# Patient Group Direction for the Supply/administration of intramuscular Ceftriaxone for uncomplicated gonorrhoea

<table>
<thead>
<tr>
<th>Define situation/condition</th>
<th>Management of uncomplicated gonorrhoea infection, both suspected and confirmed - alternative to first line therapy</th>
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</thead>
</table>

## Criteria for inclusion
- Direct microscopic visualization of gram negative Intracellular diplococci in pairs
- Positive culture result for neisseria gonorrhoea
- Epidemiological treatment of known sexual contacts of confirmed/suspected gonorrhoea infection
- Ciprofloxacin is contra-indicated
- Allergic to Ciprofloxacin
- Gonorrhoea source is form overseas location
- Confirmed pharyngeal infection
- Patients under 16 with known/suspected gonorrhoea infection, who are Gillick/Fraser competent; and following discussion with a Consultant or senior physician in GU Medicine.

## Criteria for exclusion
- Complicated presentations, e.g. pelvic inflammatory disease, epididymo-orchitis
- Known penicillin sensitivity

## Action if excluded
Refer to Medical Practitioner

## Contraindications
- Known allergies to Ceftriaxone
- Currently taking anticoagulant therapy
- Currently taking diuretics
- Concurrent probenecid use

## Action if contraindications
Refer to Medical Practitioner

## Action if patient declines
Document in patient’s notes and refer to medical practitioner
## 2. Characteristics of staff

<table>
<thead>
<tr>
<th>Qualifications required</th>
<th>RGN or RN (adult) and currently employed to work in GU Medicine</th>
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| **Additional requirements** | ENB 8103, 932, 276/5 or commensurate experience  
  • Clinical competence in the history taking, clinical examination/assessment and genital screening; required to enable the accurate diagnosis and treatment of gonorrhoea infection, and their contacts  
  • Ability to recognise need to treat for potential co-existing chlamydia in patients being treated for known/suspected gonorrhoea – refer to appropriate PGD for Doxycycline, Azithromycin or Erythromycin also.  
  • Evidence of continuing professional development in GU Medicine and/or the GUM nurse role  
  • Minimum of 1 year experience of working within the speciality in the preceding 3 years  
  • Knowledge base of the interactions of Ceftriaxone with other drugs, and other contra-indications for issuing Ceftriaxone  
  • Receiving Clinical Supervision and/or review of casenotes by a senior Medical Practitioner or Nurse, on an ongoing basis |

| **Continued education & training requirements** |  
  • Commitment to continuing professional development identified through Clinical Supervision and appraisal  
  • 5 study days or the equivalent in hours, of study related to the field of GU Medicine; every 3 years.  
  • Recommended attendance and participation in the monthly educational/audit half day at Portsmouth GU Medicine department |
### 3. Description of Treatment

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Ceftriaxone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of medicine</td>
<td>Prescription only Medicine (POM)</td>
</tr>
<tr>
<td>Dose</td>
<td>250mg</td>
</tr>
<tr>
<td>Route</td>
<td>intramuscular</td>
</tr>
<tr>
<td>Frequency</td>
<td>stat once only dose</td>
</tr>
<tr>
<td>Total dose/number of doses</td>
<td>One single dose – maximum of 250mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Contraindications/ Cautions</th>
<th>Common Adverse Effects</th>
<th>Interactions</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Ceftriaxone | # Known allergies  
# Porphyria  
# Known renal impairment  
# Known hepatic impairment  
# Penicillin sensitivity | # Gastrointestinal disturbances  
# Rashes | # Taking anticoagulant therapy  
# Use of loop diuretics | Single dose Ceftriaxone is unlikely to cause any significant drug interaction. If in doubt, contact Medicines Information for advice |
Follow up treatment

- Appointment in two weeks for microscopically positive and/or symptomatic patients
- Telephone appointment in two weeks for those being treated as asymptomatic suspected contacts of gonorrhoea

Written/verbal advice for patient

- Information regarding aetiology of gonorrhoea, transmission, implications for partial and non-treatment; supported by leaflet
- Information regarding treatment compliance and side effects; supported by drug information leaflet
- Advice regarding avoiding any form of sexual contact until self and partner/s fully treated, to avoid risk of reinfection
- Discussion regarding safer sex in general for future sexual health
- Female patients to be advised of potential for contraceptive failure in general when taking any antibiotic therapy, and advised of the need for additional barrier protection, with the need to apply the 7 day pill rule.
- This is to maximise the opportunity for education regarding antibiotic therapy and the risk of contraceptive failure, irrespective of the true risk of this particular antibiotic and its dose regimen.
- Partner notification will be required to be undertaken in line with national recommendations, which are:

In symptomatic men – contact partners in the 2 weeks preceding the onset of symptoms.

In asymptomatic men – contact partners over the last 3 months, or until the last sexual partner ( whichever is the longer time period).

Women

In women regardless of symptoms - contact partners over the last 3 months, or until the last sexual partner ( whichever is the longer time period).

(for partners who test positive for chlamydia also, see chlamydia PGD for partner notification guidelines)


Specify method of recording supply and/or administration

The following will be recorded in the patient’s clinical records:

- The basis for the diagnosis and/or treatment
- The dose of Ceftriaxone issued/administered
- The route of administration
- The frequency of administration
- The date of issue/administration
- The signature of the person administering/issuing the Ceftriaxone
- The qualification of the person undertaking the administration/issuing
- Whether the medication was witnessed as taken within the department

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Isle of Wight Healthcare NHS Trust  
Department of Genitourinary Medicine

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<tr>
<th>Procedure for reporting ADR's to Medical Practitioner</th>
<th>Document in the patient’s clinical records and refer to a Medical Practitioner</th>
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</table>

- **Management of Group Directions:**

  Group direction developed by:  
  Mandy Tyson – GU Clinical Lead/Nurse Specialist  
  Dr. Elizabeth Foley – Consultant in GU Medicine  
  Zoe Wells – Directorate Pharmacist

  Authorizing Doctor/s:  
  Signature

  Dr Elizabeth Foley – Consultant in GU Medicine  
  Dr Suzanne Chapman – Consultant Microbiologist

  Date applicable:  
  January 2003

  Review date:  
  January 2005

  Senior Nurse  
  Signature

  Gill Kennett – Operational Manager

  Clinical Directorate Pharmacist  
  Signature

  Zoe Wells

  Approved by Nursing Policy Group  
  Signature

  Approved by Clinical Standards Group  
  Signature

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The group direction is to be read, agreed to, and signed by all staff it applies to. One copy is to be given to the health professional, another kept in the department.

_____________________________________________________________________________

I have read the group direction and agreed to use it in accordance with the criteria described.

Name:
Signature:
Date:
Review date:

Name:
Signature:
Date:
Review date:

Name:
Signature:
Date:
Review date: