6-4-18 → J. YOUD 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 OF PARACETAMOL 500mg TABLETS (ADULTS) BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

CAL ✓

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		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 OF PARACETAMOL 500mg TABLETS (ADULTS) BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

2. CLINICAL CONDITION

Indication	Adults who experience mild to moderate pain or fever
Relevant National and Local Guidelines/Information sources	Licensed treatment
Description of Patients included in treatment	Adults
Description of Patients excluded from treatment under the terms of this PGD	• Where a high alcohol intake is suspected • History of renal impairment or hepatic disease • Known allergy to paracetamol • Patients who have taken paracetamol-containing products within periods of 4 hours • Patients who have taken 4 or more doses of paracetamol within previous 24 hours
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	Paracetamol Tablets 500mg
Legal Status *GSL, P, POM*	GSL
Dose	1g
Frequency of administration	As a single dose
Method and route of administration	Oral
Supporting facilities required	Resuscitation facilities,
Quantity to supply/administer	As a single dose
Duration of treatment	Single Dose
Potential side effects	• In overdosage serious hepatotoxicity is likely to occur • Side effects tend to be mild and infrequent. Skin rashes and blood pressure disorders have been reported rarely • Allergic reactions

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 OF PARACETAMOL 500mg TABLETS (ADULTS) BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

Advice to patient/carer	• May take up to 30mins to produce full effect • Patient should not exceed stated dose if patient is likely to continue with paracetamol • Patient should not take any other paracetamol containing medication at the same time, whether prescribed or bought over the counter • Can be taken with non-steroidal anti-inflammatories and/or codeine phosphate (alternative painkillers) if no contra-indications
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 or deteriorating clinical condition
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

4. STAFF

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

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 OF PARACETAMOL 500mg TABLETS (ADULTS) BY REGISTERED HEALTH PROFESSIONALS IN EMERGENCY DEPARTMENTS

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 OF PARACETAMOL 500mg TABLETS (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 OF PARACETAMOL 500mg TABLETS (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