University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Ibuprofen
By Registered Nurses in Paediatric Services at UHDB

Documentation details

Reference no:	UHDB164
Version no:	2
Valid from:	04/05/2022
Review date:	04/11/2024
Expiry date:	03/05/2025

Change history

Version number	Change details	Date
2	Updated to current template Updated for UHDB cross-site	16/12/2021

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
Jane Gadie	Emergency Nurse Practitioner
Julie Vanes	Senior Pharmacist, Paediatrics / Medicines Safety
Dr Gisela Robinson	Consultant Paediatrician

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
Registered Nurses working in Paediatric Areas at RDH and QHB (Ward areas both sites, Children's Emergency Department at RDH, Paediatric Assessment Unit at QHB) and in ED at QHB
Limitations to authorisation
Note that this is an administration-ONLY PGD for a single dose to be given. Any of the above areas needing to provide discharge packs will need to have/develop a supply-PGD to facilitate.

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**	**04/05/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Paediatric Pharmacist *Clinical Pharmacist from PGD working group*	**Julie Vanes**	**Signed copy held in Pharmacy**	**05/04/2022**
Consultant Paediatrician *Doctor*	**Dr Robinson**	**Signed copy held in Pharmacy**	**22/03/2022**
Lead Nurse for Paediatrics *Registered Professional representing users of the PGD*	**Laura Churm**	**Signed copy held in Pharmacy**	**22/04/2022**

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 Nurses working in Paediatric Areas at RDH and QHB (Ward areas both sites, Children's Emergency Department at RDH, Paediatric Assessment Unit at QHB) and in ED at QHB
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
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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required. Approved drug assessment Pain assessment competency
Ongoing training and competency	Knowledge of CH CLIN G84 Feverish Illness in Children Knowledge of College of Emergency Medicine Guideline: Management of pain in children, reviewed July 2017 Knowledge of Pain assessment and management- Paediatric Clinical Guideline PA G1 01 Single Checking of Analgesia during Triage in the Children's Emergency Department - Paediatric Full Clinical Guideline CH CLIN C49
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	• Mild to moderate pain • Pain and inflammation of soft-tissue injuries • Pyrexia with discomfort
Criteria for inclusion	Babies over 3 months and children up to 18 years
Criteria for exclusion	• Dose of ibuprofen or other NSAID given within the previous 6 hrs • Active gastro-intestinal bleeding or ulceration • History of gastro-intestinal bleeding related to previous NSAID therapy • History of recurrent gastro-intestinal haemorrhage (two or more distinct episodes) • severe heart failure • varicella infection (chicken pox) • known renal impairment - senior Dr to review before ibuprofen administered • Known allergy or sensitivity to ibuprofen or any of the ingredients. The liquid may contain orange flavouring
Cautions including any relevant action to be taken	• Allergic disorders • Cardiac impairment (NSAIDs may impair renal function) • Cerebrovascular disease • Coagulation defects • Connective-tissue disorders • Dehydration (risk of renal impairment) • Heart failure; ischaemic heart disease • History of gastro-intestinal disorders (e.g. ulcerative colitis, Crohn's disease); may mask symptoms of infection; • Peripheral arterial disease; • Risk factors for cardiovascular events; uncontrolled hypertension
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Refer to a prescriber immediately
Action to be taken if the patient or carer declines treatment	• Document refusal and subsequent advice given • Advise patient on alternative treatment • Refer to a prescriber if appropriate
Arrangements for referral for medical advice	Refer to the appropriate medical practitioner in the care pathway

5. Description of treatment

Name, strength & formulation of drug	Ibuprofen syrup 100mg/5ml Ibuprofen tablets 200mg
Legal category	GSL
Route / method of administration	Oral

Indicate any off-label use (if relevant)	N/A
Dose and frequency of administration	**SINGLE DOSE ONLY** **Age-based dose as per BNFc. Volume stated refers to Ibuprofen 100 mg / 5 mls oral solution** **Age** — **Dose** — **Volume** **3 -5 months** — **50mg** — **2.5mls** **6-11 months** — **50mg** — **2.5mls** **1-3 years** — **100mg** — **5mls** **4-6 years** — **150mg** — **7.5mls** **7-9 years** — **200mg** — **10mls** **10-11 years** — **300mg** — **15mls** **12-17 years** — **300-400mg** — **15-20mls**
Duration of treatment	Single dose, duration of action of one dose is 6-8 hours
Quantity to be supplied (leave blank if PGD is administration ONLY)	*n/a*
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below:
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk These include: • Corticosteroids: Increased risk of gastrointestinal ulceration or bleeding • Avoid concomitant use of two or more NSAIDs • Tacrolimus: Possible increased risk of nephrotoxicity • Anti-platelet agents and selective serotonin reuptake inhibitors (SSRIs): Increased risk of gastrointestinal bleeding
Identification & management of adverse reactions	• **Uncommon side effects**: Gastrointestinal discomfort; headache; hypersensitivity; nausea; rash (discontinue); skin reactions • **Rare side effects**: Acute kidney injury; agranulocytosis; anaemia; angioedema; constipation; diarrhoea; dyspnoea; leucopenia; liver disorder; meningitis aseptic (patients with connective-tissue disorders such as systemic lupus erythematosus may be especially susceptible); oedema; oral ulceration; pancytopenia; renal papillary necrosis; severe cutaneous adverse reactions (SCARs); shock; vomiting • **Frequency not known**: Asthma; Crohn's disease; fertility decreased female; heart failure; hypertension; increased risk of arterial thromboembolism; renal failure (more common in patients with pre-existing renal impairment); respiratory disorders; respiratory tract reaction 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	Verbal advice can be given at the time of administration. Patient information leaflet can be supplied if required – suitable leaflets available from www.medicines.org.uk or Medicines for Children https://www.medicinesforchildren.org.uk/ (this can also be accessed via BNFc)
Patient advice / follow up treatment	Verbal advice can be given at the time of administration and inform patient/carer not to repeat the dose within 6 hours The oral liquid may contain orange flavouring
Records	Record the following information on ePMA (Electronic Prescribing system) UHDB – currently MediTech or Lorenzo 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	• *Electronic Medicines Compendium http://www.medicines.org.uk/ (accessed 16/12/2021)* • Electronic BNF https://bnf.nice.org.uk accessed online 16/12/2021 Medicines for children https://www.medicinesforchildren.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2

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Registered health professional authorisation sheet

PGD Name [version]: UHDB - Paediatrics – Ibuprofen [v2] PGD ref: UHDB164

Valid from: 04/05/2022 Expiry date: 03/05/2025

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.