



Patient Group Direction PGD238
FOR THE ADMINISTRATION OR SUPPLY OF TRIMETHOPRIM

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	1.0
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.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD238
	Trimethoprim
Date published / issued:	28/03/2025
Date effective from:	01/05/2025
Version / issue number:	1.0
Document type:	Patient Group Direction
Document status:	Final
Author:	
Owner:	
Approver:	Medicines Management Group
Contact:	
Filename / location:	TBA

1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	12/09/2024	Initial draft		N/A
0.2	30/01/2025	Use of Vitamin K agonists moved from exclusions to cautions		No
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

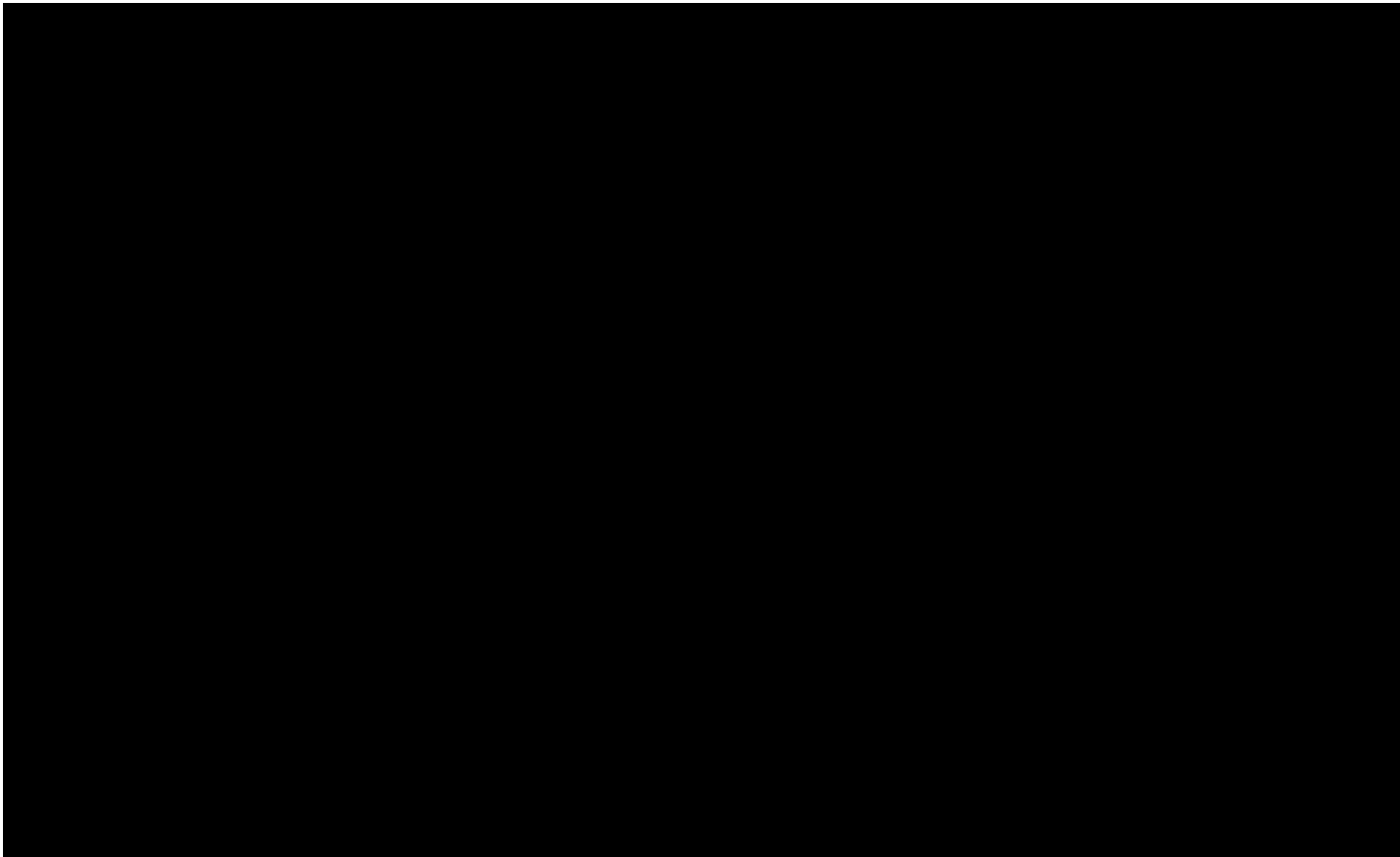
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

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	30/01/2025
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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	<p>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.</p> <p>Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses.</p> <p>Familiarisation with the use of Trimethoprim, its indications, contra-indications and other details.</p>
Continuing training requirements	<p>The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” below.</p> <p>The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.</p>
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 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
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 Trimethoprim or excipients of the drug² • Patients with high risk of Trimethoprim resistance²: <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 • Ineffective treatment with antibiotics for the current infection¹ • Catheterised patients¹ • Pregnancy¹ • Significant flank pain (suspect renal colic or UUTI) • Patients with significant renal impairment (eGFR <15 mL/minute / CKD stage 5) or undergoing dialysis • Blood dyscrasias • Porphyria • Lactose or galactose intolerances, or glucose-galactose malabsorption • Patient taking the following medicines²: <ul style="list-style-type: none"> ○ Antiepileptics – Fosphenytoin, Phenytoin ○ Immune suppressants – Azathioprine, Ciclosporin, Methotrexate ○ Clozapine ○ Mercaptopurine ○ Pramipexole ○ Pyrimethamine ○ Repaglinide

	<ul style="list-style-type: none"> • 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 <ol style="list-style-type: none"> 1. Will require referral to primary care to provide MSU/CSU for culture 2. Use Nitrofurantoin if the patient is eligible (see PGD225 for details)
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	Trimethoprim 200mg tablets
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Oral tablets – may be taken with or without a drink
Dose and frequency of administration	200mg (one tablet) two times a day for 3 days
Maximum dose and number of treatments	As above. Supply may be boxes of 6 or 14 x 200mg tablets, clinicians should be aware of this when giving a 3 day course and supply the correct quantity (six tablets).

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in:</p> <ul style="list-style-type: none">• Breastfeeding patients – it is not known to be harmful in short courses• Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol, especially if their INR is known to be high• Patients with a predisposition to folate deficiency
Drug interactions	<p>Trimethoprim has potential interactions with multiple drugs, any significant interaction is on the list of exclusion criteria above</p>
Identification and management of adverse reactions	<p>Anaphylactic reactions to Trimethoprim are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Diarrhoea, Electrolyte imbalance, Fungal overgrowth, Headaches, Nausea, Skin reactions, Vomiting</p> <p>Rare or very rare: Agranulocytosis, Angioedema, Anxiety, Arthralgia, Behavioural disorders, Bone marrow disorders, Confusion, Constipation, Cough, Depression, Dizziness, Dyspnoea, Eosinophilia, Erythema nodosum, Fever, Haemolysis, Haemolytic anaemia, Haemorrhage, Hallucinations, Hepatic disorders, Hypoglycaemia, Lethargy, Leucopenia, Meningitis aseptic, Movement disorders, Myalgia, Neutropenia, Oral disorders, Pancreatitis, Paraesthesia, Peripheral neuritis, Photosensitivity, Pseudomembranous enterocolitis, Renal impairment, Seizures, Severe cutaneous adverse reactions, Sleep disorders, Syncope, SLE, Thrombocytopenia, Tinnitus, Tremors, Uveitis, Vasculitis, Vertigo, Wheezing</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 using an oral contraceptive should be informed that while Trimethoprim 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 • Patients taking any of the anticoagulants Warfarin, Phenindione or Acenocoumarol should inform their INR clinic of the use of Trimethoprim at the next appointment • 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 the preferred second choice antibiotic to Trimethoprim for all indications in this PGD. If the patient is excluded from this PGD refer to PGD225 for suitability.</p> <p>Trimethoprim is available as an oral suspension for patients unable to swallow tablets. It is not covered by this PGD so if required refer to the patient's GP or a SAS prescriber.</p>
Monitoring	No specific monitoring required
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 \(scot.nhs.uk\)](#)

Trimethoprim in BNF

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

Trimethoprim tablets are not on EMC

[Trimethoprim 200mg tablets SmPC \(MHRA\)](#)

[Trimethoprim 100mg and 200mg tablets Patient Information Leaflet \(MHRA\)](#)

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: 28/03/2025	Version: 1.0	Review Date: 28/03/2028