University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of SODIUM ALGINATE WITH CALCIUM CARBONATE AND SODIUM BICARBONATE (PEPTAC, ACIDEX) Oral Liquid

By Registered Nurses, Emergency Nurse Practitioners (ENP), Emergency Care Practitioners (ECP) and Emergency Physiotherapy Practitioners (EPP)
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

Documentation details

Reference no:	UHDB141
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Expiry date:	23/02/2025

Change history

Version number	Change details	Date
1.0	Former Burton trust PGD moved to new template	13/01/2022

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
Sarah Pearson	Doctor
Karen McKenna	Pharmacist
Alannah Davies	Representative of RNMHP Group

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
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
Nil

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 by Pharmacy	**24/02/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Senior Pharmacist, Community Hospitals *Clinical Pharmacist from PGD working group*	Karen McKenna	Signed copy held by Pharmacy	**24/01/2022**
Emergency Medicine Consultant *Doctor*	Dr Sarah Pearson	Signed copy held by Pharmacy	**24/02/2022**
Sister, MIU *Registered Professional representing users of the PGD*	Alannah Davies	Signed copy held by Pharmacy	**19/02/2022**

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 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	*- 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* *- Deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD and Trust clinical guidelines.*
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 senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	- Annual Medicines Safety Training (essential to role) - Review/repeat initial training above when this PGD is revised - The registered healthcare practitioner will ensure Anaphylaxis / CPR training is kept updated yearly. - The registered healthcare professional must actively take part in CPD and annual individual performance reviews. -Regular training and updating in safeguarding children and vulnerable adults as per 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

Clinical condition or situation to which this PGD applies	• *Gastro-oesophageal reflux*
Criteria for inclusion	• Adults and children 12 years old and over, presenting with mild to moderate symptoms of gastro-esophageal reflux including those who are pregnant or breastfeeding.
Criteria for exclusion	• Consent not gained • Known hypersensitivity to the active ingredient or any other ingredient in this product • Patients on salt restricted diets
Cautions including any relevant action to be taken	• *A time-interval of 2 hours should be considered between this medicine intake and the administration of other medicinal products, especially tetracyclines, digoxin, fluoroquinolone, iron salt, ketoconazole, neuroleptics, thyroid hormones, penicillamine, beta-blockers (atenolol, metoprolol, and propranolol), glucocorticoid, chloroquine and bisphosphonates (diphosphonates) and estramustine.*
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Refer to GP/other healthcare provider for alternative
Action to be taken if the patient or carer declines treatment	• Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	*Follow up with GP if symptoms persist after one week.*

5. Description of treatment

Name, strength & formulation of drug	Sodium alginate with calcium carbonate and sodium bicarbonate (Peptac/Acidex). Oral Liquid
Legal category	GSL
Route / method of administration	Oral
Indicate any off-label use (if relevant)	*None*
Dose and frequency of administration	• **Child 12–17 years : 10-20 ml** • **Adult: 10- 20ml** **Immediate dose and if remains in department can take after meals and at bedtime up to 3 doses without prescription.**
Duration of treatment	**Maximum of three doses can be given without a prescription.**

Quantity to be supplied (leave blank if PGD is administration ONLY)	-
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Oral liquid: Store below 25°C and protect from light. Do not refrigerate or freeze. *Available from the electronic Medicines Compendium website accessed:* *https://www.medicines.org.uk/emc/product/8799/smpc* *On 10/10/21.*
Drug interactions	Interactions are UNLIKELY with single/one off doses with sodium alginate with calcium carbonate and sodium bicarbonate. Regular intake may reduce absorption of ciprofloxacin, tetracyclines, bisphosphonates, iron supplements and thyroxine. See current BNF for advice on how to manage this interaction if patient needs to continue using sodium alginate with calcium carbonate and sodium bicarbonate. Sodium Bicarbonate may increase excretion of **LITHIUM** (decrease plasma concentration). Advised patient to **avoid prolonged use** and seek medical advice if continued use is required after one week. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: https://www.medicines.org.uk/emc/product/2427/smpc
Adverse reactions	Rarely allergic reactions are seen e.g. urticaria and bronchospasm. Occasionally may cause constipation, flatulence, stomach cramps and belching.
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. • If Anaphylaxis occurs treat as per local emergency protocols and transfer to A&E via 999 if appropriate to area.
Written information to be given to patient or carer	*Patient information leaflet can be provided to patient from medicines.org.*
Patient advice / follow up treatment	• *Monitor for sensitivity reactions; Verbal advice on why drug administered and the action of the drug and subsequent management of condition. Take one hour after meals or at*

	bedtime to be effective. Should not be taken at the same time as other drugs since they may impair absorption. • *Further supplies can be purchased over the counter, advised patient to follow the instructions on the packaging. Restrictions may apply for the sale to children. Patient to discuss with pharmacist.* • *Follow up with GP if symptoms persist.* • *Advised patient how to manage other medication if Peptac likely to affect its absorption. See BNF.* • *The individual/carer should be advised to seek medical advice in the event of an adverse reaction.*
Records	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. Available at : https://www.medicines.org.uk/emc/product/8799/smpc Accessed 10/10/21* • *Electronic BNF. Available at: https://bnf.nice.org.uk/medicinal-forms/sodium-alginate-with-calcium-carbonate-and-sodium-bicarbonate.html Accessed 10/10/21* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* • *https://medusa.wales.nhs.uk*

7. Registered health professional authorisation sheet

PGD Name [version]: Minor Injuries Units (SJH/SRP), Emergency Departments and Ambulatory Care (QHB) – Peptac [v1]

PGD ref: UHDB141

Valid from: 24/02/2022 Expiry date: 23/02/2025

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.