

6-4-18


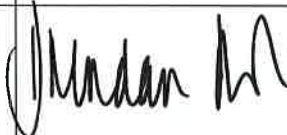
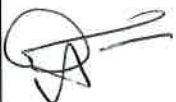
A. KEASKIN
J. YOUD

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF
DICLOFENAC SUPPOSITORIES
BY
REGISTERED HEALTHCARE PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAY

1. PGD AUTHORISATION

| Position | Name | Signature | Date |
|--|------------------|--|----------|
| Acting Clinical Director of Pharmacy | Fiona Smith |  | 23/3/18 |
| Executive Director of Nursing | Brendan Brown |  | 28/03/18 |
| Medical Director | David Birkenhead | D. 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

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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 with moderate or severe pain |
| Relevant National and Local Guidelines/Information sources | Licensed treatment |
| Description of Patients included in treatment | Adults (18yrs and over) with moderate or severe pain |
| Description of Patients excluded from treatment under the terms of this PGD | <ul style="list-style-type: none"> ▪ Pregnancy and breast feeding ▪ History of peptic ulcer disease ▪ Allergy to aspirin or NSAIDS ▪ Asthmatic ▪ Renal & hepatic impairment ▪ Current or previous GI ulceration or bleeding ▪ Patients with cardiac impairment |
| Action if excluded | Refer to ED clinician |
| Action if patient self excludes/declines | Refer to ED clinician |

3. TREATMENT

| | |
|--|---|
| Name, form and strength of medicine | Diclofenac Suppository 100mg |
| Legal Status <i>GSL, P, POM</i> | POM |
| Dose | 100mg |
| Frequency of administration | Once only |
| Method and route of administration | Rectal |
| Supporting facilities required | Nil |
| Quantity to supply/administer | Single dose |
| Duration of treatment | NA |
| Potential side effects | Nausea, diarrhoea, gastric upset, occasionally GI bleeding or ulceration, hypersensitivity reactions, fluid retention |

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| | |
|--|---|
| Advice to patient/carers | <ul style="list-style-type: none"> • Patients should be advised as to when they can take Diclofenac or any other NSAID by any other route on discharge • Patients can take paracetamol based analgesics at the same time • Advise patients not to exceed the stated dose • Advise patients to report any wheeziness or breathlessness, rash, indigestion or black and tarry stools – stop taking • Patients should avoid taking any other non-steroidal anti-inflammatory drug including aspirin (unless low dose aspirin 75mg or 150mg has been prescribed by GP or consultant) at the same time |
| 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 | To be seen as planned by ED clinician |
| When to refer to doctor | When pain not improving at re-assessment |
| Treatment record Specify method of recording supply/administration sufficient for audit trail | Record details in EPR State dose and time of administration, advice given – verbal or written |

4. STAFF

| | |
|---|--|
| Professional Qualifications | Registered Nurse, Registered Paramedic Current NMC or HCPC Registration |
| Any Exceptions to above | Bank and Agency Staff |
| Specialist competencies, qualifications and experience | Trust PGD Training Programme (ED) |
| Continuing training & education | Completion of above |

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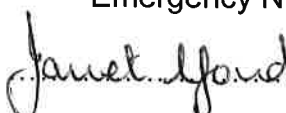



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5. MANAGEMENT AND MONITORING

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|---|---|
| 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 – ED Matron |

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

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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 |
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