Supply or Administration
PATIENT GROUP DIRECTION (PGD) FOR

ZOPICLONE 3.75MG 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	Insomnia
Inclusion criteria	18 years of age and older whose insomnia cannot be relieved by a non-pharmacological intervention
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Age under 18 years Already in receipt of regular hypnotic medication Suffers from severe sleep apnoea syndrome Has COPD, chest infection or significant shortness of breath Severe sleep apnoea, Severe hepatic failure Myasthenia Gravis Pregnancy and/ or breastfeeding Allergy to zopiclone Concomittant alcohol use
Cautions - Seek further advice from doctor before proceeding and document advice	History of substance misuse Hepatic and or renal insufficiency Recent alcohol intake Known somnambulism (sleep walking) Taking medication that interacts with zopiclone (see BNF)
Further Information	Grapefruit juice and some drugs affecting liver enzymes may significantly increase the sedative effect of zopiclone (see SPC)
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
Drug Details	
Name, form & strength of medicine	Zopiclone 3.75mg tablets
Legal status	POM
Route/Method	Oral
Dose / Frequency	Age 18-74 years TWO 3.75mg tablets at night. Aged 75 and over ONE 3.75mg tablet at night
Duration	Maximum one dose per night. ONE repeat use of this PGD is permitted during the 7 days following its first use.
Quantity to supply or administer	Supply for patient to take home: A pre-prepared pack containing 2 doses of 3.75mg zopiclone tablets which. Administration on site: from ward stock
Side effects	Bitter or metallic taste, gastro-intestinal upset, dizziness and light headedness. If adverse effects occur the patient should consult their clinic, GP or A&E for advice.
Advice to patient/carer	Patients should be advised not to drive or operate machinery the day after treatment until it is established that their performance is unimpaired.

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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 and form supplied or administered 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) Record use of this PGD in Pre-Packed medicines register or on ward log sheet.
References/Resources and comments	Current versions of the Summary of Product Characteristics & British National Formulary
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	

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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