# 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** | |
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| **Indication** | **Mild to moderate symptoms of acute dystonia** or pseudoparkinsonism arising from the use of antipsychotic medication (oral)<br>OR<br>**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**<br>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<br>Urinary retention<br>Closed angle glaucoma<br>Gastro-intestinal obstruction<br>Cardiac arrhythmias<br>Renal impairment<br>Possible pregnancy<br>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)<br>Concurrent medication interacting with procyclidine (see BNF Appendix 1) |
| **Further information** | **INFORM MEDIC IMMEDIATELY IF IM PROCYCLIDINE USED**<br>Onset of IM action is usually within 5-10 minutes but may take up to 30 minutes in some patients.<br>For milder symptoms consider oral procyclidine, oral route will take effect more slowly.<br>**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<br>Document refusal or action taken in patient's records |

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| **Drug Details** | |
| **Name, form & strength of medicine** | Procyclidine 5mg tablets,<br>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.<br><br>**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.<br>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.<br>Dose supplied or administered. Route of admin & injection site<br>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 taken including documentation in the patient's medical record.<br>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<br>Signature: [signature] Date: 27/9/18 | |
| **Lead Pharmacist** | Andrew Down, Deputy Chief Pharmacist<br>Signature: [signature] Date: 26/9/18 | |
| **Organisational Authorisation** | | |
| **On behalf of the organisation** | Michelle Clarke, Director of Nursing & Quality<br>Signature: [signature] Date: 27/9/18. | |
| **Patient Group Direction Peer Reviewed by** | | |
| Mental Health Nurses | | |

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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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