

PATIENT GROUP DIRECTION (PGD)

**Administration of Glycerol (Glycerin) 4g suppositories
By Registered Staff in All Adult Areas at UHDB**

Documentation details

Reference no:	UHDB027
Version no:	1
Valid from:	16/09/2021
Review date:	16/03/2024
Expiry date:	15/09/2024

Change history

Version number	Change details	Date
1.0	New Template	01/04/2021

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
James Hooley	Medicines Safety Officer (Pharmacist)
Core Adult PGD list maintained by Medicines Safety Group.	Note: No PGD working group convened as this PGD is created by merging detail from multiple authorised PGDs in active use across UHDB which have been developed previously with nursing and medical input.

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 staff providing UHDB services (includes UHDB staff/services undertaken on non-UHDB premises)</p> <p>This is a core PGD and <u>can</u> be implemented in all 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>It is the responsibility of the practitioner working under this PGD to ensure that this PGD is in place in the area they are practising at the time of use. In most cases, this is implicit when a senior manager requests the staff to undertake training and then authorises them in section 7 of this document. However, when working in alternative areas (e.g. internal bank or redeployment) it is important that the practitioner confirms with a departmental manager in the new department that the core PGDs are in-use in their area.</p>

Organisational approval (legal requirement).			
Role	Name	Sign	Date
Chief Pharmacist <i>Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)</i>	Clive Newman	Signed copy held in Pharmacy	23/08/2021

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Medicines Safety Officer (pharmacist) <i>Clinical Pharmacist from PGD working group</i>	James Hooley	Signed copy held in Pharmacy	18/08/2021
Medical Director or deputy <i>Doctor</i>	Magnus Harrison	Signed copy held in Pharmacy	18/08/2021
Chief Nurse or Deputy <i>Registered Professional representing users of the PGD</i>	Catherine Winfield	Signed copy held in Pharmacy	11/08/2021

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	All Divisions, Adult Areas, 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	<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 the 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>
<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>	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	For occasional use as a stimulant laxative for the treatment of constipation in Adults
Criteria for inclusion	<ul style="list-style-type: none"> • Patients over 18 years • Patient consent for rectal administration
Criteria for exclusion	<ul style="list-style-type: none"> • Previous sensitivity or intolerance to the drug or any ingredient; • patients under 18 years old; • Patients with inflammatory or ulcerative bowel conditions; • Confirmed or suspected bowel obstruction; • recent anal/rectal surgery/trauma/bleeding; • undiagnosed rectal bleeding; • recent radiotherapy in this area; • inflamed haemorrhoids/skin tags; • spinal injury patients (refer to prescriber and follow local pathways for laxative choice) • rectal fissure, • blood or mucus in stools; • pregnancy
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> • The product is licensed for occasional use only. Prolonged or excessive use of the product is not recommended as this may cause diarrhoea. • Recent gastrointestinal /gynaecology surgery; • history of sexual abuse; • haemorrhoids – see exclusions above and consider whether alternative laxative should be used first.
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 including dietary advice • Refer to prescriber for review and prescribing an alternative agent if appropriate
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> • Document advice given • Advise patient on alternative treatment • Refer to medical staff if appropriate
Arrangements for referral for medical advice	Contact your ward or clinic medical team in the first instance except in the event of anaphylaxis/cardiac arrest when you should follow your local medical emergency procedures (e.g. 2222 / 3333 / 999 procedures)

5. Description of treatment

Name, strength & formulation of drug	<i>Glycerol (glycerin) 4g Suppositories</i>
Legal category	GSL
Route / method of	Insert ONE (4g) suppository into the rectum – The package insert

administration	and patient leaflet provides advice on administration **To aid administration, moisten suppository before use**
Indicate any off-label use (if relevant)	n/a
Dose and frequency of administration	Insert ONE (4g) suppository into the rectum, maximum once in 24 hour period.
Duration of treatment	<i>Single dose only without prescription</i>
Quantity to be supplied	NA
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Store below 25°C in a dry place
Drug interactions	NONE known No drug interactions are listed in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Identification & management of adverse reactions	Occasionally: <ul style="list-style-type: none"> • Stomach cramps • Anal irritation No other side-effects are listed in the SPC (www.medicines.org.uk) or the BNF
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. https://www.medicines.org.uk/emc/product/3595/pil
Patient advice / follow up treatment	Verbal advice on why drug administered, action of the drug and subsequent management of condition; Inform the individual/carer of possible side effects and their management. The individual/carer should be advised to report any untoward effects to nursing staff if still within the hospital or discuss with a community pharmacist or other healthcare professional
Records	For inpatients, the record of administration must be documented in the ePMA system or medicines chart used in your area.

	<p>For other areas, an ePMA system should be used if implemented in your area as this will ensure all legal criteria are fulfilled and auditable.</p> <p>Otherwise, records can be made in the medical notes or within the patient pathway (e.g. in daycase or triage where a pathway booklet is in use) but must include the legal requirements below.</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 • 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> 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	<ul style="list-style-type: none"> • Electronic Medicines Compendium https://www.medicines.org.uk/emc/product/4897 accessed 01/04/2021 • Electronic BNF https://bnf.nice.org.uk/drug/glycerol.html accessed 01/04/2021 • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2
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7. Registered health professional authorisation sheet

PGD Name [Version]: Administration of Glycerol (Glycerin) 4g suppositories
 By Registered Staff in All Adult Areas at UHDB [v1.0] PGD Ref: UHDB027
Valid from: 16/09/2021 Expiry date: 15/09/2024

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 the PGD e-Learning package via My Learning Passport (or ESR).
- 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 should be retained 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.