NHS Grampian

Patient Group Direction For The Supply Of Medicines For Minor Illness By Approved Healthcare Professionals Working In The Healthy Hoose in NHS Grampian

Lead Author: Primary Care Clinical Pharmacist, Healthy Hoose	**Consultation Group**: See relevant page in the PGD	**Approver:** Medicines Guidelines and Policies Group

Signature:		**Signature:**

NHSG Identifier: NHSG/PGD/Healthy_ Hoose/MGPG1202	**Review Date:** February 2024 **Expiry Date:** February 2025	**Date Approved:** February 2022

NHS Grampian have authorised this PGD to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This PGD cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 5

Revision History:

Reference and approval date of previous superseded PGD	PGD supersedes previous PGD NHSG/PGD/HH_min_ill/MGPG945	
Date of change	**Summary of Changes**	**Section heading**
March 2021	Required review.	

NHSG Identifier: NHSG/PGD/Healthy Hoose/MGPG1202
Keyword(s): Patient Group Direction PGD Healthy Hoose medicines minor illness

Policy Statement:
It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review and subsequent expiry date should not be more than 3 years from the date the PGD was authorised.

Document:	Drafted:	March 2021
	Completed:	September 2021
	Approved:	February 2022 (published – March 2022)
	Amended and reauthorised:	

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Lynne Mackenzie **Title:** GP Lead, Healthy Hoose, GP Partner Cove Bay and Kincorth **Contact email:** lynne.mackenzie@nhs.scot **Signature:** Lynne Mackenzie **Date signed:** 20/02/2022
Senior representative of the professional group who will provide care under the direction	**Name:** Dorothy Paterson **Title:** Advanced Nurse Practitioner and Team Leader, Healthy Hoose **Contact email:** dorothy.paterson@nhs.scot **Signature:** D Paterson **Date signed:** 21/02/2022
Lead author	**Name:** Claire Douglas **Title :** Primary Care Clinical Pharmacist **Contact email:** claire.douglas2@nhs.scot **Signature:** Claire Douglas **Date signed:** 18/02/2022
Pharmacist	**Name:** Alison Davie **Title :** Lead Pharmacist Aberdeen City HSCP **Contact email:** alison.davie@nhs.scot **Signature:** Alison Davie **Date signed:** 04/03/2022

Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	Signature	Date Signed
Lesley Coyle		18/02/2022

Management and Monitoring of PGD

PGD Consultative Group

Name:	Title:
Claire Douglas	**Lead Author:** Primary Care Clinical Pharmacist, Healthy Hoose, Aberdeen City HSCP
Alison Davie	**Pharmacist:** Lead Pharmacist, Aberdeen City HSCP
Dr Lynne Mackenzie	**Medical Practitioner:** GP Lead, Healthy Hoose, GP Partner Cove Bay and Kincorth
Dorothy Paterson	**Senior Representative:** Advanced Nurse Practitioner and Team Leader, Healthy Hoose
Fiona Carroll	Advanced Nurse Practitioner, Healthy Hoose
Denise Johnson	Deputy Lead Nurse, Aberdeen City HSCP

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Clinical indication to which this PGD applies

Definition of situation/Condition	This PGD will authorise nurse practitioners or pharmacists working in the Healthy Hoose to supply medicines listed in Appendix 3 to individuals who meet the criteria as described on each individual medicine monograph, according to diagnosis, age, disease state and concurrent medicines. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	Adults and children who attend the Healthy Hoose. Prior to the supply of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current NHSG consent policy.
Exclusion criteria	Individuals may be supplied medicines listed in Appendix 3 under this PGD unless: • The individual has a known or suspected hypersensitivity to the medicine or any of its ingredients. • The individual has previously experienced an adverse reaction to the medicine. • The individual is already receiving therapy for the condition from a prescriber. • The individual meets any of the exclusion criteria listed in the individual monographs. • Where there is no valid consent.
Precautions and special warnings	• If there is any concern about the appropriate use of the medicine in the specific indications given within the PGD then medical advice should be sought. • If there is any doubt about the correct diagnosis, medical advice should be sought. • Precautions listed in the individual medicine monographs should be taken into account. • The medicine patient information leaflet (PIL) should be consulted to ensure that the individual has not experienced a previous hypersensitivity reaction to any ingredients or excipients.

Action if excluded from treatment	Medical advice must be sought – refer to relevant medical practitioner. Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment. Document that the supply was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	See individual medicine monographs.
Legal status	The medicines included in this PGD are all Pharmacy (P) medicines. In accordance with the MHRA all medicines supplied should either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Dosage/Maximum total dose	See individual medicine monographs.
Frequency of dose/Duration of treatment	See individual medicine monographs.
Maximum or minimum treatment period	See individual medicine monographs.
Route/Method of administration	See individual medicine monographs.
Quantity to be administered	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Follow-up (if applicable)	If symptoms do not resolve, individuals should be advised to seek further advice.

Advice (Verbal)	Advise individual/person with parental responsibility what to expect and what to do for minor and major reactions. If serious adverse or persistent effects occur, the individual/ person with parental responsibility should be advised to contact their GP/Accident and Emergency department/NHS24.
Advice (Written)	The PIL contained in the medicine(s) should be made available to the individual/person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.
Identifying and managing possible adverse reactions	See individual medicine monographs. **This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.** **BNF/BNFC**: https://about.medicinescomplete.com/ **SmPC/PIL/Risk Minimisation Material:** https://www.medicines.org.uk/emc/ http://www.mhra.gov.uk/spc-pil/index.htm https://www.medicines.org.uk/emc/rmm-directory If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Report any severe reactions using the Yellow Card System. https://yellowcard.mhra.gov.uk/
Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied: • Appropriate storage facilities access to a pharmaceutical fridge. • An acceptable level of privacy to respect individual's right to confidentiality and safety. • Access to a working telephone. • Access to medical support (this may be via the telephone). • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel. • A copy of this current PGD in print or electronically.

Characteristics of staff authorised to supply medicine(s) under this PGD

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC), and Pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual/person with parental responsibilities capacity to understand the nature and purpose of the medicine supply in order to give or refuse consent. • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual. • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD. • Competent to undertake supply of the Medicine. • Competent to work under this PGD.
Ongoing training and competency	**All professionals working under this PGD must:** • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. • Have knowledge and familiarity of the following; ○ SmPC for the medicine(s) to be supplied in accordance with this PGD.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above. Maintain up to date record of all staff authorised to supply the medicine(s) specified in this PGD.

Documentation

Authorisation of supply	Nurse Practitioners working in the Healthy Hoose within NHS Grampian can be authorised to supply the medicines specified in this PGD by their Clinical Manager or the Healthy Hoose GP Lead.

	Pharmacists working in the Healthy Hoose can be authorised to supply the medicines specified in this PGD by the Director of Pharmacy. All authorised staff are required to read the PGD and sign the Agreement to Supply Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.
Record of supply	An electronic or paper record for recording the screening of individuals and the subsequent supply, or not, of the medicine(s) specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum: • Date and time of supply. • Individuals name and CHI. • Exclusion criteria, record why the medicine was not supplied (if applicable). • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route (batch number, expiry date and site where appropriate for injectable medicines) of the medicine supplied. • Advice given, including advice given if excluded or declined treatment under this PGD. • Signature and name in capital letters of the healthcare professional who supplied the medicine. • Record of any adverse effects (advise individuals GP/relevant medical practitioner). Depending on the clinical setting where the supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • Individual service specific systems.

Audit	All records of the medicine(s) specified in this PGD will be filed with the normal records of medicines in each practice/service.
References	Electronic Medicines Compendium http://www.medicines.org.uk

Medicine	**Date of Revision**	**Date Accessed**
Chloramphenicol 0.5% eye drops (FDC International brand)	13/07/21	16/02/22
Chloramphenicol 1% Antibiotic Eye Ointment (Martindale brand)	20/09/19	16/02/22
Chlorphenamine 4mg Tablets (Piriton GSK brand)	20/01/21	16/02/22
Chlorphenamine 2mg/5mL Syrup (Piriton GSK brand)	20/01/21	16/02/22
Clotrimazole 500mg Pessary (Canesten Bayer brand)	16/01/18	16/02/22
Clotrimazole 1% Cream (Canesten Fungal Infection Cream Bayer)	07/08/18	16/02/22
Fluconazole 150mg Capsule (Ranbaxy (UK) limited)	14/04/21	16/02/22
Ibuprofen 200mg Tablets (Aurobindo Pharma brand)	29/01/21	16/02/22
Ibuprofen 400mg Tablets (Aurobindo Pharma brand)	28/01/21	16/02/22
Ibuprofen 100mg/5mL Suspension (Pinewood brand)	23/06/21	16/02/22
Paracetamol 120mg/5mL Suspension (Rosemount brand)	12/11/21	16/02/22

Medicine	Date of Revision	Date Accessed
Paracetamol 250mg/5mL Suspension (Rosemount brand)	12/11/21	16/02/22
Paracetamol 500mg Tablets (Zentiva brand)	15/02/22	16/02/22

British National Formulary and British National Formulary for Children https://about.medicinescomplete.com/ accessed 02/03/21.

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Appendix 1

Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within:_____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following PGD

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I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above PGD. I agree not to act beyond my professional competence, nor out with the recommendations of the PGD.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

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Appendix 2

Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.
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Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply Of Medicines For Minor Illness By Approved Healthcare Professionals Working In The Healthy Hoose in NHS Grampian					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

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Appendix 3 – Healthy Hoose Medicines Monographs

Chloramphenicol 0.5% w/v Eye Drops or Chloramphenicol 1.0% w/w Eye Ointment (Supply)	
Indication	Acute bacterial conjunctivitis. Refer to NHS Grampian Protocol for the Treatment of Common Infections in Adults in Primary Care and the NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and also; • Adults and children over 2 years of age.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Children under 2 years of age • Hypersensitivity to chloramphenicol or any of its excipients • Family or personal history of blood dyscrasias including aplastic anaemia • Disturbances in vision except those due to matter in eye • Moderate to severe pain within the eyeball • Pregnancy or breastfeeding.
Precautions and Special Warnings	Medical advice should be sought if there is no improvement in the condition after 2 days or if symptoms worsen at any time.
Legal Status	P
Dose	**Eye drops:** Instil 1 drop to affected eye(s) every 2 hours for first 48 hours (waking hours only) then four times daily. Or **Eye ointment:** Apply 3-4 times daily to the inside of lower affected lid
Frequency of dose/Duration of treatment	See dose section above for frequency. Duration of treatment is 5 days.
Maximum or minimum treatment period	Maximum of 5 days.
Route/Method of Administration	Topical ocular use applied into the space between the lower eyelid and the eye. Use a separate dropper/tube for each eye.

Chloramphenicol 0.5% w/v Eye Drops or Chloramphenicol 1.0% w/w Eye Ointment (Supply)	
Quantity to be supplied	Chloramphenicol 0.5% w/v Eye Drops supply 1x 10mL bottle. Or Chloramphenicol 1.0% w/w Eye Ointment supply 1x 4g tube. Note: if *both* eyes are affected please supply 2 bottles/tubes so separate products can be used in each eye
Potential Adverse Reactions	May cause transient stinging and blurring of vision on administration. Warn patients not to drive or operate hazardou machinery unless vision is clear.
Advice	Advise the individual/person with parental responsibility: • To follow the manufacturer's PIL. • To use a separate dropper/tube for each eye if both are affected. • To contact the GP if symptoms worsen. • That treatment should continue for 48 hours after eye has returned to normal. Maximum 5 days treatment. • Not to wear contact lenses when using this product and for 24 hours after completion of treatment. • To keep the ointment tube tightly closed. • Not to share face cloths or towels. • Ointment/drops expire 28 days after opening so should not be retained for future use. • To return any unused drops or ointment to the community pharmacy.
Follow up (If applicable)	N/A
Storage	**Ointment** - Do not store above 25°C. Protect from light. Discard remaining contents 28 days after opening. **Eye drops** - Protect from light. Store in a refrigerator at a temperature between 2°C and 8°C. Discard remaining contents 28 days after opening.

Chlorphenamine 4mg Tablets or Chlorphenamine 2mg/5mL Syrup (Supply)	
Indication	Relief of allergy, hay fever, vasomotor rhinitis, urticaria, insect bites, stings *(where there are no concerns re side effect of drowsiness)*
Inclusion Criteria	As per main PGD inclusion criteria and also; • Adults and children over 1 years of age. **Syrup:** Adults and children over 1 year of age **Tablets:** Adults and children over 6 years of age Where children over 6 years of age and adults are able to swallow tablets this should be selected for supply over liquid preparation.
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Children under 1 year of age • Hypersensitivity to chlorphenamine or any of its excipients • Benign prostatic hyperplasia • Urinary retention • Epilepsy • Hypersensitivity to chlorphenamine or excipients • Glaucoma • Renal and hepatic impairment • Bronchiectasis or asthma • Severe hypertension or cardiovascular disease • Pregnancy or breastfeeding • Elderly patients with confusion • Individuals currently taking or treated with MAOIs within the last 14 days (contra-indication) • Individuals currently taking phenytoin • Individuals taking other medicines containing antihistamines.
Precautions and Special Warnings	Caution in those currently taking tricyclic antidepressants, anxiolytics and hypnotics due to the increased risk of sedation. A non-sedating antihistamine is preferable. Caution in those with a dependence on alcohol due to increased risk of sedation. A non-sedating antihistamine is preferable.
Legal Status	P

Chlorphenamine 4mg Tablets or Chlorphenamine 2mg/5mL Syrup (Supply)	
Dose	Tablets are not licensed for children under 6 years. Syrup **must** be given to children **under 6 years** of age. **By mouth** **Adult:** 4mg every 4-6 hours maximum 24mg in 24 hours. **Child 6-12 years:** 2mg (½ tablet or 5mL solution) every 4-6 hours, maximum 12mg (30mL) in 24 hours. **Child 2-5 years:** 1mg (2.5mL solution) every 4-6 hours, maximum 6mg (15mL) in 24 hours. **Child 1-2 years:** 1mg (2.5mL) twice daily, maximum 2mg (5mL) in 24 hours.
Frequency of dose/Duration of treatment	See dose section above for frequency. Duration of treatment should be no more than two weeks without consulting a doctor.
Maximum or minimum treatment period	Maximum of 14 days.
Route/Method of Administration	Oral.
Quantity to be supplied	Chlorphenamine 4mg Tablets supply 1x 28 tablets. Or Chlorphenamine 2mg/5mL Syrup supply 1x 150mL bottle and measuring spoon. Note: Excess syrup should be returned to the pharmacy for destruction.
Potential Adverse Reactions	Drowsiness and psychomotor impairment that can seriously affect the patient's ability to drive and use machinery. Sedating effects are enhanced by alcohol and other sedating medicines. Rarely paradoxical stimulation in children and elderly patients with high doses. Antimuscarinic side-effects – urinary retention, dry mouth, blurred vision and GI disturbances.

Chlorphenamine 4mg Tablets or Chlorphenamine 2mg/5mL Syrup (Supply)	
Advice	Advise the individual/person with parental responsibility: • To follow the manufacturer's PIL. • To avoid alcohol while taking chlorphenamine. • To avoid driving or operating machinery. • To contact the GP if symptoms worsen. • Advise to return any excess syrup left after 14 days to the community pharmacy for destruction.
Follow up (If applicable)	N/A
Storage	**Tablets** - Do not store above 30°C **Syrup** - Store below 25°C. Protect from light.

Clotrimazole 1% Cream and/or Clotrimazole 500mg Pessary (Supply)	
Indication	First line treatment of vaginal candidiasis. Fungal skin infection (1% cream only). Refer to NHS Grampian Protocol for the Treatment of Common Infections in Adults in Primary Care and the NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	As per main PGD inclusion criteria and also; First line treatment of vaginal candidiasis – Females between 16 and 60 years of age Fungal skin infection - Adults and children over 3 months of age
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Children under 3 months of age (fungal skin infection). • Females under 16 or over 60 years of age (vaginal candidiasis). • Hypersensitivity to clotrimazole, cetostearyl alcohol, imidazole's or any of its excipients • Pregnancy or breastfeeding. • > 2 episodes of vaginal thrush in the past 6 months.
Precautions and Special Warnings	When providing treatment for vaginal candidiasis - Laboratory tests have suggested that, when used together, clotrimazole may cause damage to latex contraceptives. Consequently the effectiveness of such contraceptives may be reduced. Individuals should be advised to use alternative precautions for at least five days after using this product.
Legal Status	P
Dose	**Vaginal Candidiasis:** One vaginal pessary should be inserted into the vagina at night using applicator provided. The cream should be thinly applied to the vulva and surrounding area and rubbed in gently two or three times daily until 48 hours after symptoms have resolved. **Fungal skin infection:** The cream should be applied thinly to the affected area 2 to 3 times daily. If the feet are affected before applying cream they should be washed and dried, in particular between the toes.

Clotrimazole 1% Cream and/or Clotrimazole 500mg Pessary (Supply)	
Frequency of dose/Duration of treatment	**Vaginal Candidiasis:** Vaginal pessary is a once only dose. Maximum duration for cream is 14 days total **Fungal skin infection:** Maximum duration for 7 to 14 days after the disappearance of all signs of infection.
Maximum or minimum treatment period	**Vaginal Thrush:** 14 days total **Fungal skin infection:** It usually takes around 7 days for symptoms to clear. Topical treatment should be continued for 7-14 days after infection has cleared to prevent recurrence.
Route/Method of Administration	Pessary should be inserted into the vagina at night using applicator provided. Cream for vaginal candidiasis – topical application to vulva and surrounding area for candidiasis. Cream for fungal infections - apply thinly 2 or 3 times daily and rub in gently. A strip of cream (½ cm long) is enough to treat an area of about the size of the hand.
Quantity to be supplied	**Vaginal Candidiasis:** Clotrimazole cream 1% supply 1x 20g tube and clotrimazole pessary supply 1x 500mg pessary **Fungal skin infection:** Clotrimazole cream 1% supply 1x20g tube
Potential Adverse Reactions	Itching, rash, swelling, discomfort, burning, skin irritation. Pain in the abdomen or pelvic area (pessary).

Advice	Advise the individual/person with parental responsibility:
	• To follow the manufacturer's PIL.
	• To contact the GP if symptoms worsen.
	• When treating vaginal candidiasis:
	  ○ The vaginal pessary should be inserted as high as possible into the vagina using the applicator provided.
	  ○ Avoid treatment during the menstrual period due to the risk of the pessary being washed out by the menstrual flow.
	  ○ Avoid tampons or other vaginal products while using the vaginal pessary

Clotrimazole 1% Cream and/or Clotrimazole 500mg Pessary (Supply)	
	• That for fungal skin infections, treatment with the cream should be continued for 7-14 days after symptoms have resolved. • That if the patient has experienced the symptoms of vaginal candidiasis for the second time in 6 months, then medical advice should be sought **NOTE:** Male sexual partners do not need treatment unless they have symptoms of thrush on their penis.
Follow up (If applicable)	N/A
Storage	**Cream**- Do not store above 25°C. **Pessary** - No special precautions for storage

Fluconazole 150mg Capsule (Supply)	
Indication	Second line treatment for vaginal candidiasis.
Inclusion Criteria	As per main PGD inclusion criteria and also; • Females between 16 and 60 years of age
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Females under 16 and over 60 years of age • Acute porphyria • Hypersensitivity to fluconazole or any constituents • Co-administration of other medicinal products known to prolong the QT interval and which are metabolised via the cytochrome P450 (CYP) 3A4 such as cisapride, astemizole, pimozide quinidine and erythromycin • Pregnancy and breastfeeding.
Precautions and Special Warnings	Fluconazole should be administered with caution to patients with renal or liver dysfunction.
Legal Status	P
Dose	A single dose of 150mg swallowed whole.
Frequency of dose/Duration of treatment	Once only dose.
Maximum or minimum treatment period	Once only dose.
Route/Method of Administration	Oral.
Quantity to be supplied	1x 150mg Capsule.
Potential Adverse Reactions	Nausea, abdominal discomfort, diarrhoea, flatulence, headache (common), rash. Hypersensitivity reactions.
Advice	Advise the individual/person with parental responsibility: • To follow the manufacturer's PIL. • To contact the GP if symptoms persist after single dose.

Fluconazole 150mg Capsule (Supply)	
	NOTE: Male sexual partners do not need treatment unless they have symptoms of thrush on their penis.
Follow up (If applicable)	N/A
Storage	No special requirements

Ibuprofen 400mg or 200mg Tablets Ibuprofen 100mg/5mL Suspension (Supply)	
Indication	**Adults 18 years of age and over:** Mild to moderate musculoskeletal pain and inflammation, dental pain, headache, and primary dysmenorrhoea **Children 3 months of age and over:** Mild to moderate pain, pyrexia.
Inclusion Criteria	As per main PGD inclusion criteria and also; • Age over 3 months and over 5kg in weight

Exclusion Criteria	As per main PGD exclusion criteria and additionally;
	• Infants under 3 months of age
	• Infants with a body weight under 5kg
	• Active Peptic ulcer or history of peptic ulcer
	• Current dyspepsia
	• History of bleeding relating to previous NSAID use
	• Hypersensitivity to the constituents and other NSAIDs including aspirin
	• Asthma
	• Severe renal and hepatic impairment
	• Congestive cardiac failure
	• History of hypertension
	• Porphyria
	• Patients with coagulation defects
	• Varicella (chicken pox) infection
	• Pregnancy and breastfeeding
	• Individuals currently taking any of the following medicines;
	  ○ ACE-Inhibitors
	  ○ Anticoagulants, e.g. warfarin, DOACs
	  ○ Anti-platelets, e.g. clopidogrel and aspirin (above 75mg daily)
	  ○ Ciclosporin
	  ○ Corticosteroids
	  ○ Lithium
	  ○ Methotrexate
	  ○ Quinolones
	  ○ Tacrolimus
	  ○ Zidovudine
	  ○ Ritonavir
	  ○ Other NSAIDs / COX-2 inhibitors
	• Significant dehydration – inform of “Sick Day Rules”.

Precautions and Special Warnings	Children aged 3-5 months should only use for 24 hours; and children over 5 months – 18 years of age should use for

Ibuprofen 400mg or 200mg Tablets Ibuprofen 100mg/5mL Suspension (Supply)	
	maximum 3 days then seek GP advice if ongoing treatment required
Legal Status	P
Dose	Adults: 400mg every 6-8 hours, taken with or after food. Up to maximum of 1.2g daily **Caution:** Elderly or frail are more susceptible to side-effects associated with NSAIDs and should be advised to take half the normal adult dose (i.e. 200mg) Children:

Age	**Dose (max 3 doses in 24 hours)**
3-5 months	50mg
6-11 months	50mg
1-3 years	100mg
4-6 years	150mg
7-9 years	200mg
10-11 years	200mg (tablet) or 300mg (suspension)
12-18 years	400mg 200mg

Frequency of dose/Duration of treatment	Children aged 3-5 months should only use for 24 hours; and children over 5 months – 18 years of age should use for maximum 3 days then seek GP advice if ongoing treatment required Adults over 18 years: max 3 days for headache; max 4 days for primary dysmenorrhea and pain
Maximum or minimum treatment period	See dose section above.
Route/Method of Administration	Oral.

Ibuprofen 400mg or 200mg Tablets Ibuprofen 100mg/5mL Suspension (Supply)	
Quantity to be supplied	1 x 24 pack of 200g or 400mg tablets Or 1 x 150mL bottle of 100mg/5mL suspension Or Issue a 5mL spoon or 2.5mL /5mL oral syringe with the suspension.
Potential Adverse Reactions	• GI discomfort occasionally with GI bleed or ulceration • Nausea and diarrhoea • Headache • Dizziness/drowsiness • Nervousness • Insomnia • Depression • Vertigo • Tinnitus • Photosensitivity • Hypersensitivity reactions including rashes and bronchospasm and angioedema.
Advice	Advise the individual/person with parental responsibility: • To follow the manufacturer's PIL. • To take with or after food. • To contact the GP if symptoms persist after single dose.
Follow up (If applicable)	N/A
Storage	Store below 25°C.

Paracetamol 500mg Tablets or Paracetamol 120mg/5mL or 250mg/5mL Suspension (Supply)	
Indication	Treatment of mild to moderate pain and/or pyrexia in adults and children over 3 months of age. Post immunisation pyrexia for babies 2-3 months of age.
Inclusion Criteria	As per main PGD inclusion criteria and also; • Adults and children over 3 months of age • Infants 2-3 months of age only if used for post immunisation pyrexia
Exclusion Criteria	As per main PGD exclusion criteria and additionally; • Infants under 3 months of age (unless the indication is post immunisation pyrexia – when treatment can be given to infants aged 2-3 months) • Hypersensitivity to paracetamol or any of the medicines excipients • Severe renal and hepatic impairment • Currently taking any other medicine that contains paracetamol e.g. combined pain relief medications such as co-codamol, and over-the-counter cough and cold remedies containing paracetamol
Precautions and Special Warnings	Can be given to infants 2-3 months of age only when used for post immunisation pyrexia Ensure patients/carer's are clearly counselled not to take with any other paracetamol containing products. Note that patients weighing < 50kg require a dose reduction to 500mg every 4-6 hours, maximum 2g in 24 hours
Legal Status	P
Dose	

Age Range	Dose	Preferred Product
Adults and Children over 16 years old	500mg-1g every 4-6hours to a maximum of 8 tablets (4g) in 24 hours *If weight < 50kg advise 500mg per dose – max 4 tablets (2g) in 24 hours*	500mg Tablets

Paracetamol 500mg Tablets or Paracetamol 120mg/5mL or 250mg/5mL Suspension (Supply)

Age Range (Est. weight ranges)	Dose	Preferred Product
12-15 years 10-11 years	500mg every 4-6hours. Maximum 4 doses (2g) in 24 hours 500mg every 4-6 hours. Maximum 4 doses (2g) in 24 hours	500mg tablets or 250mg/5mL oral liquid if necessary
8-9 years 6-7 years	375mg (7.5mLs of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours 250mg (5mL of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours	250mg/5mL oral liquid
4-5 years	240mg (10mLs of 120mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.	120mg/5mL oral liquid
2-3 years	180mg (7.5mL of 120mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.	120mg/5mL oral liquid
6-23 months	120mg (2.5mL of 120mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.	120mg/5mL oral liquid

<table>
<tr><th colspan="2">Paracetamol 500mg Tablets or Paracetamol 120mg/5mL or 250mg/5mL Suspension (Supply)</th></tr>
<tr><td></td><td>
<table>
<tr><th>Age Range (Est. weight ranges)</th><th>Dose</th><th>Preferred Product</th></tr>
<tr><td>3-5 months</td><td>60mg (2.5mL of 120mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.</td><td>120mg/5mL oral liquid</td></tr>
<tr><td>2-3 months – for post immunisation pyrexia</td><td>60mg (2.5mL of 120mg/5mL oral liquid) as a single dose of post immunisation pyrexia. May be repeated once after 6 hours if necessary.</td><td>120mg/5mL oral liquid</td></tr>
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</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>Treatment of mild to moderate pain and/or pyrexia in adults and children over 3 months of age - Frequency of dose and duration of treatment is outlined in dose section above.

Post immunisation pyrexia for babies 2-3 months of age – 2 doses only</td></tr>
<tr><td>Maximum or minimum treatment period</td><td>See dose section above.</td></tr>
<tr><td>Route/Method of Administration</td><td>Oral.</td></tr>
<tr><td>Quantity to be supplied</td><td>Paracetamol 500mg tablets x 32

Or

100mL of the 120mg/5mL or the 250mg/5mL oral suspension

Issue a 5mL spoon or 2.5mL /5mL oral syringe with the suspension.</td></tr>
<tr><td>Potential Adverse Reactions</td><td>Rarely occur.
Skin rashes and blood disorders have been reported rarely.</td></tr>
</table>

Paracetamol 500mg Tablets or Paracetamol 120mg/5mL or 250mg/5mL Suspension (Supply)	
Advice	Advise the individual/person with parental responsibility: • To follow the manufacturer's PIL. • Not to exceed recommended dose. • To tell a doctor immediately if too much paracetamol has been taken. • Not to take other medicines containing paracetamol. • To have INR checked if they continue to take paracetamol regularly for longer than 5 days if taking warfarin • Not to take cholestyramine at the same time as paracetamol as cholestyramine decreases the absorption of paracetamol. • To shake bottle for at least 10 seconds before use.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Suspension – store in the original package.