Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

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. Healthcare professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

Supply of

azithromycin

for the treatment of uncomplicated *Chlamydia trachomatis* and/or uncomplicated *Mycoplasma genitalium*

by registered nurses and midwives

in Sexual Health Departments

in Powys Teaching Health Board (PTHB)

Version number: **PGD 0173C**

Reference Number: PGD 0173C
Valid from: 01/04/2026
Review date: 01/10/2028
Expiry date: 31/03/2029

Change History

Version number	Change details	Date
PGD 0173	Initial issue	01/03/2021
PGD 0173A	Routine review and update in line with SPS template version 2.0. Removal of indication for non-gonococcal/non-specific urethritis.	01/04/2023
PGD 0173B	Update in line with SPS template version 2.1: Updated PGD development group members. Statement added regarding risk of prolongation of QT interval with interacting drugs added to exclusions and reflected in interactions section. Minor formatting changes to ensure consistency with other PTHB PGDs.	06/12/2023
PGD 0173 C	Updated according to SPS template version 3.0: Alignment with other SPS antimicrobial PGD templates Removal of "A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions" from "Criteria for inclusion" section Minor updates to PTHB PGD template to ensure consistency with other PTHB PGDs.	01/04/2026

This Powys Teaching Health Board (PTHB) PGD is based on template v3.0 developed by the following on behalf of the Specialist Pharmacy Service (SPS), which had been peer reviewed by the national UTI antimicrobial PGD Short Life Working Group in accordance with their Terms of Reference.

Acknowledgements:

Name or Role	Position
Ali Grant	Lead Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Dipti Patel	Local authority pharmacist
Dr Cindy Farmer	Vice President, General Training, The College of Sexual and Reproductive Healthcare (CoSRH)
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
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins (Working Group Co-ordinator to Version 2.0)	Associate Director – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Jodie Crossman	Clinical Nurse Specialist, BASHH Nurse representative, STI Foundation Chair
Portia Jackson	Lead Pharmacist, iCaSH
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Tracy Rogers	Director - Medicines Use and Safety, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator from Version 2.1)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Kieran Reynolds (Working Group Co-ordinator from Version 3.0)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD.

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	2/23/2026
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	3/3/2026
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/3/2026
Senior Representative of Professional Group using the PGD **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	2/24/2026

The PGD is not legally valid until it has had the relevant organisational authorisations. It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires.

[1] This includes any relevant amendments to legislation.

Characteristics of staff

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

Qualifications and professional registration	Current contract of employment with PTHB. Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered healthcare professional listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions: • Nurses or midwives currently registered with the Nursing and Midwifery Council (NMC) Practitioners must also fulfil the training and additional requirements listed below. Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Initial training	The registered healthcare professional (HCP) authorised to operate under this PGD must have: Undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, HEIW, RCN or a university or as advised in the RCN Sexual Health Education directory, or a locally developed and delivered training programme. Undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training is the eLfH PGD elearning programme, PTHB staff to access via ESR. Completed locally required training (including updates) in: • Safeguarding children and vulnerable adults. • The supply of azithromycin 250mg/500mg tablets or capsules and knowledge of its uses, contraindications and adverse effects. Additionally, practitioners:

	• must be familiar with the product(s) and alert to changes in the BNF and Summary of Product Characteristics (SPC) • must have undertaken training appropriate to this PGD as required by local policy • must have access to the PGD and associated online resources **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Competency assessment	Registered HCPs under this PGD must be assessed as competent (see Appendix A). The individual must complete a self-declaration of competence for Chlamydia testing and/or treatment in their Personal Appraisal and Development Review (PADR) – the personal development plan (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning. Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions. Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.
Ongoing training and competency	Individuals operating under this PGD are personally 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 PTHB: annual PGD training- evidence of ongoing PGD training to be submitted to Line Manager annually- this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. The individual should update at least every 2 years on the use of azithromycin. Appropriate Continued Professional Development (CPD) must be maintained and made available on request.

	Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Uncomplicated genital, pharyngeal and/or asymptomatic rectal *Chlamydia trachomatis* infection (where doxycycline is contraindicated or inappropriate). • Uncomplicated *Mycoplasma genitalium* following completion of course of doxycycline (see doxycycline PGD0161). • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of any of the included conditions (where doxycycline is contraindicated or inappropriate). **It is the responsibility of the supplying healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice**
Criteria for inclusion	• Consent given (refer to All Wales policy for consent to examination or treatment). In case of any doubt, contact medical team or gynaecologist. The individual should be informed they are being treated using a PGD. • Aged 13 years and over. All individuals under the age of 19 years - follow local young person's risk assessment or equivalent local process. In PTHB, any young person (under 18 years) should have their risk for child sexual exploitation assessed using CSERQ 4/15 questionnaire. • Individuals with a definite diagnosis of uncomplicated *Mycoplasma genitalium* where a course of doxycycline has been completed within the previous two weeks (where organism is known to be macrolide-sensitive or where resistance status is unknown: see BASHH guidance) • Where doxycycline is contraindicated (known allergy, intolerance, pre-existing medical conditions, (e.g. pregnancy) or inappropriate (photosensitivity,

	likely poor adherence)): ○ Individuals with a positive test for *Chlamydia trachomatis* infection in the genitals, pharynx or rectum (asymptomatic) but without signs suggestive of complications. ○ Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of *Chlamydia trachomatis*, PID or epididymo-orchitis who are unwilling/unable to defer testing after the 2 week window period. • Medical and drug history taken, no reason for exclusion Along with professional judgement each assessment must include: • for adults, if safe to do so, the Routine Enquiry Client responses to these assessments will help practitioners assess if there are any significant risk factors for the client or others, and subsequently aid decision making regarding a safeguarding referral. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Criteria for exclusion	• Consent refused and documented in the individual's medical notes. • Individuals under 13 years of age. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • Individuals and contacts of individuals requiring treatment for non-gonococcal/non-specific urethritis **Medical history** • Individuals with suspected and/or confirmed symptomatic rectal *Chlamydia trachomatis* • Individual with complicated *Mycobacterium genitalium* or complicated *Chlamydia trachomatis* infection such as epididymitis and/or testicular pain or a clinical diagnosis of proctitis or Pelvic Inflammatory Disease (PID) • Presence of concomitant conjunctivitis and/or joint

	pain/swelling • Individuals with suspected or confirmed lymphogranuloma venereum (LGV) infection • Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules, tablets, oral suspensions) • Known or suspected severe hepatic impairment • Known severe renal impairment (eGFR <10ml/min/1.73m^2, CKD stage 5) • Known history of QT prolongation (congenital or acquired), or ventricular cardiac arrhythmia, including torsades de pointe • Known electrolyte disturbances (hypokalaemia or hypomagnesaemia) • Known clinically significant bradycardia or severe cardiac insufficiency • Known porphyria • Known myasthenia gravis **Medication history** • Known allergy or hypersensitivity to azithromycin, any macrolide antibiotic or to any of the components of the product - see Summary of Product Characteristics on the EMC. **Acceptable sources of allergy information include individual /carer /parent /guardian /Welsh Clinical Portal or GP record** • Current long-term use of azithromycin or another macrolide antibiotic (e.g. erythromycin for prophylaxis in asplenia, azithromycin for prophylaxis in individuals with COPD or bronchiectasis etc.) • Individuals with known azithromycin resistance • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Concomitant use of another medication known to cause QT prolongation (e.g. amiodarone, sotalol, citalopram) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) Refer to section action to be taken if the individual is excluded or declines treatment.
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.

	• Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain. **Pregnancy or suspected pregnancy:** the SPC states that there are limited data on use in pregnancy however BASHH guidelines state: "While adverse pregnancy outcomes are unlikely with the 2g total azithromycin dose, individuals should be advised of the lack of data." The individual must be informed that although the use of azithromycin in pregnancy is thought to be safe, there is limited research available and be fully informed of the risks and benefits of this treatment. **Breastfeeding individuals:** BASHH states that "Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low". Azithromycin can be supplied under PGD to breastfeeding individuals: monitor nursing infant for gastro-intestinal disturbances, oral candida infection, rashes, irritability, sleep disturbances and loss of appetite. Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. (Refer to Interactions section, BNF and SPC) **Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione):** Rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with azithromycin and should be counselled re: seeking medical attention if any episode of bleeding develops while taking. **Excipients:** Caution should be exercised when supplying azithromycin to individuals who should avoid the following excipients: • Soya or soya lecithin: Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If individual is allergic, check manufacturer's information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available.

	• Lactose, sucrose, fructose and sorbitol: Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SPC before supplying. • Aspartame: Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the individual list of excipients available in the SPC before supplying. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads
Actions to be taken if the individual is excluded or declines treatment	• 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). If a child is under 13 years of age and is known to have engaged in sexual activity this must be referred to Powys Children Service. The Wales Safeguarding Procedures must be followed: http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/ • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment.

	• Pregnant individuals/individuals known to be at risk of pregnancy who decline azithromycin treatment should be referred to a prescriber for further consultation. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline 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, form and strength of medicine	Azithromycin 250mg or 500mg capsules or tablets.
Legal category	POM
Route or method of administration	Orally Tablets: can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and antacids, (including those purchased over the counter). Capsules: should be taken one hour before or two hours after food or antacids, (including those purchased over the counter).
Off-label use	**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 includes off-label use in the following conditions: • The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose. • Those under 18 years of age and under 45kg weight - azithromycin tablets or capsules are not licensed for use in children or adolescents weighing under 45 kg. • **Pregnancy or suspected pregnancy**: See **Cautions including any relevant action to be taken** for further information • **Breastfeeding individuals:** See **Cautions including any relevant action to be taken** for further information.

	Temperature variations: 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 ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued. Where medicines have been assessed by a registered professional from the local pharmacy or Medicines Management team in accordance with national or specific product recommendations/manufacturer advice as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the medicine is being offered in accordance with national guidance but that this is outside the product license.
Dose and frequency of administration	**Day One:** 1g taken as a single dose **Day Two:** 500mg once daily **Day Three:** 500mg once daily For uncomplicated *Mycoplasma genitalium* (where the organism is known to be macrolide-sensitive or where the resistance status is unknown), azithromycin course to be started immediately after the doxycycline course completed – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed. If the azithromycin course is not started within this timeframe, the individual should be referred to a specialist practitioner.
Duration of treatment	3 days
Quantity to be supplied	Appropriately labelled pack of 4 x 500mg capsules/tablets OR 8 x 250mg capsules/tablets. A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.
Storage	Stock must be securely stored according to organisation medicines policy MMP 001 and in

	conditions in line with the SmPC, which is available from the electronic Medicines Compendium website.
Drug interactions	Where it is known an individual is concurrently taking any of the following medicines, treatment should not be undertaken under this PGD and the individual referred to a prescriber: • Brentuximab • Chloroquine, hydroxychloroquine • Colchicine • Dabigatran • Digoxin • Edoxaban • Ergot derivatives such as ergotamine (Migril®) • Neratinib • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Vinblastine, vincristine, vindesine, vinflunine, vinorelbine • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Typhoid vaccine (oral): see Criteria for exclusion All concurrent medications should be reviewed for interactions. See BNF for all drugs that can interact with azithromycin. A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website. Seek advice from an appropriate prescriber if required.
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website and the BNF. The following side effects are listed in the product SPC/BNF as **very common or common** with azithromycin (but may not reflect all reported side effects): • Diarrhoea

	• Abdominal pain • Nausea • Flatulence • Anorexia • Vomiting • Dyspepsia • Visual impairment • Deafness • Dizziness • Headache • Paraesthesia • Dysgeusia • Rash • Pruritus • Arthralgia • Fatigue • Abnormal blood test results Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. Information on anaphylaxis can be found on the NHS website. In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme. • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via Once for Wales Reporting System. • It is considered good practice to notify the individual's GP in the event of an adverse reaction.
Written or other information to be given to individual/carer/ parent/guardian	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, and benefits of the medicine • Azithromycin tablets can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and antacids, (including those purchased over the counter). • Azithromycin capsules should be taken one hour before or two hours after food or antacids, (including those purchased over the counter).

	• If vomiting occurs within 3 hours of taking capsules/tablets offer option of repeat dose of azithromycin (under PGD). • **Note relevant for Mycoplasma genitalium** (where the organism is known to be macrolide-sensitive or where the resistance status is unknown): Where doxycycline has been supplied for the treatment of uncomplicated Mycoplasma genitalium, the individual should be advised that the azithromycin course should be started immediately after completion of the doxycycline course – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed. If the azithromycin course is not completed within this time frame the individual should be referred to a specialist practitioner. • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as described on the NHS website. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet. **Condition:** • Individuals diagnosed with Chlamydia trachomatis / Mycoplasma genitalium should be offered information (verbal, written and/or digital) about their diagnosis and management. • Discuss implications of incompletely treated/untreated infection of self or partner/s. • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for seven days after treatment and for seven days after partner(s) treatment of *Chlamydia trachomatis.* Where not achievable advise on use of condoms. • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, until 14 days after the start of individuals' and partner(s) treatment of *Mycoplasma genitalium,* and until symptoms have resolved. Where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual intercourse takes place with an untreated partner/s. • Discuss partner notification and issue contact slips

	if appropriate. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs). • Where treatment not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services. • Give appropriate advice if medication is used off-label.
Individual advice/ follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Follow local protocol for *Chlamydia trachomatis*/*Mycoplasma genitalium* follow up and partner notification. • Individuals with *Chlamydia trachomatis*/*Mycoplasma genitalium* who have not had a full STI screen (or who did not have *Chlamydia trachomatis*/*mycoplasma genitalium* diagnosed in a sexual health clinic) should be advised to attend a sexual health clinic/service for a full STI screen. • Routine follow-up/Test of cure (TOC) for uncomplicated *Chlamydia trachomatis* following treatment with azithromycin is unnecessary, except in the following situations where local protocols should be followed: o Pregnancy o Where poor compliance is suspected o Where symptoms persist o Rectal infections o Under 25 year olds o *Mycoplasma genitalium* infection
Records	Appropriate records must be made according to local procedures and must include the following**:** • The consent of the individual and o If individual is under 13 years of age record action taken o 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 about the medication including side effects, benefits, and when and what to do if any concerns • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD)- record PGD number and version Records must be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy. All records must 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 policy.

Key References (last accessed August 2025)

- Electronic Medicines Compendium
- Electronic BNF
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- British Association for Sexual Health and HIV (BASHH) CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection
- British Association for Sexual Health and HIV (BASHH) national guideline for the management of infection with *Mycoplasma genitalium*
- British Association for Sexual Health and HIV (BASHH) STI and Related Conditions in Children and Young People guidance
- Specialist Pharmacy Service (SPS). Identifying risk factors for developing a long QT interval
- Specialist Pharmacy Service (SPS). Using macrolide antibiotics during breastfeeding
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018

Appendix A Staff accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: 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.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be required for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in "comments"	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager, and to the staff member, in conjunction with the PGD Appendix A authorisation sheet.

A copy of this form should also be kept by service lead in the training file.