NOTE

This Patient Group Direction is intended for use by commissioned sexual health services only.

It is recognised by the short life working group who developed this PGD that fluconazole 150mg capsules, as single dose packages, are available as a Pharmacy only (P) medicine as well as in a POM packaged preparation. As such this medicine can be purchased from a registered pharmacy premise and therefore individuals could be directed to purchase this preparation rather than it be supplied under a PGD. However, it was recognised that many services are commissioned to provide the medication required by the condition guidelines at the time of the consultation which includes P medicines. Organisations should consult with service commissioners/providers to determine locally if this PGD is required. A PGD will be required if a supply is made of the POM packaged preparation.

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026



This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Supply of fluconazole 150mg capsule for the treatment of vulvo-vaginal candidiasis in Rotherham, Doncaster, and South Humber (RDaSH) NHS Foundation Trust.

Version Number 2.0

Change History		
Version and Date	Change details	
Version 1.0	New template	
Version 2.0 July 2023	Updated template; added newly reported adverse effects. Addition of clinical specialist in microbiology to authorising process.	

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	November 2023
Review date	May 2026
Expiry date:	October 2026

This PGD template has been peer reviewed by the Sexual Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by the British Association for Sexual Health and HIV (BASHH) in May 2023.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name	Designation	
Ali Grant	Highly Specialist Clinical Pharmacist: HIV, Sexual and Reproductive Health	
Alison Crompton	Community pharmacy	
Andrea Smith	Community pharmacy	
Carmel Lloyd	Royal College of Midwives	
Chetna Parmar	Pharmacist adviser, Umbrella	
Clare Livingstone	Royal College of Midwives	
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSHCG)	
Dipti Patel	Local authority pharmacist	
Dr Achyuta Nori	Consultant in Sexual Health and HIV	
Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)	
Dr John Saunders	Consultant in Sexual Health and HIV	
Dr Kathy French	Pan London PGD working group	
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea, and Westminster NHS Foundation Trust	
Dr Rita Browne	Consultant in Sexual Health and HIV	
Dr Sarah Pillai	Associate Specialist	
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)	
Heather Randle	Royal College of Nursing	
Jo Jenkins	Lead Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service	
Portia Jackson	Pharmacist, Cambridgeshire Community Services	
Rosie Furner (Working Group Co-ordinator)	Governance Pharmacist, Medicines Use and Safety, Specialist Pharmacy Service	
Sally Hogan	British Pregnancy Advisory Service (BPAS)	
Sandra Wolper	Associate Director, Medicines Use and Safety, Specialist Pharmacy Service	
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service	

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor Graeme Tosh	Medical Director	#	21/04/23
Senior pharmacist	CHIEF PHARMACIST	Dance	, 22/9/
Senior representative of professional group using the PGD Sheda Jab	Director of Norsing and Quality	Selard	21/09/23
Clinical specialist-in microbiology	•		
Person signing on behalf of authorising body			

Reference Number: 2

Characteristics of staff

Qualifications and professional registration	Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation.	
	Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions.	
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of an individual leading to diagnosis of the conditions listed.	
	Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - <u>eLfH PGD elearning programme</u>	
	Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or advised in the RCN Sexual Health Education directory.	
	The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults.	
Competency assessment	Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for vulvo-vaginal candidiasis infection testing and/or treatment.	
	 Staff operating under this PGD are encouraged to review their competency using the <u>NICE Competency Framework for</u> <u>health professionals using patient group directions</u> 	
Ongoing training and	Individuals operating under this PGD are personally	
competency	responsible for ensuring they remain up to date with the use of all	
	medicines and guidance included in 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.	
	Organisational PGD and/or medication training as required	
	by employing Trust/organisation.	
The decision to supply any medication rests with the individual registered health professional who		
must abide by the PGD and any	associated organisational policies.	

Reference Number: 2

Clinical condition or situation to which this PGD applies.

Clinical condition or	Makan and all and district		
Clinical condition or situation to which this PGD	Vulvo-vaginal candidiasis		
applies	In addition to single dose oral fluconazole, clotrimazole 1%		
ирриос	w/w cream should be considered for symptomatic relief - see		
	separate PGD for clotrimazole cream 1%.		
Criteria for inclusion	An individual with a confirmed diagnosis of vulvo-vaginal candidiasis.		
	 NOTE – all criteria for inclusion within the BASHH approved national PGD templates for sexual health are based on diagnostic management in line with BASHH guidance. Where services do not have access to diagnostics and treatment is syndromic then the PGD template will need to be locally adapted to reflect local practice being mindful of the BASHH guidance. For example, in this PGD template the following may be considered: An individual with symptoms of vulvo-vaginal candidiasis confirmed on examination or via symptoms reported by the individual (including vulvo-vaginal itching, erythema, fissures, abnormal thick lumpy "cottage cheese" vaginal discharge) 		
Criteria for exclusion	Personal Characteristics		
	Individuals under 13 years of age		
	Individuals who are pre-pubertal		
	 Individuals under 16 years of age and assessed as not competent using Fraser Guidelines 		
	Individuals 16 years of age and over and assessed as not		
	competent to consent using local safeguarding guidelines.		
	Known or suspected pregnancy		
	Medical history		
	 Individuals with four or more treated episodes of candidiasis 		
	(2 or more confirmed by microscopy) in the preceding 12 months – refer to prescriber/specialist service.		
	 Individuals with genital sores/ulcers suggestive of other 		
	infections/conditions		
	Individuals with pelvic pain where pelvic inflammatory disease (PID) has not been excluded.		
	 Individuals with abnormal vaginal bleeding where cause has not been identified. 		
	Recurrent or unresolved symptoms of candidiasis within 4		
	weeks of being treated.		
	 Individuals who are immunosuppressed and may require further assessment and systemic treatment. 		
	Individuals with acute porphyria		
	Past or current history of cardiac rhythm disturbance		
	Individuals with hypokalemia and advanced cardiac failure		
	Known liver impairment.		

Reference Number: 2

	Medication history
	 Individual is taking interacting medicines. Check appendix 1 of current edition of British National Formulary (BNF) for full list. Individuals with a known allergy to fluconazole or to related azole compounds or any of the constituents found within the formulation
Cautions including any relevant action to be taken	 If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. If the presenting individual is under 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy (note under 13 years of age excluded from treatment under this PGD). Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.
Action to be taken if the	If declined ensure individual is aware of the need for treatment
individual is excluded or	and the potential consequences of not receiving treatment.
declines treatment	 Record reason for decline in the consultation record.
	 Explain the reasons for exclusion to the individual and document in the consultation record.
	 Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

Description of treatment

Name a strangetta 0	Fluores and AFOrest consula		
Name, strength &	Fluconazole 150mg capsule		
formulation of drug			
Legal category	P/POM		
Route of administration	Oral		
Off label use	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 may include off label use as some manufacturers' SPCs exclude the age groups detailed below. Practitioners should check details for the brand they are supplying: o Individuals under 16 years of age o Individuals aged 60 years or over.		
	Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label supply under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.		
	Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the		

Reference Number: 2

	drug is being offered in accordance with national guidance but		
	that this is outside the product licence.		
Dose, frequency, and duration of administration	Single 150mg dose permissible under this PGD		
Quantity to be supplied	One 150mg capsule		
Storage	Medicines must be stored securely according to national		
	guidelines and in accordance with the product SPC.		
Drug interactions	Fluconazole has a number of drug-drug interactions which		
	may be clinically significant, and all concurrent medications		
	should be reviewed for interactions.		
	Where a significant interaction is identified which may require dosage amendment or additional monitoring refer to appropriate medical/independent non-medical prescriber.		
	A detailed list of all drug interactions is available in the BNF www.bnf.org or the product SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk		
Identification & management	A detailed list of adverse reactions is available in the SPC,		
of adverse reactions	which is available from the electronic Medicines		
	Compendium website: <u>www.medicines.org.uk</u> and BNF		
	www.bnf.org		
	The following side effects are commonly reported with fluconazole (but may not reflect all reported side effects): Headache Abdominal pain, diarrhoea, nausea, vomiting.		
	Rash		
	Drug reaction with eosinophilia and systemic symptoms (DRESS) has been reported in association with fluconazole treatment.		
Management of and reporting procedure for adverse reactions	 Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk Record all adverse drug reactions (ADRs) in the individual's 		
	clinical record.		
	Report via organisation incident policy.		
Written information and	Medication:		
further advice to be given to individual	 Give manufacturer information leaflet (PIL) provided with the original pack. Explain mode of action, side effects, and benefits of the medicine If adverse reaction to treatment occurs advise individual to contact clinic for further advice Stop taking fluconazole and seek medical attention immediately if you notice any of the following symptoms: - widespread rash, high body temperature and enlarged lymph nodes (DRESS syndrome or drug hypersensitivity syndrome) 		

Reference Number: 2

	Condition (general):		
	Individuals diagnosed with candidiasis should be offered		
	information (verbal, written and/or digital) about their diagnosis		
	and management.		
	Provide verbal and written or online information on possible		
	triggers for candidiasis.		
	 Give reassurance that candidiasis is not a sexually transmitted infection. 		
	 If sexual partner is symptomatic advice, they should access sexual health screening. 		
	 If after 7 days symptoms persist/worsen advise individual to contact their local sexual health service 		
	Offer condoms and advice on safer sex practices and offer the		
	options for screening for sexually transmitted infections (STIs) where indicated.		
	 Where treatment not supplied via a sexual health clinic ensure 		
	the individual has contact details of local sexual health		
	services if required.		
Follow up treatment	The individual should be advised to seek medical advice in the		
	event of an adverse reaction.		
	 If after 7 days symptoms persist/worsen advise individual to 		
B	contact their local sexual health service		
Records	Record:		
	The consent of the individual and If individual is under 16 years of age document.		
	 If individual is under 16 years of age document capacity using Fraser guidelines. If not, competent 		
	record action taken.		
	o If individual over 16 years of age and not competent,		
	record action taken.		
	If individual not treated under PGD record action taken		
	Name of individual, address, date of birth		
	GP contact details where appropriate		
	Relevant past and present medical and sexual history,		
	including medication history.		
	Examination or microbiology finding/s where relevant.		
	 Any known allergies and nature of reaction 		
	Name of registered health professional		
	Name of medication supplied.		
	Date of supply		
	Dose supplied.		
	 Quantity supplied including batch number and expiry date in line with local procedures. 		
	Advice given, including advice given if excluded or declines		
	treatment.		
	Details of any adverse drug reactions and actions taken A triangular formula to the model of the formula to the first term in the first term in the first term.		
	Advice given about the medication including side effects, herefits, and when and what to do if any concerns.		
	benefits, and when and what to do if any concerns.		
	Any referral arrangements made.Any supply outside the terms of the product marketing		
	authorisation		
	Recorded that supplied via Patient Group Direction (PGD)		

Reference Number: 2

Records should be signed and dated (or a password-controlled erecords) and securely kept for a defined period in line with local policy. All records should be clear, legible, and contemporaneous. A record of all individuals receiving treatment under this PGD

should also be kept for audit purposes in accordance with local

Key references

Key references (accessed	Electronic Medicines Compendium		
February 2023)	http://www.medicines.org.uk/		
	Electronic BNF https://bnf.nice.org.uk/		
	NICE Medicines practice guideline "Patient Group Directions"		
	https://www.nice.org.uk/guidance/mpg2		
	NICE Clinical Knowledge Summaries - https://cks.nice.org.uk		
	Royal Pharmaceutical Society Safe and Secure Handling of		
	Medicines December 2018		
	https://www.rpharms.com/recognition/setting-professional-		
	standards/safe-and-secure-handling-of-medicines		
	British Association for Sexual Health and HIV national		
	guideline for the management of vulvovaginal		
	candidiasis (updated 2021) British Association for Sexual Health		
	and HIV national guideline for the management of vulvovaginal		
	candidiasis (2019) (bashhguidelines.org)		

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026 Expiry date: 31st October 2026

Appendix A - Registered health professional authorisation sheet

PGD Name/Version: Fluconazole 150mg capsule

Valid from: 1st November 2023 Expiry: 31st October 2026

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

Registered health professional

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs 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.

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.				
Name Designation Signature Date				
	-			

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of RDaSH NHS Foundation Trust for the above-named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager.

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

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

This information is retained by the Chief Pharmacist within RDaSH NHS Foundation Trust.

Reference Number: 2

Valid from: 1st November 2023

Review date: May 2026 Expiry date: 31st October 2026