



When Patient Group Directions (PGDs) are not required:

**Guidance on when PGDs should not
be used and advice on alternative
mechanisms for supply and
administration of medicines**

**The first stop
for professional
medicines advice**

When PGDs are not required: Guidance on when PGDs should not be used and advice on alternative mechanisms for supply and administration of medicines

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1. Introduction

This guidance is designed to assist organisations in identifying when a Patient Group Direction (PGD) should not be used. The aims of this guidance are to:

- Sign post users to alternative mechanisms for supply and administration.
- Reduce the operational workload of developing, authorising, reviewing and updating unnecessary PGDs where simpler mechanisms for administration and supply are available.

Further guidance when considering the need for a PGD can be found in a separate SPS resource 'To PGD or not to PGD'¹ and 'Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines (in England)². These resources provide additional details on all the potential mechanisms for supply and administration of medications.

2. Background

In May 2018 Lord Carter identified the duplication of effort across NHS organisations in producing PGDs and medicines policies³. The report recommended that NHS England's Specialist Pharmacy Service (SPS), overseen by the Regional Medicines Optimisation Committees (RMOCs), develop a national 'Do Once' system for organisational medicines governance, including national standardised medicines policies, PGDs and other essential organisational governance documents.

PGDs enable the supply and/or administration of medicines in the absence of a Patient Specific Direction⁴, prescription or a legal exemption in Human Medicines Regulations 2012⁵.

PGDs should only be developed after careful consideration of the legal classification of the medication and all the potential methods of supply and/or administration of medicines, including prescribing by doctors, dentists or independent or supplementary prescribers and consideration of the legal exemptions that may be applicable.

NICE Medicines Practice Guideline Patient Group Directions (2017)⁶ states:

- Provide the majority of clinical care involving supplying and/or administering medicines on an individual, patient-specific basis (i.e. using a prescription or a Patient Specific Direction (PSD)). Reserve patient group directions (PGDs) for limited situations in which this offers an advantage for patient care, without compromising patient safety, and where there are clear governance arrangements and accountability.
- Explore all the available options for supplying and/or administering medicines in a specific clinical situation.
- Do not use PGDs for medicines when exemptions in legislation allow their supply and/or administration without the need for a PGD.

Medicines that are classified as Pharmacy (P) or General Sales List (GSL) medicines⁷ can be **administered** without the need for a PGD, and pre-packed GSL medicines can be **supplied** without a PGD. The **supply** of a P medicine requires a PGD unless an exemption applies or the supply is made from a registered pharmacy premises under the supervision of a pharmacist.

Legal Category	Is a PGD necessary to administer?	Is a PGD necessary to supply?
GSL	No	No
P	No	Yes (unless you are a pharmacist supplying from a registered pharmacy premises)
POM	Yes	Yes

3. Situations where a PGD should not be used

3.1 Where there is an opportunity for the medicines to be prescribed

A PGD is not necessary and should not be used when there is an opportunity in the care pathway for the medicine to be safely prescribed on an individual basis by a qualified prescriber. The majority of clinical care involving supplying and/or administering medicines should be undertaken on an individual, patient-specific basis where this does not compromise patients' timely access to care.

This would include:

- the writing of a PSD
- the issuing of a prescription by a prescriber during the patient's treatment pathway
- the completion of a pre-printed part of a drug chart
- completed entry on an electronic prescribing and medicines administration system*.

3.2 Where there is an exemption under the Human Medicines Regulations 2012

A PGD is not necessary and should not be used when there is an exemption under the Human Medicines Regulations 2012⁵. These are:

- exemptions for paramedics, orthoptists, midwives and podiatrists/chiropractors. These exemptions allow these registered health professionals to administer or supply certain specified medicines within their scope of practice and competency without a PSD or prescription.
- exemptions for administration of certain parenteral medicines for the purpose of saving life in an emergency.
- exemptions for administration and supply of medicines within Occupational Health Schemes.

See [Appendix 1](#) for further information.

3.3 Where the medicines to be supplied or administered are GSL medicines

A PGD is not necessary and should not be used where the medicines to be **supplied or administered** are General Sales List (GSL) medicines.

A locally approved protocol could be used to support administration and supply of GSL medicines – this may be a stand-alone policy, or incorporated within a broader medicines policy. Such policies are often referred to as Homely Remedy or Discretionary Medicines policies. Examples are given in [Appendices 2 & 3](#). The Regional Medicines Optimisation Committee has issued guidance on homely remedies in care homes and this can be adapted for different care settings⁸.

In organisations with inpatient units where GSL medicines may be frequently or commonly administered under such a policy it may be preferable to have a pre-printed section on the drug chart or a standard entry within an e-prescribing system* which the healthcare professional administering the medication completes. These usually have a maximum number of doses that can be administered without a prescriber review.

In summary:

Legal Category	Is a PGD necessary to administer?	Is a PGD necessary to supply?
GSL	No	No

See [Appendix 1](#) for further information.

3.4 Where the medicines to be administered are P medicines

A PGD is not necessary and should not be used where the medicines to be **administered** are Pharmacy (P) medicines.

A PGD or PSD is needed for **supply** of P medicines unless the supply is made from a registered pharmacy premises under the supervision of a pharmacist or an exemption exists.

A locally approved protocol could be used to support administration of P medicines – this may be a standalone policy, or incorporated within a broader medicines policy. Such policies are often referred to as Homely Remedy or Discretionary Medicines policies. Examples are given in [Appendices 2 & 3](#). The Regional Medicines Optimisation Committee has issued guidance on homely remedies in care homes and this can be adapted for different care settings⁸.

In organisations with inpatient units where P medicines may be frequently or commonly administered under such a policy it may be preferable to have a pre-printed section on the drug chart or a standard entry within an e-prescribing system* which the healthcare professional administering the medication completes. These usually have a maximum number of doses that can be administered without a prescriber review.

In summary:

Legal Category	Is a PGD necessary to administer?	Is a PGD necessary to supply?
P	No	Yes (unless being supplied from a registered pharmacy premises under the supervision of a pharmacist)

See [Appendix 1](#) for further information.

3.5 Where a medical gas is to be administered

A PGD is not necessary and should not be used for the administration of medical gases as these are not commonly Prescription Only Medicines (POMs) and advice for GSL/P medicines should be followed or the medical gas be prescribed. Organisations should clarify the legal classification of the gases they use in practice.

It is acknowledged that, in line with local policy, organisations may only allow emergency medical gases to be given if prescribed by a medical or independent prescriber or administered under a PGD. In these cases a pre-printed section of the drug chart or a standard entry within an e-prescribing system* may be more appropriate than having an unnecessary PGD in place. This is in line with the British Thoracic Society guideline for oxygen use in adults, which suggests that oxygen should be prescribed or a PSD used. A PGD should only be used if other mechanisms have not worked in clinical practice⁹.

See [Appendix 1](#) for further information.

4. Removing unnecessary PGDs from practice

Where an organisation has PGDs in place where other mechanisms for supply/administration are available the PGDs can be superseded by the suitable alternative mechanism as detailed in this guidance. Organisations need to ensure that any PGDs removed from practice and the alternative mechanisms identified are reviewed and agreed in accordance with local governance or other relevant processes. Organisations need to ensure that changes to practice are robustly communicated to all relevant personnel.

Safety is paramount and organisations should ensure appropriate governance when transferring administration/ supply mechanisms and consideration should be given to service continuity and the training needs of staff.

*ePMA (electronic Prescribing and Medicines Administration) systems can be used to support administration/supply records. How systems are configured to meet the need should be determined locally based on available functionality, local configuration and experience.

5. References:

- 1 - 'To PGD or not to PGD' <https://www.sps.nhs.uk/articles/to-pgd-or-not-to-pgd-that-is-the-question/> (accessed 10.8.18)
- 2 - Medicines Matters A guide to mechanisms for the prescribing, supply and administration of medicines (in England) <https://www.sps.nhs.uk/articles/medicines-matters-a-guide-to-mechanisms-for-the-prescribing-supply-and-administration-of-medicines-in-england/> (accessed 29.10.18)
- 3 - Operational productivity unwarranted variations in mental health and community health services (2018). [Lord Carter's review into unwarranted variations in mental health and community health services | NHS Improvement](#) (accessed 8.8.18)
- 4 - SPS Q&A Questions about Patient Specific Directions (PSD) <https://www.sps.nhs.uk/articles/patient-specific-directions-qa/> (accessed 12/12/18)
- 5 - The Human Medicines Regulations 2012 <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made> (accessed 10.8.18)
- 6 - NICE Medicines Practice Guideline Patient Group Directions (2017) <https://www.nice.org.uk/Guidance/MPG2> (accessed 10.8.18)
- 7 - What is the law on the sale of medicines? <https://www.nhs.uk/common-health-questions/medicines/what-is-the-law-on-the-sale-of-medicines/>
- 8 - RMOC Guidance: Homely Remedies <https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/> (accessed 26.11.18)
- 9 - BTS guideline for oxygen use in adults in healthcare and emergency settings <https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/2017-emergency-oxygen-guideline/bts-guideline-for-oxygen-use-in-adults-in-healthcare-and-emergency-settings/> (accessed 5.11.18)
- 10 - The Human Medicines Regulations 2012 Schedule 19 <http://www.legislation.gov.uk/ukxi/2012/1916/schedule/19/made> (accessed 10.8.18)
- 11 - The Human Medicines Regulations 2012 Schedule 17 <http://www.legislation.gov.uk/ukxi/2012/1916/schedule/17/made> (accessed 10.8.18)
- 12 - PGDs and Occupational Health Schemes <https://www.sps.nhs.uk/articles/pgds-and-occupational-health-schemes/> (accessed 10.8.18)
- 13 - Personal correspondence with MHRA 11/12/2018
- 14 - NHS England guidance on over the counter medicines which should not be prescribed in primary care. <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf> (accessed 10.8.18)
- 15 - The National Health Service (Charges for Drugs and Appliances) Regulations 2015 <https://www.legislation.gov.uk/ukxi/2015/570/contents/made> (accessed 13.8.18)
- 16 - SPS Q&A Do patients receiving medicines under a PGD pay NHS prescription charges? <https://www.sps.nhs.uk/articles/do-patients-receiving-medicines-under-a-pgd-pay-nhs-prescription-charges/> (accessed 12/12/18)

Appendix 1 Situations where PGDs should not be used

Situation	Explanation
<p>Exemptions for administration of certain parenteral medicines for the purpose of saving life in an emergency (HMR 2012 Schedule 19)¹⁰</p>	<p>Schedule 19 of the Human Medicines Regulation 2012¹⁰ allows administration of certain parenteral medicine without a prescription for the purpose of saving life in an emergency. PGDs should not be used for the administration of these medicines but administration should follow national guidance such as the Resuscitation Council guidance on the management of anaphylaxis or a local organisation guideline/protocol.</p> <p>Currently listed in Schedule 19 are:</p> <ul style="list-style-type: none"> • Adrenaline 1:1000 up to 1mg for intramuscular use in anaphylaxis • Atropine sulphate and obidoxime chloride injection • Atropine sulphate and pralidoxime chloride injection • Atropine sulphate injection • Atropine sulphate and obidoxime chloride injection • Atropine sulphate, pralidoxime mesilate and avizafone injection • Chlorphenamine injection • Dicobalt edetate injection • Glucagon injection • Glucose injection • Hydrocortisone injection • Naloxone hydrochloride • Pralidoxime chloride injection • Pralidoxime mesilate injection • Promethazine hydrochloride injection • Snake venom antiserum • Sodium nitrate injection • Sodium thiosulphate injection
<p>Exemptions from the restriction on sale, supply and administration of prescription only medicines (HMR 2012 Schedule 17)¹¹</p>	<p>There are exemptions within the Human Medicines Regulations 2012¹¹ which allow certain registered professionals to sell, supply and administer the listed medications without a prescription. Where such exemptions exist a PGD should not be used. Local protocols may be developed to support the use of these medicines.</p> <p>Exemptions are in place for the following professions:</p> <ul style="list-style-type: none"> • Paramedics • Podiatrists/Chiropodists • Midwives • Orthoptists <p>Refer to the full regulations for the medications exempted for further detail.</p>
<p>Occupational Health Schemes (OHS)</p>	<p>An Occupational Health Scheme (OHS) is a multidisciplinary service that aims to protect and promote workers' physical, mental and social health and well-being through actions related both to the work environment and to the workers themselves¹².</p> <p>Under the Human Medicines Regulations 2012¹¹ OHS are exempt from the restrictions that apply to prescription only medicines, where medicinal products are supplied or administered in the course of the OHS by a doctor, or by a registered</p>

Situation	Explanation
	<p>nurse acting in accordance with the written (and signed) directions of a doctor. This instruction is commonly documented in a written operating protocol.</p> <p>More information can be found in 'PGDs and Occupational Health Schemes.'¹²</p>
<p>GSL medicines for administration or supply</p>	<p>PGDs are not required and should not be used for a GSL medicine to be administered or supplied to a patient. Medicines legislation states that a PGD is not necessary to supply a GSL medicine, provided the supply takes place from lockable premises and the medicines are pre-packed and fully labelled (see below for further detail).</p> <p>In the case of the administration or supply of a GSL medicine a protocol can be used to support these tasks – this may be a standalone policy, or incorporated within a broader medicines policy. Such policies are often referred to as Homely Remedy or Discretionary Medicines policies.</p> <p>Such protocols can be used in all healthcare settings including for the management of minor ailments in an inpatient setting within acute, community and mental health services and also in minor injury or urgent care departments, care homes and a patient's own home. In organisations with inpatient units where GSL medicines may be frequently or commonly administered under such a policy it may be preferable to have a pre-printed section on the drug chart or a standard entry within an e-prescribing system which the healthcare professional administering the medication completes. These usually have a maximum number of doses that can be administered without a prescriber review.</p> <p>The SPS Medicines Governance Do Once Secretariat has produced a sample protocol template (see Appendix 3) which can be adapted for local use. Locally adapted templates must be ratified in line with local governance procedures. An example of a discretionary medicines policy which is part of the organisation's overarching medicine's policy is given in Appendix 2. When a GSL medication is administered without a prescription or PGD being in place and where the legal classification of the medicine is based on the pack size (for example paracetamol) we have been advised by the MHRA that administration of single doses can be made from a POM, P or GSL pack which has been legally obtained by the organisation¹³.</p> <p>When a GSL medication is supplied without a prescription or PGD being in place the medication supplied must be in a pre-packed GSL labelled pack only. When a GSL medicine is supplied to a patient if the dosage instructions on the GSL pack reflect the dose required to be administered under the protocol then over-labelling is not required. It would be good practice to add the patient's name/date supplied and address of the supplying unit to any medicine supplied. This information can be</p>

Situation	Explanation
	<p>as a pre-printed label to which the patient's name and date of supply is added at the time of supply. Any additional label should be added in such a way that it does not obscure manufacturer's information on the pack.</p> <p>When considering if a GSL medicine should be supplied please refer to the 2018 NHS England guidance on over the counter medicines which should not be prescribed in primary care¹⁴. Whilst this guidance was written for primary care services all NHS services should be mindful of this guidance and practitioners should advise patients to buy over the counter medicines for self-care wherever practicable to do so. Where a medicine is supplied under an NHS commissioned service then the regulations require that a prescription charge is made unless the patient is exempt from such charges¹⁵. In most cases it would not be cost effective for a patient to pay a prescription charge for a GSL medicine to be supplied which they can purchase. If any GSL medicines are supplied and a prescription charge levied the organisation should have a mechanism in place for collecting these charges¹⁶.</p> <p>Local processes for record keeping, staff training and competency assessments, audit, incident reporting and medicines storage, labelling and requisition must all be considered when operating under protocols.</p>
<p>P medicines for administration</p>	<p>PGDs are not required and should not be used for a P medicine to be administered to a patient.</p> <p>In the case of the administration of a P medicine a protocol can be used to support these tasks – this may be a standalone policy, or incorporated within a broader medicines policy. Such policies are often referred to as Homely Remedy or Discretionary Medicines policies.</p> <p>Such protocols can be used in all healthcare settings including for the management of minor ailments in an inpatient setting within acute, community and mental health services and also in minor injury or urgent care departments, care homes and a patient's own home. In organisations with inpatient units where P medicines may be frequently or commonly administered under such a policy it may be preferable to have a pre-printed section on the drug chart or a standard entry within an e-prescribing system which the healthcare professional administering the medication completes. These usually have a maximum number of doses that can be administered without a prescriber review.</p> <p>The SPS Medicines Governance Do Once Secretariat has produced a sample protocol template (see Appendix 3) which can be adapted for local use. Locally adapted templates must be ratified in line with local governance procedures. An example of a discretionary medicines policy which is part of the organisation's overarching medicine's policy is given in Appendix 2.</p>

Situation	Explanation
	<p>When a P medication is administered without a prescription or PGD being in place and where the legal classification of the medicine is based on the pack size (for example fluconazole) we have been advised by the MHRA that administration of single doses can be made from a POM or P pack which has been legally obtained by the organisation.</p> <p>A registered pharmacy can legally supply a P medication without a PGD or prescription.</p> <p>Local processes for record keeping, staff training and competency assessments, audit, incident reporting and medicines storage and requisition must all be considered when operating under protocols.</p>
<p>Medical Gases</p>	<p>A PGD is not necessary and should not be used for the administration of medical gases as these are not commonly Prescription Only Medicines (POMs) and advice for GSL/P medicines should be followed or the medical gas be prescribed. Organisations should clarify the legal classification of the gases they use in practice.</p> <p>It is acknowledged that, in line with local policy, organisations may only allow emergency medical gases to be given if prescribed by a medical or independent prescriber or administered under a PGD. In these cases a pre-printed section of the drug chart or a standard entry within an e-prescribing system* may be more appropriate than having an unnecessary PGD in place. This is in line with the British Thoracic Society guideline for oxygen use in adults, which suggests that oxygen should be prescribed or a PSD used. A PGD should only be used if other mechanisms have not worked in clinical practice⁹.</p>

Appendix 2 Example of Acute Trust Discretionary Medicines Policy (Appendix of Organisational Medicines Policy)

Reproduced with kind permission of University of Southampton NHS Foundation Trust.

Note SPS are not responsible for nor endorsing any of the medication choices/doses etc included in this guideline – it is provided as an example only.

Medicines administered at the discretion of nurses

Treatment with certain specified medicines (not classified as prescription only medicines) may be initiated by nurses/midwives without the authorisation of a prescriber, provided:

- a) The medicine is listed on Trust approved lists below
- b) The treatment is recorded on the appropriate section of the Trust prescription card.
- c) An appropriate note of the medicines used is made in the nursing record.

1. Oral medicines that may be administered to adult patients at the discretion of a Registered Nurse

Medicine	Approved Use
Dioralyte Sachets/Oral Rehydration Salts	Diarrhoea/Vomiting
Glycerin Thymol Pastilles (1-3 pastilles)	Sore Mouth
Gaviscon advance	Heartburn/indigestion
Magnesium Hydroxide Mixture (25-50ml)	Constipation
Magnesium Trisilicate Mixture (10ml)	Indigestion
Paracetamol Tablets (1-2 tablets)	Analgesic/Antipyretic
Senna Preparations (2-4 tablets or 10-20ml syrup)	Constipation
Simple Linctus (5ml)	Cough

Medication initiated by a registered nurse shall be restricted to **one** dose and must be reported to the prescriber when he/she next visits the ward or earlier if indicated by the condition of the patient. If the patient's condition does not respond to this treatment the prescriber must be notified immediately. All such medication must be recorded in the nursing notes and on the patient's prescription sheet either in the *stat* section for a one-off administration or in the *prn* section if it is intended that further doses may be administered following countersignature by a doctor. The record of administration must be signed and dated by the nurse.

2. Topical applications administered at the discretion of a Registered Nurse

The Trust Prescribing, Acquisition, Storage and Administration of Medicines Policy permits nurses to administer certain topical applications without a prescription written by a registered practitioner. The following may be administered by a registered nurse at his/her discretion for the approved use specified against each product. An appropriate entry of all topical applications marked with an asterisk must be made in the nursing records after use.

Topical Application	Approved Use
Acetone	Removal of nail polish
Alcohol swabs (Sterets, Medi-swabs)	Skin cleaning
Anusol cream*	Local pain relief from haemorrhoids

Topical Application	Approved Use
Aqueous cream	Dry skin
Benzoin compound tincture	Skin protection (undiluted) steam inhalation (in hot water)*
Benzylamine 0.15% (Difflam) oral rinse	Sore mouth/throat
Calamine lotion	Skin rashes/itching skin
Chlorhexidine 0.2% (Corsodyl) mouthwash	Mouth ulcers
Chlorhexidine (Aqueous) Solution	Hand washing for staff and skin decolonisation/bioburden reduction for patients
Chlorhexidine (Alcoholic) Solution	Skin disinfectant
Chlorhexidine 2% (Alcoholic) Solution	Skin disinfectant
Choline salicylate paste (Teejel, Bonjela)*	Adults only. Minor oral ulceration
Clotrimazole 1% cream	Candida infection of skin or genitalia
Dermalo bath emollient	Dry skin conditions
Dermol 500	Skin decolonisation/bioburden reduction
Emulsifying ointment	Emollient for dry skin/ soap substitute
Ethyl chloride spray	Local anaesthesia prior to venesection or injections
Flexible collodion, methylated BP	Sealing skin following drain removal, lumbar puncture etc
Glycerin & Icthammol*	Thrombosed veins following intravenous therapy
Glycerol suppositories*	Adults only. Constipation
Hypromellose 0.3% eye drops	Dry eyes
Lubricating Jelly (KY Jelly)	Lubrication for rectal catheters etc
Lignocaine Gel 1% with Chlorhexidine *	Local anaesthetic prior to catheterisation
Metanium Ointment	Urinary rashes and related disorders (third line)
Methylated spirit, Industrial (70%)	Cleaning skin after iodine/cord care
Micro-enema*	Adults only. Constipation
Mouthwash tablets (Tellodont)	Oral hygiene
Octenidine 0.3& (Octenisan)	Handwashing, skin disinfectant/decolonisation/bioburden reduction
Olive oil*	Emollient for dry skin/cradle cap
Plaster remover	Removal of adhesive tape marks
Polyhexanide (Prontoderm) solution/foam/gel	Skin disinfectant/decolonisation/bioburden reduction
Povidone-iodine solution* (Betadine)	Skin disinfectant/superficial wound dressing
Povidone-iodine spray*	Skin disinfectant/superficial wound dressing
Sodium Bicarbonate	Oral hygiene
Sodium Chloride 0.9%	Mouth care
Sudocrem cream	Urinary rashes and related disorders (second line)
White or Yellow soft paraffin	Sore/cracked lips
Zinc and castor oil	Urinary rashes and related disorders (first line)

3. Wound Care that may be administered to adult patients at the discretion of a Registered Nurse

For general principles in the treatment of wounds and further information about specific conditions and treatments refer to the Wound Care Guidelines Booklet and poster.

Topical Application	Approved Use
Calcium Alginate dressing/packing/ribbon (Sorbsan)	See wound care guidelines
Foam dressings (Allevyn, Lyofoam)	Moderate to heavy exudating wounds
Hydrocolloid paste/dressings (Duoderm Comfeel, Aquacel)	See wound care guidelines
Hydrogel dressing/gel (Purilon, Intrasite Conformable)	See wound care guidelines
Paraffin gauze dressings (Jelonet)	Radiotherapy wounds
Plastic film faced dressing (Skintact)	See wound care guidelines
Proflavine cream	Wound care (as ward protocol)
Sodium Chloride 0.9% (Normasol)	Cleaning wounds/eye care
Spray adhesive film dressing (OpSite spray)	Secondary dressing for sutured wounds
Vapour-permeable adhesive film dressing BP (OpSite)	Clean wounds

4. Medicines Administered to Children at the Discretion of a Registered Nurse

The following medicines may be administered by a registered nurse to children without a written instruction by a registered practitioner. The medicine must be administered by a registered nurse authorised to administer medicines at his/her own discretion.

Medicine	Approved Use
Amethocaine Gel 4%	Local anaesthetic
Dioralyte Sachets	Diarrhoea/vomiting
Ibuprofen Liquid /Tablets	Analgesic/antipyretic
Nystatin Oral Solution	Oral thrush
Paracetamol Suspension/Tablets/ Suppositories	Analgesic/antipyretic

Medication should be restricted to **one** dose given in accordance with BNFC standard text/manufacturers/pharmacy guidelines and ward/unit protocols. It must be reported to the relevant doctor when he/she next visits the ward or earlier if indicated by the condition of the patient. If the patient's condition does not respond to this treatment the prescriber must be notified immediately. All such medication must be recorded in the nursing notes and on the patient's prescription sheet either in the *stat* section for a one-off administration or in the *prn* section if it is intended that further doses may be administered following countersignature by a doctor. The record of administration must be signed and dated by the nurse.

Appendix 3 Protocol Template

Template protocol for the administration or supply of a GSL or administration of a P medicine

Note packs supplied to a patient under a protocol must be GSL packs. Single doses of a medicine from P or GSL packs (or a POM pack if legal classification is based on pack size) can be administered under a protocol.

1. Staff competencies	
Authorised staff	<i>Insert detail of healthcare professionals who can operate under this protocol as per local agreement</i>
Additional requirements	<i>Insert detail as per local agreement to include: staff grade levels as appropriate; requirements of training to be undertaken before accessed as competent; any on-going training/CPD requirements.</i>
2. Clinical condition or situation	
Clinical situation	
Patients included	
Patients excluded	
Action for patients excluded	
Action if patient declines	
3. Description of treatment	
Medicine to be administered/supplied	
Dose schedule including maximum dosage	
Maximum time medicine can be administered under protocol for before review by a prescriber	
Quantity of medicine to be made if supplied (GSL only)	Supply in original GSL pack only This must have full dosage instructions on the packaging
Follow up/Patient advice	<ul style="list-style-type: none"> • Inform patient of medicine being administered and rationale. • Patient Information Leaflet offered (must be supplied if medicine is being supplied to patient). • If administered monitor patient and use clinical judgement to decide when to seek medical advice. • Inform patient how/when to seek further medical advice.
Record keeping	<p>The following must be recorded on the <i>drug chart/EPS or clinical notes as per local protocol</i>:</p> <ul style="list-style-type: none"> • Date and time of administration/supply. • Patient details such as name, date of birth, hospital or NHS number, allergies, previous adverse events and the criteria under which the patient fits the protocol. • Details of medicines including name, strength, form, dose, route. • If supply made then quantity supplied. • A statement that administration/supply is under a protocol. • Name and signature (which may be electronic) of healthcare professional acting under the protocol to administer/supply the medicine. • Relevant information that was given to the patient/carer. • Record that consent gained (or refused) – if consent refused record actions taken.

For an alternative template see [RMOC Homely Remedies in Care Homes](#).⁸



NHS Specialist Pharmacy Service
www.sps.nhs.uk