

Supply and Administration
PATIENT GROUP DIRECTION (PGD) FOR

PROCYCLIDINE HYDROCHLORIDE 5MG TABLETS OR IM INJECTION

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

Clinical Condition	
Indication	Mild to moderate symptoms of acute dystonia or pseudoparkinsonism arising from the use of antipsychotic medication (oral) OR Severe symptoms of acute dystonia arising from the use of antipsychotic medication that is distressing, painful or poses a risk to health (IM).
Inclusion criteria	Patients 16 years or older displaying acute dystonia or pseudoparkinsonism (including tremor, stiffness of limbs, drooling etc.)
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Patients under 16 years old Urinary retention Closed angle glaucoma Gastro-intestinal obstruction Cardiac arrhythmias Renal impairment Possible pregnancy Procyclidine is NOT appropriate for treatment of akathisia or dyskinesia of any kind
Cautions - Seek further advice from doctor before proceeding and document advice	Elderly patients are more prone to side effects (see below) Concurrent medication interacting with procyclidine (see BNF Appendix 1)
Further information	INFORM MEDIC IMMEDIATELY IF IM PROCYCLIDINE USED Onset of IM action is usually within 5-10 minutes but may take up to 30 minutes in some patients. For milder symptoms consider oral procyclidine, oral route will take effect more slowly. Symptoms are considered to be severe if they include the mouth, face or neck and affect the ability to swallow or breathe use IM route for these patients.
Action if patient declines or is excluded	Refer to doctor if patient cannot be treated under PGD Document refusal or action taken in patient's records

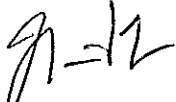
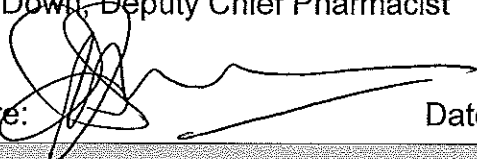
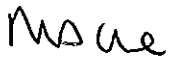
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Drug Details	
Name, form & strength of medicine	Procyclidine 5mg tablets, Procyclidine 5mg IM Injection (severe dystonia only)
Legal status	POM
Route/Method	Oral / IM
Dose, Frequency, Duration and Repeats	Mild to moderate symptoms Oral route 2.5mg (some elderly) to 5mg (which is half to one tablet) up to 3 times in 24 hours. Maximum of 3 doses per 24 hour period. ONE repeat use of this PGD is permitted during the 7 days following its first use. Severe symptoms 5mg IM repeated after 20 minutes if required, Maximum 2 doses.
Quantity to supply or administer	Supply for patient to take home: A pre-prepared pack of 3 x 5mg tablets. If a 2.5mg dose is being used the patient should halve the tablet and discard the remainder. Administration on site : Use ward stock
Side effects	Dry mouth, gastro-intestinal disturbances, dizziness & blurred vision. Less commonly - urinary retention, tachycardia, hypersensitivity.
Advice to patient/carer	Patient should not drive or operate machinery whilst suffering EPS or dizziness / blurred vision.
Staff Characteristics	
Professional qualifications	Mental Health Nurses on NMC register (Band 5 and above)
Specialist competencies or qualifications	A nurse as above, (after discussion and agreement with the service/departmental lead) who has undertaken training in and attended annual updates on and is therefore competent to supply and administer medicines under PGDs and is trained to carry out clinical assessment of patients leading to diagnosis that requires treatment according to the indications listed here.
Continuing education & training	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), diagnosis. Dose supplied or administered. Route of admin & injection site Advice given to patient (including side effects). Signature/name of staff who supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care)
References/Resources	Current versions of the SPC & BNF

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Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature:  Date: 27/9/18
Lead Pharmacist	Andrew Down, Deputy Chief Pharmacist Signature:  Date: 26/9/18
Organisational Authorisation	
On behalf of the organisation	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 27/9/18.
Patient Group Direction Peer Reviewed by	
Mental Health Nurses	

