



## Newcastle Gateshead Clinical Commissioning Group

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### **This letter sets out further details for the clarification of steps needed to support the Precaution section of the UTI PGD.**

Should a patient meet one of the conditions outlines in the **Precautions** section of the PGD (see appendix 1) the following steps should be followed to enable the patient to continue with their treatment at the pharmacy:

- Have a conversation with the patient to establish if they are aware that they have reduced renal function due to their condition.
- If NO and there is no blood test on enhanced SCR result, then proceed as per the PGD and PharmOutcomes platform. (Lack of blood test indicates no renal impairment.)
- If the patient is unaware or unsure check their summary care record. If their latest reading is within the normal range prescribe as normal. This reading can be within the last 18months.
- Avoid if eGFR less than 45 mL/ minute/1.73 m<sup>2</sup>;
- If the patient is aware of having had a renal issue in the past, and it can't be established either from the extended SCR or by being able to contact the surgery to confirm the blood test result is acceptable then the PGD should not be used to make a supply and they should be referred to their GP practice.
- If the patient is aware of a having had a renal issue in the past and there is a recent result below the indicated eGFR level result then they should be referred to their GP practice/Primary Care Clinician, as the PGD clearly indicates.



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These steps should be followed **in addition** to the steps outlined in the PGD and this adaption will also be in line with the most up to date version of PharmOutcomes which will enable you to record your decision-making process. This has been approved by:

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**NHS England & NHS Improvement AMR Regional Antimicrobial Stewardship Lead for North-East & Yorkshire**

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**Ann Gunning MRPharmS**

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## APPENDIX 1.

### Precautions

Patients with an underlying condition that may reduce renal function. This includes patients with the following conditions:

- Diabetes
- Hypertension
- Heart disease
- Known renal dysfunction
- Concomitant use of medication that can adversely affect renal function, such as ACE inhibitors and diuretics.

For these groups of patients, the pharmacist should establish if the patient has had a recent renal function test, and that the eGFR level is above 45 ml/min/1.73m<sup>2</sup>. If this information is not available, the patient should be excluded under this service and referred to their Primary Care Clinician.

Please refer to current BNF [BNF Online - BNF Publications](#) and SPC for full details [Home - electronic medicines compendium \(emc\)](#)

### Action if excluded

- If patient has only one key diagnostic symptom, provide self-care advice and advise the

patient to return if further symptoms develop

- If patient has two or more key diagnostic symptoms AND has a negative dipstick test for nitrites, refer to the patient's own GP or urgent treatment centre to consider sending a urine specimen for culture to inform the diagnosis
- If patient meets exclusion criteria, refer to a Primary Care Clinician. In hours contact own GP and out of hours see PharmOutcomes module for list of urgent treatment centres. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination.
- If pyelonephritis or sepsis is suspected, urgent referral to seek medical advice is required
- Record the reason for exclusion and any action taken on PharmOutcomes.