## Administration
## PATIENT GROUP DIRECTION (PGD) FOR

# NAPROXEN 250 MG TABLETS

**YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT**

| Clinical Condition | |
|---|---|
| **Indication** | Relief of pain and inflammation |
| **Inclusion criteria** | Patient 16 years old and over suffering acute moderate to severe pain and/or inflammation including musculoskeletal conditions, trauma, dental conditions. |
| **Exclusion criteria**<br>If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber | Children under 16 years old.<br>Pregnancy and breast-feeding.<br>History of, or active gastro-intestinal ulcers or gastro-intestinal bleeding.<br>Crohn's disease or ulcerative colitis.<br>NSAIDs are contraindicated in patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, angioedema or urticarial) in response to ibuprofen, aspirin, or other non-steroidal anti-inflammatory drugs.<br>Known severe renal (eGFR<30ml/min) or hepatic impairment.<br>Porphyria. Heart failure. Systemic Lupus Erythmatosus.<br>Concurrent treatment with interacting drugs eg: Lithium, anticoagulants, other NSAIDs, digoxin, methotrexate, ciclosporin, tacrolimus, baclofen, quinolone antibiotics e.g. ciprofloxacin – check BNF Appendix 1 for a full list.<br>Known coagulation disorder e.g. Haemophilia<br>Allergy to peanut or soya (some brands contain this) |
| **Cautions - Seek further advice from doctor before proceeding and document advice** | Use with caution in elderly patients, and the very frail who are more at risk of adverse reactions.<br>Use with caution in asthmatics, if given please warn patient to stop if any bronchoconstriction is experienced.<br>Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms.<br>During chemical abortion with mifepristone.<br>Patient has already taken a dose of an NSAID, in the last 6-8 hours. |
| **Further Information** | As with other non-steroidal anti-inflammatory drugs, allergic reactions, including anaphylactic/anaphylactoid reactions, can occur without earlier exposure to the drug. |
| **Action if patient declines or is excluded** | Refer to doctor or A&E as appropriate.<br>Document refusal or action taken in patients records.<br>In older people and the very frail paracetamol if preferred. |

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| Drug Details | |
|---|---|
| **Name, form & strength of medicine** | Naproxen 250mg tablets |
| **Legal status** | Prescription Only Medicine (POM) |
| **Route/Method** | Oral |
| **Dosage** | Adult – One or Two tablets every 6-8 hours as required.<br>**Max 5 in 24 hours** |
| **Frequency** | Patient to seek further advice if no better after 3 days or if symptoms worsen. |
| **Quantity to supply** | 1 pack of 28 tablets |
| **Side effects** | Nausea, vomiting, diarrhoea, dyspepsia – may be minimised by taking the drugs with food or milk<br>Headache<br>Occasionally (but rarely) dizziness or visual disturbances (do not drive or operate machinery) |
| **Advice to patient/carer** | Patient information leaflet from the pack plus verbal advice on using medication.<br>Seek medical advice if pain/pyrexia worsens or if no improvement in 3 days.<br>If patient experiences any severe abdominal pain, pale or darkened stools, shortness of breath, reduction in urine output, itchiness, yellowing or skin/eyes or rash following the treatment they must stop the tablets and seek medical help. |

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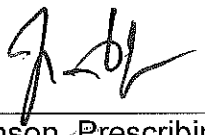
|---|---|---|
| **Staff Characteristics** | | |
| **Professional qualifications** | Nurses on the NMC Register | |
| **Specialist competencies or qualifications** | A registered MIU nurse who has undertaken appropriate training for working under PGDs for the supply and administration of medicines and in anaphylaxis management. | |
| **Continuing education & training** | The practitioner should be aware of any change the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development. | |
| **Referral Arrangements and Audit Trail** | | |
| **Records/audit trail** | Patient's name, address, date of birth, contact details of GP (if registered), drug supplied, batch details and expiry.<br>Diagnosis, advice given to patient (including side effects)<br>Signature/name of staff who supplied the medication<br>Details of any adverse drug reaction and actions to be taken<br>Details of any follow up and self-care advice.<br>Complete departmental PGD usage log form. | |
| **References/Resources and comments** | Current versions of :-<br>SPC – Summary of Product Characteristics<br>BNF – British National Formulary for Adults & Children | |
| **Clinical Authorisation** | | |
| **Lead Doctor** | Dr John Devapriam, Medical Director<br>Signature:  Date: 17/7/18 | |
| **Lead Pharmacist** | Dr Alex Johnson, Prescribing Support Pharmacist<br>Signature:  Date: 11/7/18 | |
| **Organisational Authorisation** | | |
| **On behalf of the organisation** | Michelle Clarke, Director of Nursing & Quality<br>Signature: Mclarke Date: 5/7/18 | |
| **Patient Group Direction Peer Reviewed by** | | |
| Senior Nurses, MIU | | |

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## Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

| Name of Professional | Signature | Authorising Manager | Date |
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