

**Patient Group Direction for the administration of ceftriaxone 1G intramuscular injection for the treatment of : Neisseria Gonorrhoea infection**

<b>Title of patient group direction</b>	Patient Group Direction for the administration of ceftriaxone 1G intramuscular injection for the treatment of : Neisseria Gonorrhoea infection
<b>Approved at</b>	NMP/PGD Group
<b>PGD approved / valid from</b>	September 2018
<b>Review date</b>	June 2021
<b>Expiry date</b>	September 2021
<b>Clinical area(s) where PGD applies</b>	York Sexual Health and North Yorkshire Sexual Health services
<b>Identified Lead for monitoring / review and contact details</b>	Alison Chorlton, Lead Sexual Health Nurse

**CONSULTATION PROCESS ADOPTED IN DEVELOPING THE PATIENT GROUP DIRECTION (PGD)**

<b>New Document</b>	No
<b>Reviewed Document</b>	Yes
<b>If the PGD is revised what revisions were required and for what reasons e.g. change in medical procedures or change in legislation</b>	Expires June 2018 Dose change as per BASHH guidelines 2019
<b>List of persons involved in the consultation process.</b> (The group must include a sponsoring clinician, a pharmacist and a senior representative of the professional group. The job title and level of consultation should also be listed).	Alison Chorlton, Lead Nurse Sexual health Elizabeth Clarke Advanced Nurse Specialist Dr Ian Fairley, Consultant



<b>Condition</b>	<p>First line empirical treatment for males and females being treated for confirmed or suspected gonorrhoea infection and the epidemiological treatment of their sexual contact/s</p> <ul style="list-style-type: none"> <li>• if presenting within 14 days of exposure or has been exposed from a regular sexual contact (this may be beyond 14 days exposure)</li> <li>• antimicrobial susceptibility is not known prior to treatment</li> </ul>
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• Direct microscopic visualization of gram negative intracellular diplococci in pairs</li> <li>• Positive culture/PCR/NAATS result for <i>Neisseria gonorrhoea</i> (vaginal, penile, rectal and pharyngeal)</li> <li>• Epidemiological treatment of known sexual contacts of confirmed/suspected gonorrhoea infection</li> <li>• Repeat treatment for patients already treated for gonorrhoea that has had sexual contact with an untreated partner who required treatment.</li> </ul>
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• If antimicrobial susceptibility test results from all sites of infection are available prior to treatment please consider alternative treatment via a prescriber if available</li> <li>• Patients who themselves directly present with the complicated conditions pelvic inflammatory disease (PID) and epididymo-orchitis</li> <li>• Allergy or hypersensitivity to ceftriaxone, cephalosporins or penicillin</li> <li>• Interacting medicines (see appendix 1 BNF)</li> <li>• Children aged 12 or under</li> </ul>



	<ul style="list-style-type: none"> <li>• Patients aged 13-15 who are not Fraser competent</li> <li>• Allergy or hypersensitivity to lidocaine or any of excipients in the product</li> <li>• Patients with bleeding disorders and/or taking anticoagulants</li> <li>• Patients who refuse treatment under a PGD</li> </ul>
<b>Action if excluded</b>	<ul style="list-style-type: none"> <li>• Refer to medical practitioner that clinical session</li> <li>• As there may be occasions when a medical practitioner is not physically present within the department, discuss by telephone where possible with medical practitioner.</li> <li>• Consider the use of ciprofloxacin if antimicrobial susceptibility results show sensitivity to ciprofloxacin</li> </ul> <p>Alternatively arrange immediate assessment in the Emergency Department if patient presents with an acute presentation and no doctor is available that clinical session.</p>
<b>Action for patients not wishing to receive care under the PGD</b>	<p>Refer to medical practitioner/prescriber that clinical session or when next available in clinic. As there may be occasions when a medical practitioner is not physically present within the department, discuss by telephone where possible with medical practitioner first, and defer treatment until after this discussion.</p>



DESCRIPTION OF TREATMENT			
<b>Name of Medicine</b>	Ceftriaxone		
<b>Legal Classification</b>	Prescription only medicine (POM)		
<b>Licensing information</b>	BNF refer to it as an unlicensed dose Recommended first line treatment in BASHH national guidance 2019		
	<b>Is the medicine licensed for the intended use?</b>	<b>YES</b>	
	<b>Does it have a black triangle status?</b>		<b>NO</b>
	<b>Does it have a Risk Minimisation Measures (RMM) recommendation</b>		<b>NO</b>
<b>Form</b>	Powder for reconstitution  Reconstitute a 1G vial with 3.5mL of lidocaine 1% injection		
<b>Strength</b>	1G vial		
<b>Dose</b>	1G		
<b>Frequency</b>	Single dose		
<b>Route</b>	Intramuscular injection		
<b>Total Treatment Quantity</b>	Total of 1g (1000mg) by intramuscular injection		
<b>Interactions with other medicines</b> (This must include all potentially serious interactions listed in the BNF)	Use appendix 1 of the BNF and manufacturers SPC to identify drugs with a black dot / clinically significant interactions  Anticoagulants: Cephalosporins possibly enhance anticoagulant effect - no additional monitoring required for stat doses of ceftriaxone also see exclusion criteria		



<b>Adverse Reactions</b> (This should include all the common and potentially serious adverse reactions. It is acceptable to state that the BNF should be referred to for further information)	<ul style="list-style-type: none"> <li>• Sudden breathlessness/wheezing, swelling, rash or itching</li> <li>• Nausea, dyspepsia, abdominal discomfort, diarrhoea</li> </ul>	<b>Treatment of adverse reactions</b>  – SEEK URGENT MEDICAL ADVICE
<b>Advice to Patients: Written and Oral advice</b> (This should include the provision of a patient information leaflet)	<ul style="list-style-type: none"> <li>• Information regarding aetiology of gonorrhoea, transmission, and implications for partial/non-treatment; with supporting leaflet and/or principles of epidemiological treatment for sexual contacts being treated.</li> <li>• Information regarding treatment concordance and side effects; supported by patient information leaflet (PIL)</li> <li>• Advice regarding avoiding any form of sexual contact until self and partner/s is also fully treated, to avoid risk of reinfection. Abstinence needs to extend until 7 days after both self and sexual partner/s are fully treated</li> <li>• Partner notification will be undertaken in line with national recommendations.</li> <li>• Discussion regarding safer sex in general for future sexual health</li> <li>• All patients who are diagnosed as gonorrhoea positive should have a repeat test with a NAATS test 14 days post treatment from the infected site to ensure the infection has resolved.</li> </ul>	
<b>Follow up action</b>	<ul style="list-style-type: none"> <li>• A culture test can be used 72 hours post treatment if the patient has persisting</li> </ul>	



	<p>symptoms/signs</p> <ul style="list-style-type: none"> <li>• if the patient is unable to return to clinic a telephone compliance check in 10 days whereby patient may be discharged by telephone if they have been fully compliant and concordant, a follow-up return visit would then be required if: <ul style="list-style-type: none"> <li>- Persistent or new symptoms are established during the telephone compliance discussion</li> <li>- Non-compliance with treatment is established during the telephone compliance discussion</li> <li>- A risk of re-infection is established during the telephone compliance discussion</li> </ul> </li> </ul> <p>If a patient tests positive on culture for gonorrhoea, and sensitivities show that they require additional treatment because the treatment which they have already received has been shown to be either resistant or intermediately resistant; they will need to return for further appropriate treatment.</p>
Storage	<ul style="list-style-type: none"> <li>• locked medicines cupboard – store below 25 °C</li> <li>• locked briefcase for outreach use</li> </ul>
Records to be Kept	<p>A record of the use of the PGD must always be in the patient's notes and other relevant patient documentation.</p> <p><b>For example:</b> Document the following in the patients notes:</p> <ul style="list-style-type: none"> <li>• Any reason for exclusion, including action taken</li> <li>• If the patient has refused treatment under the PGD, any advice given or cautions taken</li> <li>• That the drug had been administered under a PGD</li> <li>• Date and time of administration</li> <li>• Name, form, strength and dose of drug</li> </ul>



	<p>administered</p> <ul style="list-style-type: none"> <li>• Route of administration</li> <li>• Time of administration if appropriate</li> <li>• Any adverse</li> <li>• Any communication with other health care professionals</li> <li>• The outcome of the compliance discussion needs to be recorded in full in the patient's notes</li> <li>• If the patient is pregnant her treatment must be documented in her maternity (green) notes or her GP written to.</li> </ul> <p>The record must be signed by the nurse responsible for the administration.</p>
<b>Audit Arrangements</b>	As per current Trust PGD Policy
<b>References</b>	<p>National guidelines for the management of gonorrhoea in adults, 2019, British Association for Sexual Health and HIV, <a href="http://www.bashh.org">www.bashh.org</a></p> <p>Nursing and Midwifery Council, updated advice sheet for Record Keeping, 2009 <a href="http://www.nmc.org.uk">www.nmc.org.uk</a></p> <p>The British National Formulary, <a href="http://www.bnf.org.uk">www.bnf.org.uk</a></p>
<b>Competency Requirements</b> (attach any competency frameworks / documents)	<p>Completion of a local sexual health training programme for the administration of Ceftriaxone under PGD within sexual health services. This will require/include:</p> <ul style="list-style-type: none"> <li>• Clinical competence in sexual history taking, the clinical examination/assessment and genital screening required to enable the accurate diagnosis and treatment of gonorrhoea infection</li> <li>• The ability to recognize which sexual contacts will require epidemiological treatment in line with national guidelines.</li> </ul>

- Knowledge base of the interactions of ceftriaxone with other drugs, and other exclusions and contra-indications for issuing ceftriaxone.
- Competence in the above will be demonstrated by the undertaking of a local clinical competency based training and assessment programme, evidenced by completion of theoretical study including e-learning and clinical experience within sexual health.
- Assessment will be undertaken by the Lead Sexual Health nurse or designated PGD assessor, who will both be fully competent and either practising as an independent prescriber themselves, or practicing in accordance with this PGD.
- Receiving Clinical Supervision and/or audit of case notes on an ongoing basis
- Commitment to continuing professional development identified through Clinical Supervision and appraisal
- Evidence of continuing professional development in sexual health.
- 5 study days or the equivalent in hours, of study related to the field of sexual health; every 3 years.
- Regular attendance and participation in the twice yearly educational clinical governance sessions.

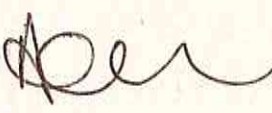

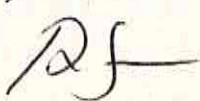
Maintain professional accountability with the Nursing and Midwifery Council (NMC) and ensure continuing professional development

It is the responsibility of the individual to keep up to date with continued professional development and to work within the limitations of their individual scope of practice

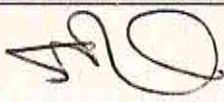
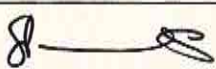


**AUTHORISATION OF THE PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION  
OF: Ceftriaxone 1g**

**PGD Development / Review Team – responsible for PGD content**

Title	Name	Signature	Date
Lead Author	Alison Chorlton Lead Sexual Health Nurse		12.01.19
Clinical Director Lead Approval	Ian Fairley		13/02/2019.
Directorate Pharmacy Lead Approval	Paul Jackson		21/2/19

**PGD Approved by the NMP/PGD Group**

Title	Name	Signature	Date
NMP Lead / Lead Nurse Medicines Management	Jennie Booth		22.02.2019
Chief Pharmacist / Deputy Chief Pharmacist	Stuart Parkes		22/2/19.

**Authorisation to work within the PGD**

This patient group direction must be agreed to and signed by all health care professionals involved in its use.

The PGD must be easily accessible in the clinical setting.

**Notes to the NMP/PGD Authorising staff**

- Do not proceed unless this document carries the signatures of the development / review team (Lead Author, Lead Clinical Director and Directorate Lead Pharmacy)
- You are responsible for fulfilling the legal requirement that a senior person from the profession ensures that only fully competent, qualified and trained professionals operate under this PGD
- Using a PGD is not a form of prescribing



Staff authorised to work under this PGD				
Ward / Department		Sexual Health		
Professionals to whom this Patient Group Direction applies		Qualified nurses who work within sexual health and have completed the agreed training programme		
<p><i>I confirm that I have read and understood the content of this patient group direction and that I am willing and competent to work under it within my professional code of conduct when working for this Trust:</i></p>				
Name (Capitals)	Sign	Job Title	Authorising Manager	Date



**When the review date is exceeded, this PGD ceases to be a legal document**

**TEMPLATE DOCUMENTATION CONTROL**

The template documentation control refers to the PGD template not the completed PGD.

**Do not alter this section.**

<b>Author:</b>	Jennie Booth, Lead Nurse Medicines Management Carol Belt, Principal Pharmacy Technician Stuart Parkes, Deputy Chief Pharmacist
<b>Owner:</b>	NMP/PGD Group
<b>Date of issue:</b>	February 2018
<b>Version:</b>	2
<b>Approved by</b>	NMP/PGD Group
<b>Review date:</b>	February 2021



