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 NAPROXEN 500MGS BY REGISTERED HEALTH PROFESSIONALS IN THE EMERGENCY DEPARTMENTS

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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

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2. CLINICAL CONDITION

Indication	Adults with moderate pain and/or inflammation Age 16 years and over
Relevant National and Local Guidelines/Information sources	Licensed accepted treatment Recognised anti-inflammatory therapy
Description of Patients included in treatment	Adults with moderate pain as first line pain relief For the relief of inflammation
Description of Patients excluded from treatment under the terms of this PGD	▪ Pregnancy and breast feeding ▪ History of peptic ulcer disease ▪ Allergy to aspirin or Non steroidal anti-inflammatory drugs (NSAIDS) ▪ Asthmatic ▪ Renal & hepatic impairment ▪ Current or previous GI ulceration or bleeding ▪ Patients taking warfarin
Action if excluded	Refer to doctor, Advanced Clinical Practitioner or Consider other analgesic
Action if patient self excludes/declines	Refer to doctor, Advanced Clinical Practitioner or Consider other analgesic

3. TREATMENT

Name, form and strength of medicine	Naproxen tablets 250mg
Legal Status *GSL, P, POM*	POM
Dose	500mg
Frequency of administration	BD
Method and route of administration	Oral
Supporting facilities required	Full Resuscitation Facilities
Quantity to supply/administer	Maximum daily dosage 1000mg in 24hours Quantity to supply 28 tablets
Duration of treatment	Maximum supply for 7 days
Potential side effects	Nausea, diarrhoea, gastric upset, occasionally GI bleeding or ulceration, hypersensitivity reactions, fluid retention

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Advice to patient/carer	▪ tablets to be swallowed whole not chewed ▪ administer with or after food ▪ patients should be advised as to when they should start taking the tablets if they have received Naproxen or any other NSAID by any other route within the last 24 hours ▪ 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	• Stop taking Naproxen if any adverse effects occur • 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 by health care professional as appropriate to clinical condition
When to refer to doctor	Patients who experience any adverse effects Patients who are excluded from the PGD
Treatment record Specify method of recording supply/administration sufficient for audit trail	• Document in Electronic Patient Record in ED • Prescription as PGD • Name and dose of drug • Quantity supplied • Advice given, verbal or written • Signed and dated

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4. STAFF

Professional Qualifications	Registered Nurse, Physiotherapist or Paramedic Current Registration with NMC or HCPC
Any Exceptions to above	Bank or Agency Nurses
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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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