



**Scottish
Ambulance
Service**

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Patient Group Direction PGD225
FOR THE ADMINISTRATION OR SUPPLY OF NITROFURANTOIN

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
Version	1.01
Issue Date	28/03/2025
Review Date	28/03/2028
Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

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Date: 15/08/2025	Version: 1.01	Review Date: 28/03/2028

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD225 Nitrofurantoin
Date published / issued:	28/03/2025
Date effective from:	01/05/2025
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Author:	
Owner:	
Approver:	Medicines Management Group
Contact:	
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	12/09/2024	Initial draft		N/A
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD001a		Yes
1.01	06/08/2025	Correction of wrong dose		Yes

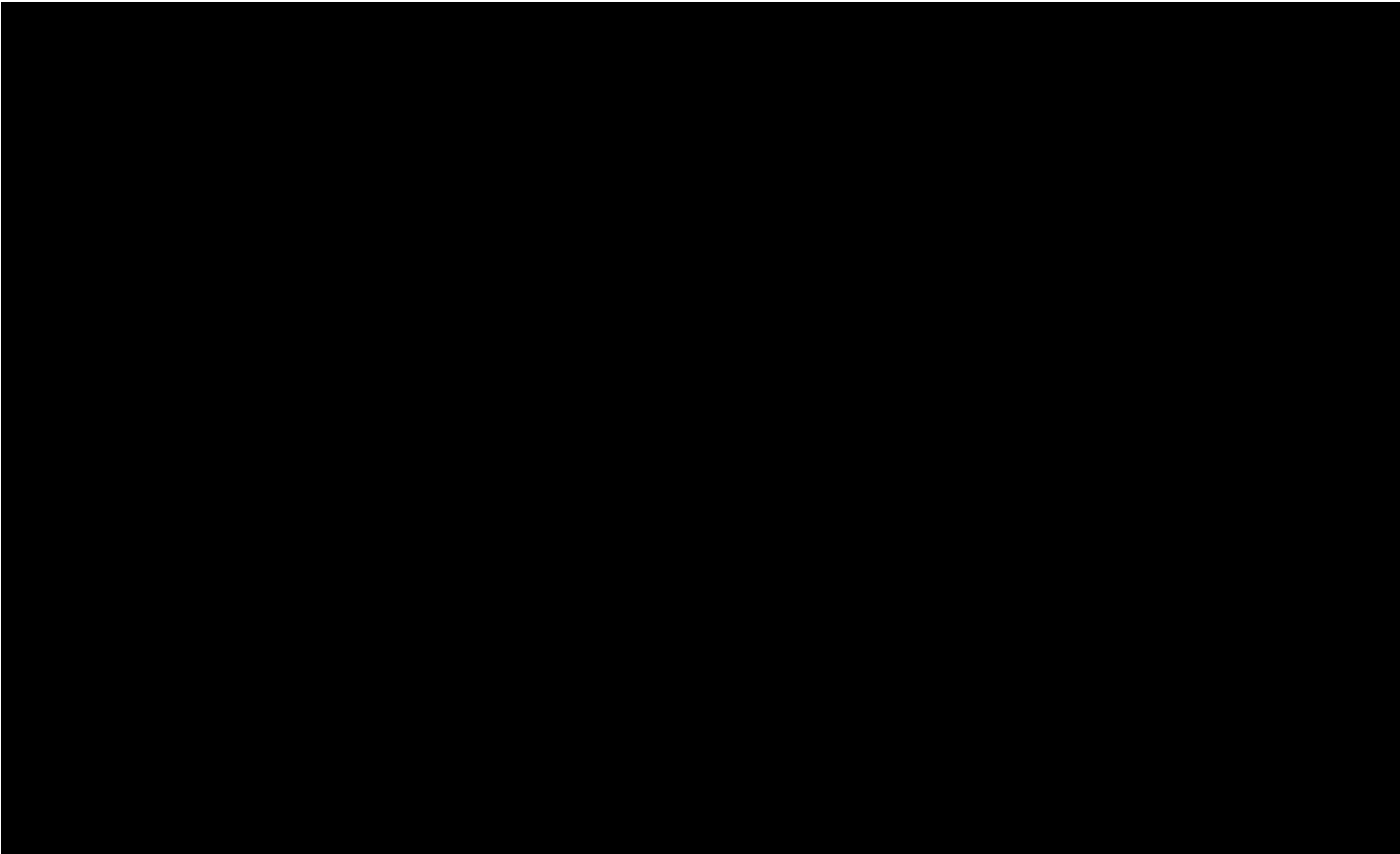
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.01
Medicines Management Group	30/01/2025	1.01
Pharmaceutical Advisor	03/03/2025	1.01
Medical Director	27/02/2025	1.01

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.01
Advanced Practice Leadership Team	28/03/2025	1.01
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.01

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	15/08/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	HCPC or NMC registered, qualified and year two trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board. Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses. Familiarisation with the use of Nitrofurantoin, its indications, contra-indications and other details.
Continuing training requirements	The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” below. The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	<p>Urinary tract infections in non-pregnant women.</p> <p>For the purpose of this PGD the term “women” refers to persons whose sex was registered as female at birth.</p>
Criteria for inclusion	<ul style="list-style-type: none"> • Appropriate safety-netting can be made • Women aged between 16 and 65 years and unable to take Trimethoprim with: <ul style="list-style-type: none"> ○ Three or more of the symptoms below, or ○ two of the symptoms below plus nitrites and blood or leukocytes on dipstick: <ul style="list-style-type: none"> ▪ New dysuria ▪ New increased urination frequency ▪ New urinary urgency ▪ New nocturia ▪ Visible haematuria ▪ Cloudy urine ▪ Suprapubic tenderness • Women with a high risk of Trimethoprim resistance and two or more of the symptoms above: <ul style="list-style-type: none"> ○ Over 65 years old ○ Nursing / care home resident ○ Frequent UTIs (>3 in past year) ○ Use of Trimethoprim in past 3 months ○ >7 day hospitalisation in past 6 months ○ Known previous Trimethoprim-resistant UTI
Criteria for exclusion	<ul style="list-style-type: none"> • All patients whose sex was registered as male at birth¹ • Children under 16 years of age • Informed non-consent • Known allergy to Nitrofurantoin or excipients of the drug • Ineffective treatment with antibiotics for the current infection¹ • Use of Nitrofurantoin in past 7 days • Catheterised patients¹ • Pregnancy¹ or breastfeeding • Significant flank pain (suspect renal colic or UUTI) • Patients with severe renal impairment (eGFR <45 mL/minute / CKD stage 3b, 4 or 5) or undergoing dialysis² • Porphyria • G6PD deficiency • Oral typhoid vaccine taken in last 3 days or due to take within next 10 days • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission <p>1. Will require referral to primary care to provide MSU/CSU for culture 2. Patients unable to take Trimethoprim and excluded in this PGD due to a reduced eGFR, refer to GP or SAS prescriber for alternative (e.g. Cephalexin)</p>

Action if patient is excluded or declines treatment

Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to primary or urgent care or a community pharmacy. If necessary, consider referral or transfer to a suitable receiving unit.

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Nitrofurantoin 100mg modified-release capsules Nitrofurantoin 50mg capsules or tablets
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Oral capsules or tablets – may be taken with or without a drink
Dose and frequency of administration	100mg MR capsules 100mg (one capsule) two times a day for 3 days 50mg capsules / tablets 50mg (one capsule / tablet) four times a day for 3 days
Maximum dose and number of treatments	Per notes above. Supply may be boxes of 6 or 14 x 100mg capsules, or 12, 28 or 30 x 50mg capsules or tablets. Clinicians should be aware of this when giving a 3-day course and supply the correct quantity (6 or 12 capsules respectively).

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in:</p> <ul style="list-style-type: none">• Anaemia• Diabetes• Electrolyte imbalance• Folate deficiency• Pulmonary disease• Peripheral neuropathy• Vitamin B deficiency
Drug interactions	No significant interaction in relation to the use in this PGD
Identification and management of adverse reactions	<p>Anaphylactic reactions to Nitrofurantoin are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Side-effects are generally rare and listed in BNF with frequency unknown.</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <p>Any adverse reactions, and action taken, are to be recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.</p>

7. Patient Advice and Documentation

Patient advice (verbal and written)	<ul style="list-style-type: none"> • Explain treatment plan and gain consent • Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated • Patients should be advised that Nitrofurantoin may discolour their urine and that this is normal • Tablets should be taken with or just after food • Patients using an oral contraceptive should be informed that while Nitrofurantoin does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy • Must complete the whole course, even if feeling better • Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe • Advise to contact GP / nurse / pharmacist / out-of-hours service if unexpected side effects or adverse reactions occur • Advised to call 999 if any life-threatening side-effects occur • Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not • Patients should be advised to maintain adequate hydration
Arrangements for referral to medical advice	Local arrangements apply
Additional facilities / supplies required	<p>Drinking water (if required).</p> <p>Urinalysis testing as a decision aid in cases of mild symptoms for <65s: urine catch tray, white-lidded bottle and test strips.</p> <p>Nitrofurantoin is available as 25mg/5ml oral suspension for patients unable to swallow capsules / tablets. It is not covered by this PGD so if required refer to the patient's GP or a SAS prescriber.</p> <p>Nitrofurantoin 50mg capsules or tablets for QDS supply will not normally be carried by SAS APs but have been included in this PGD in case of supply issues with 100mg MR tablets.</p>
Monitoring	No specific monitoring required for a short course
Follow up	Patients should be advised to follow-up with their GP if symptoms have not fully resolved by the end of the course as a urine sample will be required before further treatment

Details of treatment records required

The ePR, or other patient record, must contain the following:

- Name of the HCP using this PGD
- Patient's name, address and date of birth. CHI number is also preferred
- Name of medication and expiry date
- Date and time of administration / supply
- Dose, form and route of administration
- For supplied medicine:
 - Dose and frequency to take
 - Number of items supplied
- That it is administered and/or supplied under this PGD and not prescribed or via an exemption

The ePR, or other patient record, must also contain:

- The patient's medical and medication history
- Medication and safety-netting / worsening advice given to the patient / carer

All records should be clear, legible and contemporaneous.

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

General guidance on antimicrobial stewardship

[Antimicrobial stewardship](#) | [Medicines guidance](#) | [BNF](#) | [NICE](#)

Antimicrobial prescribing guidance

[Antimicrobial Prescribing](#) | [Right Decisions](#) (scot.nhs.uk)

Nitrofurantoin in BNF

[Nitrofurantoin](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Nitrofurantoin on EMC

[Nitrofurantoin 100mg prolonged-release capsules SmPC](#) (medicines.org.uk)

[Nitrofurantoin 100mg prolonged-release capsules Patient Information Leaflet](#) (medicines.org.uk)

[Nitrofurantoin 50mg hard capsules SmPC](#) (medicines.org.uk)

[Nitrofurantoin 50mg hard capsules Patient Information Leaflet](#) (medicines.org.uk)

[Nitrofurantoin 50mg tablets SmPC](#) (medicines.org.uk)

[Nitrofurantoin 50mg tablets Patient Information Leaflet](#) (medicines.org.uk)

BNF Treatment Summaries

[Antibacterials, principles of therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Urinary-tract infections](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

[Urinary tract infection \(lower\) - women](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Urinary tract infection \(lower\) - men](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG109 Urinary tract infection \(lower\): Antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

[NG109 Urinary tract infection \(lower\): Visual summary](#) (nice.org.uk)

SIGN Guideline

[SIGN 160 Management of Suspected Bacterial Lower Urinary Tract Infection in Adult Women](#)

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Date: 15/08/2025	Version: 1.01	Review Date: 28/03/2028

9. Signed Declarations (if electronic system is not used)

Individual Authorisation		Staff Copy
PGD No & Title:		PGD225 Nitrofurantoin
Individual	Staff Member Name	
	Pay Number	
	Role	Advanced Paramedic / Nurse Practitioner (Urgent & Primary Care)
	HCPC / NMC Number	
	Signature	
	Date	

By signing I confirm that I have read and understood the above Patient Group Direction and confirm that I have necessary competence, training and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will retain a copy of the Patient Group Direction to ensure that it is readily available to me in the clinical setting in which supply or administration of the medicine will take place. I understand that it is the responsibility of a health care professional to act in accordance within the Health and Care Professions Council (HCPC) “Standards of Conduct, Performance and Ethics” and “Standards of Proficiency” or, in accordance with the Nursing and Midwifery Council (NMC) “The Code”, “Standards for Competence for Registered Nurses” and “Standards for Medicines Management” including re-validation every three years to maintain registration with the NMC, and to keep an up to date record of training and competency.

Individual Authorisation		SAS Copy
PGD No & Title:		PGD225 Nitrofurantoin
Individual	Staff Member Name	
	Pay Number	
	Role	Advanced Paramedic / Nurse Practitioner (Urgent & Primary Care)
	HCPC / NMC Number	
	Signature	
	Date	

By signing I confirm that I have read and understood the above Patient Group Direction and confirm that I have necessary competence, training and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will retain a copy of the Patient Group Direction to ensure that it is readily available to me in the clinical setting in which supply or administration of the medicine will take place. I understand that it is the responsibility of a health care professional to act in accordance within the Health and Care Professions Council (HCPC) “Standards of Conduct, Performance and Ethics” and “Standards of Proficiency” or, in accordance with the Nursing and Midwifery Council (NMC) “The Code”, “Standards for Competence for Registered Nurses” and “Standards for Medicines Management” including re-validation every three years to maintain registration with the NMC, and to keep an up to date record of training and competency.