


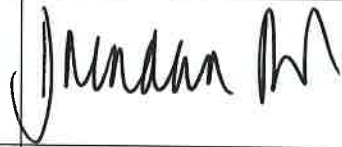

6-4-18 → J. YOUD
CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST A. KEASKIN
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF
CHLORPHENAMINE

BY
REGISTERED HEALTH PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAK

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	Skin irritation/urticaria, insect bite, sting or unknown allergy with no facial/oral swelling which could cause respiratory compromise.
Relevant National and Local Guidelines/Information sources	<ul style="list-style-type: none"> • Licensed use • BNF/Summary of product characteristics (SPC) www.medicines.org.uk
Description of Patients included in treatment	<ul style="list-style-type: none"> • Adults • Children > 1year of age
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> • Children under 1yr old • Diabetic children • Hypersensitivity to antihistamines or ingredients • Epilepsy • Cardio-vascular disease • Hepatic disease • Anyone taking MAOI within the last 14 days
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	Chlorphenamine 4mg tablet or Syrup 2mg/5ml
Legal Status <i>GSL, P, POM</i>	P
Dose	<ul style="list-style-type: none"> • Adult, children > 12 years – 4mgs 4-6hrly, max 24 mg daily • 1-2yrs 1mg/2.5mls twice daily • 2-6yrs 1mg/2.5mls 4-6hrly, max 6mg daily • 6-12yrs 2mg/5mls 4-6hrly, max 12mg daily
Frequency of administration	As above
Method and route of administration	Oral
Supporting facilities required	Full resuscitation capacity available
Quantity to supply/administer	Adult, children > 12 years – 28 x 4mg tablets Children 1-12 years – 150ml 2mg/5ml syrup

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Duration of treatment	Until symptoms subside or up to 5 days
Potential side effects	<ul style="list-style-type: none"> • Can cause drowsiness, (stop if too sedative). • Blurred vision – G1 disturbance • Hypersensitivity reactions
Advice to patient/carer	<p>Chlorphenamine syrup contains sugar, do not use in diabetic patient</p> <p>Can cause drowsiness (can be very sedative)</p> <p>Drowsiness, dizziness, blurred vision may seriously affect patient</p> <p>Do not drive or operate machinery.</p> <p>Concurrent use of other centrally acting medication can potentiate sedative effects of Chlorphenamine as can alcohol.</p>
Managing & Reporting Adverse Events	<ul style="list-style-type: none"> • 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	To be seen as planned for clinical condition
When to refer to doctor	Any reaction to medication or exacerbation of symptoms
Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Document in electronic patient record • Prescription – include name and dose of drug, volume/quantity supplied, duration of treatment • Advice given - verbal or written • Sign and date all documentation

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4. STAFF

Professional Qualifications	Registered Nurse or Registered Paramedic Current NMC or HCPC Registration
Any Exceptions to above	Bank and Agency Staff
Specialist competencies, qualifications and experience	Emergency Nurse Practitioner Programme (ED) or Advanced Clinical Practitioner Programme (inc. Trainees) Trust PGD training
Continuing training & education	Update in line with clinical guidelines

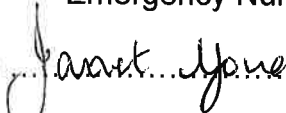

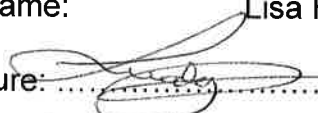

5. MANAGEMENT AND MONITORING

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 Care 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