

Guidelines for the use of Intravesical Gentamicin To Treat Recurrent UTIs

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

The purpose of this guideline is to provide a framework to ensure that intravesical gentamicin is prescribed appropriately and used safely.

This guideline is for use by the following staff groups :

Only a Urogynaecology/Urology Consultant will initiate intravesical gentamicin only after MDT discussion.

Lead Clinician(s)

Mr Paul Moran

Consultant Gynaecology

Supported: Dr Hugh Morton(Microbiology)

Approved by *Gynaecology Governance* on: **12th May 2022**

Approved by Medicines Safety Committee on: **12th May 2021**

This guideline should not be used after end of: **12th May 2025**

Key amendments to this guideline

Date	Amendment	Approved by:
February 2021	Document created	
May 2022	Document approved	Gynaecology Governance

Worcestershire Acute Hospitals NHS Trust
Guidelines for the use of Intravesical Gentamicin

KEY POINTS:

- The use of intravesical gentamicin is unlicensed within the United Kingdom.
- Intravesical gentamicin will only be prescribed for patients that have tried conventional measures (unsuccessfully) to reduce the frequency of proven Urinary Tract Infection (UTI). Patients will need to be able to perform clean intermittent self catheterisation (CISC).
- Only a Urogynaecology/Urology Consultant will initiate intravesical gentamicin only after MDT discussion.
- The patient will be regularly reviewed by the Urogynaecology/Urology consultant and/or the Urogynaecology/Urology Nurse Specialist who will tailor the gentamicin regime to the patient after the first month.
- [Weekly gentamicin therapeutic drug monitoring plus renal function \(U+E/creatinine\) is required after treatment initiation \(in the first 6 weeks\).](#) - remove
- The patient must be given written and verbal information, be able to consent to the treatment and be able to self-administer the treatment independently.
- The patient's GP must be informed at the start of treatment.
- Weekly prescriptions for gentamicin and Uro-Tainer M® NaCl sodium chloride 0.9% 50mL bags will be obtained by the specialist nurses when on site for the weekly review. Patients will be supplied with a supply of gentamicin/sodium chloride and syringes to make up themselves as long as assessed as safe and able to by the team (Refer to competency assessment in Appendix 3).

INTRODUCTION

- 1.1 The purpose of this guideline is to provide a framework to ensure that intravesical gentamicin is prescribed appropriately and used safely.

2. BACKGROUND

- 2.1 There are small groups of patients who have repeated frequent urinary tract infections that cause systemic upset and which require either oral or parenteral antibiotics to achieve symptom relief. These patients have to repeatedly attend both primary and secondary care for treatment and their quality of life is poor, both because of the symptoms the infection has caused, and because of their repeated need to seek medical treatment. Some of these patients have had ileocystoplasties for bladder reconstruction, others have intact bladders but need to perform intermittent catheterisation, and the occasional patient has an ileal conduit with repeated infections.

3. DEFINITIONS

- 3.1 Gentamicin: an aminoglycoside antibiotic.
Intravesical: instillation into the urinary bladder.

4. DUTIES AND RESPONSIBILITIES

- 4.1 The consultant or specialist nurses will
- consent the patient and provide them with written (**Appendix 1**) and verbal information about the treatment,
 - ensure the patient has been adequately trained to administer the treatment, and prescribe gentamicin for so long as it is indicated (initially a 6 week course- reviewed weekly by the specialist nurses). *The aim is to consider this a potential life-long treatment if 'successful' as deemed by improvement in patients' quality of life and reduced symptomatic infection episodes.*
 - complete **Appendix 2** and keep in the patients' medical notes as written consent to treatment.
 - send a personalised letter to the patient's GP on commencement of intravesical gentamicin including: the rationale for treatment, treatment regime, potential complications, and contact numbers.

5. TREATMENT GUIDELINE

5.1 Patient selection

5.1.1 This is for use in patients who have an intact bladder, a bladder augmented with, or replaced by, a bowel segment, who suffer repeated, difficult to treat, urinary tract infections i.e. ≥ 6 *symptomatic* urinary tract infections (*ideally proven on culture in at least 3*) in any 12 month period, or at least one infection requiring hospital admission in any 12 month period with a background of recurrent urinary tract infections. These patients may have failed on long-term oral antibiotic prophylaxis *or bladder instillation therapy* or be intolerant to the oral agents currently available for this indication.

5.1.2 This guideline should only ideally be used when all suitable conventional measures to reduce the frequency of urinary tract infections have failed – including a trial of long-term, low dose antibiotic prophylaxis; *bladder instillation therapy*; use of D-mannose; high fluid intake and frequent voiding; and a check of intermittent self-catheterisation technique where applicable. *Discussion on the use of 'vaccines' should also take place.* **This guideline assumes that full investigation has taken place and no underlying treatable cause has been found.**

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5.1.3 The patient should be made aware by the clinicians responsible for on-going care that the treatment is of [unproven benefit in large scale trials in adults and has not been subjected to detailed research](#). They should then take part in a full discussion and decide for themselves whether they want to use this novel treatment. This discussion must be documented in the patient's medical notes along with the patients consent if they decide to proceed.

5.1.4 The patient's technique in performing intermittent self-catheterisation should be checked and found to be satisfactory. If not already able to self-catheterise or if technique is poor, patients must be taught self-catheterisation technique by a [Urogynaecology](#) specialist nurse. [In patients who are unable to do CISC, treatment administered by the specialist nurses can be considered in exceptional circumstances on a twice weekly basis.](#)

5.2 Prescribing and supply

5.2.1 Prescriptions are to be issued by consultants or specialist nurse (who are registered non-medical prescribers) **only** – on a hospital outpatient script. Initially one week's supply at a time will be issued with a weekly specialist nurse review. The requirement for ongoing instillations will be reviewed by the team after 6 weeks to determine whether a longer course of instalments are required in the absence of complications. The dosage schedule can also be reviewed at that stage. [Options will then include:](#)

- a) cessation of treatment if unsuccessful or not tolerated as deemed by patient and/or the urogynaecology team.
- b) Ongoing daily instillations (potentially long term) for those deemed to have had significant improvement in quality of life and reduced symptomatic infections. The suggested regime will then be: alternate day instillations for 6 weeks followed by either a once or twice weekly instillations for life.
- c) For symptomatic 'breakthrough infections' options are to
 - i) Treat with an oral antibiotic for 5 days (or Fosfomycin) based on MSU sensitivities
 - ii) Increase Intravesical Gentamicin instillations to once daily for 7 days the return to baseline instillation frequency

[Gentamicin resistance is rare when administered intravesically as antibiotic resistance develops in the gut. In rare circumstance where infection occurs with a pathogen resistant to Gentamicin, then an alternative such as Amikacin \(1000mg \[1g in 4ml vial\] in 50ml saline\) can be considered after discussion between consultant and microbiologist.](#)

5.2.2 Gentamicin 80mg/2mls injection (for intravesical use) should be prescribed in multiples of seven amps/week. Uro-Tainer M® NaCl sodium chloride 0.9% 50mL bags should be prescribed in multiples of seven bags/week for one week at a time.

5.2.3 This is an 'off-label' use of a licensed medicine in the UK. Before the first prescription is written, the patient must be given written and verbal information, be able to consent to the treatment and be able to self-administer the treatment independently. Appendix 2 must be completed and kept in the patients' medical notes as written consent to treatment.

The first prescription sent to Pharmacy should be accompanied by a 'Prescribing of a Licensed Medicine for an Unlicensed Indication Consultant Authorisation' form (see MedPoISOP6)

5.2.4 Equipment to facilitate intravesical administration will initially be provided by the specialist nurse (for up to one week), although CISC catheter supply will be larger.

5.3 Method of administration and duration of therapy

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5.3.1 Gentamicin 80mg diluted in a Urotainer-M sodium chloride 0.9% 50mL bag should be instilled in the bladder nightly (in the first 6 weeks), after completion of a conventional bladder catheterisation +/- washout, and the catheter withdrawn, leaving the solution in the bladder overnight or as long as possible before voiding (whichever is the shorter).

5.3.2 The solution will be voided spontaneously in the morning, or be removed by routine self-catheterisation in patients who cannot spontaneously void.

5.3.3 Therapy will be reviewed weekly and then frequency will be tailored to the individual patients' needs.

5.4 Therapeutic drug monitoring

5.4.1 A baseline U+E/Creatinine should be taken before commencement of therapy. It is suggested that these are repeated at 3 monthly intervals for those on long term maintenance therapy. Gentamicin concentration levels are NOT required as NO absorption takes place through the bladder wall. Urinalysis (+/-MSU) for symptomatic cystitis only.

6. MONITORING COMPLIANCE WITH THIS GUIDELINE

6.1 Patients will be followed up regularly and clinical progress will be documented. Audit of outcomes including readmissions, treatment failure and patient satisfaction will be conducted. Adverse incidents will be recorded. The patients will be the clinical responsibility of the Urogynaecology/Urology Consultants.

7. REFERENCES

Royal Devon & Exeter Guideline. Intravesical Gentamicin Guideline. Mr M Stott 2012.

Nieuwkopp et al (2010). Intravesical gentamicin for recurrent urinary tract infections in patients with intermittent bladder catheterisation. International Journal of Antimicrobial Agents 36: 485-490.

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Paul Moran, Lead Urogynaecologist
Hugh Morton, Consultant Microbiologist/Antimicrobial Stewardship Lead
Helen Greenham, Lead Urogynaecology Specialist Nurse
Vincent Koo, Consultant Urologist
Rosie Fletcher, Lead Pharmacist, Medicines Information

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Alex Blackwell, Governance Lead for Gynaecology
Medicines Safety Committee

Appendix 1

Patient information sheet

Department of Urogynaecology

Bladder Instillation of Gentamicin

Information for patients

Introduction

You have been diagnosed as having recurrent urinary tract infections (UTIs). This means you have frequent infections in your urine (wee) that make you feel unwell and require antibiotics by mouth or intravenously (through a drip). The frequency of these infections has required you to seek medical assistance on repeated occasions and is having an impact on your quality of life.

Your Urogynaecology / Urology Consultant has advised administering gentamicin (an antibiotic) directly into your bladder (intravesically). This is a new treatment and should only be given when other treatments have failed. You can only have this treatment if you are intermittently catheterising or have an indwelling catheter.

What is a urinary tract infection?

The urinary tract is made up of the kidneys, bladder, ureters (tube that link the kidneys to the bladder and urethra (tube that carries urine out of the body). A UTI is a bacterial infection of the urinary tract.

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You may have any of the following symptoms:

- ☐ Fever
- ☐ Vomiting
- ☐ Tiredness
- ☐ Irritability
- ☐ Loss of appetite
- ☐ Pain when passing urine
- ☐ Need to pass urine frequently
- ☐ Wetting
- ☐ Tummy pain
- ☐ Pain in the side
- ☐ Unpleasant smelling urine
- ☐ Blood in the urine

How will I know if I need treatment?

Your initial course of treatment will be arranged by your Urogynaecology / Urology consultant and they will review the effect of this treatment at the end of the first course of treatment. If the antibiotics have helped they will suggest that you may benefit from further treatment with gentamicin when you have a UTI.

As soon as you think you may have a UTI you should contact the Urogynaecology Specialist nurses at Worcestershire Acute Hospitals Trust on the number given to you by your nurse which is also listed at the end of this information leaflet. The specialist nurse will ask you what symptoms you have.

Before starting intravesical gentamicin, a urine sample will need to be collected to confirm that you have a UTI. A sample should be collected via your normal catheter. If you are not sure how to do this, please ask the specialist nurse / practice for help. The sample does not need to be sent to hospital, it can be taken to your GP. The sample **must** be sent to the laboratory to be looked at under the microscope. Gentamicin can only be started once the laboratory has confirmed a UTI. The specialist nurses will contact the laboratory for the results and inform you when treatment can begin.

Are there any side effects to intravesical gentamicin?

Most medications can cause unwanted side effects but not everyone will experience them. Gentamicin may irritate the bladder lining. **If you notice any blood in their urine once you start your treatment you should contact the Urogynaecology specialist nurses immediately.**

Gentamicin does not normally enter the body from the bladder and does not routinely require blood tests to monitor its levels. However, **if you have any symptoms of dizziness or ringing in the ears (tinnitus), please seek urgent medical attention, as it may mean gentamicin is accumulating in your blood stream. STOP using the gentamicin until this has been investigated.**

IF YOU HAVE ANY SIDE EFFECTS PLEASE REPORT TO YOUR SPECIALIST NURSE OR DOCTOR AS SOON AS POSSIBLE.

Gentamicin should not be given to you if you have an allergy to gentamicin or any of the ingredients added to the solution. This will be checked by your Doctor before beginning

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your treatment but if you have any concerns, please discuss them with the doctor or specialist nurse.

What are the benefits of giving intravesical Gentamicin?

Giving gentamicin directly into the bladder (intravesically) means that the antibiotic is administered directly to the site of infection. It also helps to prevent side effects, such as nausea and diarrhoea (loose stools), that can happen when antibiotics are given by mouth. It may prevent you being admitted to hospital for intravenous antibiotics. It may also help reduce the frequency and symptoms of UTI.

Will it hurt?

The gentamicin is diluted with saline (sodium chloride 0.9%/salt water) and given via a catheter. You may feel a cold sensation in their bladder as the fluid is inserted. This will feel very similar to other treatments you may have received into your bladder such as Cystistat® or IAluRil®. It will not hurt.

Are there any alternatives to this procedure?

This treatment is used as an alternative when oral antibiotics and other conventional methods, such as prophylactic antibiotics, other bladder instillations and conservative / lifestyle measures have failed or been ineffective over time. The only alternative to this treatment is intravenous antibiotics.

What will happen if I decide I do not want to have this treatment?

The specialist team will continue to support you and provide appropriate treatment and advice.

Treatment plan for gentamicin

The treatment is given once a day, at the same time, for 6 weeks initially. A Urogynaecology nurse will give the first treatment at the Specialist clinic. They will explain the procedure to you and support you until you feel confident to deliver the treatment yourself. This appointment will last approximately one hour. You will not need to stay overnight. At this appointment if you are confident you will be given all the equipment required so that you can administer the next six treatments at home.

Instructions for giving gentamicin

1. Wash your hands using liquid soap and dry thoroughly on paper towel / kitchen roll
(see *hand-washing instructions at the end of this leaflet*)
2. Apply alcohol hand rub.
3. Open all sterile packages onto a clean tray.
4. Connect red filter needle to 5ml luer lock syringe and draw up the required volume of gentamicin from the vial.

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5. Remove red needle from syringe and put the needle and vial in the sharps box.
6. Remove cap from Uro-Tainer® M NaCl sodium chloride 0.9%.
7. Attach green needle to syringe of Gentamicin and inject into the tip of the Uro-Tainer® M NaCl sodium chloride 0.9%.
8. Put the green needle and syringe in the sharps box.
9. Clamp the Uro-Tainer® M NaCl sodium chloride 0.9% and mix the solution by gently shaking the bag.
10. If you do not have an indwelling catheter, insert catheter via the urethra using intermittent.
11. If you have an indwelling catheter, ensure flip-flow valve is attached to catheter and use alcohol wipe to clean valve.
12. Drain the bladder of urine until empty.
13. Attach Uro-Tainer® M NaCl sodium chloride 0.9% into the end of the catheter.
14. Unclamp the Uro-Tainer® M NaCl sodium chloride 0.9% and gently squeeze the Uro-Tainer® M NaCl sodium chloride 0.9% solution into bladder.
15. If using an indwelling catheter, clamp the catheter using the flip-flow valve.
16. Clamp Uro-Tainer® M NaCl sodium chloride 0.9% and remove from indwelling catheter.
17. If using an intermittent catheter, clamp Uro-Tainer® M NaCl sodium chloride 0.9% and remove catheter.
18. After a period of 2 hours (maximum of 4 hours) empty the bladder using clean intermittent catheterisation.
19. If using an indwelling catheter, unclamp flip-flow valve and empty the bladder into drainage bag or toilet.

Storage information

Gentamicin should be stored at room temperature in a locked cupboard away from children.

Going home

You will be allowed home or back to work as soon as the appointment ends. If you are well enough you can continue to attend work during the days the gentamicin is given.

Prescription of intravesical gentamicin

Intravesical gentamicin can only be prescribed by your team in the specialist service. Therefore, you must collect the gentamicin, and equipment required for administration, from the Urogynaecology specialist nurses at the hospital.

For further information

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Please contact the Urogynaecology Specialist team **01905 733254**.

In an emergency e.g. if you think you are having a severe reaction to the treatment, dial **999**

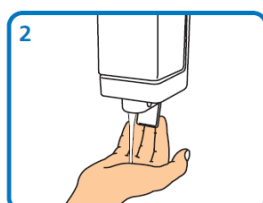
This leaflet only gives general information. You must always discuss your individual treatment with the appropriate member of staff. Do not rely on this leaflet alone for information about your treatment.

Ref: Treatment of intravesical gentamicin Alder Hey 2020.

Hand-washing technique with soap and water



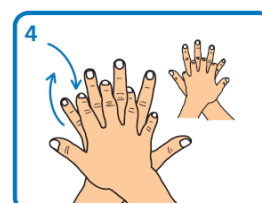
Wet hands with water



Apply enough soap to cover all hand surfaces



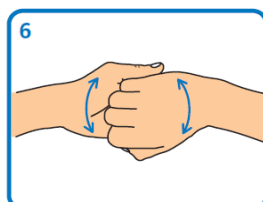
Rub hands palm to palm



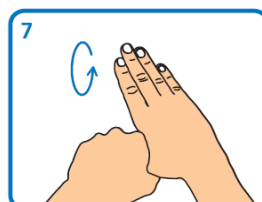
Rub back of each hand with palm of other hand with fingers interlaced



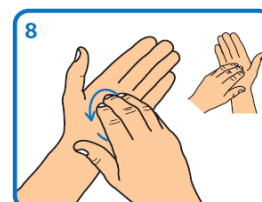
Rub palm to palm with fingers interlaced



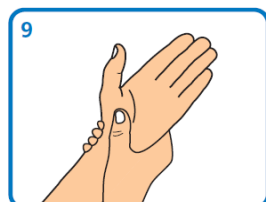
Rub with back of fingers to opposing palms with fingers interlocked



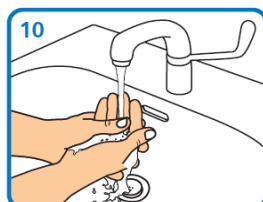
Rub each thumb clasped in opposite hand using a rotational movement



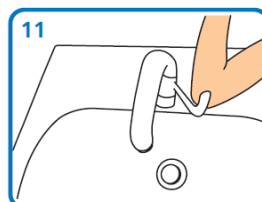
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



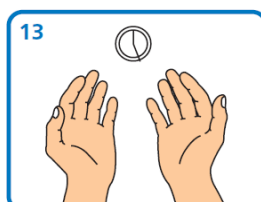
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

Appendix 2

Intravesical Gentamicin Prescription Authorisation Form (PAF)

This form must be completed by a Urogynaecology/Urology Consultant or specialist nurse prior to initiation of intravesical gentamicin therapy.

Gentamicin injection is an aminoglycoside antibiotic licensed for parenteral use. Intravesical instillation is an unlicensed in the UK.

Prescribers declaration

Conventional measures to reduce the frequency of UTIs has failed **Y / N**

Patient is competent to self-catheterise intermittently **Y / N**

Patient understands that this treatment is of unproven benefit and has not been subjected to detailed research [in adults](#) **Y / N**

Patient consents to this novel therapy **Y / N**

The patient has been provided with verbal and written information about the treatment including the patient information sheet (Appendix 1) **Y / N**

The patient's GP has or will be sent a letter detailing the rationale for treatment; treatment regime; potential complications; and contact numbers **Y / N**

Prescriber name..... Signature.....Date.....

This form to be kept in the patient`s notes

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Appendix 3

Competency documents for female patients receiving intravesical gentamicin to treat recurrent UTIs

Patient name.....Date.....

The patient states they are able to:	Date of instruction & signature of instructor	Competency date and signature of assessor	Signature of patient	Comment
Follows the appropriate infection control procedures during the procedure (i.e. hand washing, aprons, and gloves) and understands the proper procedures for handling and disposal of waste (see patient information leaflet)				
Perform the technique of clean intermittent self- catheterisation according to self- catheterisation policy				
Has read the patient information sheet				
Demonstrate an awareness and understanding of potential side effects of the drug administration including anaphylactic shock reaction. 999 in an emergency Contact numbers are in the patient information sheet				
On the authority to Administer / Administration of medication chart check:				

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<ul style="list-style-type: none"> • The name of patient • That the prescribed drug has not already been given • Name of medication • Strength • Route • Prescribed dose • Frequency of administration • Allergies <p>On the original packaging check:</p> <ul style="list-style-type: none"> • Drug name • Drug strength • Dose • Patient name • Expiry date 				
<p>Demonstrates knowledge and ability to ensure medication is stored safely in an appropriate place as per manufacturer's instructions.</p> <p>Safe storage of gentamicin</p> <p>Keep out of sight and reach of children.</p> <p>Store in a cool dry place</p> <p>Do not store above 25°C and do not refrigerate or freeze.</p> <p>Do not use gentamicin after the expiry date.</p> <p>Once the gentamicin is diluted with Uro-Tainer M® NaCl (sodium chloride 0.9%) use immediately</p>				
<p>Demonstrate the ability to follow the procedure/care plan to deliver the treatment required.</p>				

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Understands and can demonstrate mixing gentamicin 80mg with 50mls of sodium chloride 0.9% (Uro-Tainer M® NaCl) in a sterile manner				
Understands and can demonstrate the procedure of the administration of gentamicin 80mg mixed in 50 ml of sodium chloride 0.9% (Uro-Tainer M® NaCl)				
Demonstrate knowledge of the ability to recognise normal, physical characteristics of urine and signs of infection.				
Demonstrate when it is important to report to the Specialist Team with concerns regarding their drug administration or health status.				

Completed assessment to be kept in the patient`s notes

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	Yes	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Paul Moran
----------------------------------	-------------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Paul Moran	Urogynaecologist	paul.moran3@nhs.net
	Helen Greenham	Urogynaecology Specialist Nurse	
Date assessment completed	12th May 2021		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Use of Intravesical Gentamicin For Recurrent UTI			
What is the aim, purpose and/or intended outcomes of this Activity?	To reduce the number of infections suffered by our patients and improve their quality of life as a result			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____		
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	The same existing guideline used by another trust for over 10 years. See reference.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Joint document with involvement of Uriogynaecology, Urology and Microbiology leads. Gynaecology Governance Committee Medicines Safety Committee
Summary of relevant findings	Guideline approved

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	yes			If successful will improve quality of life in all these groups.
Disability	yes			
Gender Reassignment	yes			
Marriage & Civil Partnerships	Yes			
Pregnancy & Maternity		Yes		Gentamicin Contraindicated in Pregnancy.
Race including Traveling Communities	Yes			
Religion & Belief	Yes			
Sex	Yes			
Sexual Orientation	Yes			
Other Vulnerable and	Yes			

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	Yes			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	UTI from CISC	Weekly testing	Specialist Nurse	Weekly visits
	<i>Baseline U+E/Creatinine</i>	<i>Monitored 3 monthly</i>	<i>Nurse initially then GP</i>	
How will you monitor these actions?	Weekly nurse assessment to include urinalysis.			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	All patients will be audited for outcome/impact and the data reviewed annually- reviewed end of 2022 and changes based on audit data/experiences made.			

Section 5 - Please read and agree to the following Equality Statement

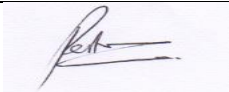
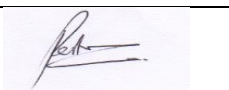
1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc., and as such treat

them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	28 th December 2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	28 th December 2022
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.