Patient Group Direction for the Supply/administration of Clotrimazole HC 1% for balanitis

<table>
<thead>
<tr>
<th>Define situation/condition</th>
<th>First line management of uncomplicated balanitis</th>
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</table>

**Criteria for inclusion**

- Direct visualization of erythematous rash on glans penis and/or penile shaft
- Rash is sore and/or itchy
- Erythema may be blotchy with small papules which may be eroded
- Erythema may be dry dull red patches with a glazed appearance
- Patients under 16 who are Gillick/Fraser competent; and following discussion with a Consultant or senior physician in GU Medicine.

**Criteria for exclusion**

- Complicated presentations, e.g. complicated by secondary bacterial infection and/or bleeding
- Recalcitrant balanitis
- Large areas of broken skin/fissuring
- Repeated presentations, ie. received treatment form nurse more than 3 times in last 6 months.

**Action if excluded**

Refer to Medical Practitioner

**Contraindications**

- Known allergies to Clotrimazole or Hydrocortisone
- Co-existing inflammatory skin conditions

**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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<tbody>
<tr>
<td>Additional requirements</td>
<td>ENB 8103, 932, 276/5 or commensurate experience</td>
</tr>
<tr>
<td></td>
<td>• Clinical competence in the history taking, clinical examination/assessment and genital screening; required to enable the accurate diagnosis and treatment of balanitis</td>
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<tr>
<td></td>
<td>• Evidence of continuing professional development in GU Medicine and/or the GUM nurse role</td>
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<td></td>
<td>• Minimum of 1 year experience of working within the speciality in the preceding 3 years</td>
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<td></td>
<td>• Knowledge base of the interactions of Clotrimazole HC 1% with other drugs, and other contra-indications for issuing Clotrimazole HC 1%</td>
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<tr>
<td></td>
<td>• Receiving Clinical Supervision and/or review of casenotes by a senior Medical Practitioner or Nurse, on an ongoing basis</td>
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<tr>
<td>Continued education &amp; training requirements</td>
<td>• Commitment to continuing professional development identified through Clinical Supervision and appraisal</td>
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<tr>
<td></td>
<td>• 5 study days or the equivalent in hours, of study related to the field of GU Medicine; every 3 years.</td>
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<tr>
<td></td>
<td>• Recommended attendance and participation in the monthly educational/audit half day at Portsmouth GU Medicine department</td>
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</table>
### 3. Description of Treatment

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Clotrimazole HC 1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of medicine</td>
<td>POM</td>
</tr>
<tr>
<td>Dose</td>
<td>30 gram tube</td>
</tr>
<tr>
<td>Route</td>
<td>Topical</td>
</tr>
<tr>
<td>Frequency</td>
<td>twice daily</td>
</tr>
<tr>
<td>Total dose/number of doses</td>
<td>Maximum dose of BD for 14 days (28 applications)</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>
<tbody>
<tr>
<td>Clotrimazole HC 1%</td>
<td># Known allergies # Under 16s # Co-existing inflammatory or viral skin conditions # Large areas of fissured or broken skin</td>
<td># Skin or vaginal irritation # Thinning of the skin</td>
<td># Latex condoms and barrier contraception</td>
<td>Nil</td>
</tr>
</tbody>
</table>
| Follow up treatment | • No follow up required, return if persists  
• Medical review if requires more than 3 courses of treatment in a 6 month period |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Written/verbal advice for patient | • Information regarding aetiology of balanitis and potential of recurrences  
• Advise to wash the affected area and dry thoroughly before applying externally, applying the cream thinly and evenly to the affected area twice daily  
• Avoid soaps whilst inflammation is present  
• Advise to saline bathe with a weak salt solution twice daily whilst symptoms persist  
• Advise regarding damage to condoms for up to 5 days after application  
• Advise regarding general hygiene and skin care during treatment  
• Advise regarding reassuring partner, and management of future episodes if any  
• Discussion regarding safer sex in general for future sexual health |
| 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  
• Clotrimazole HC 1% cream dispensed  
• The route of administration  
• The frequency of use  
• The date of issue  
• The signature of the person issuing the Clotrimazole HC 1%  
• The qualification of the person undertaking the issuing |

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
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: