University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Supply/Administration of

ORAL IBUPROFEN

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, Minor Injuries departments at Samuel Johnson and Sir Robert Peel Community Hospitals

Documentation details

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Change history

Version number	Change details	Date
4	Uses UHDB new template	01.03.2022

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
Dr Thungala	Consultant
James Kerr	Divisional Pharmacist
Divina Jose	Emergency Nurse Practitioner

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

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 *Medicine Safety Officer* *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held by Pharmacy**	**04/01/2023**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Divisional Pharmacist *Clinical Pharmacist from PGD working group*	James Kerr	**Signed copy held by Pharmacy**	**22/12/2022**
Consultant *Doctor*	**Dr Thungala**	**Signed copy held by Pharmacy**	**04/01/2023**
Interim Matron Acute Medicine QHB *Registered Professional representing users of the PGD*	**Danielle Murphy**	**Signed copy held by Pharmacy**	**03/01/2023**

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.
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.
On-going 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 and 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	• Mild to moderate pain unresponsive to Paracetamol* • Pain and inflammation of soft tissue injuries unresponsive to Paracetamol • Pyrexia with discomfort (including fever caused by immunization) not relieved by Paracetamol* • Earache • Pain and inflammation in rheumatic disease and other musculoskeletal disorder. • Dysmenorrhea • Migraine/Headache • Dental pain • Back pain *or if Paracetamol is contraindicated.
Criteria for inclusion	Adults and children over 6 months; weighing more than 5 kgs with no history of adverse reaction to Ibuprofen and able to swallow the medicine with presenting conditions as above.
Criteria for exclusion	Children under 6 months or weighing < 5 kg Pregnancy and Breastfeeding Patient who is unable to swallow or nil by mouth Patients with known: • Severe dehydration • Hypersensitivity to Ibuprofen or any of the product ingredients • Hypersensitivity reactions eg. asthma, rhinitis, angioedema or urticarial in response to aspirin or other NSAID drugs. • Cardiac disease, severe heart failure, oedema, uncontrolled hypertension, renal and hepatic impairment • Currently taking non-steroidal medicines • Active or previous history of gastric bleeding, peptic ulcer or persistent dyspepsia • Crohn's disease, ulcerative colitis • coagulation defects Patient currently taking: • Antiplatelet drugs eg. Aspirin, Clopidogrel other NSAIDs • Lithium, Methotrexate, Tacrolimus, Cyclosporine • Anticoagulants eg. Warfarin, heparin, NOACS/DOACS (New oral anticoagulants/Direct oral anticoagulants)

Cautions including any relevant action to be taken	Use with caution or avoid in patient with: • Allergic disorders • Connective tissue disorders • Peripheral arterial disease • Risks factors for cardiovascular event • Dehydration - Risk of renal impairment • Elderly - risk of serious side-effects and fatalities • Known moderate-high alcohol drinker Ibuprofen can mask symptoms of infection which may lead to delayed initiation of treatment and thereby worsen infection outcome. • Monitor signs of infection when given for fever or pain relief in relation to infection. Advise patient to consult a doctor if symptoms worsen or persist. Symptoms persisting for longer than three days
Action to be taken if the patient is excluded	• Discuss with ED Doctor and consider prescribing an alternative medication. • Discuss with the patient/parents/guardians • Document reason for exclusion and actions taken.
Action to be taken if the patient or carer declines treatment	• Explain to the patient/parents/guardians the importance of treatment • Offer alternative intervention/treatment • Document the following: reason for refusal, action taken, advice given • Escalate to ED doctor if needed
Arrangements for referral for medical advice	Seek ED Consultant advice immediately in an event of overdose even if patient feels well. Follow local emergency procedure; call 2222/3333/999 in the event of adverse reaction / anaphylaxis / cardiac arrest

5. Description of treatment

Name, strength & formulation of drug	Ibuprofen tablets • 400mg tablet • 200mg tablet Ibuprofen suspension 100mg/5ml x 100ml
Legal category	GSL (General Sales List) / P (Pharmacy Medicine) / POM (Prescription Only Medicine) depending on pack size
Route / method of administration	Oral preferably after food , swallow tablet with a glass of water.
Indicate any off-label use (if relevant)	No

Dose and frequency of administration	**<u>Ibuprofen 100mg/5ml Suspension</u>** **Total daily dose for children aged between 6 months (and >5 kg) to 12 years must not exceed 30mg/kg/day. Move to a lower age band if necessary to keep the daily dose within 30mg/kg/day** For Child 6 – 11 months • 50mg three to four times a day For Child 1 – 3 years • 100 mg three times a day For Child 4 – 6 years • 150 mg three times a day For Child 7 – 9 years • 200 mg three times a day For Child 10 – 11 years • 300 mg three times a day **<u>Ibuprofen 200mg or 400mg tablets</u>** For Child 12 – 17 years • 200 – 400 mg three times a day For Adult • 200 – 400 mg three times a day **USE LOWEST DOSES FOR SHORTEST PERIOD OF DURATION TO CONTROL SYMPTOMS**
Duration of treatment	Administration of STAT dose in triage only. For supply of single pack of tablets or suspension. Seek further medical attention if symptoms persist for longer than 3 days
Quantity to be supplied (leave blank if PGD is administration ONLY)	If ongoing treatment is necessary and the patient has no supply at home, ONE single over labelled pack may be supplied appropriate to dose and form stated above. The dosing instructions on the manufacturer's packaging must reflect the dose for the individual patient according to the PGD. If it is not clear the additional label must include the specific dose required. This label must not obscure the manufacturer's information on the pack.

Storage	Must be stored in a lockable medicine cupboard/trolley specifically reserved for such a purpose. It should be stored below 25 degrees C room temperature and monitored daily.
Drug interactions	Anticoagulants • Increase the risk of bleeding. • Use with caution or avoid. Corticosteroids, Antiplatelet agents SSRIs & Ginko Biloba • increase the risk of gastrointestinal bleeding or ulceration • Use with caution or avoid Cephalosporin group of antibiotics (eg. Cefalexin) and Aminoglycosides (eg. Amikacin) • Increase the risk of nephrotoxicity Quinolone antibiotics (eg. Ciprofloxacin) • Potentially increases the risk of seizures • Use with caution Anti-hypertensive • reduces antihypertensive effects ACE & Angiotensin II inhibitors • increase risk of renal impairment Diuretics • Reduced diuretic effect and increase the risk of nephrotoxicity of NSAIDs. Cardiac glycosides • NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma cardiac glycoside levels Lithium • decreased elimination of lithium • Monitor and adjust dose Methotrexate • decreased elimination of methotrexate Please refer to BNF or Electronic Medicine Compendium website @www.medicines.org.uk for a detailed list of drug interactions.
Adverse reactions	Common or very common: • Gastrointestinal discomfort • skin reaction Uncommon: • Asthma; hypersensitivity reactions • Headache; nausea; rash – (discontinue) • Abdominal pain, dyspepsia • Various skin rashes Rare or very rare: • Dyspnoea • Severe forms of skin reactions eg. Stevens Johnson

	Syndrome • (In adults) agranulocytosis, alopecia, anaemia • Diarrhoea, flatulence, constipation and vomiting • Peptic ulcer, perforation or gastrointestinal haemorrhage, malaena, haematemesis, sometimes fatal, particularly in elderly. Ulcerative stomitis, gastritis • Can precipitate renal failure/heart failure/colitis/liver disorder • Acute kidney injury, aseptic meningitis • Oral ulceration Please refer to BNF or Electronic Medicine Compendium website @www.medicines.org.uk for a detailed list of adverse reactions.
Management of and reporting procedure for adverse reactions	If adverse reactions suspected/occurs: • Assess patient using ABCDE and provide medical intervention appropriately • Refer to ED Consultant • Use the MHRA Yellow Card scheme to report any suspected adverse reactions. Go to : .https://yellowcard.mhra.gov.uk • Document on patient's medical notes • Complete incident report via organisation incident policy
Written information to be given to patient or carer	Give patient information leaflet (PIL) provided with the product. For Parents/Guardian : • Medicine for Children leaflet which can be obtain on https://www.medicinesforchildren.org.uk/medicines/ibuprofen-for-pain-and-inflammation/
Patient advice / follow up treatment	• Monitor sensitivity reaction and seek medical advice immediately • Verbal advise on why drug administered, action of the drug and subsequent management of the condition • Do not take with other NSAIDS products (or preparations containing other NSAIDS) whilst on Ibuprofen • Seek medical help immediately if taken too much even if there is no symptom. • To come back to ED or see GP if symptoms persist for more than 3 days • Take doses with or immediately after food • Swallow tablet with water • Leave at least four hours between doses and do not take more than the dose/frequency indicated for age band according to this PGD. • Patients who experience dizziness, drowsiness, fatigue or visual disturbance should be advised not to drive Liquid preparations: • Shake bottle for 10 seconds before use. • Use graduated medicine pot/spoon or oral syringe provided to measure accurately.

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	• NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • https://medusa.wales.nhs.uk • BNF British National Formulary - NICE ; updated 03 February 2022 • BNF for Children British National Formulary – NICE updated 03 February 2022 https://bnfc.nice.org.uk • Electronic Medicines Compedium (emc) https://www.medicines.org.uk • Medicine Management (Medicine Codes) Burton & Derby Site 2022 • Trust Policy for Development of Patient Group Directions (PGDS) All UHDB Sites 2020

University Hospitals of Derby and Burton NHS Foundation Trust

7. Registered health professional authorisation sheet

PGD Name [version]: Emergency Department, Ambulatory Care QHB and MIU SJCH and SRP - Ibuprofen [v1]

PGD ref: UHDB238

Valid from: 04/01/2023 Expiry date: 03/01/2026

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.