

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

### **Diazepam 5mg tablets**

By registered health care professionals for

### **Initial treatment for new patients with alcohol dependency (as per CIWA-Ar assessment)**

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

## **PGD NUMBER 01**

### **1. Change history**

| <b>Version number</b> | <b>Change details</b> | <b>Date</b> |
|-----------------------|-----------------------|-------------|
| 1                     | Original PGD ratified | June 2021   |
|                       |                       |             |
|                       |                       |             |

## 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 [PGD website FAQs](#).

## 3. PGD development

Refer to the [NICE PGD competency framework for people developing PGDs](#)

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

## 4. PGD authorisation

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

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

## 5. PGD adoption by the provider

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

| 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 [NICE PGD competency framework for health professionals using PGDs](#)

|   | Requirements of registered Healthcare professionals working under the PGD   |
|---|---|
| <b>Qualifications and professional registration</b> | <ul style="list-style-type: none"> <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>                                     |
| <b>Initial training</b>                             | <ul style="list-style-type: none"> <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> |
| <b>Competency assessment</b>                        | Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGDs  |
| <b>Ongoing training and competency</b>              | 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  |

## 7. Clinical Conditions

|  |  |
|--|--|
| <b>Clinical condition or situation to which this PGD applies</b> | Initial treatment for new patients with severe alcohol dependency (as per CIWA-Ar assessment)  |
| <b>Inclusion criteria</b>  | Patients aged 18 years   |
| <b>Exclusion criteria</b>  | <ul style="list-style-type: none"> <li>• Patients already receiving Diazepam treatment for opiate withdrawal</li> <li>• Patients already prescribed Diazepam</li> <li>• Patients under the age of 18 years</li> <li>• Current intoxication (bearing in mind that patients who are alcohol dependant do not need to be sober to experience withdrawal)</li> <li>• Respiratory depression</li> <li>• Myaesthesia Gravis or other muscle weakness</li> <li>• Liver Failure or severe liver disease</li> <li>• Known hypersensitivity to Diazepam or other Benzodiazepines</li> <li>• Pregnancy</li> </ul> |
| <b>Cautions (including any relevant action to be taken)</b>      | <ul style="list-style-type: none"> <li>• Respiratory disease</li> <li>• Known drug or alcohol dependence</li> </ul>  |
| <b>Arrangements for referral for medical advice</b>              | Patient should be referred to a more experienced clinical practitioner for further assessment  |
| <b>Action to be taken if patient excluded</b>                    | Patient should be referred to a more experienced clinical practitioner for further assessment  |
| <b>Action to be taken if patient declines treatment</b>          | <ul style="list-style-type: none"> <li>• A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential risks which may occur as a result of refusing treatment</li> <li>• This information must be documented in the patients' health records</li> <li>• Any patient who declines care must have demonstrated capacity to do so</li> <li>• Where appropriate care should be escalated</li> </ul>   |

## 8. Details of the medicine

|  |  |
|--|--|
| <b>Name, form and strength of medicine</b>             | Diazepam 5mg tablets   |
| <b>Legal category</b>                                  | Prescription Only Medication (POM)                                   |
| <b>Indicate any <u>off-label use</u> (if relevant)</b> | None   |
| <b>Route/method of administration</b>                  | Oral   |
| <b>Dose and frequency</b>                              | 10mg Diazepam every 4-6 hours following repeat of CIWA-Ar assessment |

|  |  |
|--|--|
| <b>Quantity to be administered</b>         | 10mg (2 x 5mg tablets)   |
| <b>Maximum or minimum treatment period</b> | Five days maximum  |
| <b>Storage</b>                             | Do not store above 25°C  |
| <b>Adverse effects</b>                     | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• Changes in libido</li> <li>• Drowsiness, confusion and ataxia</li> <li>• Dependence, paradoxical increase in aggression</li> <li>• Dizziness</li> <li>• Dysarthria</li> <li>• GI disturbances</li> <li>• Gynaecomastia</li> <li>• Hypotension</li> <li>• Headache</li> <li>• Incontinence</li> <li>• Muscle weakness</li> <li>• Slurred speech</li> <li>• Salivation changes</li> <li>• Tremor</li> <li>• Urinary retention</li> <li>• Vertigo</li> <li>• Visual disturbances</li> </ul> |
| <b>Records to be kept</b>                  | The administration of any medication given under a PGD must be recorded within the patient's medical records   |

## 9. Patient information

|   |  |
|---|--|
| <b>Verbal/Written information to be given to patient or carer</b> | <ul style="list-style-type: none"> <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> |
| <b>Follow-up advice to be given to patient or carer</b>           | If symptoms do not improve or worsen or you become unwell, seek medical advice immediately   |

## 10. Appendix A

| References   |
|--|
| <ol style="list-style-type: none"> <li>1. British National Formulary (BNF) available online: <a href="https://bnf.nice.org.uk">https://bnf.nice.org.uk</a></li> <li>2. Nursing and Midwifery (2018) "The code" available online: <a href="https://www.nmc.org.uk">https://www.nmc.org.uk</a></li> <li>3. Current Health Care Professions Council standards of practice</li> <li>4. General Pharmaceutical Council standards</li> <li>5. The General Optical Council</li> <li>6. Electronic medicines compendium available online: <a href="https://www.medicines.org.uk">https://www.medicines.org.uk</a></li> <li>7. Appraisal of the Glasgow Assessment and management of alcohol guideline: a comprehensive alcohol management protocol for use in general hospitals; Q J Med 2012; 105: 649-656</li> <li>8. Pharmacological management of alcohol withdrawal. A meta-analysis and evidence based practice guideline JAMA 1997; 278: 144-151</li> <li>9. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.</li> </ol> |

## 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

## 12. Appendix C

### Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

|  |   |
|--|---|
| <p><b>Nausea/Vomiting</b> - Rate on scale 0 - 7</p> <p>0 - None<br/>           1 - Mild nausea with no vomiting<br/>           2<br/>           3<br/>           4 - Intermittent nausea<br/>           5<br/>           6<br/>           7 - Constant nausea and frequent dry heaves and vomiting</p>   | <p><b>Tremors</b> - have patient extend arms &amp; spread fingers. Rate on scale 0 - 7.</p> <p>0 - No tremor<br/>           1 - Not visible, but can be felt fingertip to fingertip<br/>           2<br/>           3<br/>           4 - Moderate, with patient's arms extended<br/>           5<br/>           6<br/>           7 - severe, even w/ arms not extended</p>  |
| <p><b>Anxiety</b> - Rate on scale 0 - 7</p> <p>0 - no anxiety, patient at ease<br/>           1 - mildly anxious<br/>           2<br/>           3<br/>           4 - moderately anxious or guarded, so anxiety is inferred<br/>           5<br/>           6<br/>           7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.</p>  | <p><b>Agitation</b> - Rate on scale 0 - 7</p> <p>0 - normal activity<br/>           1 - somewhat normal activity<br/>           2<br/>           3<br/>           4 - moderately fidgety and restless<br/>           5<br/>           6<br/>           7 - paces back and forth, or constantly thrashes about</p>   |
| <p><b>Paroxysmal Sweats</b> - Rate on Scale 0 - 7.</p> <p>0 - no sweats<br/>           1 - barely perceptible sweating, palms moist<br/>           2<br/>           3<br/>           4 - beads of sweat obvious on forehead<br/>           5<br/>           6<br/>           7 - drenching sweats</p>  | <p><b>Orientation and clouding of sensorium</b> - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4</p> <p>0 - Oriented<br/>           1 - cannot do serial additions or is uncertain about date<br/>           2 - disoriented to date by no more than 2 calendar days<br/>           3 - disoriented to date by more than 2 calendar days<br/>           4 - Disoriented to place and / or person</p>  |
| <p><b>Tactile disturbances</b> - Ask, "Have you experienced any itching, pins &amp; needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"</p> <p>0 - none<br/>           1 - very mild itching, pins &amp; needles, burning, or numbness<br/>           2 - mild itching, pins &amp; needles, burning, or numbness<br/>           3 - moderate itching, pins &amp; needles, burning, or numbness<br/>           4 - moderate hallucinations<br/>           5 - severe hallucinations<br/>           6 - extremely severe hallucinations<br/>           7 - continuous hallucinations</p> | <p><b>Auditory Disturbances</b> - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"</p> <p>0 - not present<br/>           1 - Very mild harshness or ability to startle<br/>           2 - mild harshness or ability to startle<br/>           3 - moderate harshness or ability to startle<br/>           4 - moderate hallucinations<br/>           5 - severe hallucinations<br/>           6 - extremely severe hallucinations<br/>           7 - continuous hallucinations</p> |
| <p><b>Visual disturbances</b> - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"</p> <p>0 - not present<br/>           1 - very mild sensitivity<br/>           2 - mild sensitivity<br/>           3 - moderate sensitivity<br/>           4 - moderate hallucinations<br/>           5 - severe hallucinations<br/>           6 - extremely severe hallucinations<br/>           7 - continuous hallucinations</p>   | <p><b>Headache</b> - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.</p> <p>0 - not present<br/>           1 - very mild<br/>           2 - mild<br/>           3 - moderate<br/>           4 - moderately severe<br/>           5 - severe<br/>           6 - very severe<br/>           7 - extremely severe</p>   |

#### Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

|  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Assessment Protocol</b><br>a. Vitals, Assessment Now.<br>b. If initial score $\geq 8$ repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h.<br>c. If initial score $< 8$ , assess q4h x 72 hrs.<br>If score $< 8$ for 72 hrs, d/c assessment.<br>If score $\geq 8$ at any time, go to (b) above.<br>d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below. | <b>Date</b>              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>Time</b>              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>Pulse</b>             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>RR</b>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>O<sub>2</sub> sat</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>BP</b>                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Assess and rate each of the following (CIWA-Ar Scale):</b>  |                          | <b>Refer to reverse for detailed instructions in use of the CIWA-Ar scale.</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Nausea/vomiting (0 - 7)</b><br>0 - none; 1 - mild nausea, no vomiting; 4 - intermittent nausea; 7 - constant nausea, frequent dry heaves & vomiting.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Tremors (0 - 7)</b><br>0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Anxiety (0 - 7)</b><br>0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state.   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Agitation (0 - 7)</b><br>0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Paroxysmal Sweats (0 - 7)</b><br>0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweat.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Orientation (0 - 4)</b><br>0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by $> 2$ days; 4 - disoriented to place and / or person.   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Tactile Disturbances (0 - 7)</b><br>0 - none; 1 - very mild itch, P&N, numbness; 2 - mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning, numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Auditory Disturbances (0 - 7)</b><br>0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Visual Disturbances (0 - 7)</b><br>0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations.  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Headache (0 - 7)</b><br>0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe.   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total CIWA-Ar score:</b>  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PRN Med:</b> (circle one)   | <b>Dose given (mg):</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diazepam    Lorazepam  | <b>Route:</b>            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time of PRN medication administration:</b>  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Assessment of response (CIWA-Ar score 30-60 minutes after medication administered)</b>  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>RN Initials</b>   |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Scale for Scoring:</b><br>Total Score =<br>0 - 9: absent or minimal withdrawal<br>10 - 19: mild to moderate withdrawal<br>more than 20: severe withdrawal   |                          | <b>Indications for PRN medication:</b><br>a. Total CIWA-Ar score 8 or higher if ordered PRN only (Symptom-triggered method).<br>b. Total CIWA-Ar score 15 or higher if on Scheduled medication. (Scheduled + prn method)<br><b>Consider transfer to ICU for any of the following:</b> Total score above 35, q1h assess. x more than 8hrs required, more than 4 mg/hr lorazepam x 3hr or 20 mg/hr diazepam x 3hr required, or resp. distress. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Patient Identification (Addressograph)

| Signature/ Title | Initials | Signature / Title | Initials |
|------------------|----------|-------------------|----------|
|                  |          |                   |          |
|                  |          |                   |          |
|                  |          |                   |          |
|                  |          |                   |          |

**Alcohol Withdrawal Assessment Flowsheet** (revised Nov 2003)