Administration and Supply
PATIENT GROUP DIRECTION (PGD) FOR

Worcestershire Acute Hospitals NHS Trust

Chlorphenamine maleate (chlorpheniramine) tablets 4mg, oral solution 4mg/10ml (P)

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Symptomatic relief of minor allergic reactions. Acute urticaria.
Inclusion criteria	Patients over 1 year old Patient history and clinical examination confirms the above conditions.
Exclusion criteria	Children under the age of 1 Patients who have taken monoamine oxidase inhibitors within the last 14 days. Patient who has taken chlorphenamine in the previous four hours. Allergy to chlorphenamine Renal impairment Ongoing anaphylactic shock
Cautions/Seek further advice	For mild/moderate hayfever/seasonal rhinitis recommend self-care with OTC purchase instead if appropriate May cause drowsiness, dizziness blurred vision and psychomotor impairment which may be more apparent in children. Regular chlorphenamine may increase blood levels of phenytoin leading to toxicity. Access to resuscitation facilities including adrenaline 1 in 1000 for treatment of anaphylaxis
Action if patient declines or is excluded	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.

Drug Details	
Name, form & strength of medicine	Chlorphenamine maleate (chlorpheniramine) oral solution 4mg/10ml, tablets, 4mg
Route/Method	Oral
Dosage	As per TTO pack supplied
Frequency	As per TTO pack supplied
Duration of treatment	As per TTO pack supplied
Maximum or minimum treatment period	As per TTO pack supplied
Quantity to administer/supply	As per TTO pack supplied

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Side effects	Concentration impaired; coordination abnormal; dizziness; dry mouth; fatigue; headache; nausea; vision blurred Agitation; appetite decreased; blood disorder; bronchial secretion viscosity increased; depression; diarrhoea; haemolytic anaemia; hypotension; irritability; muscle twitching; muscle weakness; nightmare; palpitations; photosensitivity reaction; skin reactions; tinnitus; urinary retention; vomiting, drowsiness, angioedema; arrhythmias; chest tightness; confusion; gastrointestinal discomfort; hepatic disorders.
Advice to patient/carer	May cause drowsiness, dizziness, blurred vision and psychomotor impairment. All patients with a generalised allergic reaction must be referred.
Follow up	GP follow-up if needed.

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This patient group direction must be agreed to and signed by all health care professionals involved in its use. The Trust Pharmacy Department will hold the original signed copy. The PGD must be easily accessible in the clinical setting	
Organisation	**Worcestershire Acute Hospitals NHS Trust**

Clinical Authorisation	
Lead Doctor	Name: David Raven Position: Clinical Director Emergency Medicine Signature: [signature] Date: 13/12/23
Lead Nurse/Allied Health Professional	Name: Clare Bush Position: DDN Urgent Care Signature: [signature] Date: 8.12.2023
Lead Pharmacist	Name: Tina Evans Position: Team Lead Pharmacist for Urgent Care Signature: [signature] Date: 11.1.24
Organisational Authorisation	
Chief Medical Officer	Name: Christine Blanshard pp WALTON ACMO Signature: [signature] Date: 29/1/24
Chief Nursing Officer	Name: Sarah Shingler Signature: [signature] Date: 24/1/24.
Director of Pharmacy	Name: Tania Carruthers Signature: [signature] Date: 25/3/24

Patient Group Direction Peer Reviewed by		
Name	**Position**	**Date**
Mr Abdul Jalil	**Consultant in Emergency Medicine**	**June 2020**

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Staff Characteristics	
Professional qualifications	Registered Nurse or Paramedic with a current registration and working in Urgent Care
Specialist competencies or qualifications	• Has undertaken appropriate training to carry out clinical assessment of patient 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
Continuing education & training	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.

Referral Arrangements and Audit Trail	
Referral arrangements	N/A
Records/audit trail	• Patient's name, address, date of birth and consent given • Contact details of GP (if registered) • Diagnosis • Dose and form administered • Advice given to patient (including side effects) • Signature/name of staff who administered or supplied the medication, and also, if 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 arrangements (including self-care)

References/Resources and comments	Notes: SPC – Summary of Product Characteristics BNF – British National Formulary

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Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: Staff authorised to use PGDs may wish to have an individual record of the PGDs they are signed up to, if so use 'PGD Individual Staff Record' sheet. If specifically requested, authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Authorising Manager	Date