





6-4-18 → J. YOUD
CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST A. KEASKIN
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF
CODEINE PHOSPHATE TO ADULTS
BY
REGISTERED HEALTH PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAK

1. PGD AUTHORISATION

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		28/3/18
Executive Director of Nursing	Brendan Brown		28/03/18
Medical Director	David Birkenhead		28/3/18
Chairman of Medicines Management Committee	Anu Rajgopal		29/3/18

Date of Patient Group Direction: March 2018

If revision please tick box ☒

Valid Until: March 2020

Review Date: September 2019

Approved by the Trust Medicine Management Committee on: 24TH MAY 2018

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2. CLINICAL CONDITION

Indication	Adults experiencing moderate to severe pain
Relevant National and Local Guidelines/Information sources	Licensed use
Description of Patients included in treatment	<ul style="list-style-type: none"> • Adults
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> • Children under 18yrs of age • Patients with decreased respiratory reserve • Patient with known alcohol dependency or intoxication. • Current or previous opioid dependency • Hepatic/renal impairment • Head injury • Prostatic hypertrophy • Patients over 60, who are more prone to constipation • Known allergy to codeine
Action if excluded	Refer to doctor, Advanced Clinical Practitioner or use alternative analgesia
Action if patient self excludes/declines	Refer to doctor, Advanced Clinical Practitioner or use alternative analgesia

3. TREATMENT

Name, form and strength of medicine	Codeine Phosphate tablets 30mgs
Legal Status <i>GSL, P, POM</i>	POM
Dose	30-60mgs (1-2 tablets)
Frequency of administration	Every 4-6 hours when required for pain relief
Method and route of administration	Oral
Supporting facilities required	Full resuscitation capacity available
Quantity to supply/administer	Maximum daily dosage - 8 tablets Quantity to supply - 28 tablets
Duration of treatment	Until symptoms subside reducing dose and frequency as pain subsides

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Potential side effects	<ul style="list-style-type: none"> • Can cause drowsiness, (stop if too sedative). • Blurred vision – G1 disturbance • Hypersensitivity reactions
Advice to patient/carers	<ul style="list-style-type: none"> • Take regularly for at least 24 hours. • May take at least 30mins to have full effect. • More effective if taken in combination with 2x500mg paracetamol. • Patients should not exceed stated dose. • Can cause constipation • Can cause drowsiness which if affected, patient should avoid driving or operating machinery. Alcohol will make this worse. Do not drink alcohol while taking this preparation.
Managing & Reporting Adverse Events	<ul style="list-style-type: none"> • All suspected adverse drug reactions occurring after treatment following this PGD must be reported to a senior medical practitioner responsible for the area in which the direction is in use. • The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure • All serious adverse drug reactions should be reported to the MHRA / CSM using the Yellow Card System. Yellow cards and guidance on its use are available at the back of the BNF or at www.yellowcard.gov.uk
Follow up	Pain uncontrolled, to be reassessed by medical clinician
When to refer to doctor	Any reaction to medication or exacerbation of symptoms
Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Electronic Patient record in ED • Prescription • Name , dose, and frequency of drug, • Volume/ quantity supplied • Advice given, verbal or written • Signed and dated

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4. STAFF

Professional Qualifications	Registered Nurse, Paramedic or Physiotherapist Current NMC or HCPC Registration
Any Exceptions to above	Bank and Agency Staff
Specialist competencies, qualifications and experience	Trust PGD Training Programme (ED)- (to administer) Emergency Nurse Practitioner Programme or Advanced Clinical Practitioner Programme (inc. trainees)- (to Supply)
Continuing training & education	Update in line with changing clinical guidance

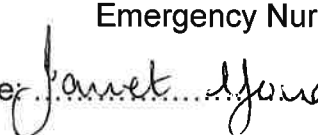



5. MANAGEMENT AND MONITORING

Records to be kept for Audit Purposes	STORAGE AND RETRIEVAL Pharmacy will retain the original signed version of the PGDs <ul style="list-style-type: none"> • Adult – 8 years • Children (under 18 years) <i>As the requirement is until child is 25 years old or for eight years after child's death and PGDs are not child specific – this would be indefinitely</i> (at least a minimum of 43 years) Division/Author is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
Date of writing	March 2018
Name of manager holding record of names of those authorised to work under this PGD	Louise Croxall – Matron, ED

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Names of all authors of PGD (to include a Dr or Dentist)	Print Name: Janet Youd Title: Emergency Nurse Consultant Signature:  Date: 20/3/18 Print Name: Dr Mark Davies Title: Emergency Medicine Consultant Signature:  Date: 21/3/18
Lead Pharmacist involved in preparation of PGD	Print Name: Lisa Hodgson Signature:  Date: 23/3/18
Approval of Clinical Director	Print Name: Mark Davies Signature:  Date: 21/3/18

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This Patient Group Direction is to be read and agreed and this Authorisation and Record of Agreement signed by all Health Professionals who will administer and/or supply treatment using it. It is the responsibility of each professional to practice only within the bounds of their own competence

A copy of the Patient Group Direction and the original, signed Record of Agreement must be held together by the Ward/Departmental Manager/Community Team Leader.

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing to work under it within my Professional Code of Practice/Conduct.'

Name of Health Professional	Designation e.g. RGN	Signature of Health Professional	Signature of Ward/Departmental/Area Manager	Date