herbert, Consultant in GU Medicine, NHFT</p> <p>Name Lisa Knight-Smith , Sexual Health Outreach Lead, NHFT</p> <p>Name Vijay Patel, HIV Specialist Pharmacist, NHFT</p>
<p>2. Professional advisory groups which have contributed to this direction (name(s) of advisory groups)</p>	<p>MMC</p>
<p>1. Name of manager authorising the use of this direction within the Directorate (Deputy Medical Director)</p> <p>[to sign directorate PGD-approval form on page 2]</p>	<p>Sachin Sankar</p>
<p>4. Service Managers confirming the PGD is in accordance with directorate and service objectives and approving its use within the relevant service area</p> <p>[to sign directorate PGD-approval form on page 2]</p>	<p>Clinical Lead: Dr Lynn Riddell</p> <p>Clinical Director: George Flanagan</p> <p>Head of Service: Tracey Dempster</p> <p>Consultant: Dr Sophie Herbert</p> <p>Appointed Practitioner in Charge: Lucy Milemore</p>
<p>5. Date of Patient Group Direction approved by MMC</p>	<p><b>10th May 2022</b></p>
<p>6. Expiry date</p>	<p><b>31<sup>st</sup> May 2024 (Not more than 2 years after approved by MMC)</b></p> <p><b>This patient group direction is no longer valid after this date</b></p>
<p>7. Date this direction becomes due for review</p>	<p><b>1<sup>st</sup> October 2023</b></p>

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<p>8. Date the annual audit return form must be submitted to MMC</p>	<p>First year of cycle <b>May 2023</b></p> <p><i>Schedule audit 10 months after MMC approval date to allow time for submission to Directorate and then MMC one year after approval</i></p> <p>Second year of cycle: <b>May 2024</b></p> <p><i>Schedule audit 2 months before expiry date to allow submission with PGD re-approval submission to Directorate and then MMC</i></p>
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## APPENDIX 1

### **FRASER GUIDELINES COMPETENCY TEST**

For clients who are believed to be under 16 years of age. Discussion with the young person should explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity.

<b>ASSESSMENT OF FRASER GUIDELINES COMPETENCY</b>	<b>YES</b>	<b>NO</b>
The young person could understand the advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications		
The young person was encouraged, but declined, to inform or seek support from their parents or to allow the health professional to inform the parents that they are seeking sexual health advice		
The young person would be very likely to begin, or to continue having, sexual intercourse with or without sexual health advice and/or treatment		
That, without sexual health advice or treatment, the young person's physical or mental health, or both, would be likely to suffer		
That the young person's best interests required them to receive sexual health advice and/or treatment without parental consent		

Taking the above into account, the pharmacist or nurse should decide if the young person is competent to receive advice and treatment. The consultation is governed by the same terms of confidentiality whether or not the health professional considers the young person competent.

**Pharmacist Name:** .....

**Pharmacist Signature:** ..... **Date:**.....

**Client Name :** .....

**Client Signature:** ..... **Date:**.....

**When a young person is judged not to be Fraser competent they should be referred.**

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**Registered health professional competency statement and authorisation form to act under this Patient Group Direction**

A register of all practitioners authorised to practice under this PGD is maintained by the service  
**PGD109 Azithromycin (Community Pharmacists) v2.0 Valid from: 1<sup>st</sup> June 2022 Expiry: 31<sup>st</sup> May 2024**

Before signing this form, check that the PGD document has had the necessary authorisations on page 2.  
 Without these, this PGD is not lawfully valid.

**Original:** to be retained by health professional as evidence of authority to practise under this PGD  
**Copy:** to be submitted to the Appointed Practitioner in Charge for inclusion in the service register of Authorised PGD Practitioners

**Registered health professional competency statement**

**Note:** By signing the competency statement to practice under this PGD, you are indicating you agree to its contents and accept the responsibility and accountability that practice under this PGD entails and agree to practice only within the terms and conditions of the PGD.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

It is the responsibility of each individual to maintain his/her competency and ensure his/her authorisation does not lapse by arranging a competency review meeting with his/her authorising manager. **THE TRUST REQUIRES PRACTITIONERS TO BE RE-ASSESSED ANNUALLY.** Copies of the completed forms must be submitted to the Appointed Practitioner in Charge AFTER EACH RE-ASSESSMENT for continued inclusion in the service register of Authorised PGD Practitioners.

<b>I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.</b>			
<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>

**Authorising manager**

<b>I confirm that the registered health professional named above has declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Northamptonshire Healthcare NHS Foundation Trust for the above named health care professionals who has signed the PGD competency statement to work under it.</b>			
<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>

**Note to authorising manager** This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

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