Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

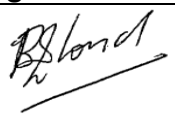
Patient Group Direction (PGD) for the Supply and Administration of: Prochlorperazine 3mg tablets

By Welsh Ambulance Services NHS Trust registered healthcare professionals eligible and authorised by name to work under this PGD.

PGD reviewed by:

Name	Status
Rebecca Angell	Pharmacy Adviser
Dr Jonathan Whelan	Assistant Medical Director
Chris Moore	Clinical Support Lead
Paul Haddow	Advanced Paramedic Practitioner

PGD approved by:

Name	Job Title	Signature	Date
Dr Brendan Lloyd	Executive Medical Director		11.11.2014
Rebecca Angell	Pharmacy Adviser		04.11.2014

This Patient Group Direction must be read, agreed to, and signed by all practitioner grades involved in its use and be easily accessible to those applying it in the clinical setting. The original signed copy must be held by the Clinical Support Lead.

PATIENT GROUP DIRECTION for the ADMINISTRATION OF PROCHLORPERAZINE 3mg tablets.

Prochlorperazine is a member of the phenothiazine group of neuroleptics drugs, employed for its anti-emetic properties. The site of action is thought to be in the chemoreceptor trigger zone.

1. Clinical condition

Define situation/condition	• For the symptomatic treatment of vertigo or severe nausea, vomiting and labyrinthine disorders in adults and children > 12 years.
Criteria for inclusion	• Vertigo • Nausea and vomiting.
Criteria for exclusion	• Children < 12 years • Pregnancy • Breast feeding • Impaired liver function. • Existing blood dyscrasias. • Epilepsy. • Parkinson's disease. • Prostatic hypertrophy. • Narrow angle glaucoma. • Hypersensitivity to Prochloperazine.
Cautions	• Administer with caution in conjunction with: - Alcohol - CNS depressants - Alpha-adrenoreceptor blocking drugs. • Patients who drive or operate machinery should be warned of the possibility of drowsiness
Action if excluded	• Referral to general practitioner or alternative level and point of care.
Action if patient declines	• Refer to general practitioner or alternative level and point of care as appropriate. Document all refusals to treatment.

2. Characteristics of staff

Qualifications required	Welsh Ambulance Service registered healthcare professionals eligible and authorised by name to work under a PGD.
Additional requirements	• Alternative management regimens for patients excluded from this PGD. • Has undertaken appropriate training to carry out clinical assessment of patients leading to diagnosis that requires treatment according to the indications listed in this PGD. • Has undertaken appropriate training for working under PGDs for the supply and administration of medicines.
Continued training requirements	• 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 continued professional development. • Continued education in the management of adverse drug reactions and anaphylaxis including BLS/ALS.

3. Description of treatment

Name, Form and Strength of Medicine	• Prochlorperazine maleate BP buccal tablet 3mg.
POM/P/GSL/▲	• Prescription Only Medication – administered within SPC
Dose/s	• Adults and Children > 12 years: One to two 3 mg tablets twice daily (Maximum of four 3mg tablets in 24 hours). • Elderly: No evidence that dosage needs be modified for the elderly.
Route/Method	• Buccal – placed between the upper lip and gum and allowed to dissolve.
Quantity to supply	• 8 x 3mg tablets (1 pack)

Frequency	• Doses will not exceed the daily 24 hour maximum amount stated and are provided on a 24 hour rescue basis, pending patients referral to their GP or an alternative level and point of care as appropriate.
Total dose/number	• Single or repeated dose as described for up to 24 hours.
Follow up	• Refer to GP or an alternative level and point of care as appropriate.
Adverse reaction/ side effects	Refer to current British National Formulary (BNF) and Summary of Product Characteristics (SPC) for complete list • The following side effects have been noted: • Drowsiness • Dizziness • Local irritation to the gum and mouth (occasionally). • Dry mouth • Insomnia • Agitation • Mild skin reactions may occur • Extrapyramidal reactions are very unlikely at the recommended dosage. • Jaundice (rare) • Blood dyscrasias (rare) • hyperprolactinaemic (rare) • Gynaecomastia (rare) • Neuroleptic malignant syndrome (hyperthermia, rigidity autonomic dysfunction and altered consciousness may occur with any neuroleptic. • Postural hypotension (may occur in elderly or volume depleted patients). • Tardive dyskinesia (normally associated with higher than recommended dose for Buccastem).
Advice	• A Patient Information Leaflet (PIL) should be available and left with the patient. • Practitioners should be aware that nausea and vomiting may be a sign of organic disease, which might be masked by the anti-emetic action of Buccastem. • Patients who drive or operate machinery should be warned of the possibility of drowsiness associated with this medication. • If condition worsens or persists then seek further medical advice.
Record/Audit trail	• Records of supply process • Patient's name, address, date of birth and consent given. • Contact details of GP (if registered). • Diagnosis. • Dose and form administered (batch details required locally). • Advice given to patient (including side effects). • Signature/name of staff who administered or supplied the medication. • Where relevant, signature/name of staff who removed/discontinued the treatment. • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. • Referral and recall arrangements (including self-care).

Agreement by Authorised Registered Healthcare Professional and approval by their manager.

This document is a record of the agreement to be signed by any WAST registered healthcare professional eligible and authorised to work under the auspices of this PGD and must be signed prior to that person practising. A photocopy of this signed authorisation must be provided to the practitioner.

This signed agreement must be **held with the original copy of the Prochlorperazine 3mg tablets PGD.**

AGREEMENT BY AUTHORISED PRACTITIONER

Name of Practitioner..... (Block capitals)

I agree to act under the PGD titled: **Patient Group Direction: PROCHLORPERAZINE 3mg tablets** (dated December 2014 and any successor PGD).

I have all the necessary experience and qualifications stated in the Prochlorperazine PGD.

I have received, read and fully understand the following documents:
- The Prochlorperazine PGD
- Other relevant or related PGD's

I have received the training set out in the Prochlorperazine PGD which authorised practitioners must undertake before being authorised to administer or supply any medicinal product under the named PGD.

I have attained a satisfactory standard in:
- Safe Medicines Use
- Supervised practice and assessment

I agree to act as an authorised practitioner within the terms of the Prochlorperazine PGD.

In return, the Trust accepts vicarious liability for the authorised practitioner acting under the terms of the Prochlorperazine PGD.

I understand that by agreeing to act as an authorised practitioner under the Prochlorperazine PGD that I am extending my role and job description. I understand that my acceptance of this extension of my role and job description has not been a compulsory requirement of the Welsh Ambulance Services NHS Trust.

SIGNATURE: ..... **DATE:**.....
(AUTHORISED PRACTITIONER)

SIGNATURE: ..... **DATE:**.....
(LINE Manager of REGISTERED practitioner, to confirm that the professional named is authorised to act under the Prochlorperazine Patient Group Direction)