**Template GSL/P medicine administration/GSL medicines supply protocols**

**This template protocol should be considered in conjunction with SPS advice** [**When Patient Group Directions are not required**](https://www.sps.nhs.uk/articles/when-patient-group-directions-are-not-required/#:~:text=not%20be%20used-,Medicines%20can%20be%20prescribed,basis%20by%20a%20qualified%20prescriber.)

**This template is an example only – organisations may develop their own/amend this template in line with local policy. The contents of this template are for consideration only and do no attempt to direct organisations on what must be included nor what is not required. Any template used for the supply/administration of GSL medicines/administration of P medicines is for local agreement and approval – the contents and use in practice are the responsibility of individual organisations.**

**Note specifically packs supplied under this protocol must be original, sealed GSL packs only.**

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| **1. Staff competencies** | |
| Authorised staff | Insert detail of healthcare professionals who can operate under this protocol as per local agreement |
| Additional requirements | Insert detail as local agreement to include:   * healthcare professional role as appropriate; * requirements of training to be undertaken before accessed as competent; * any on-going training/CPD requirements. |
| **2. Clinical condition or situation** | |
| Clinical situation | Define situation/condition/indication |
| Individuals included | * Consent gained – if under 16 years consider requirements for consent. * Define age range/sex e.g. individuals over 12 years old. * Do you include pregnant individuals? * Do you include breast feeding individuals? * Include clinical criteria. Must reflect local and/or national clinical guidelines or policies where available. |
| Individuals excluded | * State who is not eligible to receive the medicine. * State upper and lower age limits if applicable. * Must reflect local and/or national clinical guidelines or policies where available.   Reasons for exclusion may include:   * consent not gained * age * concurrent conditions * concurrent treatment – such as individuals taking medicines which may give rise to toxicity or the need for increased dose if taken with medicine in protocol * previous local or systemic reactions to the medicine * known hypersensitivity to the active ingredient or to any component of the product - see Summary of Product Characteristics * pregnancy and/or breast feeding * anything else stated in the SPC that may give reason for exclusion of specific individuals * severity of renal/hepatic insufficiency. * Hypersensitivity to any of the ingredients of the preparation (see SPC [www.medicines.org.uk](http://www.medicines.org.uk)) |
| Action for individuals excluded | Complete with local pathway  Consider:   * Add details of action to be taken if an individual is excluded, i.e. referral/records to be kept. * Document advice given * Advise individual on alternative treatment * Refer to another clinician or prescriber if appropriate |
| Action if individual declines | As for excluded individuals/complete with local pathway |
| **3. Description of treatment** | |
| Medicine to be supplied | * Name, strength, formulation * Legal status: |
| Dose schedule | * **Dose**: * **Route:** * **Frequency/Maximum dose per 24 hours**:   To avoid errors, state this in full and do not use Latin or abbreviations, e.g. ‘oral’ not ‘p.o.’/’eye drops’ not ‘guttae’/‘single dose’ not ‘stat’ |
| Quantity of medication to be supplied | Maximum quantity to be supplied (remove line if protocol for administration only) |
| Follow up/individual advice | * Inform individual of medicine being supplied and rationale. * Where appropriate counsel on dosage regime * Patient Information Leaflet supplied. * Inform individual how/when to seek further medical advice. * Add important counselling information required for the named medicine |
| Record keeping | The following must be recorded on the medicine chart/EPS or clinical record as per local protocol:   * Date and time of supply. * Individual’s details such as name, date of birth, hospital or NHS number (where applicable), allergies, previous adverse events and the criteria under which the patent fits the protocol. * Details of medicines including name, strength dose, route. * Quantity supplied. * A statement that supply is under a protocol. * Name and signature (which may be electronic) of healthcare professional acting under the protocol to supply the medication. * Relevant information that was given to the individual/carer. * Record that consent gained (or refused) – if consent refused record actions taken. |

**References**