

PATIENT GROUP DIRECTION (PGD)

**Administration of Ibuprofen 200mg and 400mg tablets
 By Registered Nurses and Healthcare Professionals in the Emergency
 Department at Royal Derby Hospital**

Documentation details

Reference no:	UHDB265
Version no:	1.1
Valid from:	29/11/2023
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Expiry date:	28/11/2026

Change history

Version number	Change details	Date
1	New UHDB format	23/6/23
1.1	Changes to training requirements	Oct 2023

Glossary

Abbreviation	Definition
UHDB	University Hospitals of Derby and Burton NHS Foundation Trust
ED	Emergency Department
RDH	Royal Derby Hospital

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

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
<p>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).</p>
Limitations to authorisation
<p>Note that this is for use in the RDH ED and is not transferable to other clinical area within UHDB</p>

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medicines Safety Officer <i>Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)</i>	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 <i>Clinical Pharmacist from PGD working group</i>	James Kerr	Signed copy held by Pharmacy	10/11/2023
ED Consultant <i>Doctor</i>	Dr. Gareth Hughes	Signed copy held by Pharmacy	14/11/2023
ED Charge Nurse <i>Registered Professional representing users of the PGD</i>	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

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 a NMC Registration and active Pin Number.
Initial training	<ul style="list-style-type: none"> - 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	<p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</p> <p>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.</p>
Ongoing training and competency	<p>Annual Medicines Safety Training (essential to role)</p> <p>Review/repeat initial training above when this PGD is revised</p>
<p><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></p>	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Pain and inflammation management as part of a balanced analgesia regime. Conditions including: musculoskeletal disorders; rheumatoid/osteo arthritis; mild to moderate pain incurred by fractures, dental pain, ear ache; soft tissue injury; pyrexia; dysmenorrhoea.
Criteria for inclusion	<ul style="list-style-type: none"> • 16 years and older • Able to take oral tablets
Criteria for exclusion	<ul style="list-style-type: none"> • Previous sensitivity or intolerance to the drug or any ingredient • Hypersensitivity to Aspirin or other NSAIDs • History of asthma (unless previously tolerated NSAIDs) • Pregnancy • Poor renal function or known renal problems • Active/previous/suspected peptic ulcer • History of upper gastrointestinal bleeding or perforation related to previous NSAID therapy • Renal transplant patients currently taking immunosuppressants, e.g. ciclosporin or tacrolimus • Currently taking Lithium or Methotrexate (excretion reduced therefore risk of toxicity) • Known hepatic, renal or cardiac failure • Cannot swallow or are nil by mouth or having difficulty swallowing food or drink or are awaiting a swallow reflex test • Lacking capacity to consent to PGD • Reservations/concerns by patient about side effects of the treatment. Patients already taking regular NSAIDs • Known or Suspected Pre-eclampsia • Concerns with coagulation • Suspected Ibuprofen overdose
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> • Check whether previous NSAID use in last 4 – 6 hours. • Allergic disorders (in adults) • cardiac impairment (NSAIDs may impair renal function) • Cerebrovascular disease • Coagulation defects • Connective tissue disorders • Crohn's disease (may be exacerbated) • Elderly (risk of serious side-effects and fatalities) (in adults) • Mild heart failure • Ischemic heart disease • Peripheral arterial disease • Risk factors for cardiovascular events • Risk factors for cardiovascular events • Ulcerative colitis (may be exacerbated) • Uncontrolled hypertension
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> • Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Consult prescriber on alternative treatment
Action to be taken if the	<ul style="list-style-type: none"> • Document advice given

patient or carer declines treatment	<ul style="list-style-type: none"> • Advise patient on alternative treatment • Offer alternative PGD if available • Consult prescriber on alternative treatment
Arrangements for referral for medical advice	<p>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.</p> <p>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 emergency procedures (e.g. 2222 / 3333 procedures). Activate the emergency buzzer and arrange an immediate transfer to Resus.</p>

5. Description of treatment

Name, strength & formulation of drug	Ibuprofen 200mg Tablets Ibuprofen 400mg Tablets
Legal category	P
Route / method of administration	Oral
Indicate any off-label use (if relevant)	N/A
Dose and frequency of administration	One dose of 200-600mg
Duration of treatment	One single dose
Quantity to be supplied (leave blank if PGD is administration ONLY)	N/A
Storage	<p>Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below:</p> <ul style="list-style-type: none"> • Out of direct sunlight • Below 25°C • Stored in its original packet with the correct documentation
Drug interactions	<p>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.</p> <ul style="list-style-type: none"> • Known drug interactions (seek advice from a pharmacist if necessary): <ul style="list-style-type: none"> ○ Nephrotoxic drugs (including other NSAIDs, many drugs for high blood pressure or drugs to prevent transplant rejection ○ Drugs which cause GI irritation (including steroids,

	<ul style="list-style-type: none"> ○ SSRIs such as Citalopram) ○ Lithium ○ Anticoagulants such as warfarin, enoxaparin and any of the DOACs (apixaban, dabigatran, edoxaban, rivaroxaban) ○ Quinolone antibiotics (e.g. ciprofloxacin) ○ Methotrexate ○ Antifungal drugs e.g. voriconazole, fluconazole ○ Mifamurtide (treatment for osteosarcoma) <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
Adverse reactions	GI disturbance (discomfort, nausea, diarrhoea) and occasionally bleeding or ulceration; hypersensitivity including rash, angioedema and bronchospasm, headache, dizziness, nervousness, depression, drowsiness, insomnia, vertigo, hearing disturbance, photosensitivity and haematuria; blood pressure increase or fluid retention
Management of and reporting procedure for adverse reactions	<ul style="list-style-type: none"> • 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	<p>Inform the individual/carer of possible side effects and their management.</p> <p>The individual/carer should be advised to seek medical advice in the event of an adverse reaction.</p>
Records	<p>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.</p> <p>Following transition of department to ePMA: If PGD medication has been administered via ePMA then this should be recorded at time of administration.</p> <p>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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 <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records).</p> <p>All records should be clear, legible and contemporaneous.</p> <p>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.</p>
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6. Key references

Key references	<p><i>Update and include for each revision. In most cases a link to specific records in the examples below will be appropriate</i></p> <ul style="list-style-type: none"> • <i>Electronic Medicines Compendium http://www.medicines.org.uk/</i> • <i>Electronic BNF https://bnf.nice.org.uk/</i> • <i>NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2</i> • <i>https://medusa.wales.nhs.uk</i>
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7. Registered health professional authorisation sheet

PGD Name [version]: RDH - ED - Ibuprofen [v1.1] PGD ref: UHDB265

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

- You agree to and understand all content and commit to only work within this framework.
- You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
- 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.