6-4-18 → J. YOUD A. ICEASKIN

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 SUPPLY AND ADMINISTRATION OF IBUPROFEN TO CHILDREN BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

CAY

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	D. B	2813/18
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	Children suffering from • Mild to moderate pain, or • Pain and inflammation, or • Pyrexia with discomfort
Relevant National and Local Guidelines/Information sources	NICE Fever Guidance CHFT Pain Management Policy
Description of Patients included in treatment	Children 3 months of age and who weigh 5kg and over.
Description of Patients excluded from treatment under the terms of this PGD	• Children under 3 months of age • Children less than 5kg weight • Patient who has taken ibuprofen within last 8 hours • History of peptic ulcer disease • Current or previous GI ulceration or bleeding • Known hypersensitivity to aspirin, ibuprofen or any other NSAID • Known hypersensitivity to the active substance or to any of the excipients of the syrup or tablets. • 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 administration or supply under the PGD
Action if excluded	Refer to doctor or Advanced Clinical Practitioner

Action if patient self excludes/declines	Refer to doctor or Advanced Clinical Practitioner

3. TREATMENT

Name, form and strength of medicine	Ibuprofen suspension 100mg/5ml or Ibuprofen tablet 200mg or Ibuprofen tablet 400mg.
Legal Status *GSL, P, POM*	GSL
Dose	For child over 3 months of age - 10mg/kg to a maximum of 400mg. See attached chart
Frequency of administration	Single dose (not within 8 hours of previous dose)
Method and route of administration	Oral
Supporting facilities required	None needed
Quantity to supply/administer	Ibuprofen suspension 100mg/5mls – 150ml Ibuprofen tablets 200mg - 24
Duration of treatment	As required
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
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	Review patient after 30minutes and reassess pain score

When to refer to doctor	Seek medical attention if problem recurs or worsens as per Trust policy
Treatment record **Specify method of recording supply/administration sufficient for audit trail**	• Document in Patient Electronic Records in ED • Prescription • Name , dose, and frequency of drug, • Volume/ quantity supplied • Advice given, verbal or written • Signed and dated

4. STAFF

Professional Qualifications	Registered Nurse or 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)- (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 • 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

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BY
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IN
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Ibuprofen dose guide by age

Age of child	Dose	Maximum dosage
3 months (5kg or above) – 6 months	50mg 3 times daily	30 mg/kg daily in 3–4 divided doses
6 months–1 year	50mg 3–4 times daily	30 mg/kg daily in 3–4 divided doses
1–4 years	100mg 3 times daily	30 mg/kg daily in 3–4 divided doses
4–7 years	150mg 3 times daily	30 mg/kg daily in 3–4 divided doses
7–10 years	200mg 3 times daily	30mg/kg (max 2.4g) daily in 3-4 divided doses
10–12 years	300mg 3 times daily	30mg/kg (max 2.4g) daily in 3-4 divided doses
12–18 years	initially 300–400mg 3–4 times daily; increased if necessary to maximum	600mg 4 times daily; maintenance dose of 200-400mg 3 times daily may be adequate

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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: 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

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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