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PATIENT GROUP DIRECTION (PGD) FOR

CO-DYDRAMOL 10/500 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	Individuals presenting to MIU requiring analgesia for moderate pain.
Inclusion criteria	Patient 12 and over presenting with moderate pain. For mild pain use paracetamol.
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 of age Children between 12 and 18 years having tonsillectomy or adenoidectomy for the treatment of obstructive sleep apnoea Individuals who are pregnant of breastfeeding History of hypersensitivity reaction to codeine, dihydrocodeine, paracetamol or any of the components of the preparation. Individuals 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
Cautions - Seek further advice from doctor before proceeding and document advice	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
Action if patient declines or is excluded	Refer to GP, doctor or A & E as appropriate

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Drug Details	
Name, form & strength of medicine	Co-Dydramol tablets 10/500 containing 500mg paracetamol and 10mg dihydrocodeine
Legal status	Prescription Only Medicine (POM)
Route/Method	Oral administration
Dosage / frequency	One or two tablets every four to six hours as required for pain relief. **Maximum of eight tablets within a 24 hour period**
Duration of treatment	As needed – Seek further advice if pain symptoms do not resolve within 3 days, or get worse.
Quantity	One or two tablets to administer as a single dose **OR** 30 tablets to supply.
Side effects	Light headedness, dizziness, sedation, Shortness of breath, nausea, vomiting, constipation Rash, pruritis.
Advice to patient/carer	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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Staff Characteristics	
Professional qualifications	Registered nurses and paramedics with a minor injuries qualification
Specialist competencies or qualifications	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.
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), 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
References/Resources and comments	British National Formulary, SPC
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature: Date: 9/7/19
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature: Date: 10.7.19
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature: Nurse Date: 8/7/19
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