University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of PROCHLORPERAZINE MALEATE 3MG TABLETS

By Registered Nurses, Emergency Nurse Practitioners (ENP), Emergency Care Practitioners (ECP) and Emergency Physiotherapy Practitioners (EPP) In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

Documentation details

Reference no:	UHDB246
Version no:	1
Valid from:	26/05/2023
Review date:	26/11/2025
Expiry date:	25/05/2026

Change history

Version number	Change details	Date
n/a	n/a	n/a

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD, or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Dr Venkat Thungala	Doctor
James Kerr	Pharmacist
Alannah Davies	Representative of RNMHP Group

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed
n/a	n/a	n/a

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
Nil

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held in Pharmacy**	**26/05/2023**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Divisional Pharmacist ***Clinical Pharmacist from PGD working group***	**James Kerr**	**Signed copy held in Pharmacy**	**04/05/2023**
Consultant *Doctor*	**Dr Venkat Thungala**	**Signed copy held in Pharmacy**	**23/05/2023**
Interim Matron Acute Medicine QHB *Registered Professional representing users of the PGD*	**Danielle Murphy**	**Signed copy held in Pharmacy**	**26/04/2023**

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of staff

Qualifications and professional registration	Registered professional with current professional registration operating within their usual scope of practice. Must be a profession permitted by current legislation to practice under a patient group direction.
Initial training	- Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Individual has read and understood full content of this PGD and signed authorisation (section 7) - Completion of Medicines Management Drug Assessment - Deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD and Trust clinical guidelines.
Competency assessment	Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	- Annual Medicines Safety Training (essential to role) - Review/repeat initial training above when this PGD is revised - The registered healthcare practitioner will ensure Anaphylaxis/CPR training is kept updated yearly. - The registered healthcare professional must actively take part in CPD and annual individual performance reviews. - Regular training and updating in safeguarding children and vulnerable adults as per trust policy
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Symptomatic treatment of vertigo due to Meniere's Disease, Vertigo, Labyrinthitis and other causes • For nausea and vomiting whatever the cause
Criteria for inclusion	• Patient over age of 12 years
Criteria for exclusion	• Consent not gained • Pregnancy • Breastfeeding • Known hypersensitivity to the active ingredient or any other ingredient in this product • Renal or hepatic impairment • Existing blood dycrasias • Epilepsy or conditions predisposing to seizures • Myasthenia Gravis • Severe respiratory disease • Cardiovascular disease • Parkinson's disease • Prostatic hypertrophy • Narrow angle glaucoma • Patients taking CNS depressants • Patients taking alpha-adrenoceptor blocking anti hypertensives • CNS Depression • Pheochromocytoma
Cautions including any relevant action to be taken	• Alcohol and CNS depressants should be used with caution due to the possible additive CNS depressant effect, this needs highlighting to the patient and red flags discussed. • Seek medical advice if symptoms persist or worsen.
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Refer to GP/other healthcare provider for alternative
Action to be taken if the patient or carer declines treatment	• Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	If no improvement in patient symptoms, to be referred to GP. If severely dehydrated to be referred to A&E.

5. Description of treatment

Name, strength & formulation of drug	Prochlorperazine Maleate 3mg Buccal Oral Tablets
Legal category	POM
Route / method of administration	Oral To be placed in the buccal cavity, high up along the top gum under the

	upper lip, until dissolved. Do not chew or swallow the tablet.
Indicate any off-label use (if relevant)	None
Dose and frequency of administration	**Adults and children aged 12 years and over:** One (3mg) or two tablets (6mg) **Elderly patients:** There is no evidence that dosage needs be modified for the elderly.
Duration of treatment	Single dose without prescription
Quantity to be supplied (leave blank if PGD is administration ONLY)	n/a
Storage	Oral tablets: Store below 25°C and protect from light Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Available from the electronic Medicines Compendium website accessed: https://www.medicines.org.uk/emc/product/5227 On 10/10/21.
Drug interactions	The following interactions have been identified and should be considered where it is known a patient is on the following medicines: • The hypotensive effect of antihypertensive drugs may be exaggerated. • The mild anticholinergic effect of neuroleptics may be enhanced by other anticholinergic drugs. • Anticonvulsants – efficacy may be diminished necessitating dosage adjustment, as prochlorperazine may lower the seizure threshold. • The concomitant use of lithium may result in severe extrapyramidal side effects or severe neurotoxicity. • The concurrent use of deferoxamine and prochlorperazine should be avoided A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: https://www.medicines.org.uk/emc/product/5227
Adverse reactions	The following side effects are common: • Hypotension usually postural may occur, particularly in elderly or volume depleted patients, or patients using other anti-hypertensives • Tardive dyskinesia/extrapyramidal side effects may occur occasionally, although this is normally associated with higher doses • Nausea and vomiting as a sign of organic disease may be

	masked by the anti-emetic action of Prochlorperazine • Anti-muscarinic side effects such as: dry mouth, blurred vision, constipation, urinary retention • Local irritation the gum and mouth • Drowsiness • Confusion • Agitation • Mild skin reactions may occur • Neuroleptic malignant syndrome (hyperthermia, rigidity, autonomic dysfunction and altered consciousness) A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	• Inform the individual/carer of possible side effects and their management. • Explain treatment and course of action • Explain how to use buccal tablet • This medicine works to relieve nausea/vertigo. Seek a doctor's advice if symptoms persists • Patients who experience dizziness, drowsiness, confusion, fatigue and visual disturbances should not drive or operate machinery • Advise patient of possible side effects, but advice that here should be transient and self limiting in nature. Patient to seek medical advice if side effects persist or are severe in nature • Ensure follow up actions for further care according to practice guidelines • The individual/carer should be advised to seek medical advice in the event of an adverse reaction.
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered • date of supply/administration

	• dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable e.g. injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether supplied and/or administered and that this was done via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous. If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.

6. Key references

Key references	• *Expired "PGD for administration of PROCHLOPERAZINE by NMHP employed by QHB in MIU" expired 30/04/2021 at community hospitals* • *Electronic Medicines Compendium. Available at : https://www.medicines.org.uk/emc/product/5227. Accessed 10/10/21.* • *Electronic BNF. Available at: https://bnf.nice.org.uk/drug/prochlorperazine.html. Accessed on 10/10/21.* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* • *https://medusa.wales.nhs.uk*

7. Registered health professional authorisation sheet

PGD Name [version]: Emergency Department, Ambulatory Care QHB and MIU SJCH and SRP – Prochlorperazine Maleate 3mg buccal tablets [v1]
PGD ref: UHDB246

Valid from: 26/05/2023 Expiry date: 25/05/2026

Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read MUST match this authorisation form.

Registered health professional
By signing this patient group direction you are indicating that

a) You agree to and understand all content and commit to only work within this framework.
b) You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
c) You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

Patient group directions do not remove inherent professional obligations or accountability.
It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager / Assessor

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.