
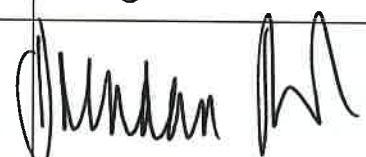



6-4-18 → J. YOUD A. KEASLIN  
CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST  
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH  
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

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

**2. CLINICAL CONDITION**

<b>Indication</b>	Children suffering from <ul style="list-style-type: none"> <li>• Mild to moderate pain, or</li> <li>• Pain and inflammation, or</li> <li>• Pyrexia with discomfort</li> </ul>
<b>Relevant National and Local Guidelines/Information sources</b>	NICE Fever Guidance CHFT Pain Management Policy
<b>Description of Patients included in treatment</b>	Children 3 months of age and who weigh 5kg and over.
<b>Description of Patients excluded from treatment under the terms of this PGD</b>	<ul style="list-style-type: none"> <li>• Children under 3 months of age</li> <li>• Children less than 5kg weight</li> <li>• Patient who has taken ibuprofen within last 8 hours</li> <li>• History of peptic ulcer disease</li> <li>• Current or previous GI ulceration or bleeding</li> <li>• Known hypersensitivity to aspirin, ibuprofen or any other NSAID</li> <li>• Known hypersensitivity to the active substance or to any of the excipients of the syrup or tablets.</li> <li>• Asthmatics, cardiac, renal &amp; hepatic impairment.</li> <li>• Taking anti-coagulants or having any coagulation defect</li> <li>• Patient taking any other NSAIDs, including aspirin</li> <li>• Patients with coagulation disorders</li> <li>• Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency</li> <li>• Patients taking Lithium, Methotrexate, Tacrolimus, Ciclosporin</li> <li>• 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</li> </ul>
<b>Action if excluded</b>	Refer to doctor or Advanced Clinical Practitioner

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

<b>Action if patient self excludes/declines</b>	Refer to doctor or Advanced Clinical Practitioner
---	---

**3. TREATMENT**

<b>Name, form and strength of medicine</b>	Ibuprofen suspension 100mg/5ml or Ibuprofen tablet 200mg or Ibuprofen tablet 400mg.
<b>Legal Status <i>GSL, P, POM</i></b>	GSL
<b>Dose</b>	For child over 3 months of age - 10mg/kg to a maximum of 400mg. See attached chart
<b>Frequency of administration</b>	Single dose (not within 8 hours of previous dose)
<b>Method and route of administration</b>	Oral
<b>Supporting facilities required</b>	None needed
<b>Quantity to supply/administer</b>	Ibuprofen suspension 100mg/5mls – 150ml Ibuprofen tablets 200mg - 24
<b>Duration of treatment</b>	As required
<b>Potential side effects</b>	Nausea, diarrhoea, gastric upset, occasionally bleeding or ulceration, hypersensitivity reactions, fluid retention
<b>Advice to patient/carer</b>	<ul style="list-style-type: none"> <li>• To take with or after food</li> <li>• Tablets to be swallowed whole not chewed</li> <li>• Patient can take paracetamol-based medication at the same time</li> <li>• Do not exceed the stated dose</li> <li>• Stop taking and report any wheeziness, or breathlessness, rash, indigestion, or black /tarry stools</li> </ul>
<b>Managing &amp; Reporting Adverse Events</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure</li> <li>• 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 <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a></li> </ul>
<b>Follow up</b>	Review patient after 30minutes and reassess pain score

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

<b>When to refer to doctor</b>	Seek medical attention if problem recurs or worsens as per Trust policy
<b>Treatment record Specify method of recording supply/administration sufficient for audit trail</b>	<ul style="list-style-type: none"> <li>• Document in Patient Electronic Records in ED</li> <li>• Prescription</li> <li>• Name , dose, and frequency of drug,</li> <li>• Volume/ quantity supplied</li> <li>• Advice given, verbal or written</li> <li>• Signed and dated</li> </ul>

**4. STAFF**

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

**5. MANAGEMENT AND MONITORING**

<b>Records to be kept for Audit Purposes</b>	<b>STORAGE AND RETRIEVAL</b> <b>Pharmacy</b> will retain the original signed version of the PGDs <ul style="list-style-type: none"> <li>• Adult – 8 years</li> <li>• 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)</li> </ul> <b>Division/Author</b> is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
<b>Date of writing</b>	March 2018
<b>Name of manager holding record of names of those authorised to work under this PGD</b>	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 SUPPLY AND ADMINISTRATION OF  
IBUPROFEN TO CHILDREN**

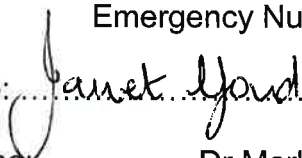



**BY  
REGISTERED HEALTH PROFESSIONALS  
IN  
EMERGENCY DEPARTMENTS**

## Ibuprofen dose guide by age

Age of child	Dose	Maximum dosage
<b>3 months (5kg or above) – 6 months</b>	50mg 3 times daily	30 mg/kg daily in 3–4 divided doses
<b>6 months–1 year</b>	50mg 3–4 times daily	30 mg/kg daily in 3–4 divided doses
<b>1–4 years</b>	100mg 3 times daily	30 mg/kg daily in 3–4 divided doses
<b>4–7 years</b>	150mg 3 times daily	30 mg/kg daily in 3–4 divided doses
<b>7–10 years</b>	200mg 3 times daily	30mg/kg (max 2.4g) daily in 3-4 divided doses
<b>10–12 years</b>	300mg 3 times daily	30mg/kg (max 2.4g) daily in 3-4 divided doses
<b>12–18 years</b>	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

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

<b>Names of all authors of PGD (to include a Dr or Dentist)</b>	<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: 20/3/18</p>
<b>Lead Pharmacist involved in preparation of PGD</b>	<p>Print Name: Lisa Hodgson</p> <p>Signature:  Date: 23/3/18</p>
<b>Approval of Clinical Director</b>	<p>Print Name: Mark Davies</p> <p>Signature:  Date: 20/3/18</p>



**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 SUPPLY AND ADMINISTRATION OF  
IBUPROFEN TO CHILDREN**

**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

