Worcestershire Acute Hospitals NHS Trust

CO-DYDRAMOL, TABLETS 10/500mg (POM)

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

Clinical Condition		
Indication	Relief of mild to moderate pain	
Inclusion criteria	Patients over 12 years old presenting with mild to moderate pain	
Exclusion criteria	Patients under 12 years old Allergy to paracetamol or codeine/dihydrocodeine Severe constipation Diarrhoea caused by poisoning Pregnancy Respiratory depression and obstructive airways disease.	
Cautions/Seek further advice	Contains paracetamol therefore: Ensure no other paracetamol products have been taken within the previous 4 hours Ensure no more than 4g of paracetamol in total has been taken in the previous 24 hours. Caution if patient on flucloxacillin (combination has been associated with metabolic acidosis, especially in patients with risks factors) Caution if patient on benzodiazepines or related drugs, may result in sedation and respiratory depression Caution in breastfeeding	
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	Co-dydramol tablet 10/500mg			
Route/Method	Oral			
Dosage	One or two tablets every 4 to 6 hours Children aged 12 to 15 years and Adults under 50kg 1 tablet			
Frequency	4 to 6 hours			
Duration of treatment	Maximum of eight tablets within a 24-hour period			
Maximum or minimum treatment period	Single dose or doses may be administered whilst the patient is still in the department (use same max dose/frequency)			
Quantity to	If needed for ongoing pain relief, supply 30 tablets			

Date approved: 11/09/2024

Medicines Safety Committee

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administer/supply	
Side effects	Abdominal pain, addiction, blood disorder, irritability, pancreatitis, restlessness, severe cutaneous adverse reactions, thrombocytopenia Overdose- Liver damage following overdose with paracetamol
Advice to patient/carer	Contains paracetamol therefore no other paracetamol-containing products should be taken. Since many remedies contain paracetamol, patient should be advised to check ingredient carefully. Patient information leaflet from the pack plus verbal advice on using the medication. May cause constipation. To consult GP if no improvement.
Follow up	Contact GP if symptoms do not improve

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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	nts and Audit Trail 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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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

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Clinical Authorisation	garan ayan da karan ayan ayan ayan ayan ayan ayan ayan	Markator (1)	A DESCRIPTION OF THE STATE
Lead Doctor	Name: David Raven Position: Divisional Director	,	
	Signature:	Date:	14/10/24
Lead Nurse/Allied Health Professional	Name: Clare Bush Position: Divisional Director of Nursing	YIKK	1 ASTON
	Signature:	Date:	14 · 10 · 24
Lead Pharmacist	Name: Tina Evans Position: Team Lead Pharmacist for U	Irgent Cai	re .
	Signature: TWWU-	Date:	15:10:24
Organisational Author	isation 👡 🦯		
Chief Medical Officer	Name: Jules-Walton Jackson	BER	w -
	Signature:	Date:	23(cd/xc
Chief Nursing Officer	Name: Sarah Shingler Signature:	Date:	26/11/24
Director of Pharmacy	Name: Tania Carruthers		
	Signature: Hartle_	Date:	27/11/24

Patient Group Direction Peer Reviewed by			
Name	Position	Date	
		•	
•			

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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
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