University Hospitals of Derby and Burton NHS Foundation Trust

# PATIENT GROUP DIRECTION (PGD)

## Administration of Co-Dydramol By Registered Nurses and Healthcare Professionals in the Emergency Department at Royal Derby Hospital

## Documentation details

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| Reference no: | UHDB264 |
| Version no: | 1.1 |
| Valid from: | 29/11/2023 |
| Review date: | 29/05/2026 |
| Expiry date: | 28/11/2026 |

## Change history

| Version number | Change details | Date |
|---|---|---|
| 1 | New UHDB format | 15/6/23 |
| 1.1 | Changes to training requirements | October 2023 |
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## Glossary

| Abbreviation | Definition |
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| UHDB | University Hospitals of Derby and Burton NHS Foundation Trust |
| ED | Emergency Department |
| RDH | Royal Derby Hospital |
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## 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 |
|---|---|
| James Cawtheray | ED Charge Nurse |
| Dr. Gareth Hughes | ED Consultant |
| James Kerr | Divisional Pharmacist |
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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** |
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| All UHDB Registered Nurses and Healthcare Professionals who can legally work under a PGD working within the RDH ED, providing UHDB services within the RDH ED. This is a PGD and can be implemented in adult services where training and resources have been allocated by senior staff to do so (see policy and limitations below if in doubt). |
| **Limitations to authorisation** |
| Note that this is for use in the RDH ED and is not transferable to other clinical area within UHDB |

| **Organisational Authorisation (legal requirement).** | | | |
|---|---|---|---|
| **Role** | **Name** | **Sign** | **Date** |
| Medicines Safety Officer<br><br>*Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)* | James Hooley | **Signed copy held by Pharmacy** | **29/11/2023** |

| Additional signatories (required as per legislation and locally agreed policy) | | | |
|---|---|---|---|
| **Role** | **Name** | **Sign** | **Date** |
| Divisional Pharmacist<br><br>*Clinical Pharmacist from PGD working group* | **James Kerr** | **Signed copy held by Pharmacy** | **10/11/2023** |
| ED Consultant<br><br>*Doctor* | **Dr. Gareth Hughes** | **Signed copy held by Pharmacy** | **14/11/2023** |
| ED Charge Nurse<br><br>*Registered Professional representing users of the PGD* | **James Cawtheray** | **Signed copy held by Pharmacy** | **21/11/2023** |

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

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| **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. All Registered Nurses must have NMC Registration and active Pin Number. |
| **Initial training** | - Completion of all Essential-to-role training as outlined in the UHDB PGD policy.<br>- Individual has read and understood full content of this PGD and signed authorisation (section 7)<br>- 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<br><br>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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.<br><br>Must be competency in delivering safe IV therapy in line with the trust policy. |
| **Ongoing training and competency** | Annual Medicines Safety Training (essential to role)<br><br>Review/repeat initial training above when this PGD is revised<br><br>Completed the IV update in line with the UHDB 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

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| **Clinical condition or situation to which this PGD applies** | Moderate to severe pain as part of a balanced analgesia regimen. Conditions include severe soft tissue injury; burns; fractures; dental pain; other minor conditions that incur moderate to severe pain. Used in conjunction with other pain relief. |
| **Criteria for inclusion** | • Older than 16 years old presenting with above symptoms<br>• Able to take oral tablets |
| **Criteria for exclusion** | • Previous sensitivity or intolerance to the drug or any ingredient<br>• Patients under 16 years old<br>• Cannot swallow or are nil by mouth or having difficulty swallowing food or drink or are awaiting a swallow reflex test<br>• Having frequent convulsive episode or rigors<br>• Lacking capacity to consent to PGD<br>• Avoid in patients taking MAOI antidepressants<br>• If Paracetamol or Dihydrocodeine/codeine has been given within the **previous 4 hours** or have taken any product containing Paracetamol/dihydrocodeine/codeine within the **previous 4 hours**<br>• Avoid in third trimester of Pregnancy (post 27 weeks)<br>• Hepatic impairment and severe renal failure.<br>• Suspected Paracetamol or Dihydrocodeine overdose |
| **Cautions including any relevant action to be taken** | • Adrenocortical insufficiency (reduced dose is recommended)<br>• Asthma (avoid during an acute attack)<br>• Convulsive disorders; debilitated patients (reduced dose is recommended) (in adults)<br>• Diseases of the biliary tract<br>• Elderly (reduced dose is recommended)<br>• Hypotension; hypothyroidism (reduced dose is recommended)<br>• Impaired respiratory function (avoid in chronic obstructive pulmonary disease); inflammatory bowel disorders<br>• Myasthenia gravis; obstructive bowel disorders<br>• Prostatic hypertrophy (in adults)<br>• Shock<br>• Urethral stenosis (in adults)<br>• Renal failure |
| **Action to be taken if the patient is excluded** | • Record reasons for exclusion in patient notes<br>• Advise patient on alternative treatment<br>• Consult prescriber on alternative treatment |
| **Action to be taken if the patient or carer declines treatment** | • Document advice given<br>• Advise patient on alternative treatment<br>• Offer alternative PGD if available<br>• Consult prescriber on alternative treatment |
| **Arrangements for referral for medical advice** | Immediate medical advice should be sought in the event of an overdose, even if patient feels well, because of the risk of delayed & serious liver damage.<br>Contact your on call Registrar on #6264 or clinical medical team leader in the area in the first instance. In the event of anaphylaxis/cardiac arrest when you should follow the local medical |

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| | emergency procedures (e.g. 2222 / 3333 procedures). Activate the emergency buzzer and arrange an immediate transfer to Resus. |

## 5. Description of treatment

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| **Name, strength & formulation of drug** | Co-Dydramol (dihydrocodeine 10 mg and paracetamol 500 mg). |
| **Legal category** | POM |
| **Route / method of administration** | Oral |
| **Indicate any off-label use (if relevant)** | N/A |
| **Dose and frequency of administration** | One to two tablets as a single dose. |
| **Duration of treatment** | One single dose |
| **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:<br>• Out of direct sunlight<br>• Below 25°C<br>• Stored in its original packet with the correct documentation |
| **Drug interactions** | Check all concurrent medication with the patient and in the current BNF before supplying. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment. If in any doubt advice should be sought and recorded before the drug is administered.<br>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:<br>• Paracetamol<br>• Codeine<br>• Tramacet (tramadol and paracetamol)<br>• Tramadol<br>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk |
| **Adverse reactions** | The following side effects are common:<br>• Paracetamol: Skin rash, mucosal lesions, drowsiness, impaired mental functions, toxic myocarditis, methaemoglobinaemia, neutropenia, pancytopenia, leukopenia, thrombocytopenic purpura, haemolytic anaemia |

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| | and agranulocytosis. Most reported adverse reactions relate to over-dosage with the drug.<br><br>• Dihydrocodeine (opioid treatment): Rash, urticaria, difficulty breathing, increased sweating, redness or flushed face, confusion, drowsiness, vertigo, dizziness, changes in mood, hallucinations, CNS excitation (restlessness/excitement), convulsions, mental depression, headache, trouble sleeping, or nightmares, raised intracranial pressure, tolerance or dependence, constipation, GI irritation, biliary spasm, nausea, vomiting, loss of appetite, dry mouth, paralytic ileus or toxic megacolon, bradycardia, palpitations, hypotension, blurred or double vision, ureteral spasm, trembling, unusual tiredness or weakness, malaise, miosis, hypothermia, reduced libido, infertility, erectile dysfunction<br><br>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<br>• Record all adverse drug reactions (ADRs) in the patient's medical record.<br>• 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.<br>The individual/carer should be advised to seek medical advice in the event of an adverse reaction. |
| **Records** | At time of this PGD publication: A record of the administration should be documented on the CasCard of the patient. If the patient does not have a CasCard then administration should be recorded in the clinical notes. If the CasCard is in pharmacy then it should be recorded in the clinical notes and then transcribed on to the CasCard at the earliest opportunity.<br><br>Following transition of department to ePMA:<br>If PGD medication has been administered via ePMA then this should be recorded at time of administration.<br><br>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:<br>• name of individual, address, date of birth and GP with whom the individual is registered (if relevant)<br>• name of registered health professional |

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| | • name of medication supplied/administered<br>• date of supply/administration<br>• dose, form and route of supply/administration<br>• quantity supplied/administered<br>• batch number and expiry date (if applicable e.g. injections and implants)<br>• advice given, including advice given if excluded or declines treatment<br>• details of any adverse drug reactions and actions taken<br>• Confirm whether supplied and/or administered and that this was done via Patient Group Direction (PGD)<br><br>Records should be signed and dated (or a password controlled e-records).<br><br>All records should be clear, legible and contemporaneous.<br><br>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

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| **Key references** | *Update and include for each revision. In most cases a link to specific records in the examples below will be appropriate*<br>• *Electronic Medicines Compendium http://www.medicines.org.uk/*<br>• *Electronic BNF https://bnf.nice.org.uk/*<br>• *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2*<br>• *https://medusa.wales.nhs.uk* |

## 7. Registered health professional authorisation sheet

## PGD Name [version]: RDH - ED - Co-dydramol [v1.1] PGD ref: UHDB264

## Valid from: 29/11/2023 Expiry date: 28/11/2026

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** |
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### 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** |
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**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.