## Patient Group Direction for the administration and / or supply of: oral fluconazole for vulvovaginal candidiasis

Title of patient group direction	Oral Fluconazole for vulvovaginal candidiasis		
Approved at	NMP/PGD Group		
PGD approved / valid from	February 2019		
Review date	October 2020		
Expiry date	February 2022		
Clinical area(s) where PGD applies	York and North Yorkshire Sexual Health services		
Identified Lead for monitoring / review and contact details	Alison Chorlton ext 5465		
New Document	SS ADOPTED IN DEVELOPING THE PATIENT GROUP DIRECTION (PGD) Yes		
Paylowed Desument	No		
Reviewed Document	110		
If the PGD is revised what revisions were required and for what reasons e.g. change in medical procedures or change in legislation			

CLINICAL CONDITION		
Condition	Management of uncomplicated vulvovaginal candidiasis suspected and confirmed.	
Inclusion criteria	Direct microscopic visualization of yeast spores or hyphae or positive candida culture or  Clinical presentation typical of vulvovaginal candidiasis to include:  • vulvitis/fissuring  • vaginitis with typical curding discharge  • symptoms of typical vulvovaginal itching  The above criteria reflect the national recommendations made by the British Association for Sexual Health and HIV www.bashh.org.uk	
Exclusion criteria	<ul> <li>Pregnancy/risk of pregnancy or breast feeding</li> <li>Known allergies to fluconazole/ azole compounds or any ingredient of the products</li> <li>Complicated presentations, e.g. complicated by secondary bacterial infection and/or bleeding frankly</li> <li>Recalcitrant vulvovaginitis</li> <li>Large areas of broken skin/fissuring</li> <li>Repeated presentations, i.e. received treatment from nurse more than 3 times in last 6 months.</li> <li>Acute porphyrias</li> <li>Known QT interval prolongation</li> <li>Liver dysfunction</li> <li>Children under the age of 16</li> <li>Women over the age of 60 who have had previously self-treated or had a course of treatment for candidiasis in the last 2 months</li> </ul>	
Action if excluded	Refer to Medical Practitioner/prescriber  Consider the use of clotrimazole (see clotrimazole PGD)  As there may be occasions when a medical practitioner is not physically present within the department, discuss by telephone where possible with medical practitioner.  Alternatively arrange immediate assessment in accident and emergency if patient presents	

	with an acute presentation and no doctor is available that clinical session.
Action for patients not wishing to receive care under the PGD	Refer to medical practitioner 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.

	DESCRIPTION OF TREAT	MENT			
Name of Medicine	Fluconazole	MMO III S MI IS II	9 1		
Legal Classification	POM				
Licensing information	Not licensed for children under 16				
	Is the medicine licensed intended use?	Is the medicine licensed for the intended use?			
	Does it have a black tria status?	Does it have a black triangle status?			
	Does it have a Risk Minin Measures (RMM) recomme		NO		
Form	Capsule		9		
Strength	150mg				
Dose	One Capsule	78 =			
Frequency	Single dose	Single dose			
Route	Oral				
Total Treatment Quantity	Single capsule				
Interactions with other medicines (This must include all potentially serious interactions listed in the BNF)	Use appendix 1 of the to identify drugs with a interactions  If in doubt, contact Medi	black dot / clir	nically significant		
Adverse Reactions (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)	Abdominal discomfort, diarrhoea, flatulence, headache, nausea, rash.	If problem	eek advice from lith Clinic, GP, ent Care or Department		

Advice to Patients: Written and Oral advice (This should include the provision of a patient information leaflet)	The following minimum details need to be documented in full in patient's records in relation to initiating treatment under PGD  Information regarding aetiology of candidiasis Information regarding treatment concordance and side effects; supported by patient information leaflet (PIL) Advise to use moisturising emollients which are non-perfumed, non-coloured and soap free as a soap substitute in genital area Avoid wearing tight fitting synthetic undergarments and clothing Discussion regarding safer sex in general for future sexual health
Follow up action	Review with GP if symptoms persist
Storage	<ul> <li>locked medicines cupboard – store below 25 °C</li> <li>locked briefcase for outreach use</li> </ul>
Records to be Kept	The following minimum details need to be documented in full in patient's records in relation to initiating treatment under PGD  Date/time of record entry Drug name and strength Dose and form Route of administration Time of administration if appropriate Advice given to patients, including written information. name/job title of staff administering/supplying medicine(and signature if written records) Details of any adverse drug reactions or side effects Details of any problems reported with compliance and action advised/taken Consent to treatment under PGD That treatment was supplied under a PGD Any communication with other health care providers

Aud	it	Arrangements	ŝ
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As per current Trust PGD Policy

# References Manufacturers SPC National guidelines candidaisis in adul Health and HIV, www.

National guidelines for the management of vulvovaginal candidaisis in adults, 2007, British Association for Sexual Health and HIV, <a href="https://www.bashh.org">www.bashh.org</a>

Nursing and Midwifery Council, updated advice sheet for Record Keeping, July 2009, www.nmc.org.uk

Nursing and Midwifery Council, Standards for Medicines Management, 2008, revised 2010 www.nmc.org.uk

The British National Formulary, www.bnf.org.uk

#### Competency Requirements (attach any competency frameworks / documents)

Completion of a local Sexual Health training programme for the administration of Fluconazole under PGD within Sexual Health services. This will require/include:

- Clinical competence in sexual history taking, the clinical examination/assessment and genital screening required to enable the accurate diagnosis and treatment of vulvovaginal candidaisis.
- Knowledge base of the interactions of Fluconazole with other drugs, and other exclusions and contraindications for issuing Fluconazole.
- Competence in the above will be demonstrated by the undertaking of a local clinical competency based training and assessment programme.
- 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.
- Evidence of continuing professional development in Sexual Health and/or the Sexual Health nurse role.
- Minimum of 6 months experience of working in Sexual Health in the preceding 3 years.
- Competence in the use of PGDS.
- Trust PGD awareness session or Trust HUB e-learing.
- Regular attendance and participation in the tri-annually educational clinical governance/audit day at York Sexual Health Services.

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

## AUTHORISATION OF THE PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF: topical and/or intravaginal clotrimazole for vulvovaginal candidadsis

PGD Development / Review Team - responsible for PGD content

Title	Name	Signature	Date
Lead Author	Charven	Der	29.1.18
Clinical Director Lead Approval	Fairley.	Fin	05-02-19
Directorate Pharmacy Lead Approval	PALL JACKSOL	DJ-	21/2/12

## PGD Approved by the NMP/PGD Group

Title	Name	Signature	Date
NMP Lead / Lead Nurse Medicines Management	Jennie Booth	SUL	2202.2019
Chief Pharmacist / Deputy Chief Pharmacist	Stuart Parkes	8-8	22/02/19

## 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 Yorclinic sexual health and have completed the agreed training programme

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:

Name (Capitals)	Sign	Job Title	Authorising Manager	Date
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When the review date is exceeded, this PGD ceases to be a legal document			
	TEMPLATE DOCUMENTATION CONTROL		
The template docu	mentation control refers to the PGD template not the completed PGD.  Do not alter this section.		
Author:	Jennie Booth, Lead Nurse Medicines Management Carol Belt, Principal Pharmacy Technician Stuart Parkes, Deputy Chief Pharmacist		
Owner:	NMP/PGD Group		
Date of issue:	February 2018		
Version:	3		
Approved by	NMP/PGD Group		
Review date:	February 2021		