

**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**

<b>Clinical Condition</b>	
<b>Indication</b>	Symptomatic relief of minor allergic reactions. Acute urticaria.
<b>Inclusion criteria</b>	Patients over 1 year old Patient history and clinical examination confirms the above conditions.
<b>Exclusion criteria</b>	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
<b>Cautions/Seek further advice</b>	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
<b>Action if patient declines or is excluded</b>	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.

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

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<b>Side effects</b>	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.
<b>Advice to patient/carer</b>	May cause drowsiness, dizziness, blurred vision and psychomotor impairment. All patients with a generalised allergic reaction must be referred.
<b>Follow up</b>	GP follow-up if needed.

**Administration and Supply**  
**PATIENT GROUP DIRECTION (PGD) FOR**

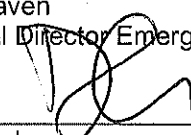
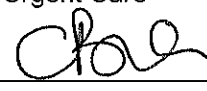
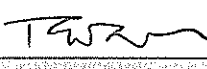
**Worcestershire Acute Hospitals NHS**  
**Trust**

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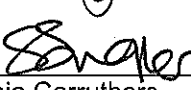
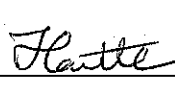
This patient group direction must be agreed to and signed by all health care professionals involved in its use. The Trust Pharmacy Department will hold the original signed copy. The PGD must be easily accessible in the clinical setting

<b>Organisation</b>	<b>Worcestershire Acute Hospitals NHS Trust</b>
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**Clinical Authorisation**

<b>Lead Doctor</b>	Name: David Raven Position: Clinical Director Emergency Medicine Signature:  Date: 13/12/23
<b>Lead Nurse/Allied Health Professional</b>	Name: Clare Bush Position: DDN Urgent Care Signature:  Date: 8.12.2023
<b>Lead Pharmacist</b>	Name: Tina Evans Position: Team Lead Pharmacist for Urgent Care Signature:  Date: 11.1.24

**Organisational Authorisation**

<b>Chief Medical Officer</b>	Name: Christine Blanshard pp WATSON ACMO Signature:  Date: 29/1/24
<b>Chief Nursing Officer</b>	Name: Sarah Shingler Signature:  Date: 24/1/24
<b>Director of Pharmacy</b>	Name: Tania Carruthers 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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<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Registered Nurse or Paramedic with a current registration and working in Urgent Care
<b>Specialist competencies or qualifications</b>	<ul style="list-style-type: none"><li>• 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</li><li>• Has undertaken appropriate training for working under PGDs for the supply and administration of medicines</li></ul>
<b>Continuing education &amp; training</b>	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.

<b>Referral Arrangements and Audit Trail</b>	
<b>Referral arrangements</b>	N/A
<b>Records/audit trail</b>	<ul style="list-style-type: none"><li>• Patient's name, address, date of birth and consent given</li><li>• Contact details of GP (if registered)</li><li>• Diagnosis</li><li>• Dose and form administered</li><li>• Advice given to patient (including side effects)</li><li>• Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment</li><li>• Details of any adverse drug reaction and actions taken including documentation in the patient's medical record</li><li>• Referral arrangements (including self-care)</li></ul>

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