

## PATIENT GROUP DIRECTION (PGD)

**Administration of Prochlorperazine 3mg Buccal Tablets  
 By Registered Nurses and Healthcare Professionals in the Emergency  
 Department at Royal Derby Hospital**

### Documentation details

Reference no:	UHDB263
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	Change to training requirements	October 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 registered healthcare professionals legally able to 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>	<b>James Kerr</b>	<b>Signed copy held by Pharmacy</b>	<b>10/11/2023</b>
ED Consultant  <i>Doctor</i>	<b>Dr. Gareth Hughes</b>	<b>Signed copy held by Pharmacy</b>	<b>14/11/2023</b>
ED Charge Nurse  <i>Registered Professional representing users of the PGD</i>	<b>James Cawtheray</b>	<b>Signed copy held by Pharmacy</b>	<b>21/11/2023</b>

Local enquiries regarding the use of this PGD may be directed to [UHDB.PGDgovernance@nhs.net](mailto: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

<b>Qualifications and professional registration</b>	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.
<b>Initial training</b>	<ul style="list-style-type: none"> <li>- Completion of all Essential-to-role training as outlined in the UHDB PGD policy.</li> <li>- Individual has read and understood full content of this PGD and signed authorisation (section 7)</li> <li>- Completion of Medicines Management Drug Assessment</li> </ul>
<b>Competency assessment</b>	<p>Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></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>
<b>Ongoing training and competency</b>	<p>Annual Medicines Safety Training (essential to role)</p> <p>Review/repeat initial training above when this PGD is revised</p>
<p><b><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></b></p>	

**4. Clinical condition or situation to which this PGD applies**

<b>Clinical condition or situation to which this PGD applies</b>	General nausea and vomiting
<b>Criteria for inclusion</b>	<ul style="list-style-type: none"> <li>• Older than 16 years old</li> <li>• Able to take Buccal medication safely.</li> </ul>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• Previous sensitivity or intolerance to the drug or any ingredient</li> <li>• Under 16</li> <li>• Unable to consent to taking the PGD</li> <li>• Unable to effectively swallow</li> <li>• CNS Depression</li> <li>• Pheochromocytoma</li> <li>• Known Parkinson's Disease</li> <li>• Prostatic hypertrophy</li> <li>• Narrow angle glaucoma</li> </ul>
<b>Cautions including any relevant action to be taken</b>	<ul style="list-style-type: none"> <li>• Seek further advice if the patient is pregnant or breast feeding and establish if benefits outweigh risks</li> <li>• Epilepsy or conditions predisposing to seizures</li> <li>• Liver or renal dysfunction</li> <li>• Existing blood dyscrasias</li> <li>• Myasthenia gravis</li> <li>• Susceptibility to angle-closure glaucoma</li> <li>• Cardiovascular disease</li> <li>• Depression</li> <li>• Severe respiratory disease (Uncontrolled Asthma)</li> <li>• Taking antipsychotic medication</li> <li>• Taking any anti-dopaminergic anti-emetics (haloperidol, droperidol, levomepromazine)</li> <li>• Suspicion of intoxication</li> </ul>
<b>Action to be taken if the patient is excluded</b>	<ul style="list-style-type: none"> <li>• Record reasons for exclusion in patient notes</li> <li>• Advise patient on alternative treatment</li> <li>• Consult prescriber on alternative treatment</li> </ul>
<b>Action to be taken if the patient or carer declines treatment</b>	<ul style="list-style-type: none"> <li>• Document advice given</li> <li>• Advise patient on alternative treatment</li> <li>• Offer alternative PGD if available</li> <li>• Consult prescriber on alternative treatment</li> </ul>
<b>Arrangements for referral for medical advice</b>	<p>Immediate medical advice should be sought in the event of an overdose, even if patient feels well, because of the risk of delayed &amp; 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

<b>Name, strength &amp; formulation of drug</b>	PROCHLORPERAZINE 3MG BUCCAL TABLETS
<b>Legal category</b>	POM
<b>Route / method of administration</b>	Buccal - 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.
<b>Indicate any off-label use (if relevant)</b>	N/A
<b>Dose and frequency of administration</b>	3-6mg to be given as a single dose
<b>Duration of treatment</b>	One single dose
<b>Quantity to be supplied (leave blank if PGD is administration ONLY)</b>	N/A
<b>Storage</b>	<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"> <li>• Out of direct sunlight</li> <li>• Below 25°C</li> <li>• Stored in its original packet with the correct documentation</li> </ul>
<b>Drug interactions</b>	<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"> <li>• Known drug interactions (seek advice from a pharmacist if necessary):             <ul style="list-style-type: none"> <li>○ Anticonvulsants</li> <li>○ Antihypertensive (Hypotensive effect may be exaggerated)</li> <li>○ Lithium based medication</li> <li>○ Desferrioxamine</li> <li>○ Levodopa (note exclusion criteria for parkinson's disease)</li> </ul> </li> </ul> <p><i>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></i></p>
<b>Adverse reactions</b>	<p>The following side effects are common:</p> <ul style="list-style-type: none"> <li>• Drowsiness</li> <li>• Dizziness</li> <li>• Dry mouth</li> <li>• Insomnia</li> <li>• Agitation</li> <li>• Mild skin reactions may occur (Occasionally result in local irritation to the gum and mouth)</li> </ul> <p>Neuroleptic malignant syndrome (hyperthermia, rigidity, autonomic</p>

	<p>dysfunction and altered consciousness) may occur with any neuroleptic.</p> <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website:  <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></p>
<b>Management of and reporting procedure for adverse reactions</b>	<ul style="list-style-type: none"> <li>• 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: <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></li> <li>• Record all adverse drug reactions (ADRs) in the patient's medical record.</li> <li>• 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.</li> </ul>
<b>Written information to be given to patient or carer</b>	<p><i>Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.</i></p>
<b>Patient advice / follow up treatment</b>	<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>
<b>Records</b>	<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"> <li>• name of individual, address, date of birth and GP with whom the individual is registered (if relevant)</li> <li>• name of registered health professional</li> <li>• name of medication supplied/administered</li> <li>• date of supply/administration</li> <li>• dose, form and route of supply/administration</li> <li>• quantity supplied/administered</li> <li>• batch number and expiry date (if applicable e.g. injections and implants)</li> <li>• advice given, including advice given if excluded or declines treatment</li> <li>• details of any adverse drug reactions and actions taken</li> <li>• Confirm whether <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD)</li> </ul> <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>
--	---

## 6. Key references

<p><b>Key references</b></p>	<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"> <li>• <i>Electronic Medicines Compendium <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></i></li> <li>• <i>Electronic BNF <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></i></li> <li>• <i>NICE Medicines practice guideline "Patient Group Directions" <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></i></li> <li>• <i><a href="https://medusa.wales.nhs.uk">https://medusa.wales.nhs.uk</a></i></li> </ul>
------------------------------	---

**7. Registered health professional authorisation sheet**

**PGD Name [version]: RDH - ED - Prochlorperazine [v1.1] PGD ref: UHDB263**

**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

**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.