


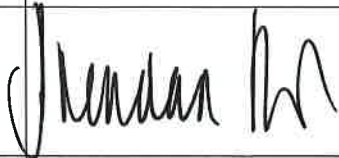

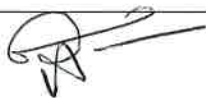
6-4-18 → J. YOUNG  
A. KEASKIN  
M. DAVIES

**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**

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		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**

<b>Indication</b>	Adults who experience mild to moderate pain or fever
<b>Relevant National and Local Guidelines/Information sources</b>	Licensed treatment
<b>Description of Patients included in treatment</b>	Adults
<b>Description of Patients excluded from treatment under the terms of this PGD</b>	<ul style="list-style-type: none"> <li>• Where a high alcohol intake is suspected</li> <li>• History of renal impairment or hepatic disease</li> <li>• Known allergy to paracetamol</li> <li>• Patients who have taken paracetamol-containing products within periods of 4 hours</li> <li>• Patients who have taken 4 or more doses of paracetamol within previous 24 hours</li> </ul>
<b>Action if excluded</b>	Refer to doctor or Advanced Clinical Practitioner
<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>	Paracetamol Tablets 500mg
<b>Legal Status <i>GSL, P, POM</i></b>	GSL
<b>Dose</b>	1g
<b>Frequency of administration</b>	As a single dose
<b>Method and route of administration</b>	Oral
<b>Supporting facilities required</b>	Resuscitation facilities,
<b>Quantity to supply/administer</b>	As a single dose
<b>Duration of treatment</b>	Single Dose
<b>Potential side effects</b>	<ul style="list-style-type: none"> <li>• In overdose serious hepatotoxicity is likely to occur</li> <li>• Side effects tend to be mild and infrequent. Skin rashes and blood pressure disorders have been reported rarely</li> <li>• Allergic reactions</li> </ul>

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<b>Advice to patient/carer</b>	<ul style="list-style-type: none"> <li>• May take up to 30mins to produce full effect</li> <li>• Patient should not exceed stated dose if patient is likely to continue with paracetamol</li> <li>• Patient should not take any other paracetamol containing medication at the same time, whether prescribed or bought over the counter</li> <li>• Can be taken with non-steroidal anti-inflammatories and/or codeine phosphate (alternative painkillers) if no contra-indications</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>	As required by clinical condition
<b>When to refer to doctor</b>	Any reaction to medication or deteriorating clinical condition
<b>Treatment record Specify method of recording supply/administration sufficient for audit trail</b>	<ul style="list-style-type: none"> <li>• Document in Electronic Patient Record in ED</li> <li>• Prescription as PGD</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, Physiotherapist or Paramedic Current NMC or HCPC Registration
<b>Any Exceptions to above</b>	Bank or 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 guideline

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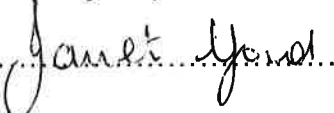



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**5. MANAGEMENT AND MONITORING**

<b>Records to be kept for Audit Purposes</b>	<p><b>STORAGE AND RETRIEVAL</b>  <i>Pharmacy will retain the original signed version of the PGDs</i></p> <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 (at least a minimum of 43 years)</i></li> </ul> <p><i>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</i></p>
<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

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

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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