

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

# Nicotine replacement therapy (NRT) Lozenges

By registered health care professionals for

Nicotine replacement therapy

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

### **PGD NUMBER 55**

### 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</u> website FAQs

### 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	<ul> <li>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</li> <li>Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises</li> </ul>	
Initial training	<ul> <li>Knowledge of current guidelines and the administration of the drug specified in this PGD/BNF and of the inclusion and exclusion criteria</li> <li>Training which enables the practitioner to make a clinical assessment to establish the need for the medication covered by this PGD</li> <li>Local training in the use of PGDs</li> </ul>	
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 competency	The registered health care professionals should make sure they are 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

cal condition or As an aid to treating tobacco dependence.	Clinical condition or
	cililical collation of
NRT can also be used for specific situations requiring temporary	situation to which this
applies abstinence (e.g. hospital admission/ custody/ prison admission)	PGD applies
• Current tobacco user who is 12 years of age or older	nclusion criteria
• Children under the age of 12 years	Exclusion criteria
<ul> <li>Documented allergy to the ingredients of NRT</li> </ul>	
<ul> <li>Patients who suffer from phenylketonuria (Lozenges contain</li> </ul>	
aspartame, a source of phenylalanine)	
People on low sodium diets	
ions (including any  • Patients with diabetes should be advised to check their blood	Cautions (including any
yant action to be glucose levels more frequently than usual when stopping	relevant action to be
n) smoking	taken)
Renal or hepatic impairment use with caution	
GI disease, gastritis, Oesophagitis or peptic ulcers	
<ul> <li>Phaeochromocytoma (tumour of the adrenal gland) and</li> </ul>	
uncontrolled hyperthyroidism - as nicotine causes release of	
catecholamine, NRT should be used with caution	
ngements for referral Patient should be referred to a more experienced clinical	Arrangements for referral
nedical advice practitioner for further assessment	for medical advice
on to be taken if Patient should be referred to a more experienced clinical	Action to be taken if
ent excluded practitioner for further assessment	patient excluded
on to be taken if  • A verbal explanation should be given to the patient on: the nee	Action to be taken if
for the medication and any possible effects or potential risks	patient declines
tment which may occur as a result of refusing treatment	treatment
<ul> <li>This information must be documented in the patients' health</li> </ul>	
records	
<ul> <li>Any patient who declines care must have demonstrated capacit</li> </ul>	
to do so	
Where appropriate care should be escalated	

# 8. Details of the medicine

Name, form and strength of medicine	Nicotine replacement therapy (NRT) Lozenges	
Legal category	General Sales List (GSL)	
Indicate any off-label use	None	
(if relevant)		
Route/method of	Oral	
administration		
Dose and frequency	<b>Adult:</b> 1 lozenge every 1–2 hours as required, one lozenge should be used when the urge to smoke occurs. maximum 15 lozenges per day	
Quantity to be administered and/or supplied	<ul> <li>Administration: As per dose</li> <li>Supply: One original pack (maximum 96 lozenges)</li> </ul>	

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Maximum or minimum treatment period	Maximum period of treatment five days	
Storage	Room temperature	
Adverse effects	<ul> <li>dizziness</li> <li>headache</li> <li>hyperhidrosis</li> <li>nausea</li> <li>palpitations</li> <li>skin reactions</li> <li>vomiting</li> <li>anxiety</li> <li>appetite abnormal</li> <li>diarrhoea</li> <li>dyspepsia (may be caused by swallowed nicotine)</li> <li>gastrointestinal disorders</li> <li>hiccups</li> <li>increased risk of infection</li> <li>mood altered</li> <li>oral disorders</li> <li>sleep disorders</li> </ul>	
Records to be kept	The administration of any medication given under a PGD must be recorded within the patient's medical records	

### 9. Patient information

Verbal/Written information to be given to patient or carer	<ul> <li>Verbal information must be given to patients and or carers for all medication being administered under a PGD</li> <li>Where medication is being supplied under a PGD, written patient information leaflet must also be supplied</li> <li>A patient information leaflet is available on request</li> </ul>	
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: <a href="https://bnf.nice.org.uk">https://bnf.nice.org.uk</a>
- 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: <a href="https://www.medicines.org.uk">https://www.medicines.org.uk</a>

## 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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