University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Chlorphenamine 4mg tablets By Registered Nurses in Ward 3 (Kings Lodge) at FNCH

Documentation details

Reference no:	UHDB171
Version no:	1
Valid from:	21/04/2022
Review date:	21/10/2024
Expiry date:	20/04/2025

Change history

Version number	Change details	Date
1.	New template	February 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 Uditha Jayatunga	Rehabilitation Consultant
Maradel Rahman	Senior Sister
Colin Ward	Lead Pharmacist, Cancer, Diagnostics and Clinical Support

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
Ward 3 (Kings Lodge) Florence Nightingale Community Hospital
Limitations to authorisation
This organisation does not authorise the use of this PGD by staff not employed by UHDB

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**	**21/04/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Lead Pharmacist, Cancer, Diagnostics and Clinical Support	Colin Ward	Signed copy held by Pharmacy	07/04/2022
Rehab Consultant *Doctor*	Dr Uditha Jayatunga	Signed copy held by Pharmacy	06/04/2022
Senior Sister *Registered Professional representing users of the PGD*	Maradel Rahman	Signed copy held by Pharmacy	06/04/2022

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 Nurse with a current NMC registration
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
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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be 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 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, food allergy, drug reactions (where the side-effect of drowsiness is not a problem)
Criteria for inclusion	• Patients over 16 years presenting with the above symptoms.
Criteria for exclusion	• Previous sensitivity or intolerance to the drug or any ingredient; • Patients under 16 years old • Epilepsy • Prostatic hypertrophy (in adults) • Pyloroduodenal obstruction • Susceptibility to angle-closure glaucoma • Urinary retention
Cautions including any relevant action to be taken	If any of above exclusions are present, to refer to the medical team for prescription.
Action to be taken if the patient is excluded	Advise patient on alternative treatment Record reasons for exclusion in patient notes
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	If reaction does not subside, seek urgent medical referral

5. Description of treatment

Name, strength & formulation of drug	Chlorphenamine Maleate 4mg tablets
Legal category	P
Route / method of administration	Oral
Indicate any off-label use (if relevant)	*n/a*
Dose and frequency of administration	4mg as an initial single dose. *Further doses can be given at* 4-6 hour intervals (providing there are no side effects and symptoms have not resolved)
Duration of treatment	Maximum of three doses at 4-6 hour intervals without a prescription
Quantity to be supplied (leave blank if PGD is	*n/a*

administration ONLY)	
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC: Do not store above 30 degrees.
Drug interactions	Concurrent use of chlorphenamine and hypnotics or anxiolytics may cause an increase in sedative effects, therefore medical advice should be sought before taking chlorphenamine concurrently with these medicines. Chlorphenamine inhibits phenytoin metabolism and can lead to phenytoin toxicity. The anticholinergic effects of chlorphenamine are intensified by MAOIs A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Adverse reactions	The following side effects are common: • Sedation, somnolence • Disturbance in attention, abnormal co-ordination, dizziness, headache • Blurred vision • Nausea, dry mouth • Fatigue A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
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.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Consult medical advice if an adverse event occurs Verbal advice on why drug administered action of the drug and subsequent management of condition.
Records	Nursing documentation, nature of reaction to be documented in the medical and nursing notes. Record on ePMA (Electronic Prescribing system) UHDB 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 http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • 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]: FNCH – Ward 3 - Chlorphenamine tablets [v1]
PGD ref: UHDB171

Valid from: 21/04/2022 **Expiry date: 20/04/2025**

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.