Worcestershire Health and Care NHS
NHS Trust

Simple Medications

(formerly Homely Remedies)

Policy and Procedures for Administration

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Target audience:	Nursing staff

This Policy should be read in conjunction with WPCT Medicine Policy until superceded by HACW Medicine Policy.

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CONTENTS

Simple Medications Policy

1. Purpose and Scope of Policy

This policy is a written instruction for the **administration** of an agreed list of General Sales List (GSL) and Pharmacy (P) medicines, and **supply in prisons only** of complete packs of the smallest available pack size of some GSL medicines to clients, by registered nurses employed by Worcestershire Health and Care NHS Trust. This policy enables a registered nurse to administer an agreed list of medication in accordance with the Standards for Medicines Management (NMC, 2010), and in the prison to supply an agreed list of GSL medication in accordance with the Medicines Act 1968 without a prescription from a prescriber or a Patient Group Directive (PGD).

The policy covers a number of medications, but not all will be accessible in all locations and services.

Administration of Prescription only medicines (POM) and supply of GSL (with the exception of prisons) and P medicines may only take place following a Patient Group Direction (PGD) or a written direction from a prescriber. A separate policy is available for drugs used in an emergency when legal requirements are relaxed.

2. Contra-indication and hypersensitivities

The decision to administer the remedies should be made a registred nurse or pharmacist on duty. The senior person must ensure that there are no contra-indications or exclusions before giving the medicine and no known hypersensitivity reactions to any of the constituents of the products. Allergies should be checked.

3. Record Keeping

Any medication administered must be clearly recorded in the patient notes, whether paper or computer based, and for resident patients (except in prisons), brought to the attention of the next senior person on duty. The following details should be recorded:

- Reason for administration/supply
- Dose given
- Time given
- Signature

All in-patients must have the dose recorded on the relevant section of the drug chart. Patients should be informed of when the next dose is due if applicable. In prisons a record of any administered dose or supplies of medication and the indication must be made in the patient record.

4. Treatment length

The list below gives the maximum time period of administration of these remedies unless stated otherwise under individual drugs. However, clinical judgement should be exercised and if within the time period, there are any concerns a doctor should be contacted. Any further doses will require discussion with the prescriber to re-assess the patient's condition and medication. Further doses will require a prescription from the prescriber.

Community Hospital and Mental Health In-patients, Intermediate care, Community Nursing & Prisons –

Administration of these remedies must be limited to a maximum period of **72 hours** (or 4 days on bank holidays).

Supplies of GSL medication within prisons must be limited to the smallest pack size available, and patients must be informed to seek medical advice if symptoms worsen, or do not resolve within 72 hours.

Minor Injuries / Minor Illness Unit –

Administration of these remedies is limited to **ONE dose**.

People attending at MIU must be advised as appropriate regarding further doses when they get home. If the patient is being admitted to an acute hospital, please ensure that the hospital is aware of any doses administered in the MIU.

5. Authorisation for use of simple medications

Authorisation for the use of simple medications in clinical areas and of individual staff should be on the approved form (appendix 1)

6. TABLE 1 – List of Approved simple medications for administration. Not all locations will be able to source all items

7. Table 2. List of approved GSL medications <u>for supply In Prisons Only</u>

ALLERGY

CHLORPHENAMINE MALEATE TABS 4mg

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Chlorphenamine 4mg tablets	Adults - One 4mg tablet.	Oral	4-6 hourly	Maximum dose of 6 tablets (24mg) daily.

Clinical conditions / indication(s) for use:
Symptomatic relief of minor allergic reactions e.g. rash, itching, insect bites, hay fever type symptoms. Only use when a sedating antihistamine is preferable to a non-sedating antihistamine.

Patients eligible for inclusion in the policy:
Individuals 12 years old and over presenting with minor allergic conditions without fever.

Patients excluded from treatment under the policy:

- Children under the age of 12
- Known hypersensitivity reactions to any constituents of the product.
- Patients who have taken monoamine oxidase inhibitors (moclobemide, phenelzine, tranycypromine, isocarboxacid) within the last 14 days.
- Patients taking anxiolytics, hypnotics, opioid analgesics or recent alcohol intake that could increase sedation
- Epilepsy, glaucoma, urinary retention and prostatic hypertrophy, gastric obstruction
- Severe hypertension or cardiovascular disease
- Liver disease.
- Patients who have taken chlorphenamine or other sedating antihistamine in the previous four hours or a non sedating antihistamine in the preceding 12 hours.
- Patients who have already taken chlorphenamine or an alternative antihistamine without obtaining relief.
- Pregnancy and breastfeeding

Action for patients excluded from treatment under the policy:
Any patients with a contra-indication should be reviewed by medical staff according to the severity of the condition..
All patients with a generalised allergic reaction must be referred for further management.

Side effects - Sedation varying from slight drowsiness to deep sleep
The following may also commonly occur: blurred vision; GI disturbances; urinary retention; headaches; dry mouth; dizziness; palpitation;
Advice to patient - Avoid alcohol, do not drive or operate machinery.

CHLORPHENAMINE MALEATE LIQUID 2mg in 5ml

(For administration only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration
Chlorphenamine oral solution 2mg in 5ml	1 year	1mg (2.5ml)	Twice daily	Max daily 2mg
	2 to 5 years	1mg (2.5ml)	Every 4 to 6 hours	Max daily 6 mg
	6 to 12 years	2mg (5ml)	Every 4 to 6 hours	Max daily 12mg
	Adults	4mg (10ml)	Every 4 to 6 hours	Max daily 24mg

Clinical conditions / indication(s) for use:

Symptomatic relief of minor allergic reactions e.g. rash, itching, insect bites, hay fever type symptoms. Only use when a sedating antihistamine is preferable to a non-sedating antihistamine.

Patients eligible for inclusion in the policy:

Individuals 1 year old and over presenting with minor allergic conditions without fever.

Patients excluded from treatment under the policy:

- Children under the age of 1.
- Known hypersensitivity reactions to any constituents of the product.
- Patients who have taken monoamine oxidase inhibitors (moclobemide, phenelzine, tranycypromine, isocarboxacid) within the last 14 days.
- Patients taking anxiolytics, hypnotics, opioid analgesics or recent alcohol intake that could increase sedation
- Epilepsy, glaucoma, urinary retention and prostatic hypertrophy
- Severe hypertension or cardiovascular disease
- Liver disease.
- Patients who have taken chlorphenamine or other sedating antihistamine in the previous four hours or a non sedating antihistamine in the preceding 12 hours.
- Patients who have already taken chlorphenamine or an alternative antihistamine without obtaining relief.
- Pregnancy and breastfeeding

Action for patients excluded from treatment under the policy:

Any patients with a contra-indication should be reviewed by medical staff according to the severity of the condition..

All patients with a generalised allergic reaction must be referred for further management.

Side effects - Sedation varying from slight drowsiness to deep sleep

The following may also commonly occur: blurred vision; GI disturbances; urinary retention; headaches; dry mouth; dizziness; palpitation;

Advice to patient - Avoid alcohol, do not drive or operate machinery.

CETIRIZINE TABLETS 10mg

(For administration only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration/ Supply
Cetirizine hydrochloride	Adults and children over 12 years	10mg	Once daily	Administration 10mg daily Max supply 7 days

Clinical conditions / indication(s) for use:
Symptomatic relief of minor allergic reactions e.g. rash, itching, insect bites, hay fever type symptoms.

Patients eligible for inclusion in the policy:
Individuals 12 years old and over presenting with minor allergic conditions without fever.

Patients excluded from treatment under the policy:

- Children under the age of 12
- Known hypersensitivity reactions to any constituents of the product, or hydroxazine or any piperazine derivatives.
- Patients with severe renal impairment
- Patients who have taken chlorphenamine or other sedating antihistamine in the previous four hours or a non sedating antihistamine in the preceding 12 hours.
- Patients who have already taken cetirizine or an alternative antihistamine without obtaining relief.
- Pregnancy and breastfeeding

Action for patients excluded from treatment under the policy:
Any patients with a contra-indication should be reviewed by medical staff according to the severity of the condition..
All patients with a generalised allergic reaction must be referred for further management.

Side effects
Sedation with cetirizine is rare, but may occur.The following may also commonly occur: blurred vision; GI disturbances; urinary retention; headaches; dry mouth; dizziness; palpitation;

Advice to patient
Avoid alcohol, do not drive or operate machinery.Seek medical advice if symptoms worsen or do not improve within 48 hours.

XYLOMETAZOLINE DROPS 0.1%

(For supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Supply
Xylometazoline 0.1% drops	Adults- 2 or 3 drops in each nostril	Nasal	2-3 times daily	1 bottle

Clinical conditions / indication(s) for use:

For the symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever), sinusitis.

Patients eligible for inclusion in the policy:
Patients over 12 years old.

Patients excluded from treatment under the policy:

- Children under the age of 12.
- Known hypersensitivity reactions to any constituents of the product.
- Patients previously showing a strong reaction to sympathomimetic agents as evidenced by signs of insomnia, dizziness etc.
- Patients with hypertension, cardiovascular disease, hyperthyroidism, narrow angle glaucoma or diabetes mellitus.
- Recent neurosurgery
- Pregnancy and breastfeeding

Action for patients excluded from treatment under the policy:
Any patients with a contra-indication should be reviewed by medical staff according to the severity of the condition.
All patients with a generalised allergic reaction must be referred for further management.

Side effects - A burning sensation in the nose and throat, local irritation, nausea, headache, and dryness of the nasal mucosa. Palpitations may rarely occur, if so do not administer any further doses and seek medical advice if concerned.

Advice to patient – Not for continued use. Rebound nasal symptoms can occur.
Seek medical advice if symptoms worsen or do not improve after 48 hours.

CATHETER MAINTENANCE

SODIUM CITRATE 3% BLADDER IRRIGATION

(For administration only)

Preparation	Route	Frequency	Maximum Administration
Solution G (OptiFlo G; Uriflex G; Uro-Trainer Twin Suby G)	Bladder	Once	50 / 60 /100ml Normally only 20 -40ml

Clinical condition/indication(s) for use:
Maintenance of indwelling urinary catheters, removal of debris.

Patients excluded from treatment under the policy:

- Known allergy to the required preparation or any of its ingredients
- Catheter irrigation within the previous 12 hours
- Patient with known cystitis or haematuria
- Patient undergoing a course of antibiotic for urinary tract infection
- Patient known to have a bladder tumour
- Patient has had surgery to bladder or urinary tract within the previous week

Side effects – slight burning sensation, irritation, a desire to urinate or some pain following instillation.

SODIUM CITRATE 6% BLADDER IRRIGATION

Preparation	Route	Frequency	Maximum Administration
Solution R (OptiFlo R; Suby R)	Bladder	Once	50 / 60 /100ml Normally only 20 -40ml

Clinical condition/indication(s) for use:
Maintenance of indwelling urinary catheters, prevention of catheter encrustation in patients with very high alkaline urine >pH8.

Patients excluded from treatment under the policy:

- Known allergy to the required preparation or any of its ingredients
- Catheter irrigation within the previous 12 hours
- Patient with known cystitis or haematuria
- Patient undergoing a course of antibiotic for urinary tract infection
- Patient known to have a bladder tumour
- Patient has had surgery to bladder or urinary tract within the previous week

Side effects - slight burning sensation, irritation, a desire to urinate or some pain following instillation.

TOPICAL / EYE / EAR / MOUTH

ACICLOVIR 5% CREAM

(For supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Aciclovir 5% cream	Thin film	Topical to face/lips	Five times daily (4 hourly intervals) starting at first tingle	5-10 days.

Clinical condition/indications(s) for use: For the treatment of herpes simplex virus infections of the lips and face (Herpes labialis).

Patients excluded from treatment under the protocol:

- Sores anywhere other than on the face eg. Not to be applied to mucous membranes such as inside the mouth or vagina, or on the eye. Particular care should be taken to avoid contact with the eye.
- Known hypersensitivity reactions to aciclovir
- Not recommended for use by patients who know they are immunocompromised e.g. by HIV infection, bone marrow transplant or cancer treatment, except on the advice of a doctor.

Action for patients excluded from treatment under the policy:
Any patients excluded should be referred to a member of the medical staff or dental staff according to the severity of the condition.

Side effects
Transient stinging or burning; occasionally erythema itching or drying of skin.

Advice to patients
Seek medical advice if symptoms worsen or do not improve after 48 hours.
If cold sore has not completely healed after 10 days seek medical advice.
Do not touch cold sore with hands or towel.
Wask hands before anafter applying cream
Do not share towels, cups or cutlery.
Do not kiss other people, especially children until cold sore has healed.
Throw away any remaining cream 4 weeks after opening.

CLOTRIMAZOLE 1% CREAM

(For supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration/ Supply
Clotrimazole 1%	Thin film	Topical to skin in affected area	Two or three times daily	Three times daily Supply in prisons only – 20g

Clinical condition/indications(s) for use: For the treatment of althetes foot.

Patients excluded from treatment under the protocol:

- Known hypersensitivity reactions to clotrimazole
- Very itchy painful lesions, vesicles present
- Weeping /crushed lesions
- Numerpous or widespread lesions
- Signs of generalised infection, especially diabetic or immunocompromised
- Psoriasis or eczema

Action for patients excluded from treatment under the policy:
Any patients excluded should be referred to a member of the medical staff.

Side effects
Occasional local irritiation and hypersensitivity reactions includinh mild burning sesnsation, erythema and itching. Stop treatment if symptoms are severe.

Advice to patients

- Seek medical advice if symptoms worsen or do not improve.
- Do not scratch area to avoid further damage to skin and causing infection to spread further.
- Wash area regularly and dyr throughly, paying particular attention to area between toes.
- Do not share towels
- Wash hands after applying cream to prevent spreading infection
- Leave socks and shoes off for as long as possible.

CHLORHEXIDINE MOUTHWASH

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Chlorhexidine Digluconate 0.2% w/v	10ml but see below	Oromucosal	Thoroughly rinse the mouth for about one minute twice daily. Do not swallow	Twice daily.

Clinical condition/indications(s) for use:

As an aid in the treatment and prevention of gingivitis and in the maintenance of oral hygiene.

The management of aphthous ulceration and oral candidal infections (eg denture stomatitis and thrush)

Patients excluded from treatment under the protocol:

- Children unable to rinse
- Known hypersensitivity reactions to chlorhexidine.

Action for patients excluded from treatment under the policy:

Any patients excluded should be referred to a member of the medical staff or dental staff according to the severity of the condition.

Side effects

Discoloration: A superficial discoloration of the tongue may occur which disappears after treatment is discontinued. Discoloration of the teeth, silicate or composite restorations may also occur which is not permanent and can largely be prevented by brushing with l toothpaste daily before using the mouthwash or, in the case of dentures, cleaning with a denture cleanser. However, in certain cases professional scaling and polishing may be required to remove this stain completely.

Taste: Transient disturbance of taste sensation and a burning sensation of the tongue may occur. These effects usually diminish with continued use.

Oral desquamation: dilution of the mouthwash with an equal volume of tap water, freshly mixed, will often allow continued use of the mouthwash.

Parotid gland swelling: Very occasionally this has been reported. In all cases spontaneous resolution has occurred on discontinuing treatment.

Irritative skin reactions: Irritative skin reactions to chlorhexidine preparations can occasionally occur.

Notes:

- Chlorhexidine gluconate may be incompatible with some ingredients in toothpaste; leave an interval of at least 30 minutes between using mouthwash and toothpaste
- In the case of aphthous ulceration and oral candidal infections treatment should be continued for 48 hours after clinical resolution. For the treatment of dental stomatitis the dentures should be cleansed and soaked in Corsodyl mouthwash for fifteen minutes twice daily.
- If the mouthwash comes into contact with the eyes, wash out promptly and thoroughly with water

CHOLINE SALICYLATE & CETALKONIUM CHLORIDE GEL (BONJELA®)

(For administration, and supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Choline Salicylate & Cetalkonium chloride Gel	Apply 1cm of gel with gentle massage.	Topical to oral mucosa	Not more often than every 3 hours	6 applications daily.

Clinical condition/indications(s) for use:
Relief of pain and discomfort of common mouth ulcers and mild oral and perioral lesions.

Patients eligible for inclusion in the protocol:
Patients presenting with the above symptoms

Patients excluded from treatment under the protocol:
- children under 16 years of age
- Known hypersensitivity reactions to any constituents of the product including aspirin.
- Patients receiving anticoagulant therapy e.g. warfarin.
- Patients who are pregnant or breastfeeding.
- If mouth ulcer has been present for more than a week, and if it is pain free
- If associated weight loss
- Involvement of other mucous membranes such as eyes or genitals
- Where symptoms are particularly painful or disabling
- Frequent occurance of mouth ulcers
- Patients who are immunosupressed.

Action for patients excluded from treatment under the policy:
Any patients excluded should be referred to a member of the medical staff or dental staff according to the severity of the condition.

Notes:
Do not apply directly to or under dentures – leave at least 30 minutes before re-insertion of dentures.
Not to be used on ulcers of hard palate, nor lesions greater than 5mm – refer to dentist/doctor.

Advice to patients
Seek medical advice if symptoms worsen or if symtoms do not improve after 48 hours.
Maintain oral hygiene

EMOLLIENTS AND BARRIER CREAMS

(For emollients administration, and supply in prisons only.
For barrier preparations administration only)

Preparation	Dose	Route	Frequency
Emulsifying Ointment White soft paraffin / liquid paraffin 50/50 Aqueous Cream	apply in the direction of hair growth	Topical to skin	Up to five times daily
Sorbaderm barrier film / cream			Application last for 72 hours

Clinical condition/indication(s) for use:
Emollients soothe, smooth and hydrate the skin and are indicated for all dry or scaling disorders. Evidence shows that aqueous cream is not suitable for use as an emollient (but may still be used as a soap substitute), but that a wide range of more greasy preparations, including white soft paraffin, emulsifying ointment, and liquid and white soft paraffin ointment, are suitable. Barrier creams/ films eg.sorbaderm can be used to protect intact skin.

Patients excluded from treatment under the policy - Hypersensitivity to any of the ingredients. Infected skin. For sorbaderm do not use on fragile skin.

Application as appropriate - apply in the direction of hair growth
Preparations such as aqueous cream and emulsifying ointment can be used as soap substitutes for hand washing and in the bath; the preparation is rubbed on the skin before rinsing off completely.

Side effects Some ingredients rarely cause sensitisation

Warning - Fire hazard with paraffin-based emollients

Emulsifying ointment or 50% liquid paraffin/ 50% white soft paraffin ointment in contact with dressings and clothing is easily ignited by a naked flame. The risk is greater for large areas and materials soaked with ointment. Patients should be warned to keep away from fires and flames and not to smoke.

Advice to patients

- Seek medical advice if skin becomes red, very itchy or painful, or if symptoms do not respond to tretament with emollient.
- Do not scratch itchy skin as this will make it worse. Instead rub skin and apply a cold wet flannel to alleviate itch.
- Keep nails cut short.
- Apply emollients frequently.

LIDOCAINE 0.33% MOUTH GEL (DENTINOX)

(For administration, and supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Lidocaine 0.33% and cetylpyriinium 0.1% gel (Dentinox)	Apply 1cm of gel with gentle massage.	Topical to oral mucosa	Repeat every 20 minutes as necessary	

Clinical condition/indication(s) for use – relief from pain of common mouth ulcers, sore gums and denture rubbing.

Patients eligible for inclusion in the policy – All ages

Patients excluded from treatment under the policy:
Previous sensitivity reaction to lidocaine, local anaesthetics or cetylpyridinium

LIDOCAINE 2% and CHLORHEXIDINE 0.25% STERILE GEL (INSTILLAGEL)

Preparation	Dose	Route	Frequency
lidocaine 2%, chlorhexidine gluconate solution 0.25%, in a sterile lubricant basis in disposable syringe 6mL and 11mL	Women 6ml Men 11ml	Topical to urethra	Single application

Clinical condition/indication(s) for use - Local anaesthesia prior to insertion of a urethral catheter

Patients eligible for inclusion in the policy - Adults 16 years of age and over

Patients excluded from treatment under the policy:
Children under 16 years
Previous sensitivity reaction to local anaesthetics, chlorhexidine or any other excipients
Pregnancy
Possible urethral or bladder trauma because of the risk of systemic absorption

Action for patients excluded from treatment under the policy - Any patients excluded should be reviewed by medical staff according to the severity of the condition.

Side effects - Patients may occasionally experience slight stinging on application. There may be local soreness after the anaesthetic wears off.

Note - Wait five minutes between application and catheterisation for anaesthetic to take effect. Use in conjunction with the PCT Catheter Care Guidelines

OLIVE OIL EAR DROPS

(For administration only)

Preparation	Dose	Route	Frequency	Maximum Administration
Olive oil	About 3-4 drops	Into the affected ear	In the evening	Up to 10 days

Clinical condition/indication(s) for use:
Softening ear wax to allow the ear drum to be viewed

Patients excluded from treatment under the policy:
Children under 18 years
Evidence of otitis media or ear drum perforation

Notes
The patient should lie with the affected ear uppermost for 5 to 10 minutes after instillation of the oil.

SODIUM CHLORIDE MINIMS

(For administartion only)

Drug (Approved Name)	Dose	Route	Frequency
Sodium chloride 0.9% eye drops	Adequate solution should be used to irrigate the eye.	Ocular	Not applicable

Clinical conditions / indication(s) for use:
Irrigation, including first-aid removal of harmful substances
To lubricate dry eyes prior to instilling fluorescein stain.
To flush the lower fornix of excess fluorescein stain.
To facilitate contact lens removal

Patients excluded from treatment under the policy:
Recent eye surgery
Penetrating injury to the eye.

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to medical staff according to the severity of the condition.

Side effects
None

Notes:
Discard each unit after a single use.

SODIUM CHLORIDE for IRRIGATION

(For administartion only)

Drug (Approved Name)	Dose	Route	Frequency
Sodium chloride 0.9% solution	Adequate solution should be used to irrigate the eye or wound.	Topical	Not applicable

Clinical conditions / indication(s) for use:
An isotonic sterile pyrogen free solution for irrigation of wounds and eyes

Patients eligible for inclusion in the policy:
Any patient with a wound which requires cleaning by irrigation.
Any patient with an eye condition which requires irrigation such as presence of a foreign body or chemical splashes.

Patients excluded from treatment under the policy:
Recent eye surgery
Penetrating injury to the eye.

Action for patients excluded from treatment under the policy:
Any patient excluded should be reviewed by medical staff according to the severity of the condition.

Side effects
None

HAEMORRHOIDS

ANUSOL SUPPOSITORIES and CREAM / OINTMENT

(For administartion, and supply in prisons only)

Preparation	Dose	Route	Frequency	Maximum Supply
Anusol suppositories	One	Rectal	In the morning, evening and after each evacuation	In prisons- 12 suppositories
Anusol Cream and Ointment		Topical to rectal area	Apply to the affected area at night, in the morning and after each evacuation until the condition is controlled.	In prisons –one tube

Clinical condition/indication(s) for use:
Indicated for the symptomatic relief of uncomplicated internal and external haemorrhoids, pruritus ani, proctitis and fissures.

Patients excluded from treatment under the policy:
Children under 18 years
Individuals with profuse rectal bleeding or extreme pain.
Individuals with thrombosed haemorrhoids
Individuals with infections of the perineum e.g. herpes simplex

Action for patients excluded from treatment under the policy:
Any patients excluded should be reviewed by medical staff according to the severity of the condition.

Side effects - Patients may occasionally experience transient burning on application.

Note - Thoroughly cleanse the affected area, dry and apply cream / ointment (Anusol Ointment should be applied on a gauze dressing). For internal conditions use rectal nozzle provided. Remove the nozzle cap. Clean the nozzle after each use.

ANUSOL cream also provides lubricating properties for use with suppositories

CONSTIPATION

BISACODYL SUPPOSTORIES 10mg

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Bisacodyl 10mg suppositories	One suppository	Rectal	In the morning	One suppository in 24 hours

Clinical condition/indication(s) for use:
Constipation in adults and children 12 years and over

Patients eligible for inclusion in the policy
Stimulant laxative for those who are assessed as being constipated where oral medication has been ineffective or would be inappropriate.

Patients excluded from treatment under the policy:

- Constipation accompanied by other symptoms such as abdominal pain, vomiting or rectal bleeding
- Intestinal obstruction or perforation
- Rectal fissure, haemorrhoids.
- inflammatory or ulcerative bowel disease.
- Recent bowel surgery
- Severe dehydration
- Patients who have not responded to prior suppositories/enemas.
- Pregnancy / breastfeeding
- Patients under 12 years of age
- Previous sensitivity reaction

Action for patients excluded from treatment under the policy:
Any patients with a contra-indication should be reviewed by medical staff, specialist nurse or Health Visitor according to the severity of the condition.

Side effects
Abdominal cramps
Local irritation

NOTE
Suppositories are usually effective in about 20 to 60 minutes.
A suppository should be unwrapped and inserted into the rectum pointed end first
One dose may not be sufficient to produce a bowel movement. If this is the case then the patient must be reviewed by a medical officer, as a regular laxative may be required for a few days or longer depending on the cause of the constipation.

To be used in conjunction with Worcestershire Bowel Care Guidelines

DOCUSATE SODIUM CAPSULES 100mg

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Docusate sodium Capsules 100mg	One or two capsules	Oral	Three times daily (but not more than 5 in total)	Up to 500mg daily

Clinical condition/indication(s) for use:

Constipation

Stimulant laxative and faecal softener for hard, dry stools in order to ease defaecation and reduce straining at stool

Patients eligible for inclusion in the policy:

Individuals 12 years of age and older presenting with the above symptoms.

Patients excluded from treatment under the policy:

- Children under 12 years of age
- Previous sensitivity reaction to product
- Constipation accompanied by other symptoms such as abdominal pain, vomiting or rectal bleeding
- Intestinal obstruction or perforation
- inflammatory or ulcerative bowel disease.
- Recent bowel anastamosis
- Severe dehydration
- Pregnancy / breastfeeding
- .Fructose intolerance

Action for patients excluded from treatment under the policy:

Any patient excluded should be referred to a doctor, specialist nurse or Health Visitor according to the severity of the condition.

Side effects

Rarely diarrhoea, nausea, abdominal cramps or skin rash.

Further Information – Docusate Sodium may take 1 to 3 days to have an effect i.e. several doses may be needed. The patient should be encouraged to take plenty of fluids and fibre in their diet (unless contra-indicated).

To be used in conjunction with Worcestershire Bowel Care Guidelines.

GLYCEROL (GLYCERIN) SUPPOSITORIES 4G

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Glycerol 4g suppositories	One suppository	Rectal	In the morning.	One suppository in 24 hours

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Clinical condition/indication(s) for use:

Stimulant laxative for constipation

Patients eligible for inclusion in the policy:

Those who are assessed as being constipated where oral medication has been ineffective or would be inappropriate.

Where rapid relief from rectal loading is required.

Patients excluded from treatment under the policy:

- Children under 12 years
- Individuals who are pregnant
- Are known the have a hypersensitivity reaction to the drug or constituents.
- Have or are suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease.
- Have a rectal fissure, haemorrhoids, inflammatory or ulcerative bowel conditions.
- Have acute gastrointestinal symptoms including severe abdominal pain, nausea, vomiting or blood or mucus in their stools.

Action for patients excluded from treatment under the policy:

Any patient excluded should be referred to a member of the medical staff, specialist nurse or Health Visitor according to the severity of the condition.

Side effects

Rectal soreness or irritation is possible.

NOTES

The suppository should be removed from foil or plastic packaging and moistened with water before insertion.

Acts within one hour. A toilet/commode must be within easy reach of the patient prior to the treatment being administered.

The patient should also be encouraged to take plenty of fluids and increase the fibre in their diet.

To be used in conjunction with Worcestershire Bowel Care Guidelines.

LACTULOSE SOLUTION

(For administration, and supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency/ Maximum supply
lactulose 3.1–3.7 g in 5 ml	Up to 30 ml daily,	Oral, may be given in water or fruit juice	Can be divided into two doses - morning and evening. Supply in prisons only- 200ml

Clinical condition/indication(s) for use:

Constipation

Bulk forming laxative to start the treatment of patients requiring a high fibre regime for the relief of constipation

Patients eligible for inclusion in the policy:

Adults and children over 12 presenting with the above symptoms.

Patients excluded from treatment under the policy:

- Children under 12 years old
- Have lactose intolerance, galactosaemia or lactose intolerance.
- Have or are suspected to have inflammatory or ulcerative bowel disease.
- Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stool.
- Have a recent bowel anastamosis or intestinal obstruction.

Action for patients excluded from treatment under the policy:

Any patient excluded should be considered for an alternative remedy or referred to a member of the medical staff, specialist nurse or Health Visitor depending on the severity of the condition.

Side effects

Nausea (can be reduced by administration with water, fruit juice or with meals), vomiting, flatulence, cramps, and abdominal discomfort

Further Information

May take up to 48 hours to act

To be used in conjunction with Worcestershire Bowel Care Guidelines.

SENNA TABLETS 7.5mg

(For administration only, and supply in prisons only)

Drug (Approved Name)	Age	Dose	Route	Frequency/ Maximum supply
Senna Tablets 7.5mg	Over 12 years	2 – 4 tablets	oral	At night Supply in prisons only- smallest pack size avaialble

Stimulant laxative for oral use only.

Clinical conditions / indication(s) for use:
Constipation.

Patients eligible for inclusion in the policy:
Individuals 12 years and over presenting with the passage of stools less frequently than the patients' own normal function including drug-induced constipation.

Patients excluded from treatment under the policy:
- Are under 12 years old.
- Have a hypersensitivity reaction to the drug or constituents.
- Are pregnant.
- Have been taking senna for three days with no bowel movement
- Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease.
- Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools.
- Have a recent bowel anastamosis.

Action for patients excluded from treatment under the policy:
Any patient excluded should be reviewed by medical staff, specialist nurse or Health Visitor according to the severity of the condition.

Side effects
May cause mild griping cramps

NOTES

Many drugs can cause constipation e.g. opioids, tricyclic antidepressants, aluminium salts, antidiarrhoeal drugs, calcium salts, iron salts and diuretics. Patients with drug-induced constipation should be referred to medical staff for review of their medication.
Senna tablets take 8-12 hours to have an action on bowel movement.

To be used in conjunction with Worcestershire Bowel Care Guidelines.

SENNA LIQUID 7.5mg / 5ml

(For administartion only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration
Senna Liquid 7.5mg/5ml	over 12 years	10 -20ml	At Night	One dose in 24 hours. Start at low dose and increase if necessary

Stimulant laxative for oral use only.

Clinical conditions / indication(s) for use:
Constipation

Patients eligible for inclusion in the policy:
Patients over 12 years presenting with the passage of stools less frequently than the patients' own normal function including drug-induced constipation.

Patients excluded from treatment under the policy:
- Are less than 12 years old.
- Have a hypersensitivity reaction to the drug or constituents.
- Have been taking senna for three days with no bowel movement
- Are pregnant .
- Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease.
- Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools.
- Have a recent bowel anastamosis.

Action for patients excluded from treatment under the policy:
Any patient excluded should be reviewed by medical staff, specialist nurses or Health Visitor according to the severity of the condition.

Side effects
May cause mild griping cramps

NOTES
Many drugs can cause constipation e.g. opioids, tricyclic antidepressants, aluminium salts, antidiarrhoeal drugs, calcium salts, iron salts and diuretics. Patients with drug-induced constipation should be referred to medical staff for review of their medication.

Senna can take 8-12 hours to have an action on bowel movement.

To be used in conjunction with Worcestershire Bowel Care Guidelines.

SODIUM CITRATE ENEMA

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Sodium Citrate Enema	Contents of one enema	Rectal	Once a day	Maximum once a day for 48 hours: 2 x enemas

Osmotic laxative for rectal use.

Clinical condition / indication(s) for use:
Acute impacted constipation and no other new symptoms.

Patients eligible for inclusion in the policy:
Patients presenting with acute impacted constipation who have failed to respond to oral treatment or suppositories or in whom rapid relief from rectal loading is required.

Patients excluded from treatment under this policy:
- Are under 12 years of age
- Have a hypersensitivity reaction to the drug or its constituents.
- Have or are suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease.
- Have a rectal fissure, haemorrhoids, inflammatory or ulcerative bowel conditions.
- Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools.

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to medical staff or specialist nurses / Health Visitor according to the severity of the condition.

Side effects
May cause diarrhoea in the short term

NOTES.
The enema should take between 5 to 15 minutes to work.
Toilet/commode must be within easy reach of the patient prior to the treatment being administered.
The patient should be encouraged to take plenty of fluids and increase the fibre in the diet.

To be used in conjunction with Worcestershire Bowel Care Guidelines.

COUGH

SIMPLE LINCTUS (SUGAR FREE)

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Simple Linctus (sugar free)	5ml	oral	3 – 4 times daily	Maximum of 4 doses (20ml) in 24 hours

Soothing preparation containing substances such as syrup or glycerol.

Clinical condition / indication(s) for use:
Cough.

Patients eligible for inclusion in the policy:
Adults and children over 12 years of age presenting with dry, tickly, irritating non-productive cough with no other symptoms

Patients excluded from treatment under the policy.
- Are under 12 years of age.
- Have a hypersensitivity reaction to the drug or constituents.

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to medical staff according to the severity of the condition.

NOTES
Patients presenting with a dry persistent cough who are receiving Angiotensin-Converting Enzyme Inhibitors (e.g. ramipril, lisinopril, enalapril) should be referred to medical staff.

Consider also cough caused by post nasal drip, catarrh.

DIARRHOEA and ELECTROLYTE REPLACEMENT

LOPERAMIDE CAPSULES 2mg

(For administartion, and supply in prisons only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration / Supply
Loperamide capsules 2mg	Two capsules initially followed by one capsule after every loose stool.	oral	Usually 3 – 4 capsules daily	Maximum daily dose should not exceed 16mg (eight capsules) Maximum treatment time **up to 48 hours** In prisons only- smallest pack size available

Clinical condition/indication(s) for use:
Acute diarrhoea in conjunction with oral rehydration therapy

Patients eligible for inclusion in the policy:
Individuals 12 years of age and over with acute diarrhoea and no fever

Patients excluded from treatment under the policy:

- **not to be used in those with Clostridium difficile infection**
- Patients with inflammatory bowel disease
- Patients with active ulcerative colitis
- Antibiotic-associated colitis, patients who have had a course of antibiotics within the past 7 days
- Severe hepatic impairment
- Patients with bloody diarrhoea
- Patients with abdominal distension or obstruction
- Known hypersensitivity reactions to any of the constituents of the product
- Patients under 12 years of age.
- Pregnancy

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to a member of the medical staff according to the severity of the condition.
Continue rehydration.

Side effects
Abdominal cramps, dizziness, drowsiness, dry mouth and skin reactions

NOTES
General advice for patients with mild diarrhoea includes encouraging clear fluids, avoiding milk and returning to normal diet when tolerated.
If symptoms persist for more than 48 hours then medical advice should be sought.

ORAL REHYDRATION SALTS

(For administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Oral rehydration salts	One/ two sachets reconstituted with 200ml/400ml water (child 1 sachet /200ml)	Oral	As needed after each loose motion	Six sachets 24 hours

There are various oral rehydration solutions available, these solutions should be reconstituted as per the manufacturer's instructions and discarded no later than 1 hour after preparation unless stored in a refrigerator when it may be kept for up to 24 hours. Freshly boiled and cooled water should be used for infants.

Clinical condition/indication(s) for use:
Replacement of essential salt and water lost following diarrhoea.

Patients eligible for inclusion in the policy:
Patients 1 year and older presenting with diarrhoea

Patients excluded from the treatment under the policy:

- Patients with inflammatory bowel disease.
- Patients with active ulcerative colitis
- Antibiotic-associated colitis
- Severe hepatic impairment
- Patients with bloody diarrhoea.
- Known hypersensitivity reactions to any of the constituents of the product.
- Severe pain in abdomen or rectum indicating possible intestinal obstruction.
- Children under one year.
- High fever.

Action for patients excluded from treatment under the policy:
Seek medical advice and continue rehydration.

NOTES

- If vomiting is present the solution should be given in small frequent doses in sips.
- If symptoms persist for more than 48 hours then medical advice should be sought.
- Safe for use in pregnancy and breastfeeding, but further investigations will be required in these circumstances.
- If the patient has recently travelled abroad rehydration salts may be used, but the patient should be referred to medical staff for further investigation.
- If symptoms persist for a further 36 hours, or are accompanied by a high temperature, the patient must be referred to medical staff.

INDIGESTION and REFLUX

MAGNESIUM TRISILICATE MIXTURE BP

(For administration only)

Drug (Approved Name)	Age	Dose	Route	Frequency
Magnesium Trisilicate Mixture BP	5– 12 years	5ml	oral	Three times daily in water
	Over 12 years	10ml		

Antacids often relieve symptoms in both ulcer and non-ulcer dyspepsia and in gastro-oesophageal reflux disease. Usually given between meals and at bedtime.

Clinical condition / indication(s) for use:
Dyspepsia

Patients eligible for inclusion in the policy:
Dyspepsia symptoms including heartburn or food-related discomfort.

Patients excluded from treatment under the policy:

- Patients under 5 years of age.
- Moderate renal impairment
- Hepatic impairment, fluid retention
- Hypophosphataemia, hypermagnesaemia.
- Patients on a salt restricted diet (each 5ml contains about 3 mmol sodium) and those with heart failure or hypertension.
- Known hypersensitivity reactions to any of the constituents of the product.
- Have a history of angina or heart disease or are currently being investigated for such.
- Suffering from or have had a current episode of diarrhoea.
- Awaiting a swallow test, who cannot swallow, are nil by mouth, are tube fed or have difficulty swallowing food or drink.

Action for patients excluded from treatment under the policy:
Discuss with medical staff if dyspepsia does not subside within 24 hours.

Side effects
Diarrhoea.

NOTE

Shake the bottle gently but thoroughly.
Do not administer at the same time as other medicines as it may impair their absorption, it may also damage enteric-coated tablets.

Life style advice for reflux includes reduce weight if obese, reduce fat, coffee, chocolate and spices. Avoid food and drink 2-3 hours before bedtime. No smoking. No alcohol. Avoid bending and stooping. Raise head of bed 4-6 inches. Avoid tight abdominal clothing.

PEPTAC® LIQUID

(For administration only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration
Peptac® Liquid	6-12 years	5-10ml	Up to four times a day. After meals and before bed.	Maximum dose of 40ml daily
	Over 12 years	10-20ml		Maximum dose of 80ml daily

An alginate-containing antacid, which forms a 'raft', that floats on the surface of the stomach contents to reduce reflux and protect the oesophageal mucosa.

Clinical condition / indication(s) for use:
Gastric reflux, heartburn.

Patients eligible for inclusion in the policy:
Patients aged six years or older presenting with the above condition.

Patients excluded from treatment under the policy:
- Patients under six years old.
- Patients on a sodium restricted diet, with heart failure or hypertension.

Action for patients excluded from treatment under the policy:
Any patient excluded should be reviewed by medical staff according to the severity of the condition.

Side effects
Abdominal distension may occur.

NOTES
Occasional doses in pregnancy and whilst breastfeeding are safe.
Peptac® liquid is sugar free.

MUCOGEL ® SUSPENSION

(For supply in prisons only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration/ Supply
Mucogel® Suspension (sugar free co-magaldrox 195/220)	Over 12 years	10-20ml	Up to three times a day after meals and at bedtime or when required	Maximum dose of 80ml daily Maximum supply in prisons only- 500ml

Antacids often relieve symptoms in both ulcer and non-ulcer dyspepsia and in gastro-oesophageal reflux disease. Usually given between meals and at bedtime.

Clinical condition / indication(s) for use:
Dyspepsia

Patients eligible for inclusion in the policy:
Dyspepsia symptoms including heartburn or food-related discomfort.

Patients excluded from treatment under the policy:

- Patients under 5 years of age.
- Moderate renal impairment
- Hepatic impairment, fluid retention
- Hypophosphataemia, hypermagnesaemia.
- Patients on a salt restricted diet (each 5ml contains about 3 mmol sodium) and those with heart failure or hypertension.
- Known hypersensitivity reactions to any of the constituents of the product.
- Have a history of angina or heart disease or are currently being investigated for such.
- Suffering from or have had a current episode of diarrhoea.
- Awaiting a swallow test, who cannot swallow, are nil by mouth, are tube fed or have difficulty swallowing food or drink.

Action for patients excluded from treatment under the policy:
Discuss with medical staff if dyspepsia does not subside within 24 hours.

Side effects
Diarrhoea.

NOTE

Shake the bottle gently but thoroughly.
Do not administer at the same time as other medicines as it may impair their absorption, it may also damage enteric-coated tablets.

Life style advice for reflux includes reduce weight if obese, reduce fat, coffee, chocolate and spices. Avoid food and drink 2-3 hours before bedtime. No smoking. No alcohol. Avoid bending and stooping. Raise head of bed 4-6 inches. Avoid tight abdominal clothing.

PAIN and FEVER

IBUPROFEN TABLETS 200mg

(Administration only)

Drug (Approved Name)	Dose	Route	Frequency	Maximum Administration
Ibuprofen 200mg tablets	One to two tablets.	Oral	Up to three times a day (4 hours between doses)	For adults and children over 12 years: Maximum 6 tablets in 24 hours.

Clinical condition/indication(s) for use:
Relief of pain and fever

Patients eligible for inclusion in the policy:
Patients 12 years of age and over presenting with:

- Mild to moderate pain including muscular pain, neuralgia, migraine, headache, dental pain, dysmenorrhoea.
- Minor injuries such as sprains and strains.
- Feverishness and symptoms of colds and influenza.

Patients excluded from treatment under the policy:

- Children under 12 years
- Patients taking other NSAIDs regularly (including aspirin 75mg) or who have taken a NSAID within the previous 6 hours
- Patients who have taken any drug listed as interacting with ibuprofen in the current BNF appendix I under NSAIDs, such as lithium, anticoagulants, zidovudine, diuretics, methotrexate, digoxin, ciclosporin, tacrolimus or ciprofloxacin.
- Patients taking warfarin or with bleeding disorders.
- Known hypersensitivity to aspirin or NSAIDs.
- History of or active GI disease e.g. peptic ulcer, bleeding, Crohn's disease or colitis
- Pregnancy or breastfeeding
- Liver, renal, or cardiac impairment.
- Heart failure or hypertension
- Asthmatics (unless known to previously have tolerated NSAIDs)

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to a member of the medical staff according to the severity of the condition.

Side-effects
Gastro-intestinal: abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer, perforation or gastrointestinal haemorrhage, particularly in the elderly.
Non-specific allergic reactions and anaphylaxis,
Respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea.
Rashes of various types, pruritus, urticaria, purpura.

IBUPROFEN SUSPENSION 100mg / 5ml

(Administration only)

Drug (Approved Name)	Age	Dose	Frequency
Ibuprofen suspension 100mg / 5ml	3 – 12 months	50mg (2.5ml)	Three times a day
	1-3 years	100mg (5ml)	
	4-6 years	150mg (7.5ml)	
	7-9 years	200mg (10ml)	
	10-12 years	300mg (15ml)	
	over 12 years	200mg to 400mg (10ml – 20ml)	

Clinical condition/indication(s) for use: Relief of pain and fever

Patients eligible for inclusion in the policy:
Patients presenting with:

- mild to moderate muscular pain, headache, earache, dental pain and backache.
- Minor injuries such as sprains and strains.
- Post-immunisation fever
- Feverishness and symptoms of colds and influenza.

Patients excluded from treatment under the policy:

- Children under 3 months of age.
- Infants weighing less than 5Kg.
- Patients taking other NSAIDs regularly (including aspirin 75mg) or who have taken a NSAID within the previous 6 hours
- Patients who have taken any drug listed as interacting with ibuprofen in the current BNF appendix I under NSAIDs, such as lithium, anticoagulants, zidovudine, diuretics, methotrexate, digoxin, ciclosporin, tacrolimus or ciprofloxacin.
- Patients taking warfarin or with bleeding disorders.
- Known hypersensitivity to aspirin or NSAIDs.
- History of GI disease e.g. peptic ulcer, bleeding.
- Pregnancy or breastfeeding
- Liver, renal, or cardiac impairment.
- Heart failure or hypertension
- Asthmatics (unless known to previously have tolerated NSAIDs)

Action for patients excluded from treatment under the policy:
Any patient excluded should be referred to a member of the medical staff according to the severity of the condition.

Side effects
Gastro-intestinal: abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer, perforation or gastrointestinal haemorrhage, particularly in the elderly.
Non-specific allergic reactions and anaphylaxis,
Respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea.
Rashes of various types, pruritus, urticaria, purpura.

PARACETAMOL 60mg, 125mg, 250mg and 500mg SUPPOSITORIES

(Administration only)

Drug (Approved Name)	Dose	Frequency	Maximum Administration
Paracetamol 120mg, 240mg and 500mg suppositories	3 months to 1 year 60mg – 120mg 1 to 5 years 120mg – 250mg 6 to 12 years 250mg – 500mg adults 500mg – 1 gram	Stat dose or every four hours	Four doses in 24 hours
	2-3 months 60mg for fever following vaccination	Repeat once only after 6 hours if necessary	

A non-opioid drug, paracetamol is a suitable first choice for analgesia for most patients with mild to moderate pain.

Clinical condition / indication(s) for use
Generalised pain in individuals unable to take oral preparations
Symptomatic pyrexia in individuals unable to take oral preparations

Patients eligible for inclusion in the policy:
Patients 2 months of age and over

Patients excluded from the treatment under the policy:
- Children under 2 months of age
- Known hypersensitivity reactions to any of the constituents of the product.
- Patients who have received paracetamol or paracetamol based product within previous four hours.
- Hepatic impairment, alcohol dependence, self-poisoning of the liver
- Known abnormality of the anus, rectum or any bowel disorder
- Sore anal area and/or signs of bleeding
- Impacted constipation
- diarrhoea

Action for patients excluded from the treatment under the policy:
Any patient excluded should be reviewed by medical staff and alternative medication prescribed.

Side-effects
Rarely rash

NOTE
Do not cut suppositories,

PARACETAMOL TABLETS 500mg

(For administration only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration/ Supply
Paracetamol 500mg tablets, soluble tablets	Children 6- 12 years	Half to one tablet	4-6 hourly	Four doses in 24 hours.
	Adults	One to two tablets		

A non-opioid drug, paracetamol is a suitable first choice for analgesia for most patients with mild to moderate pain.

Clinical condition / indication(s) for use
Generalised pain
Symptomatic pyrexia

Patients eligible for inclusion in the policy:
Any patient requesting relief from mild to moderate pain or pyrexia.

Patients excluded from the treatment under the policy:
- Hepatic and renal impairment
- Alcohol dependence
- Self-poisoning of the liver
- Concurrently taking any other drugs containing paracetamol, i.e. co-dydramol, co-proxamol, co-codamol (including Kapake®, Solpadol®, Remedeine®). Also check prior intake of the over-the-counter paracetamol and paracetamol containing products, especially cold and flu remedies.
- Known hypersensitivity reactions to any of the constituents of the product.
- Children under 6 years of age.

Action for patients excluded from the treatment under the policy:

Any patient excluded should be reviewed by medical staff and alternative medication prescribed.

Side-effects
Rarely rash

NOTE
Soluble tablets have a high sodium content which may not be suitable for people with high blood pressure.

PARACETAMOL SUSP 250mg / 5ml or 120mg/5ml

(For administration only)

Drug (Approved Name)	Age	Dose	Frequency	Maximum Administration
Paracetamol suspension 250mg/5ml or 120mg/5ml	2- 3 months	60mg	Repeat once after 6 hours if necessary	For post immunisation pyrexia two doses
	3 months to 1 year	60 –120mg	4-6 hourly	Four doses in 24 hours.
	1 to 5 years	120-240mg / 250mg		
	6 to 12 years	250-500mg		
	over 12 years	500mg – 1G		

A non-opioid drug, paracetamol is a suitable first choice for analgesia for most patients with mild to moderate pain. .

Clinical condition / indication(s) for use
Generalised symptoms of pain
Symptomatic pyrexia
Post immunisation pyrexia in infants

Patients eligible for inclusion in the policy:
Any patient requesting relief from mild to moderate pain or pyrexia.

Patients excluded from the treatment under the policy:
- Hepatic and renal impairment.
- Alcohol dependence
- Self-poisoning of the liver
- Concurrently taking other drugs containing paracetamol or within the previous four hours e.g. Medised®, cold and flu medicines.
- Known hypersensitivity reactions to any of the constituents of the product.
- Children under 2 months of age

Action for patients excluded from treatment under the policy.
Any patient excluded should be reviewed by medical staff and alternative medication prescribed.

Side-effects
Rarely rash

APPENDIX 1

SCHEDULE OF STAFF AUTHORISED TO USE THIS POLICY

This Simple Medications Policy has been approved for use in the following location:

_____

By:

Responsible Individual: _____
(name and Title)

Signature: _____ Date: _____

By signing this form, the members of staff confirm that they have read and understood the Policy, and have the necessary competence, training and knowledge to apply it. They accept responsibility for working to this policy subject to all the conditions and criteria stated.

Name of staff member	Position	Staff members signature	Authorising managers signature	Date