University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Supply/Administration of

CETIRIZINE HYDROCHLORIDE
(Oral Tablet/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

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Change history

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4	Transferred to UHDB format	14.02.2022

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 Venkat Thungala	Consultant Emergency Medicine
James Kerr	Divisional Pharmacist
Alison Wadlow	Matron, Emergency Department
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
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**
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**
Lead ED Consultant *Doctor*	**Dr Venkat 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	Symptomatic relief of allergy such as • hay fever • chronic idiopathic urticaria • atomic dermatitis
Criteria for inclusion	• Adults and children aged 2 years old and over
Criteria for exclusion	• Children under 2 years of age • Breastfeeding • Nil by mouth or unable to swallow Patient with known • Sensitivity to Cetirizine or other ingredients including lactose (tablet) or fructose (liquid) • Hypersensitivity to hydroxyzine or to any piperazine derivatives • Severe renal impairment (creatinine clearance <10ml/min) • Acute Porphyria
Cautions including any relevant action to be taken	Caution should be taken in patients with: • Predisposition factors or Urinary retention (eg. Spinal cord lesion, prostatic hyperplasia) • Epilepsy or high risk of convulsion • Liver or kidney problems-give smaller dose • Alcohol intake • Hypersensitivity to anti histamines especially Hydroxyzine • Glaucoma • Pregnancy Caution when driving or operating machinery- avoid
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, advise 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	Cetirizine Hydrochloride • 10mg tablet • 1mg/ml oral liquid The use of Cetirizine tablet is not recommended in children aged less than 6 years since this formulation does not allow for appropriate dose adaptation. It is recommended to use a paediatric liquid formulation.
Legal category	GSL , P ,and POM: Depending on pack size
Route / method of administration	Oral Tablets to be swallowed with a glass of water Rate absorption is quicker if taken without food or on empty stomach.
Indicate any off-label use (if relevant)	No off-label use
Dose and frequency of administration	For Child 2 - 5 years • 2.5 mg twice daily For Child 6 – 11 years • 5 mg twice daily For Child 12 – 17 years • 10 mg once daily For Adult • 10 mg once daily
Duration of treatment	STAT dose in department. Advise over the counter (OTC) as below if continuation required or provide smallest pack-size if necessary.
Quantity to be supplied (leave blank if PGD is administration ONLY)	When possible, advise OTC purchase (Note: limited indications for children under 6 years of age for OTC sale). If patient requires a supply: One over labelled pack of Cetirizine 10mg tablets x 7 as TTO pack or One over labelled bottle of Cetirizine 1mg/1ml oral solution as TTO Each pack/bottle much be appropriately labelled with • Patient's name • Drug's name • Strength and form • Clear dose instructions • Date of supply • Name and address of supplying If a patient normally pays for prescriptions then ONE prescription charge for supply should be levied.

Storage	Must be stored in a lockable medicine cupboard/trolley specifically reserve for such purpose. It should be stored below 25 degrees C room temperature and monitored daily.
Drug interactions	No significant interactions are expected with this antihistamine. • Betahistine-Cetirizine decrease the effect of Betahistine Medicines which increased the risk of antimuscarinic adverse effects when given with Cetirizine. Advised to avoid. • Isocarboxazid • Phenelzine • Tranylcypromine Please refer to BNF or Electronic Medicine Compendium website @www.medicines.org.uk for a detailed list of adverse reactions.
Adverse reactions	• Somnolence (Sleepiness) • Fatigue • Headache • Dizziness • Itching, rash, urticarial • GI disturbances • Hypotension • Dry mouth, blurred vision, urinary retention • Derange liver function tests • Convulsions • Hypersensitivity reactions angioedema, anaphylaxis • Blood disorders • Tachycardia ,palpitations or arrhythmias • Extrapyramidal effects • Tremor Non-sedating antihistamines such as cetirizine cause less sedation and psychomotor impairment than the older antihistamines because they penetrate the blood brain barrier only to a slight extent. If drowsiness occurs, it may diminish after a few days of treatment. Elderly patients and children are more susceptible to side effects. 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. Inform Parents/Guardian : • Medicine for Children leaflet which can be obtain on https://www.medicinesforchildren.org.uk/medicines/cetirizine-for-hayfever/
Patient advice / follow up treatment	• Monitor sensitivity reaction and seek medical advice immediately • Shake suspension bottle for 10 seconds before use. • Use graduated medicine pot or 5 ml spoon or oral syringe provided to measure accurately. • Drowsiness are rare but can occur to some patients-advise to avoid driving or operating machinery • Alcohol can increase drowsiness- advise to avoid alcohol whilst taking Cetirizine To come back to ED or see GP if symptoms persist after 7 days
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 online accessed updated 03 February 2022; *https://bnf.nice.org.uk/drug/cetirizine-hydrochloride.html* • BNF for Children updated 03 February 2022 online accessed; *https://bnfc.nice.org.uk/drug/cetirizine-hydrochloride.html* • Electronic Medicines Compedium (emc): *https://www.medicines.org.uk/emc/product/3474/smpc* • Medicine Management (Medicine Codes) Burton & Derby Site 2017

7. Registered health professional authorisation sheet

PGD Name [version]: Emergency Department, Ambulatory Care QHB and MIU SJCH and SRP – Cetirizine (Oral) [v1]

PGD ref: UHDB239

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.