



**Patient Group Direction for the supply and/or administration of  
Co-dydramol 10/500 Tablets (Dihydrocodeine 10mg/Paracetamol  
500mg) to patients attending Borders General Hospital minor injuries  
units and emergency departments**

**This document authorises the supply and/or administration of  
Co-dydramol 10/500 Tablets (Dihydrocodeine 10mg/Paracetamol  
500mg) by registered nurses to patients who meet the criteria for  
inclusion under the terms of the document**

**The registered nurse seeking to supply and/or administer Co-dydramol  
10/500 Tablets (Dihydrocodeine 10mg/Paracetamol 500mg) must  
ensure that all patients have been screened and meet the criteria  
before supply takes place.**

**The purpose of this Patient Group Direction is to help patients by  
providing them with more convenient access to pain relief in an  
efficient manner in the absence of medical cover.**

**This PGD was initially approved: 01/11/2004**

**This direction was authorised on: 27<sup>TH</sup> MAY 2013**

**The direction will be reviewed by: 27<sup>TH</sup> MAY 2015**

**Clinician Responsible for Training and Review: Jacques Kerr, Beverly  
Meins**

**PGD Reviewed by: Jacques Kerr, Beverly Meins**



**Patient Group Direction for administration of Co-dydramol 10/500 Tablets (Dihydrocodeine 10mg/Paracetamol 500mg) without a prescription for a named individual by Registered Nurses employed by NHS Borders in Borders General Hospital minor injuries units, emergency departments**

**1. This Patient Group Direction relates to the following specific preparation:**

Name of medicine, Strength, Formulation	Co-dydramol 10/500 Tablets (Dihydrocodeine 10mg/Paracetamol 500mg)
Legal status	Prescription only medicine (POM)
Storage	No special precautions for storage
Dose	2 tablets
Route/method	Oral – tablets
Frequency	every 4 to 6 hours
Total dose Quantity (Maximum/Minimum)	A maximum of 8 tablets in any 24 hours may be administered. Maximum permitted supply – 20 tablets <b>If patient is 12-18yrs old they should be weighed to ensure they do not weigh less than 50kg.</b> <b>If any patient weighs less than 50kg they should be referred to a doctor for accurate dosing.</b>
Advice to Patients	<ul style="list-style-type: none"><li>❖ Do not take any other medicine containing Paracetamol whilst taking Co-dydramol.</li><li>❖ Stop taking and seek medical advice if any unexpected side effect occurs.</li><li>❖ If drowsy do not drive or operate machinery</li><li>❖ Advise patient to contact doctor for any worsening of symptoms or lack of improvement in condition.</li><li>❖ If they take an overdose seek medical advice immediately.</li><li>❖ Taking a painkiller for headaches too often or for too long can make them worse.</li><li>❖ Do not take for longer than directed by your prescriber as taking dihydrocodeine regularly for a long time can lead to addiction.</li></ul>

Follow up Arrangements	Observe for effectiveness of pain relief. Seek medical advice if fails to respond to treatment or condition deteriorates
Relevant Warnings	<ul style="list-style-type: none"> <li>❖ Anaphylaxis – refer immediately for medical attention and treat as per NHS Borders anaphylaxis protocol/PGD.</li> <li>❖ Dihydrocodeine may bring about histamine release, therefore it should not be given during an asthma attack and it should be administered with due care to persons liable to such attack.</li> <li>❖ Pruritus</li> <li>❖ Confusion</li> </ul>

## 2. Clinical condition

Clinical Condition to be treated	Patients who require mild to moderate pain relief
Criteria for inclusion	<ul style="list-style-type: none"> <li>❖ Patients over the age of 12 years who are in mild to moderate pain.</li> <li>❖ Musculoskeletal problems</li> </ul>
Criteria for exclusion	<p>If any of the following apply, the PGD cannot be used and the patient must be referred to a doctor/other prescribing clinician.</p> <ul style="list-style-type: none"> <li>❖ Head injuries – Headache associated with injury/trauma, severe headache of more than 4 hours duration, severe occipital headache, visual disturbances or vomiting, neck stiffness, loss of sensation.</li> <li>❖ Are under 12 years old</li> <li>❖ Current prescription for any other paracetamol containing analgesia</li> <li>❖ Known hypersensitivity to paracetamol or dihydrocodeine or medicine containing these drugs.</li> <li>❖ Caution in patients with breathing difficulties, hypothyroidism, liver disease or renal impairment.</li> </ul>
Action if excluded or declines	The patient must be referred to a doctor. The reason for referral should be documented.
Interactions with other medicaments and other forms of interaction	<p>See current BNF for full list and details.</p> <p>Paracetamol – few interactions</p> <p>Dihydrocodeine – see opioid analgesics in the BNF interactions appendix.</p>
Referral	Patients may be referred to a prescribing practitioner at any stage. Patients should be referred if the treatment proves to be ineffective in relieving the symptoms.

### **3. Records: As per department protocol**

1. The following records should be kept (either paper or computer based)
  - The GP practice, clinic, hospital, and ward or department
  - The patient name and CHI number
  - The medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered
  - Drug batch number and expiry
  - The signature and printed name of the approved healthcare professional that supplied or administered the medicine
  - The patient group direction title and/or number
  - If patient met the inclusion criteria and if the exclusion criteria was assessed
  - Quantity supplied / received and current stock balance
2. Preparation, audit trail, data collection and reconciliation-
  - Stock balances should be reconcilable with receipts, administration, records and disposals on a patient by patient basis.
3. Storage:- Store below 25°C
  - Standards must be consistent with the Summary of Product Characteristics.

### **4. Professional Responsibility**

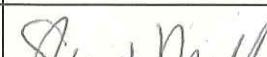
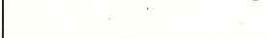
- ❖ All Health Professionals will ensure they have the relevant training and are competent in all aspects of medication use, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate. For those involved in immunization, regular anaphylaxis updates are mandatory.
- ❖ Nurses will have due regard for the NMC Code of Professional Conduct, standards for conduct, performance and ethics (2008) and NMC Standards for Medicines Management (2008)

### **5. References**

- ❖ British National Formulary (BNF) current edition  
<http://bnf.org/bnf/index.htm>
- ❖ British National Formulary (BNF) Children edition  
<http://bnfc.org/bnfc/bnfc/current/>
- ❖ Borders Joint Formulary (BJF)  
[http://intranet/new\\_intranet/microsites/index.asp?siteid=65&uid=1](http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1)
- ❖ Co-dydramol SPC [www.medicines.org.uk](http://www.medicines.org.uk)

**Patient Group Direction for supply and/or administration of Co-dydramol 10/500 tablets (Dihydrocodeine 10mg/Paracetamol 500mg) by registered nurses employed by NHS Borders**

This Patient Group Direction is approved for use by the under-signed:

Job Title	Name	Signed	Date
Senior Doctor/Dentist for relevant clinical area	Sheena MacDonald		4/6/13
NHS Borders Director of Pharmacy	Alison Wilson		27/5/13
NHS Borders Senior Health Professional for Clinical Area	Evelyn Fleck		4/6/13

PGD AUTHORISED ON ...../...../..... BY NHS BORDERS  
ADTC/CHAIRPERSON

Signed by ADTC CHAIRPERSON: .....

Name: JH.....John Hammond.....

The Health Professionals named below, being employees of NHS Borders are authorised to provide and/or administer this medication under this Patient Group Direction and agree to provide and/or administer this medication in accordance with this Patient Group Direction

