



**Patient Group Direction for the supply and/or administration of
Ibuprofen 400mg tablets to patients attending NHS Borders services**

**This document authorises the supply and/or administration of Ibuprofen
400mg tablets by registered nurses to patients who meet the criteria for
inclusion under the terms of the document**

**The registered nurses seeking to supply and/or administer Ibuprofen
400mg tablets 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: 01/06/2006

This direction was authorised on: April 2013

The direction will be reviewed by: April 2015

**Clinician Responsible for Training and Review: Emergency Department
Consultant/CNM Primary and Community Services**

**PGD Reviewed by: Jacques Kerr, Beverly Meins, Clare Ketteridge, Gavin
Gorman**



Patient Group Direction for administration of Ibuprofen 400mg tablets without a prescription for a named individual by registered nurses employed by NHS Borders

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

Name of medicine, Strength, Formulation	Ibuprofen 400mg tablets
Legal status	Pharmacy Medicine (P)
Storage	Store below 30°C
Dose	400mg
Route/method	Oral - tablets
Frequency	3 times daily with a minimum of 6 hours between doses.
Total dose Quantity (Maximum/Minimum)	Total daily dose: 1200mg divided as above. Total supply: 24 tablets
Advice to Patients	❖ Take with or just after food. ❖ Stop taking and seek medical advice if any side effect occurs especially indigestion. ❖ Advise patient to contact doctor for any worsening of symptoms or lack of improvement of condition ❖ No products containing ibuprofen, or another NSAID should be used simultaneously
Follow up Arrangements	Seek medical advice if the patient fails to respond to treatment/condition deteriorates or as indicated in protocol.
Relevant Warnings	❖ Gastrointestinal: The most commonly-observed adverse events are gastrointestinal in nature. Nausea, vomiting, diarrhoea, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis and gastrointestinal haemorrhage have been reported following ibuprofen administration. Less frequently, gastritis, duodenal ulcer, gastric ulcer and gastrointestinal perforation have been observed. Epidemiological data indicate that of the seven most widely-used

	oral, non-aspirin NSAIDs, ibuprofen presents the lowest risk of upper gastrointestinal toxicity. ❖ Hypersensitivity: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). ❖ Cardiovascular: Oedema, hypertension and cardiac failure have been reported in association with NSAID treatment. Clinical trial and epidemiological data suggest that use of ibuprofen, particularly at high dose (2400 mg/ daily), and in long term treatment may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke) Other adverse events reported less commonly and for which causality has not necessarily been established include: ❖ Renal: Nephrotoxicity in various forms, including interstitial nephritis, nephrotic syndrome and renal failure. ❖ Hepatic: Abnormal liver function, hepatitis and jaundice. ❖ Neurological & special senses: Visual disturbances, optic neuritis, headaches, paraesthesia, depression, confusion, hallucinations, tinnitus, vertigo, dizziness, malaise, fatigue and drowsiness. ❖ Haematological: Thrombocytopenia, neutropenia, agranulocytosis, aplastic anaemia and haemolytic anaemia. ❖ Dermatological: Photosensitivity
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2. Clinical condition

Clinical Condition to be treated	Mild to moderate pain when there may be an inflammatory component in adults.
Criteria for inclusion	Mild to moderate acute pain when there may be an inflammatory component. Patients from 12-65 years of age. Pain not responsive to paracetamol.
Criteria for exclusion	❖ Known hypersensitivity to any other NSAID (non steroidal anti-inflammatory drug) (e.g. when NSAID has previously precipitated asthma, angiodema, urticaria or rhinitis). ❖ Active, suspected or history of GI ulceration or bleeding ❖ Asthma ❖ Renal impairment ❖ Hepatic impairment ❖ Severe cardiac disease (heart failure, oedema or hypertension) ❖ Current use of interactive drugs ❖ Coagulation defects ❖ Under 12 years old (see Ibuprofen Suspension PGD) ❖ Over 65 years old
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	Antihypertensives: Reduced antihypertensive effect. Diuretics: Reduced diuretic effect. Diuretics can increase the risk of nephrotoxicity of NSAIDs. Cardiac glycosides (Digoxin): NSAIDs may exacerbate cardiac failure, reduce renal function and increase plasma cardiac glycoside levels. Lithium: Decreased elimination of lithium. Methotrexate: Decreased elimination of methotrexate. Cyclosporin: Increased risk of nephrotoxicity with NSAIDs. Mifepristone: NSAIDs should not be used for 8-12 days after mifepristone administration as NSAIDs can reduce the effects of mifepristone. Other analgesics: Avoid concomitant use of two or more NSAIDs. Corticosteroids: Increased risk of gastrointestinal bleeding. Anticoagulants: Enhanced anticoagulant effect. Quinolone antibiotics: Animal data indicate that

	NSAIDs can increase the risk of convulsions associated with quinolone antibiotics. Patients taking NSAIDs and quinolones may have an increased risk of developing convulsions.
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

a) 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

b) Preparation, audit trail, data collection and reconciliation-

Stock balances should be reconcilable with receipts, administration, records and disposals on a patient by patient basis.

c) Storage - Store below 30°C

Standards must be consistent with the Summary of Product Characteristics.

4. Professional Responsibility

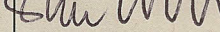
- ❖ All Health Professionals will ensure they have the relevant training and are competent in all aspects of medication use, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate. For those involved in immunization, regular 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
- ❖ Ibuprofen SPC www.medicines.org.uk

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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		27/2/14
NHS Borders Director of Pharmacy	Alison Wilson		5/3/14
NHS Borders Senior Health Professional for Clinical Area	Sheena Wright Evelyn FLECK	E Fleck	28/2/14

PGD AUTHORISED ON 12.13.14
Signed by ADTC CHAIRPERSON: Karen McNicoll
Name: Karen McNicoll

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

[illegible]