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

Naproxen 250mg Tablets

By registered health care professionals for

Management of acute gout

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

PGD NUMBER 92

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021
2	Minor word changes to ensure clarity to the PGD	September 2023

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			
Deputy to Chief Pharmacist/ Pharmaceutical Adviser			
Senior Paramedic			
Director of Nursing			
GP Adviser			
Senior Microbiologist (if PGD contains antimicrobials)	N/A	N/A	N/A

5. 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
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 assessment	Staff will be assessed on their knowledge of drugs and clinical 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

6. Clinical Conditions

Clinical condition or situation to which this PGD applies	Management of acute gout
Inclusion criteria	Adults presenting with a recurrent acute attack of gout previously diagnosed by their GP
Exclusion criteria	• No prior diagnosis or treatment for an acute attack of gout • Under 18 years • Patient who are taking concomitant NSAID therapy • History of hypersensitivity to aspirin or other NSAIDs, or where asthma, angioedema, urticaria, or rhinitis has been precipitated by aspirin or any other NSAID • Any known hypersensitivity to any component of the medicine • Gastrointestinal/cardiovascular diseases • Hepatic/renal impairment • Pregnancy

Cautions (including any relevant action to be taken)	• Elderly patients more susceptible to side effects • Breast feeding A detailed list of cautions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF https://bnf.nice.org.uk
Arrangements for referral for medical advice	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient excluded	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient declines treatment	• 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 • 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

7. Details of the medicine

Name, form and strength of medicine	Naproxen 250mg Tablets
Legal category	Prescription Only Medicine (POM)
Indicate any off-label use (if relevant)	None
Route/method of administration	Oral
Dose and frequency	• 750mg (three tablets) initially then • 250mg (one tablet) every 8 hours until the attack has passed • Preferably to be taken with or after food
Quantity to be administered and/or supplied	1 x 28 tablets
Maximum or minimum treatment period	Maximum treatment period – use of 28 tablets
Storage	Room temperature

Adverse effects	• agranulocytosis • alopecia • angioedema • aplastic anaemia • asthma • cognitive impairment • concentration impaired • confusion • constipation • corneal opacity • depression • diarrhoea • dizziness • drowsiness • dyspnoea • erythema nodosum • fatigue • gastrointestinal discomfort • gastrointestinal disorders • glomerulonephritis • haemolytic anaemia • haemorrhage • hallucination • headache • hearing impairment • heart failure • hepatic disorders • hyperhidrosis • hyperkalaemia • hypersensitivity hypertension • increased risk of arterial thromboembolism • infertility female • inflammatory bowel disease • malaise • muscle weakness • myalgia • nausea • nephritis tubulointerstitial • nephropathy • neutropenia • oedema • optic neuritis • oral disorders • palpitations • pancreatitis • papillitis • papilloedema • paraesthesia • photosensitivity reaction • platelet aggregation inhibition • pulmonary oedema • rash pustular • renal failure (more common in patients with pre-existing renal impairment) • renal papillary necrosis • respiratory disorders • seizure • severe cutaneous adverse reactions (SCARs) • skin reactions • sleep disorders • thirst • thrombocytopenia • tinnitus • vasculitis • vertigo • visual impairment • vomiting • meningitis aseptic (patients with connective-tissue disorders such as systemic lupus erythematosus may be especially susceptible) A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF https://bnf.nice.org.uk
Records to be kept	The administration of any medication given under a PGD must be recorded within the patient's medical records

8. Patient information

Verbal/Written information to be given to patient or carer	• Naproxen should be taken with or after food, it should not be taken on an empty stomach. • Verbal information must be given to patients and or carers for all medication being administered under a PGD • 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 given to patient or carer	If symptoms do not improve or worsen or you become unwell, seek medical advice immediately

9. Appendix A

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

10. 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