

Patient Group Direction for the Supply/administration of Aciclovir for genital herpes infection – primary and recurrent

Define situation/condition	<i>First line management of uncomplicated genital herpes infection</i> <i><u>National Guidelines for the management of genital herpes infection, 2002</u> – Clinical Effectiveness Group – AGUM and MSSVD, www.agum.org.uk</i>
Criteria for inclusion	<ul style="list-style-type: none"> • Direct clinical visualization of blisters and/or ulceration of the external genitalia • Patients under 16 who are Gillick/Fraser competent
Criteria for exclusion	<ul style="list-style-type: none"> • Complicated presentations, e.g. complicated by secondary bacterial infection • No visualization of ulcers/blisters • Painless ulceration of genitalia • Pregnancy or breastfeeding
Action if excluded	Refer to Medical Practitioner
Contraindications	<ul style="list-style-type: none"> • Known allergies to Aciclovir • Known renal impairment
Action if contraindications	Refer to Medical Practitioner
Action if patient declines	Document in patient's notes and refer to medical practitioner

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2. Characteristics of staff	
Qualifications required	RGN or RN (adult) and currently employed to work in GU Medicine
Additional requirements	<p>ENB 8103, 932, 276/5 or commensurate experience</p> <ul style="list-style-type: none"> • Clinical competence in the history taking, clinical examination/assessment and genital screening; required to enable the accurate diagnosis and treatment of genital herpes infection • Ability to recognize need to offer screening to contacts of known/suspected herpes infection, who may be anxious regarding potential exposure. • 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 Aciclovir with other drugs, and other contra-indications for issuing Aciclovir • Receiving Clinical Supervision and/or review of casenotes by a senior Medical Practitioner or Nurse, on an ongoing basis
Continued education & training requirements	<ul style="list-style-type: none"> • 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

Name of Medicine	Aciclovir			
Legal status of medicine	Prescription only Medicine (POM)			
Dose	200mgs			
Route	oral			
Frequency	5 times daily for 5 days			
Total dose/number of doses	Total of 25 tablets, maximum dosage of 1000mg per day for a maximum of 5 days			
Drug	Contraindications/ Cautions	Common Adverse Effects	Interactions	Notes
Aciclovir	# Known allergies # Pregnant or breast-feeding # Renal impairment	# Gastrointestinal disturbances # Rashes # Urticaria # Possible rise in LFTs # Confusion at high doses	# Probenecid	Nil

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<p>Follow up treatment</p>	<ul style="list-style-type: none"> • Review in 5 days for all primary or severe episodes • Review in two weeks to offer full STI screening if unable to undertake at initial visit • Telephone results in two weeks if does not wish to return for further screening, and only after full discussion of implications of provisional diagnosis of herpes infection. • Offer opportunity to return to discuss diagnosis further if result is positive and patient requires further information and/or support
<p>Written/verbal advice for patient</p>	<ul style="list-style-type: none"> • Information regarding aetiology and transmission of herpes infection and possibility of recurrences; with leaflet • Information regarding treatment compliance and side effects; supported by drug information leaflet • Advise regarding infectivity and condom use as well as future asymptomatic shedding • Advise regarding general hygiene and skin care and use of analgesics if required • Advise regarding discussions with partner, management of future episodes if any and pregnancy/childbirth • Advice regarding avoiding any form of sexual contact until fully healed • Discussion regarding safer sex in general for future sexual health <p><i>National Guidelines for the management of genital herpes infection, 2002 – Clinical Effectiveness Group – AGUM and MSSVD, www.agum.org.uk</i></p>
<p>Specify method of recording supply and /or administration</p>	<p>The following will be recorded in the patient’s clinical records:</p> <ul style="list-style-type: none"> • The basis for the diagnosis and/or treatment • The dose of Aciclovir issued/administered • The route of administration • The frequency of administration and duration of treatment • The date of issue/administration • The signature of the person administering/issuing the Aciclovir • The qualification of the person undertaking the administration/issuing • Whether the medication was witnessed as taken within the department

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Procedure for reporting ADR's to Medical Practitioner	Document in the patient's clinical records and refer to a Medical Practitioner
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• **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: