Administration
PATIENT GROUP DIRECTION (PGD) FOR

Diclofenac sodium injection 75mg in 3ml

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

Clinical Condition	
Indication	A non-steroidal anti-inflammatory agent for use in acute pain.
Inclusion criteria	Patient 12 years old and over presenting at MIU suffering from moderate to severe pain due to the conditions below: Ureteric/Renal colic: symptoms include severe loin/groin area pain often eased by curling up, may be accompanied by nausea and vomiting. Trauma and soft tissue injuries. Acute low back pain. Musculoskeletal pain
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Children under 12 years old. Pregnancy. Active or a history of recurrent peptic ulcer/ haemorrhage (2 or more distinct episodes of proven ulceration or bleeding). Contraindicated in patients who have previously shown hypersensitivity reactions (e.g. rhinitis, angioedema or urticaria) in response to ibuprofen, aspirin or other nonsteroidal anti-inflammatory drugs Hypersensitivity to any of the excipients of the injection eg propylene glycol, sodium metabisulphite, sodium hydroxide. Severe hepatic or renal impairment, Heart failure, Porphyria Concurrent treatment with: Lithium, digoxin, anticoagulants (incl low dose Heparin), other NSAIDs, methotrexate, ciclosporin, tacrolimus, zidovudine, quinolone antibiotics e.g. ciprofloxacin, check BNF and seek advice if unsure. Established congestive heart failure (NYHA II-IV), ischemic heart disease, peripheral arterial disease and/or cerebrovascular disease. History of haemorrhagic diathesis, a history of confirmed or suspected cerebrovascular bleeding. History of asthma. Hypovolaemia or dehydration. Women undergoing induced abortion with mifepristone Known coagulation disorder e.g. haemophilia Current use of any NSAID within last 8 hours
Cautions - Seek further advice from doctor	In the elderly and frail patients who are more at risk of adverse reactions. Also patients with significant risk factors for cardiovascular events eg uncontrolled hypertension, diabetes, hyperlipidaemia, diabetes & smoking should only be treated with diclofenac after careful consideration. These risks are likely to increase with dose and length of exposure.
Further information	As with other non-steroidal anti-inflammatory drugs, allergic reactions, including anaphylactic/anaphylactoid reactions, can occur without earlier exposure to the drug.

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Action if patient declines or is excluded	Refer to doctor / A&E as appropriate and document

Drug Details			
Name, form & strength of medicine	Diclofenac sodium 75mg in 3ml injection		
Legal status	Prescription Only Medicine (POM)		
Route/Method	Deep intramuscular intragluteal injection into upper outer quadrant. The solution should be injected slowly and securely intramuscularly after a control aspiration. A depot into the vicinity of nerves should be avoided. If more severe pain or malaise occurs during the injection, the procedure should be discontinued		
Dosage	**Weight**	**Dose**	**ml**
	30kg	2.5 mg – 25mg	0.5ml -1ml
	40kg	12.5mg – 37.5mg	0.5ml - 1.5ml
	50kg	12.5mg – 50mg	0.5ml - 2ml
	Over 18 years of age 75mg injection Elderly consider dosing by bodyweight if small (see above).		
Frequency	One dose only		
Quantity to administer	Single dose 75mg in 3ml		
Side effects	GI disorders, Rash, Dizziness, drowsiness, visual disturbances or headaches are possible undesirable effects and, if affected, patients should not drive or operate machinery. Pain at injection site		
Advice to patient/carer	Give manufacturer's patient information leaflet If patient experiences any abdominal pain, pale or darkened stools, shortness of breath, reduction in urine output, itchiness, yellowing of skin/eyes or rash following the injection they must see their GP		
Follow up	**All** patients **must** be referred for further management. Monitoring for GI bleeding is necessary with elderly patients		

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Staff Characteristics	
Professional qualifications	A nurse on the NMC Register
Specialist competencies or qualifications	A registered nurse, after discussion and agreement with the MIU service/departmental lead. Has undertaken appropriate training for working under PGDs for the supply and administration of medicines Has undertaken training in the management of anaphylaxis
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 site injected. Advice given to patient (Including side effects/self care), Signature/name of staff who administered or supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record Record the use of the PGD on departmental log sheet.
References/Resources and comments	Summary of Product Characteristics, British National Formulary
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature: Date: 17/10/18
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature: Date: 16.10.18
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing and Quality Signature: Moore Date: 30/10/18
Patient Group Direction Peer Reviewed by	
Senior MIU 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