NHS Grampian | NHS Highland | NHS Orkney | NHS Shetland | NHS Tayside | NHS Eileanan Siar Western Isles

Patient Group Direction For The Supply Of Azithromycin By Approved Healthcare Professionals For Treatment Of Uncomplicated Genital Chlamydia Infection, Uncomplicated Mycoplasma Genitalium And Non-Gonococcal/Non-Specific Urethritis Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Adapted from SPS/BASHH PGD Supply of azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*, uncomplicated *Mycoplasma genitalium* and non-gonococcal/non-specific urethritis, Version 2.1 – Published October 2023		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**
NoS Identifier: NoS/PGD/Azithromycin/1478	**Review Date:** September 2025 **Expiry Date:** March 2026	**Date Approved by NoS:** 21st March 2024

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 2.1

Revision History for NoS:

NoS PGD that has been superseded	PGD/NoS_PGD/Azithro/MGPG1155, Version 1

Date of change	**Summary of Changes**	**Section heading**
November 2023	Reference to NoS Appendix 1 and 2.	Authorisation
November 2023	Statement added in about nurses being registered by the NMC.	Professional registration
November 2023	Removed SPS advised training and added TURAS NoS PGD training link added.	Initial Training
November 2023	Added in statement about capacity under the age of 13 and the legislation statement added.	Criteria for inclusion
November 2023	NICE Competency framework statement removed.	Competency assessment
November 2023	Added clinical systems utilised.	Records

FSRH/SPS most recent changes

Change History	
Version and Date	**Change details**
Version 1 April 2020	New template.
Version 1.1 May 2020	Minor reordering (content unchanged).
Version 1.2 October 2020	Advisory wording added to inclusion criteria section: **Note** – all criteria for inclusion within the BASHH approved national PGD templates for sexual health are based on diagnostic management in line with BASHH guidance. Where services do not have access to diagnostics and treatment is syndromic then the PGD template will need to be locally adapted to reflect local practice being mindful of the BASHH guidance.
Version 2.0 April 2023	Updated template due to expiry – no significant changes to clinical content.
Version 2.1 October 2023	Updated PGD development group members. Statement added regarding risk of prolongation of QT interval with interacting drugs added to exclusions and reflected in interactions section.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Authorisation

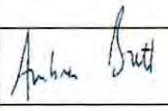
This specimen Patient Group Direction (PGD) template has been produced by SPS/BASHH and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may supply medicines under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) for all vaccines administered in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Administration of the medicines has to be by the same practitioner who has assessed the patient under the PGD.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD (Appendix 1).

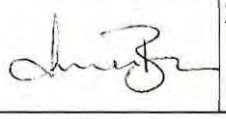
A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Dr Ambreen Butt	Signature		Date Signed	18/03/2024
Pharmacist	Alison MacDonald	Signature		Date Signed	13/03/2024
Nurse	Catherine Watt	Signature		Date Signed	18/03/2024

Approved for use within NoS by:

NoS Group Chair	**Signature**	**Date Signed**
Lesley Coyle		21/03/2024

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	**Signature**	**Date Signed**
NHS Grampian Chief Executive Adam Coldwells PP: June Brown, Executive Nurse Director		21/03/2024

Version 2.1 – Approved for NoS from 21/03/2024

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	April 2023
Review date:	September 2025
Expiry date:	March 2026

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by British Association for Sexual Health and HIV (BASHH)/BASHH Bacterial Special Interest Group (BSIG) in January 2023.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name	Designation
Ali Grant	Highly Specialist Clinical Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Andrea Smith	Community pharmacy
Carmel Lloyd	Royal College of Midwives
Chetna Parmar	Pharmacist adviser, Umbrella
Clare Livingstone	Royal College of Midwives
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSHCG)
Dipti Patel	Local authority pharmacist
Dr Achyuta Nori	Consultant in Sexual Health and HIV
Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)
Dr John Saunders	Consultant in Sexual Health and HIV
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea and Westminster NHS Foundation Trust
Dr Rita Browne	Consultant in Sexual Health and HIV
Dr Sarah Pillai	Associate Specialist – Sexual Health
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins	Lead Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator)	Specialist Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Jodie Crossman	Specialist Nurse. BASHH SHAN SIG Chair
Belinda Loftus	Specialist Nurse, BASHH Board Nurse Representative, BASHH SHAN SIG Secretary
Portia Jackson	Pharmacist, Cambridgeshire Community Services
Sally Hogan	British Pregnancy Advisory Service (BPAS)
Sandra Wolper	Associate Director Specialist Pharmacy Service
Tracy Rogers	Associate Director Specialist Pharmacy Service

Characteristics of staff

Qualifications and professional registration	Registered nurses and midwives as recognised by the Nursing and Midwifery Council (NMC).
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory. Have undertaken NoS PGD module training on TURAS Learn. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults.
Competency assessment	Individuals operating under this PGD must be assessed as competent (see Appendix 1 and Appendix 2) or complete a self-declaration of competence for Chlamydia testing and/or treatment.
Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required. • Organisational PGD and/or medication training as required by employing Trust/organisation.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Uncomplicated genital, pharyngeal and/or asymptomatic rectal *Chlamydia trachomatis* infection. • Uncomplicated *Mycoplasma genitalium* that is macrolide sensitive following completion of course of doxycycline (see doxycycline PGD). • Non-gonococcal or non-specific urethritis (NGU, NSU). • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of with any of the conditions detailed below.
Criteria for inclusion	• **Where doxycycline is contraindicated (known allergy, previous adverse effects, pre-existing medical conditions, pregnancy) or inappropriate (photosensitivity, likely poor adherence):** o Individuals with a positive test for *Chlamydia trachomatis* infection in the genitals, pharynx or rectum (asymptomatic) but without signs suggestive of complications. o Individuals with a microscopic diagnosis of non-gonococcal or non-specific urethritis (NGU, NSU). o Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of *Chlamydia trachomatis*, NSU/NGU, PID or epididymo-orchitis who are unwilling/unable to defer testing after the 2 week window period. o A single repeat treatment course for individuals who have had sexual contact within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions. • Individuals with a definite diagnosis of uncomplicated *Mycoplasma genitalium* that is macrolide sensitive where a course of doxycycline has been completed within the previous two weeks (where resistance testing is available, confirmed macrolide sensitivity). • Consent given. • Aged 13 years and over. All individual under the age of 19 years - follow local young person's risk assessment or equivalent local process. • Individual under 16 years of age may give consent for the supply of Azithromycin provided they understand fully the benefits and risks involved. The individual should be encouraged to involve a parent/guardian, if possible, in this decision. Where there is no parental involvement and the individual indicates that they wish to accept the supply, supply should proceed, if the healthcare professional deems the individual to have the legal capacity to consent. The Age of Legal

	Capacity (S) Act 1991, s2 (4) states that 'a person under the age of 16 years shall have legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment.
Criteria for exclusion	• Consent not given. • Individuals under 13 years of age. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. **Medical history** • Individuals with suspected and/or confirmed symptomatic rectal *Chlamydia trachomatis*. • Individual with complicated *Chlamydia trachomatis* infection such as (epididymitis and/or testicular pain or a clinical diagnosis of Pelvic Inflammatory Disease (PID). • Individuals with suspected or confirmed Lymphogranuloma venereum (LGV). • Known severe hepatic impairment • Known severe renal impairment (eGFR <10mL/min/1.73m^2/ CKD stage 5). • Current/past history of cardiac rhythm or conduction disturbance. • Presence of concomitant conjunctivitis and/or joint pain/swelling. • Acute porphyria. • Myasthenia gravis. **Medication history** • Any concurrent interacting medicine(s) – see Drug Interactions section. • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid). • Concomitant use of ergot derivatives such as ergotamine (Migril®). • Known hypersensitivity or allergy to the azithromycin or other macrolide antibiotics or to any component of the product - see Summary of Product Characteristics • Individuals with known azithromycin resistance.

Cautions including any relevant action to be taken	• Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If individual is allergic, check manufacturer's information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available. • Pregnant individuals/individuals known to be at risk of pregnancy – the SPC states that there is limited data on use in pregnancy however BASHH guidelines state: "While adverse pregnancy outcomes are unlikely with the 2g total azithromycin dose, individuals should be advised of the lack of data." The individual must be informed that although the use of azithromycin in pregnancy is thought to be safe, there is limited research available and be fully informed of the risks and benefits of this treatment. • Breastfeeding individuals – BASHH states that 'Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low'. • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.
Action to be taken if the individual is excluded or declines treatment	• If the presenting individual is under 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy (note under 13 years of age excluded from treatment under this PGD). • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Pregnant individuals/individuals known to be at risk of pregnancy who decline azithromycin treatment should be referred to a prescriber for further consultation. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

Description of treatment

Name, strength and formulation of drug	Azithromycin 250mg or 500mg capsules or tablets
Legal category	POM
Route of administration	Oral
Off label use	Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the Summary of Product Characteristics (SPC). This PGD includes off label use in the following conditions: • The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose. • Those under 18 years of age and under 45kg weight - azithromycin tablets or capsules are not licensed for use in children or adolescents weighing under 45kg. • Breastfeeding individuals – BASHH states that 'Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low'. Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.

Dose and frequency of administration	**Day One:** 1g taken as a single dose **Day Two:** 500mg once daily **Day Three:** 500mg once daily For uncomplicated *Mycoplasma genitalium* azithromycin course to be started immediately after the doxycycline course completed – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed. If the azithromycin course is not started within this timeframe the individual should be referred to a specialist practitioner.
Duration of treatment	3 days.
Quantity to be supplied	Appropriately labelled pack 2g as either: 8 x 250mg tablets/capsules or 4 x 500mg tablets/capsules. A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	All concurrent medications should be reviewed for interactions. A detailed list of all drug interactions is available in the BNF or the product SPC Seek advice from an appropriate clinician/Medicines Advisory Service if required. Individuals concurrently prescribed the following medications are excluded from treatment under this PGD and must be referred to an appropriate prescriber: • Berotralstat • Chloroquine • Colchicine • Dabigatran • Digoxin • Edoxaban • Hydroxychloroquine • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Vinblastine • Vincristine • Vindesine

	• Vinflunine • Vinorelbine • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Concomitant use of ergot derivatives such as ergotamine (Migril®).
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SPC and BNF The following side effects are very common/common with azithromycin: • Nausea • Anorexia • Vomiting • Dyspepsia • Dizziness • Headache • Diarrhoea • Abdominal pain/discomfort • Flatulence • Rash • Pruritus • Arthralgia • Fatigue • Visual impairment • Deafness • Paraesthesia • Dysgeusia.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via organisation incident policy.
Written information and further advice to be given to individual	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. Explain mode of action, side effects, and benefits of the medicine.

	• Azithromycin tablets can be taken at any time in relation to food but there should be a gap between taking the tablets and antacids, including those medications purchased. • Azithromycin capsules should be taken one hour before or two hours after food or antacids, including those medications purchased. • If vomiting occurs within 3 hours of taking capsules/tablets offer option of repeat dose of azithromycin (under PGD). • **Note relevant for *Mycoplasma genitalium*:** Where doxycycline has been supplied for the treatment of uncomplicated *Mycoplasma genitalium* the individual should be advised that the azithromycin course should be started immediately after completion of the doxycycline course – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed. If the azithromycin course is not completed within this time frame the individual should be referred to a specialist practitioner. **Condition:** • Individuals diagnosed with *Chlamydia trachomatis* /NGU/NSU/*Mycoplasma genitalium* should be offered information (verbal, written and/or digital) about their diagnosis and management. • Discuss implications of incompletely treated/untreated infection of self or partner/s. • Advise to abstain completely from sexual contact with untreated partners (even with condoms) including oral sex, during treatment, for 7/14 days after treatment and for 7/14 days after partner(s) treatment where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual contact takes place with an untreated partner/s. • Discuss partner notification and issue contact slips if appropriate. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs). • Where treatment not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services.

Follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Follow local protocol for *Chlamydia trachomatis*/*Mycoplasma genitalium* follow up and partner notification. • Individuals with *Chlamydia trachomatis*/*Mycoplasma genitalium* who have not had a full STI screen (or who did not have *Chlamydia trachomatis*/*mycoplasma genitalium* diagnosed in a sexual health clinic) should be advised to attend a sexual health clinic/service for a full STI screen. • Routine follow-up/TOC for uncomplicated *Chlamydia trachomatis* following treatment with azithromycin is unnecessary, except in the following situations where local protocols should be followed: o Pregnancy o Where poor compliance is suspected o Where symptoms persist o Rectal infections o Under 25 year olds o Mycoplasma genitalium infection.
Records	**Record:** • The consent of the individual and o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken o If individual over 16 years of age and not competent, record action taken • If individual not treated under PGD record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical and sexual history, including medication history • Examination or microbiology finding/s where relevant. • Any known allergies and nature of reaction • Name of registered health professional • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date in line with local procedures. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns

	• Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD). Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • NaSH – Sexual Health Electronic Patient Record • BadgerNet – Digital Maternity Notes • HEPMA • Individual's GP records if appropriate Individual service specific systems. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references

Key references (accessed September 2022, September 2023)	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • BASHH CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf • BASSH UK National Guideline on the management of non-gonococcal urethritis www.bashhguidelines.org/media/1051/ngu-2015.pdf

	• British Association for Sexual Health and HIV national guideline for the management of infection with *Mycoplasma genitalium* www.bashhguidelines.org/media/1198/mg-2018.pdf • Specialist Pharmacy Service (SPS) Identifying risk factors for developing a long QT interval https://www.sps.nhs.uk/articles/identifying-risk-factors-for-developing-a-long-qt-interval/#:~:text=QT • Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines

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Appendix 1 - Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Supply Of Azithromycin By Approved Healthcare Professionals For Treatment Of Uncomplicated Genital Chlamydia Infection, Uncomplicated Mycoplasma Genitalium And Non-Gonococcal/Non-Specific Urethritis Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2 - Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Supply Of Azithromycin By Approved Healthcare Professionals For Treatment Of Uncomplicated Genital Chlamydia Infection, Uncomplicated Mycoplasma Genitalium And Non-Gonococcal/Non-Specific Urethritis Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply Of Azithromycin By Approved Healthcare Professionals For Treatment Of Uncomplicated Genital Chlamydia Infection, Uncomplicated Mycoplasma Genitalium And Non-Gonococcal/Non-Specific Urethritis Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles – Version 2.1					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**