

This patient group direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction (PGD)

For the administration or supply of

Hyoscine Butylbromide

By registered health care professionals for

Symptomatic relief of smooth muscle spasm

Throughout the Manx Care and those contracted by the Manx Care where appropriate within practice

PGD NUMBER 29

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021

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2. Medicines practice guideline 2: Patient group directions

Refer to the relevant sections of NICE medicines practice guideline 2: *Patient group directions* as stated in the blank template notes. For further information about PGD signatories, see the NHS and Manx Care <u>PGD website FAQs</u>

3. PGD development

Refer to the <u>NICE PGD competency framework for people developing PGDs</u>

Job Title & organisation	Name	Signature	Date
Author of the PGD			
Member of the PGD working group			

4. PGD authorisation

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

Job Title	Name	Signature	Date
Medical Director			
Chief Pharmacist/ Pharmaceutical Adviser			
Senior Paramedic			
Director of Nursing			
GP Adviser			
Senior Microbiologist (if PGD contains antimicrobials)			

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5. PGD adoption by the provider

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

Job title and organisation	Signature	Date	Applicable or not applicable to area

6. Training and competency of registered healthcare professionals, employed or contracted by the Manx Care, GP practice or Hospice

Refer to the <u>NICE PGD competency framework for health professionals using PGDs</u>

	Requirements of registered Healthcare professionals working under the PGD	
Qualifications and professional registration	Registered healthcare professionals, working within or contracted by the Manx Care, GP practice or Hospice who are	
	permitted staff groups outlined within the current PGD policy	
	Pharmacists must be practising in Manx Care authorised	
	premises i.e. contracted pharmacy premises	
Initial training	Knowledge of current guidelines and the administration of the	
	drug specified in this PGD/BNF and of the inclusion and	
	exclusion criteria	
	Training which enables the practitioner to make a clinical	
	assessment to establish the need for the medication covered by	
	this PGD	
	Local training in the use of PGDs	
Competency	Staff will be assessed on their knowledge of drugs and clinical	
assessment	assessment as part the competency framework for registered health	
	professionals using PGDs	
Ongoing training and	The registered health care professionals should make sure they are	
competency	aware of any changes to the recommendations for this medication;	
	it is the responsibility of the registered health care professionals to	
	keep up to date with continuing professional development. PGD	
	updates will be held every two years	

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7. Clinical Conditions

Clinical condition or	Symptomatic relief of smooth muscle spasm
situation to which this	Symptomatic rener of smooth muscle spasm
PGD applies	
Inclusion criteria	Bowel colic in palliative care
	IBS
	 Tablets for use in above 6 years old
	 Acute spasms in diagnostic procedures
Exclusion criteria	Injections not licensed in use in children
LACIUSION CITICITA	Tablets not licensed in children under 6 years
	Glaucoma
	Gastrointestinal obstruction (expect palliative care)
	 Hypersensitivity to medicinal properties
	Pregnancy
Cautions (including any	Acute myocardial infarction
relevant action to be	Acute myocardia imarction Arrhythmias
taken)	Autonomic neuropathy
takeny	Cardiac insufficiency (due to association with tachycardia)
	 Cardiac insufficiency (due to association with tachycardia) Cardiac surgery (due to association with tachycardia)
	Children (increased risk of side-effects) (in children) Conditions characterized by tachycardia
	Conditions characterised by tachycardia Congestive heart failure (may be wersened)
	Congestive heart failure (may be worsened) Congestive return disease (may be worsened)
	Coronary artery disease (may be worsened) Diagrapses
	Diarrhoea Tidarky (against the if freil)
	Elderly (especially if frail) Cost of a second of the sting of the second of the
	Gastro-oesophageal reflux disease
	Hiatus hernia with reflux oesophagitis
	Hypertension
	Hyperthyroidism (due to association with tachycardia)
	Individuals susceptible to angle-closure glaucoma
	Prostatic hyperplasia (in adults)
	Pyrexia
A	Ulcerative colitis
Arrangements for referral	Patient should be referred to a more experienced clinical
for medical advice Action to be taken if	practitioner for further assessment
patient excluded	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if	
	A verbal explanation should be given to the patient on: the need for the medication and any possible effects or netential risks.
patient declines treatment	for the medication and any possible effects or potential risks which may occur as a result of refusing treatment
a cathlett	This information must be documented in the patients' health
	records
	 Any patient who declines care must have demonstrated capacity
	to do so
	 Where appropriate care should be escalated
	• which appropriate care should be escalated

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8. Details of the medicine

Name, form and strength	Hyoscine Butylbromide	
of medicine	Tryosome Bacyloromiae	
Legal category	Prescription Only Medicine (POM)	
Indicate any off-label use	None	
(if relevant)	None	
Route/method of	Oral, IM, SC	
administration	3.4.7,	
Dose and frequency	By mouth	
. ,	• Child 2–4 years: 5 mg 3–4 times a day	
	• Child 5–11 years: 10 mg 3–4 times a day	
	 Child 12–17 years: 20 mg 3–4 times a day 	
	, , ,	
	By intramuscular injection, or by intravenous injection	
	Child 16 years – Adult hood: 20 mg 3–4 times a day	
	By subcutaneous injection	
	Adult: 20 mg every 4 hours if required, adjusted according to	
	response to up to 20 mg every 1 hour	
	By subcutaneous infusion	
	Adult: 300 mg/24 hours.	
Quantity to be	As per dose	
administered and/or		
supplied Maximum or minimum	Maximum 8 doses in 48 hours	
treatment period		
Storage	Total treatment 48 hour period Poom temperature	
Adverse effects	Room temperature	
Auverse effects	ConstipationDizzinessNauseaPalpitations	
	Drowsiness Skin reactions	
	 dry mouth Tachycardia 	
	dyspepsia	
	 flushing Vision disorders 	
	Headache Vomiting	
	• ricadactic • volitting	
	Rare or very rare	
	Angioedema	
	 confusion (more common in elderly) 	
Records to be kept	The administration of any medication given under a PGD must be	
	recorded within the patient's medical records	

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9. Patient information

Verbal/Written	Verbal information must be given to patients and or carers for all
information to be given to	medication being administered under a PGD
patient or carer	Where medication is being supplied under a PGD, written
	patient information leaflet must also be supplied
	A patient information leaflet is available on request
Follow-up advice to be	If symptoms do not improve or worsen or you become unwell, seek
given to patient or carer	medical advice immediately

10. Appendix A

References

- 1. British National Formulary (BNF) available online: https://bnf.nice.org.uk
- 2. Nursing and Midwifery (2018) "The code" available online: https://www.nmc.org.uk
- 3. Current Health Care Professions Council standards of practice
- 4. General Pharmaceutical Council standards
- 5. The General Optical Council
- 6. Electronic medicines compendium available online: https://www.medicines.org.uk

11. Appendix B

Health professionals agreed to practice

- Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor
- A mentor is defined within the Manx Care policy as any ward/area managers, sisters, senior nurses, GPs, pharmacists or senior paramedics who has completed the PGD training themselves

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