

**Administration****PATIENT GROUP DIRECTION (PGD) FOR****CHLORPHENAMINE (Chlorpheniramine) 10mg in 1ml INJECTION**

**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>	Acute urticaria and control of allergic reactions								
<b>Inclusion criteria</b>	Patients 2 year of age and over presenting at MIU with severe reaction to insect stings and bites, hay fever, rhinitis, severe pruritis, drug and serum reactions, angioneurotic oedema								
<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 2 year of age Allergy to chlorphenamine or other antihistamines Patient who has taken a sedating antihistamine in the previous four hours or a non sedating antihistamine in the preceding 12 hours. Patients who have taken monoamine oxidase inhibitors within the last 14 days. Hepatic impairment Patient with epilepsy Pregnancy / breast feeding Individuals who have recently had alcohol, opioid analgesics, hypnotics or anxiolytics – may increase sedation Individuals with cardiovascular disease, prostatic hypertrophy, urinary retention, glaucoma, gastric obstruction								
<b>Cautions - Seek further advice from doctor before proceeding and document advice</b>	May cause drowsiness, dizziness blurred vision, psychomotor impairment and stimulation which may be more apparent in children or the elderly. Lung disease eg asthma, bronchiectasis, bronchitis Thyrotoxicosis & cardiovascular disease								
<b>Action if patient declines or is excluded</b>	Refer for medical assessment or use alternative antihistamine as appropriate								
<b>Drug Details</b>									
<b>Name, form &amp; strength of medicine</b>	Chlorphenamine injection 10mg in 1ml								
<b>Legal status</b>	Prescription Only Medicine (POM)								
<b>Route/Method</b>	Intramuscular (IM)								
<b>Dosage</b>	<table border="0"> <thead> <tr> <th>Age</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>Child 2 – 5 years</td> <td>2.5 to 5mg (or 200 microgram/kg)</td> </tr> <tr> <td>Child 6 – 12 years</td> <td>5 to 10mg (or 200 microgram/kg)</td> </tr> <tr> <td>Adult</td> <td>10 - 20mg</td> </tr> </tbody> </table>	Age	Dose	Child 2 – 5 years	2.5 to 5mg (or 200 microgram/kg)	Child 6 – 12 years	5 to 10mg (or 200 microgram/kg)	Adult	10 - 20mg
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Child 2 – 5 years	2.5 to 5mg (or 200 microgram/kg)								
Child 6 – 12 years	5 to 10mg (or 200 microgram/kg)								
Adult	10 - 20mg								
<b>Frequency</b>	One dose only								
<b>Quantity to administer</b>	See under dose								



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<b>Side effects</b>	Side effects include drowsiness, dizziness, headache, dry mouth, tinnitus, and blurred vision. Psychomotor impairment and urinary retention. Palpitations and dyspepsia Some patients have reported a stinging or burning sensation at the site of injection. Rapid intravenous injection may cause transitory hypotension or CNS stimulation.
<b>Advice to patient/carer</b>	Give patient information leaflet. If causes drowsiness, dizziness, blurred vision and psychomotor impairment do not drive or use machinery. Children and the elderly are more likely to experience the neurological anticholinergic effects eg paradoxical excitation in children and confusional psychosis in the elderly can occur.
<b>Follow up</b>	Refer for medical follow up if allergic reaction generalised
<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 departmental 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>	The practitioner should be aware of any change to the recommendations for the medicine listed. 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), 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.
<b>References/Resources and comments</b>	SPC – Summary of Product Characteristics BNF – British National Formulary, BNF for children



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Clinical Authorisation	
<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
Organisational Authorisation	
<b>On behalf of Worcestershire Health and Care NHS Trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 8/7/19
Patient Group Direction Peer Reviewed by	
Senior MIU Nurses	



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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.

<b>Name of Professional</b>	<b>Signature</b>	<b>Authorising Manager</b>	<b>Date</b>