

**Supply of Medicine**

PATIENT GROUP DIRECTION (PGD) FOR

**Co-codamol 30/500 tablets**

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

<b>Clinical Condition</b>	
<b>Indication</b>	Individuals presenting to MIU requiring analgesia for moderate pain.
<b>Inclusion criteria</b>	Individuals 18 years of age or over. For mild pain use paracetamol
<b>Exclusion criteria</b> If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Children under 18 years of age. Individuals who are pregnant or breastfeeding History of hypersensitivity reaction to codeine, paracetamol or any of the components of the preparation. Patients under the influence of alcohol. Patients taking hypnotics, centrally acting analgesics, opioids, monoamine oxidase inhibiting antidepressants (MAOI), tricyclic antidepressants or psychotropic drugs. Patients with a history of drug abuse, dependence or severe chronic alcoholism. Individuals with severe constipation Patients presenting with head injury, impaired level of consciousness or increased intracranial pressure. Acute respiratory depression / asthma attack Acute abdominal conditions. Patients known to have severe renal or hepatic impairment.
<b>Cautions - Seek further advice from doctor before proceeding and document advice</b>	The elderly and debilitated may need lower doses taken less frequently. Patient who has taken paracetamol or paracetamol based product, or opiate based product within previous four hours.
<b>Action if patient declines or is excluded</b>	Refer to supervising doctor/A & E as appropriate. Document refusal or action taken in patient's records.

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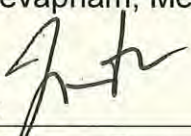
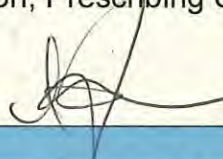
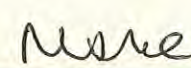
**Co-codamol 30/500 tablets**

<b>Drug Details</b>	
<b>Name, form &amp; strength of medicine</b>	Co-codamol 30/500 tablets (each containing codeine 30mg and paracetamol 500mg)
<b>Legal status</b>	Prescription Only Medicine (POM)
<b>Route/Method</b>	Oral
<b>Dosage / frequency</b>	One or two tablets up to four times a day, not more often than every four hours. <b>Maximum of 8 tablets in 24 hours.</b>
<b>Duration of treatment</b>	As needed – Seek further advice if pain symptoms do not resolve within 3 days, or get worse.
<b>Quantity</b>	One or two tablets to administer as a single dose <b>OR</b> 30 tablets to supply.
<b>Side effects</b>	Light headedness, dizziness, sedation, Shortness of breath, nausea, vomiting, constipation Rash, pruritis
<b>Advice to patient/carer</b>	Give Patient Information Leaflet from the pack Ensure patient is clear on the maximum dose and avoidance of other paracetamol or opioid containing preparations. May cause drowsiness, do not drive or operate machinery if affected. Consult GP if no improvement in symptoms within 3 days

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<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Registered nurses and paramedics with a minor injuries qualification
<b>Specialist competencies or qualifications</b>	As above after discussion and agreement with the MIU lead. Has completed the PGD online Open Learning Package and is therefore competent to supply and administer medicines under PGDs in this trust. Is trained in the management of anaphylaxis.
<b>Continuing education &amp; training</b>	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
<b>Referral Arrangements and Audit Trail</b>	
<b>Records/audit trail</b>	Patient's name, address, date of birth, contact details of GP (if registered), dose administered, batch details and expiry. Diagnosis, advice given to patient (including side effects) Signature/name of staff who administered the medication Details of any adverse drug reaction and actions taken including documentation in the patient's medical record Complete departmental PGD usage log form
<b>References/Resources and comments</b>	SPC – Summary of Product Characteristics BNF – British National Formulary
<b>Clinical Authorisation</b>	
<b>Lead Doctor</b>	Dr John Devapriam, Medical Director  Signature:  Date: 9/7/19
<b>Lead Pharmacist</b>	Dr Alex Johnson, Prescribing Support Pharmacist  Signature:  Date: 10.7.19
<b>Organisational Authorisation</b>	
<b>On behalf of Worcestershire Health and Care NHS Trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 8/7/19
<b>Patient Group Direction Peer Reviewed by</b>	
MIU Senior Nurses	

