





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

CAK

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

Indication	Pain relief for children who experience pain or fever
Relevant National and Local Guidelines/Information sources	NICE Fever Guidance for under 5s (CG160) Licenced Use
Description of Patients included in treatment	Children weighing 4kg and over
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> • Where a high alcohol intake is suspected • History of renal impairment or hepatic disease • Known allergy to paracetamol or other constituents of tablet or suspension
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 Paracetamol Suspension 120mg in 5ml Paracetamol Suspension 250mg in 5ml	
Legal Status <i>GSL, P, POM</i>	GSL	
Dose	Age	Dose
	Child 1–3 months	30–60 mg
	Child 3–6 months	60 mg
	Child 6 months–2 years	120 mg
	Child 2–4 years	180 mg
	Child 4–6 years	240 mg
	Child 6–8 years	250 mg
	Child 8–10 years	375 mg
	Child 10–12 years	500 mg
	Child 12–16 years	500 –750 mg
	Child 16–18 years	500 mg –1 g

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Frequency of administration	As a single dose in ED (not within 4 hours of previous dose) 4-6hrly PRN
Method and route of administration	Oral
Supporting facilities required	None required
Quantity to supply/administer	Paracetamol Suspension 120mg/5ml (,6yrs), or 250mg/5ml (6+yrs) - one bottle 100mls.
Duration of treatment	As required
Potential side effects	<ul style="list-style-type: none"> • In overdosage serious hepatotoxicity is likely to occur • Paracetamol is contraindicated in severe liver or renal disease • Paracetamol should be used with caution in patients with G6PD deficiency • Allergic reactions
Advice to patient/carer	<ul style="list-style-type: none"> • May take up to 30mins to produce full effect • Patient should not exceed stated dose • Patient should not take any other paracetamol containing medication at the same time, whether prescribed or bought over the counter
Managing & Reporting Adverse Events	<ul style="list-style-type: none"> • Direct to doctor in Emergency department • 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 30 minutes and reassess pain score and/or fever
When to refer to doctor	Seek medical attention if problem recurs or worsens as per Trust policy

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Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Document in Electronic Patient Records in ED • Prescription as PGD • Name, dose and frequency of drug • Advice given, verbal or written • Signed and dated
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4. STAFF

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

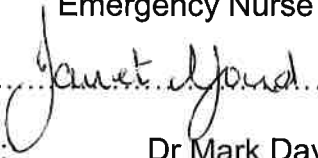



5. MANAGEMENT AND MONITORING

Records to be kept for Audit Purposes	STORAGE AND RETRIEVAL Pharmacy will retain the original signed version of the PGDs <ul style="list-style-type: none"> • Adult – 8 years • 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) 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:  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