6-4-18 → J. HOUD A. KEASKIN

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 AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

CAK ✓

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 [√]

Valid Until: March 2020

Review Date: September 2019

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

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

2. CLINICAL CONDITION

Indication	Patients with mild to moderate pain as first line pain relief For relief of inflammation As an anti-pyretic pain and fever relief
Relevant National and Local Guidelines/Information sources	• Licensed use • Recognised anti-inflammatory therapy
Description of Patients included in treatment	Adults
Description of Patients excluded from treatment under the terms of this PGD	• Children (refer to Children's Ibuprofen PGD) • Pregnancy • History of peptic ulcer disease • Known hypersensitivity to aspirin, ibuprofen or any other NSAID • Asthmatics, cardiac, renal & hepatic impairment. • Taking anti-coagulants or having any coagulation defect • Patient taking any other NSAIDs, including aspirin • Patients with coagulation disorders • Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency • Patients taking Lithium, Methotrexate, Tacrolimus, Ciclosporin • Patients taking any other interacting drug as listed in appendix 1 of the current BNF. Concurrent medication MUST always be checked for interactions before supply under the PGD. • Pregnancy
Action if excluded	Refer to doctor, Advanced Clinical Practitioner or consider other analgesics
Action if patient self excludes/declines	Refer to doctor, Advanced Clinical Practitioner or consider other analgesics

3. TREATMENT

Name, form and strength of medicine	Ibuprofen 400mg tablet, Suspension 100mg/5mls
Legal Status *GSL, P, POM*	P
Dose	400mg – Adult

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

Frequency of administration	See individual dosing regimes
Method and route of administration	Oral
Supporting facilities required	Full resuscitation capacity available
Quantity to supply/administer	Ibuprofen 200mg, 400mg tablets – 24
Duration of treatment	7 days
Potential side effects	Nausea, diarrhoea, gastric upset, occasionally bleeding or ulceration, hypersensitivity reactions, fluid retention
Advice to patient/carer	• To take with or after food • Tablets to be swallowed whole not chewed • Patient can take paracetamol based medication at the same time • Do not exceed the stated dose • Stop taking and report any wheeziness, or breathlessness, rash, indigestion, or black /tarry stools • Patients should not take any other NSAID including aspirin (unless low dose aspirin 75-150mg prescribed by GP or consultant) at the same time
Managing & Reporting Adverse Events	• 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	As required by clinical condition
When to refer to doctor	Any reaction to medication
Treatment record **Specify method of recording supply/administration sufficient for audit trail**	• Document in Electronic Patient Record in ED • Prescription as PGD • Name , dose, and frequency of drug, • Volume/ quantity supplied • Advice given, verbal or written • Signed and dated

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

4. STAFF

Professional Qualifications	Registered Nurse, Physiotherapist or Paramedic 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 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 • Adult – 8 years • Children (under 18 years) *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** (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

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

Names of all authors of PGD (to include a Dr or Dentist)	Print Name: Janet Youd Title: Emergency Nurse Consultant Signature: Janet Youd 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

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION AND SUPPLY OF IBUPROFEN to ADULTS BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

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