

NSW PHARMACIST PRACTICE STANDARDS FOR USE OF ANTIBIOTICS TO TREAT URINARY TRACT INFECTION

A. APPROVED MEDICINES

Approved Medicines are listed in the Authority (dated 5 June 2024), including oral forms of:

- a. trimethoprim
- b. nitrofurantoin
- c. cefalexin.

B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the *Health Practitioner Regulation National Law* and have successfully completed the following training:

- Australasian College of Pharmacy Uncomplicated Cystitis Treatment Pharmacist Training; or
- · Pharmaceutical Society of Australia Managing uncomplicated cystitis; and
- Training module(s) that have been approved by the Chief Health Officer (as listed on the NSW Health website).

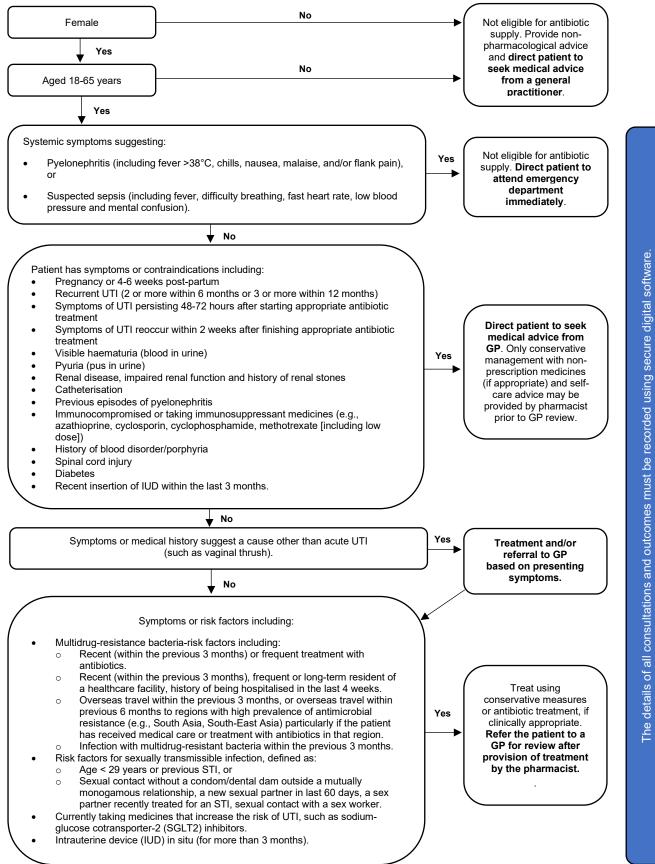
C. ADVERSE EVENTS

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at https://aems.tga.gov.au/.

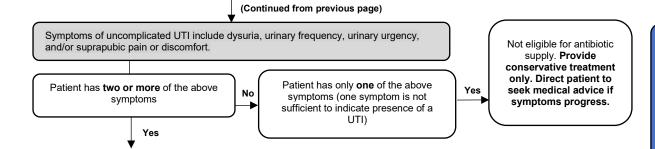
Additionally, you must notify the patient's usual general practitioner (if they have one).

D. PATIENT CONSENT, ELIGIBILITY AND RECORDS

The following flow chart should be used in consultations to assess patient eligibility, identify and govern supply of suitable treatments, and guide associated referral requirements.



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Provisional diagnosis of uncomplicated UTI can be made. Consultation should then include:

Provide conservative management with non-prescription medicines as first line treatment:

- Analgesia: Paracetamol or non-steroidal anti-inflammatory drugs (such as ibuprofen, naproxen) to reduce the pain and discomfort of UTI, and/or
- Urinary alkalinising agents: Noting safety and efficacy of these agents for the symptomatic treatment of UTI have not been established.

AND

Provide non-pharmacological and self-care advice, including education about prophylaxis for patients who may be prone to developing UTIs.

AND

Obtain informed verbal consent from the patient before supplying Approved Medicines and must retain proof of consent for seven (7) years (in accordance with the Health Records and Information Privacy Act 2002). Verbal consent includes patient education regarding risks and benefits, as well as treatment choices.

Document evidence of verbal consent in the patient's clinical record.

AND

Provide an Approved Medicine to the patient, checking first that the patient does not have any allergies or contraindications to the Approved Medicines (and referring to medical practitioner for treatment if so):

- First line Trimethoprim 300mg orally, daily at night for 3 nights, or
- Second line Nitrofurantoin 100mg orally, every 6 hours for 5 days, or
- Third line Cefalexin 500mg orally, every 12 hours for 5 days.

The pharmacist must not supply a medicine in a quantity that exceeds the smallest available size of the manufacturer's pack of the medicine.

Dispense any medications (if supplied) via pharmacy dispensing software and label according to the legislative requirements outlined in the Poisons and Therapeutic Goods Regulation 2008.

Always consider drug allergies and interactions when selecting treatments.

THEN

Provide follow-up advice and expectations about symptom resolution:

- Advise the patient that symptoms should respond to appropriate antibiotic treatment within 48 hours.
- Provide the patient with a urine specimen jar, and advise them to take a urine sample before commencing first dose of antibiotic treatment and keep the sample refrigerated.
- Advise the patient to seek care from a general practitioner if symptoms worsen or do not improve within 48 hours, and to take this sample with them.
- Advise on what to do if side effects of medication occur (e.g. when to seek emergency care, medical review or return to pharmacy)
- Advise the patient to seek care from a GP if symptoms reoccur within 2 weeks after finishing antibiotic treatment, or symptoms develop that are not symptoms of an acute UTI.
- Where patient has a regular GP or general practice service, share a record of the consultation, within a week, with the
 patient's consent.

Where GP referral or follow-up is required but the patient does not have a regular GP or that GP is unavailable (within an appropriate timeframe), contact **Healthdirect** on 1800 022 222 for advice on patient disposition.

Approved

Dr Kerry Chant AO PSM

Chief Health Officer and Deputy Secretary Population and Public Health

5 June 2024