Policy for the Administration of Pharmacy (P) and General Sales List (GSL) Medicines by Registered Nurses and Allied Health Professionals to Adult patients in Powys Teaching Health Board Community Hospitals.

Discretionary/Homely Medicines Protocol

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Do not print this document. The latest version will be accessible via the intranet.
If the review date has passed, please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue.	June 2016
2	Wider range of General sales list and Pharmacy only medication added to policy.	July 2020
3	Time frame altered from 48hrs to 72hrs.	July 2020
4	Policy extended for use in PTHB MIU	September 2020
5	Comments Snr Pharmacist Governance and Education: embedded	April 2022
6	Further review by PTHB Chief Pharmacist, medication removed as advised.	June 2022
7	Additional information regarding the audit process.	February 2023
8	Additional information + reference regarding constipation.	April 2023

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Jayne Price / Head of Community Services Medicines Management / Pharmacy
Susan Newport / Medicines Nurse

Circulated to the following for Consultation

Date	Role / Designation
July 2020	Chief Pharmacist
	Medical Director
	Director of Nursing
	Head of Community Services Medicines Management / Pharmacy
	Assistant Director of Nursing
	Integrated Clinical Team Managers
	MIU Lead Nurse
March 2022	Consultant Physician
April 2022	Senior Pharmacist Governance and Training
	Lead of Minor Injuries PTHB
January 2023	Lead Nurse Community Service Managers
	Senior ward managers
	Senior Mental Health Pharmacist
	MH Consultant Nurse

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) British National Formulary, current edition. Electronic Medicines Compendium – www.medicines.org.uk NICE Clinical Knowledge Summaries - CKS | NICE

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	x				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Disability	x				
Gender	x				
Race	x				
Religion/ Belief	x				
Sexual Orientation	x				
Welsh Language	x				
Human Rights	x				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?

No risks identified if the parameters outlined in this protocol are followed.
Protocol awareness training will be provided by the Medicines Management team and signature of line manager who must confirm that the registered practitioners are competent to work under this protocol.
If yes, note the risk/s and action taken to mitigate.

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?
No governance issues identified

Have you identified any training and / or resource implications as a result of implementing this?
Awareness training will be provided by the Medicines Management Team.
Target audience will be registered general nurses and nominated allied health professionals working within Powys Community Hospital ward settings and Minor Injury Units.
Compliance with this protocol will be monitored by annual retrospective audit of 10 instances where this protocol has been used. This audit may be conducted by the ward manager or Medicines Management team.

1 Introduction

This protocol provides a clear framework to support authorized Registered Nurses and Allied Health Professionals (AHPs) to **administer** medication from an agreed list of Pharmacy (P) and General Sales List (GSL) medicines to adult patients in PTHB Community Hospitals, where the medicine is not already prescribed, a PGD is not in place and a doctor (or independent prescriber) is not on site or able to prescribe.

The **supply** of '**P'** medication is not permitted by this policy. A 'P' medication can be administered by any health care professional, but supply would need to be under the supervision of a pharmacist.

Definitions

GSL	General Sales List Medication – can be sold in a variety of retail outlets but may be restricted in terms of pack size and number of packs that can be sold at one time.
P	Pharmacy medicine – can be sold from a registered pharmacy by a pharmacist or someone working under the supervision of a pharmacist.
POM	Prescription Only Medicines – requires a prescription written by an appropriate practitioner before it can be supplied.
PGD	Patient Group Direction – a written direction that allows the supply and/or administration of a specified medicine by named authorized health professionals, to a defined group of patients requiring treatment for a specific condition.

2 Objective

Every Registered Nurse and AHP must adhere to their relevant professional code of conduct and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines (2019).

Each registered staff member is professionally accountable for their individual practice. In a local context, they are required to adhere to Powys Teaching Health Board (Powys THB) policies and guidelines.

3 Responsibilities

The Registered Nurse and Registered AHP has a responsibility to: -

- Only work to their own individual scope of competence
- Complete the awareness training via ESR when available, to ensure they are competent and feel confident when administering P/GSL medicines
- Assess the patient and plan their care appropriate to needs.
- Discuss treatment to be administered with the patient. Ensure that the patient understands that the medicine is not prescribed and that they consent to treatment.
- Record the assessment, any intervention, and arrangements for review in the nursing records, inpatient medication chart, care plan or care pathway.
- Ensure the patient is not already receiving the medication by checking the inpatient medication chart (including 'as required' medicines) or, in Minor Injuries Unit (MIU), that the patient has not recently self-administered the medication.
- Ensure there are no contraindications (including allergies) to use or interactions with existing medication.
- Write the medication administered on the All-Wales Medication Administration Record (inpatient medication chart) or Minor Injury card as appropriate.
- Record the reason/s for administration (i.e. indication) to in the patient's nursing notes.
- Administer the medication for up to the maximum duration of time specified in this protocol.
- Review the patient's response to treatment and monitor clinical observations as appropriate.
- Seek medical advice if symptoms persist or worsen or if there are concerns about the patient's overall condition.
- Seek medical advice if the patient suffers an actual or suspected adverse reaction to treatment.
- Seek medical advice if access to the medicine for longer than the maximum duration authorised in this protocol is considered necessary (NB: the patient will need to be assessed by a clinician and the medicine will need to be prescribed to allow administration beyond the maximum treatment period authorised in this protocol)
- Report any serious adverse drug reactions via the MHRA Yellow Card Scheme

These tasks cannot be delegated and so the registered nurse/AHP making the decision to administer a medicine, under this protocol, must carry out the administration to the patient.

The Medicines Management Team has a responsibility to: -

- Update and review the protocol and advise on any major changes.
- Ensure safe systems of supply for medicines named in the protocol.
- Develop and deliver initial awareness training and any on-going training as required.
- Ensure attendance at training sessions is recorded via ESR
- Audit of 5 clinical records, please refer to the Monitoring compliance, Audit and Review section and audit tool (Appendix 2)

Managers have a responsibility to: -

- Ensure that the registered nurse/allied health professional has completed the awareness training, check competence and document that the named member of staff is authorised to work to this policy (i.e. Individually names and authorised in appendix 1)
-

4 Processes

Awareness training for this protocol will be provided by the Medicines Management team via TEAMS. Enrollment following the normal process by ESR.

Compliance with this protocol will be monitored by annual retrospective audit of 5 instances where this policy has been used.

5 Monitoring Compliance, Audit & Review

Compliance with this protocol will be monitored by annual retrospective audit of 5 instances where this policy has been used.

Ward Sisters, Charge Nurse, Departmental leads will perform the Audit annually on PTHB general and mental health wards and in MIUs.
This protocol document will be reviewed within 3 years of publication or earlier if necessary (e.g. in response to an incident or if clinical guidance changes or an included medicine alters legal classification that would preclude use under this policy).

6 References / Bibliography

- BNF
- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare settings (2019)
- NICE Clinical Knowledge Summaries - https://cks.nice.org.uk

Contraindications and Hypersensitivities:

The decision to administer one of the medicines included in this protocol should be made in conjunction with the senior registered nurse on duty on the ward. The administering registered nurse/AHP must ensure that there are no contra-indications or exclusions before giving the medicine and no known hypersensitivity reactions to any of the constituents of the products. The allergies box on the All-Wales Medication Administration Record must be checked and if appropriate the patient questioned about previous allergies.

Record Keeping

Any medication administered must be clearly recorded in the patient's nursing or MIU notes. The following must be included: -

- Reason for use (i.e. the indication for treatment).
- Name, strength and form of the medicine.
- Dose and frequency of administration.
- Date(s) and time(s) of administration
- Effectiveness of treatment and any adverse reactions experienced
- Any advice given to the patient
- Signature of person responsible for the administration

The medication must also be recorded on the front of the All-Wales Medication Administration Record in the 'PRESCRIPTIONS FOR ONCE ONLY and PRE-ANAESTHETIC MEDICATION'. Under the PHARMACY column add the phrase "homely med".

PRESCRIPTIONS FOR ONCE ONLY and PRE-ANAESTHETIC MEDICATION										
DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBERS SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
15/2	PARACETAMOL	1g	PO	11.20	Alice Nurse bleep No	Homely med	15/2	11.20	AN	
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					

Treatment Length

The maximum administration period, before medical review, is detailed for each medicine in the tables below. In all cases, clinical judgement should be exercised, and if, within the time that administration is authorised under this protocol, there are any concerns, medical advice should be sought.
Where further treatment is required, beyond the maximum administration period allowed under this protocol, a prescribing clinician must be contacted to assess the patient's condition and prescribe as appropriate.

Authorisation to use this Protocol.

Authorisation to use this Protocol should be made by individual Registered Nurses or AHPs completing the approved form (appendix 1)

LIST OF APPROVED MEDICATIONS

Administration of Paracetamol Tablets or Suspension

Name of Medication:	PARACETAMOL
Clinical situation in which medicine may be used:	For the relief of occasional mild to moderate pain or pyrexia
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent. • Mild to moderate pain • Pyrexia – temperature greater than 37ºC of known cause
Criteria for Exclusion:	• Allergy or hypersensitivity to paracetamol or any excipients • Liver impairment/disease • Severe kidney impairment. • National Early Warning Score (NEWS) suggesting deterioration. • Patient has received a dose of paracetamol or a paracetamol containing product e.g., co-codamol within the previous four hours. • Patient has received the maximum dose of paracetamol or a paracetamol-containing product within the previous 24 hours. • Alcohol dependence • Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltose insufficiency should not take this medicine. • Suppositories - a digital rectal examination (DRE) should be carried out to check for fecal loading and for abnormalities including blood, pain and obstruction. Only proceed if satisfied with this examination.
Cautions, seek medical advice as appropriate:	• Moderate hepatic or renal impairment – seek medical advice and document. • Co-administration of enzyme-inducing antiepileptic medications may increase toxicity, doses should be reduced – seek medical or pharmaceutical advice and document. • Adults with a body weight under 50Kg may be at increased risk of experiencing toxicity at therapeutic doses. The dose administered should be reduced in accordance with the health board's guideline on 'Weight-adjusted oral paracetamol dosage for adults'.
Form and strength	Tablets/Capsules/Caplets 500mg Suspension 250mg/5ml Suppositories 500mg

Route of administration	Oral or rectal
Dose:	Oral - 500mg to 1g Rectal – 500mg
Frequency of Administration:	Four to six hours between doses, up to a maximum of FOUR doses in 24 hours (NB: refer to 'cautions' above - frequency of administration will need to be reviewed for patients weighing less than 50kg)
Max total dose in 24 hours:	Adults weighing less than 40kg max 2g daily. Adults weighing between 41 and 49kg max 3g daily. Adults weighing 50kg and over max 4g daily.
Max duration of treatment:	48 hours for pain 24 hours for pyrexia
Information for Administration	• Soluble tablets have a high sodium content and are therefore not included in this protocol. • May be given as an alternative to or in combination with ibuprofen if appropriate.
Adverse Reactions:	• Side effects are rare; but rashes and blood disorders have been reported. • Allergic reactions (possibly delayed) have been reported due to excipients in some brands of suspension. • Liver damage (and less frequently renal damage) can occur following overdose. • Refer to the summary of product characteristics for further information on adverse reactions
Verbal advice for patient:	• The tablets may take 30 minutes to work. • Discuss potential adverse effects and action to be taken if concerned. • Discuss action to be taken if symptoms persist or worsen. • Discuss frequency of administration and the importance of avoiding other medicines that contain paracetamol.

Administration of Ibuprofen Tablets or Liquid

Name of Medication:	Ibuprofen
Clinical situation in which medicine may be used:	For the relief of occasional mild to moderate pain or pyrexia (of known cause)
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent. • Mild to moderate pain including muscular pain, neuralgia, migraine, headache, dental pain, sprains, or strains. • Feverish symptoms associated with colds and influenza or post vaccination
Criteria for Exclusion:	• Patients taking other NSAIDs (including low dose aspirin). • NEWS suggesting deterioration • Patients who have taken/are taking any drug listed as having severe severity in the current BNF. If in doubt seek advice from a doctor or pharmacist and document advice • Patients with bleeding disorders including those taking anticoagulants. • History of gastrointestinal (GI) disease or active GI disease e.g., peptic ulcer, GI bleeding, perforation related to previous NSAID therapy, Crohn's disease, or ulcerative colitis. • Liver or renal impairment • Heart failure or hypertension • Asthmatics (unless they know they can tolerate NSAIDs) • Hypersensitivity to any ingredients of the preparation or other NSAIDs or aspirin • Patients with Varicella infection (Chickenpox) or Shingles. • Pregnancy
Cautions, seek medical advice as appropriate:	Refer to relevant section of BNF
Form and strength	• Tablets 200mg or 400mg • Liquid (oral suspension) 100mg/5ml
Route of administration	Oral
Dose:	200mg or 400mg

Frequency of administration:	Up to three times a day
Max total dose in 24 hours:	Maximum 1.2g in 24 hours (three 400mg tablets or six 200mg tablets)
Max duration of treatment:	48 hours for pain 24 hours for pyrexia
Information for Administration	• Administer with or after food • May be given as an alternative to or in combination with paracetamol if appropriate.
Adverse Reactions:	**Common side effects:** • Gastrointestinal disorders including nausea, vomiting, diarrhea, dyspepsia, abdominal pain, ulceration and gastrointestinal hemorrhage. • Hypersensitivity reactions including asthma, bronchospasm, rashes, and angioedema. • Fluid retention **Less common side effects** • Headache, dizziness, depression, insomnia, hearing disturbances, insomnia, vertigo, nephrotoxicity (especially in patients prescribed diuretics), renal failure (especially with pre-existing renal impairment), abnormal liver function, blood disorders and photosensitivity. Refer to BNF for further information
Verbal advice for patient:	• The tablets may take 30 minutes to work. • Discuss potential adverse effects and action to be taken if concerned. • Discuss action to be taken if symptoms persist or worsen. • Discuss frequency of administration and the importance of avoiding other medicines that contain a NSAID (including aspirin).

Administration of Chlorhexidine Mouthwash

Name of Medication:	Chlorhexidine gluconate 0.2%
Clinical situation in which medicine may be used:	The management and prevention of mouth infections, mouth ulcers, gum disease and in denture care.
Criteria for Inclusion:	• As an aid for adults in the treatment and prevention of gingivitis and in the maintenance of oral hygiene. • Adult inpatient giving verbal consent.
Criteria for Exclusion:	• Patient unable to rinse or gargle. • Known hypersensitivity to chlorhexidine or excipients
Cautions, seek medical advice as appropriate:	• Any patients excluded should be referred to a member of the medical or dental staff according to the severity of the condition.
Form and strength	• Liquid mouthwash 0.2%
Route of administration	• Oromucosal – use as a mouthwash
Dose:	• 10mls
Frequency of administration:	• Twice daily
Max total dose in 24 hours:	• 20mls
Max duration of treatment:	• 72hrs
Information for Administration	• The mouthwash should be expelled from the mouth after use. Do not swallow. • Chlorhexidine gluconate may be incompatible with some ingredients in toothpaste; leave an interval of at least 30 minutes between using the mouthwash and toothpaste. The mouth should be rinsed well with water between using toothpaste and mouthwashes containing chlorhexidine. • For the treatment of dental stomatitis, the dentures should be cleansed and soaked in the mouthwash for fifteen minutes, twice daily.

Adverse Reactions:	• Transient disturbance of taste sensation /burning sensation of the tongue which improves with continued use. • Superficial discoloration of the tongue and/or teeth (not permanent). • Mucosal irritation — if oral desquamation (peeling) occurs, advise dilution of mouthwash with an equal volume of water before use. • Rarely, parotid gland swelling, irritative skin reactions, and allergic reactions (including anaphylaxis).
Verbal advice for patient	• If the mouthwash comes into contact with the eyes, wash out promptly and thoroughly with water. • Advise the person to reduce their tea, and coffee intake to reduce the risk of staining.

Administration of Oral rehydration salts

Name of Medication:	Oral Rehydration Sachets e.g. Dioralyte
Clinical situation in which medicine may be used:	Replacement of water and salt loss associated with dehydration from acute diarrhea
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent, presenting with symptoms of dehydration following diarrhea
Criteria for Exclusion:	• Patient has inflammatory bowel disease. • Patient has active ulcerative colitis. • Patient has antibiotic associated colitis. • Patients with chronic or persistent diarrhea • Patient has hepatic impairment. • Patient with renal impairment • Patient with diabetes • Patients on low potassium or sodium diets • Patient has bloody diarrhea. • Fluid restricted patients • Patient has known sensitivity reactions to any of the constituents of the product. • Patient has severe pain in abdomen or rectum indicating possible intestinal obstruction. • Patient has a high fever.
Cautions, seek medical advice as appropriate:	• Any patients excluded should be referred to a member of the medical staff according to the severity of the condition. • Seek medical advice regarding the temporary withdrawal of appropriate medicines. • Refer to Sick Day guidance.
Form and strength	• Sachet containing powder for mixing with water prior to administration
Route of administration	• Oral
Dose:	• Adults (including the elderly): One sachet in 200ml or two sachets in 400ml water. Or as per instructions on the packaging
Frequency of administration:	• As needed after each loose bowel motion

Max total dose in 24 hours:	• Four sachets in 24hrs for three days
Max duration of treatment:	• 72hrs
Information for Administration	• For oral administration only, reconstitute as per manufacturer's instructions, ensure medication is correctly labelled and use for individual patient only. Discard no later than 1 hour after preparation unless stored in a refrigerator when it may be kept for up to 24hrs. • If vomiting is present the solution should be given in small frequent doses in sips. • If the patient has recently travelled abroad, rehydration salts may be used, but the patient should be referred to medical staff for further investigation
Adverse Reactions:	• Not reported
Verbal advice for patient	• If no improvement is seen within 24-48hrs or diarrhea is accompanied by a high temperature, the patient must be reviewed by a doctor.

Administration of Gaviscon Advance

Name of Medication:	Gaviscon Advance
Clinical situation in which medicine may be used:	For symptomatic relief of acid indigestion (dyspepsia) or gastric reflux
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent • Mild symptoms of heart burn, acid indigestion or reflux
Criteria for Exclusion:	• Severe gastric pain • Rectal bleeding or hematemesis • Patients on a low sodium diet e.g., hypernatremia, heart failure, hypertension or hepatic impairment (Gaviscon Advance contains significant levels of sodium) • Moderate to severe renal impairment or hyperkalemia (contains potassium) • Hypercalcemia or recurrent renal calculi (contains calcium carbonate) • Hypersensitivity to any ingredients of the preparation including Methyl and propyl parahydroxybenzoate: Contains methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate (E216): May cause allergic reactions (possibly delayed). • Allergy to Benzyl alcohol: This medicine contains 0.525 mg benzyl alcohol in each 5 ml. Benzyl alcohol may cause allergic reactions.
Cautions, seek medical advice as appropriate:	• History of angina or myocardial infarction – consider differential diagnosis. • Receiving medications known to cause GI ulceration e.g., Aspirin, NSAIDs, Corticosteroids, Nicorandil and bisphosphonates to avoiding masking symptoms.
Form and strength	Liquid/suspension
Route of administration	Oral
Dose:	Gaviscon Advance – 5 to 10ml
Frequency of administration:	Up to four times a day – after meals and at bedtime

Max total dose in 24 hours:	Gaviscon Advance – max 40ml in 24 hours
Max duration of treatment:	Maximum of 8 doses over 48 hours
Information for Administration	• Shake bottle well before use. • Do not administer at the same time as enteric coated tablets – leave at least 2 hours either side of administration. • A time-interval of 2 hours should be considered between Gaviscon intake and the administration of other medicinal products, especially tetracyclines, fluoroquinolones, iron salts, thyroid hormones, chloroquine, bisphosphonates, and estramustine. See BNF for more details of preparations that antacids shouldn't be taken at the same time as.
Adverse Reactions:	• Occasionally patients may experience constipation or gastrointestinal upset
Verbal advice for patient:	• Usually, symptoms improve after 15 minutes. • Inform nurse if symptoms persist or worsen. • Lifestyle advice may be useful e.g., avoid aggravating foods such as fats, weight reduction if appropriate. • Raising the head of the bed may help

Management of Constipation

Refer to CKS management of constipation re choice of agent
https://cks.nice.org.uk/topics/constipation/management/adults/

The aim of laxatives is to increase stool frequency or ease of stool passage by increasing stool water content (directly by osmotic or intestinal secretory mechanisms) or by accelerating bowel transit.

Factors affecting choice of laxative

Laxative	Time to effect	Points to note
Bulk forming laxatives - Bulk-forming laxatives (containing soluble fibre) act by retaining fluid within the stool and increasing fecal mass, stimulating peristalsis; also have stool-softening properties.		
Ispaghula (also known as psyllium)	2–3 days	Useful first-line choice in adults when it is difficult to get adequate dietary fibre; better tolerated than bran. Must not be taken immediately before bed. Adequate fluid intake is important to reduce the risk of intestinal obstruction. Not recommended for people taking constipating drugs.
Sterculia		
Osmotic laxatives - Osmotic laxatives act by increasing the amount of fluid in the large bowel producing distension, which leads to stimulation of peristalsis; lactulose and macrogols also have stool-softening properties.		
Lactulose	2–3 days	Some people find it sickly sweet and unpalatable. Adequate fluid intake recommended. If used alone in opioid-induced constipation, it often needs to be given in large doses that cause bloating and colic.
Macrogols (polyethylene glycol)	2–3 days	Some people find it difficult to drink the prescribed volume of macrogol. Licensed for use in fecal impaction. Idrolax® does not contain electrolytes. Movicol-Half® contains half the dose and electrolytes of Movicol®.

Laxative	Time to effect	Points to note
Stimulant laxatives - Stimulant laxatives cause peristalsis by stimulating colonic nerves (senna) or colonic and rectal nerves (bisacodyl, sodium picosulfate).		
All stimulant laxatives	—	Usually taken in the evening to produce a bowel movement the following morning.
Senna	8–12 hours	Licensed only for short-term use. Syrup is unpalatable.
Rectal laxatives		
All rectal laxatives	—	Easy to use if administered correctly. Timing of effect may be more predictable than with oral laxatives; suppositories may be best given after breakfast to synchronize the effect of the gastro-colic response. Some people find them undignified and unpleasant to use. All unlicensed for the treatment of fecal loading/impaction except Relaxit® micro-enema and arachis oil retention enema.
Glycerol suppositories (lubricating and weak stimulant)	15–30 minutes	Can be used for hard or soft stools. Licensed for occasional use only. Suppositories must be placed alongside the bowel wall so that body heat causes them to dissolve and distribute around the rectum. Suppositories should be moistened before use to aid insertion. are hygroscopic and also act as a lubricant.

Administration of Ispaghula Husk e.g. Fybogel.

Name of Medication:	Fybogel containing Ispaghula Husk
Clinical situation in which medicine may be used:	Constipation where a bulk-forming laxative is indicated. Bulk–forming laxatives (containing soluble fibre) act by retaining fluid within the stool and increasing fecal mass, stimulating peristalsis; also have stool-softening properties.
Criteria for Inclusion:	• Adult inpatient or MIU patient giving consent. • Mild constipation
Criteria for Exclusion:	• Allergy to Ispaghula husk or any of the other ingredients. • Fecal impaction • Reduced gut motility • Colonic Atony • Internal obstruction • Sudden change in bowel habit that has persisted for more than two weeks. • Undiagnosed rectal bleeding Refer to BNF for further details
Cautions, seek medical advice as appropriate:	• Adequate fluid intake should be maintained to avoid oesophageal or intestinal obstruction.
Form and strength	• Soluble granules in plain, lemon or orange flavors. • 1 Sachet is equivalent to 2 level 5ml spoonsful of granules.
Route of administration	• Oral
Dose:	• 1sachet twice daily, dose to be given in a minimum of 150mls of cold water, preferably taken after food, morning and evening.
Frequency of administration:	• Twice daily
Max total dose in 24 hours:	• Two sachets

Max duration of treatment:	• 72hrs
Information for Administration	• Dose to be given in a minimum of 150mls of water.
Adverse Reactions:	• Abdominal distension • Broncho spasm • Conjunctivitis • Gastrointestinal disorder • Hypersensitivity resulting in Rhinitis, skin reactions. Refer to BNF for further information
Verbal advice for patient:	• Preparations that swell in contact with liquid should always be carefully swallowed with water and should not be taken immediately before going to bed. • Advise the patient that the full effect may take some days to develop a result

Administration of Macrogols

Name of Medication:	Macrogol e.g., Movicol, Laxido.
Clinical situation in which medicine may be used:	Chronic constipation where an osmotic laxative is indicated. Osmotic laxatives act by increasing the amount of fluid in the large bowel producing distension, which leads to stimulation of peristalsis; lactulose and macrogols also have stool-softening properties
Criteria for Inclusion:	• Adults inpatient or MIU who has given consent. • Refractory constipation with fecal loading rectum or colon
Criteria for Exclusion:	• Ileus • Intestinal obstruction • Intestinal perforation or risk of intestinal perforation • Severe inflammatory bowel disease (e.g., Crohn's disease or ulcerative colitis) • Toxic megacolon • Patient prescribed an alternative osmotic laxative. • Hypersensitivity to any of the above active ingredients or excipients. • Patients who require the macrogol-based laxative to be mixed with a liquid that has been thickened with a starch-based thickener. The macrogol may counteract the thickening action, resulting in a thin watery liquid that, when swallowed, increases the risk of potentially fatal aspiration in patients with dysphagia.
Cautions, seek medical advice as appropriate:	• If patient has oedema, shortness of breath, fatigue, dehydration, or cardiac failure. • Patients who require a macrogol-based laxative but are excluded from treatment under this protocol.
Form and strength	• Powder, 1 sachet dissolved in 125ml (1/4 pint of water)
Route of administration	• Oral
Dose:	• 13.8. gram sachet
Frequency of administration:	• 1-3 times a day
Max total dose in 24 hours:	• Three sachets

Max duration of treatment:	• 72hrs
Information for Administration	• Dissolve in 125mls of water and drink immediately
Adverse Reactions:	• Common/very common adverse effects: Flatulence; gastrointestinal discomfort; nausea; vomiting. • Uncommon adverse reactions include Anemia; angioedema; appetite disorder; dehydration; dizziness; fatigue; hiccups; hypertension; hypoglycemia; hypothyroidism; increased risk of infection; local swelling; migraine; muscle twitching; neuritis; oedema; pain; pelvic pain; sinus congestion; skin reactions; tachycardia; taste altered • Refer to BNF for further information

Verbal advice for patient:	• Inform patient that it usually takes 1-2 days to trigger the first bowel movement. • To drink plenty of fluids to maintain fluid balance as Movicol is an osmotic laxative.

Administration of Lactulose Solution

Name of Medication:	Lactulose solution
Clinical situation in which medicine may be used:	Management of uncomplicated, simple constipation, including drug induced constipation. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent. • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools. • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease. • Abdominal distension • Patients with a colostomy or ileostomy • Hypersensitivity to any ingredients of the preparation including lactose intolerance or galactosemic. • Patient prescribed an alternative osmotic laxative.
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse – why just for lactulose and is this relevant in hospital setting? • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Solution containing lactulose 3.1 – 3.7g per 5ml
Route of administration	Oral
Dose:	15ml
Frequency of administration:	Twice daily
Max total dose in 24 hours:	30ml

Max duration of treatment:	Two days i.e., 4 doses
Information for Administration	• Document bowel movements; be cautious for overflow diarrhea due to high impaction. • Lactulose is an osmotic laxative which softens the stool and may be more appropriate than senna to use in patients with hard stools or with hemorrhoids. • For drug induced constipation lactulose and senna can be used together.
Adverse Reactions:	• May cause nausea (which can be reduced by administering with water, fruit juice or meals), vomiting, cramps and abdominal discomfort
Verbal advice for patient:	• Will take 1 to 2 days to work. • Encourage patient to take plenty of fluids and give dietary advice where appropriate. • Inform nurse if symptoms persist or worsen

Administration of Senna Tablets or Liquid

Name of Medication:	Senna
Clinical situation in which medicine may be used:	Management of uncomplicated, simple constipation, including drug induced constipation. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient or MIU patient giving verbal consent. • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools. • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease. • Abdominal distension • Patients with a colostomy or ileostomy • Hypersensitivity to any ingredients of the preparation • Pregnant or breast-feeding patients.
Cautions, seek medical advice as appropriate:	• History of irritable bowel disease • Presence of hemorrhoids • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Tablets 7.5mg Liquid (syrup) 7.5mg/5ml
Route of administration	Oral
Dose:	Tablets – one or two tablets Liquid – 5 or 10ml
Frequency of administration:	Once daily at night
Max total dose in 24 hours:	One dose in 24 hours – max two tablets or 10ml
Max duration of treatment:	Two days i.e., two nighttime doses.

Information for Administration	• Document bowel movements; be cautious for overflow diarrhea due to high impaction. • Lactulose is an osmotic laxative which softens the stool and may be more appropriate than senna to use in patients with hard stools or with hemorrhoids. • For drug induced constipation lactulose and senna can be used together.
Adverse Reactions:	• May cause abdominal cramps due to the increase in intestinal motility
Verbal advice for patient:	• Will take 8 to 12 hours to work. • Urine may be discolored a yellow/brown colour. • Encourage patient to take plenty of fluids and give dietary advice where appropriate. • Inform nurse/AHP if symptoms persist or worsen

Administration of Glycerol (Glycerin) Suppositories

Name of Medication:	Glycerol (Glycerin) suppositories
Clinical situation in which medicine may be used:	Constipation where there is no evidence of fecal impaction and oral medication has been ineffective or would be inappropriate. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient giving verbal consent. • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain. • No evidence of fecal impaction • Oral laxatives have been ineffective, would be inappropriate or where rapid relief is required. • A digital rectal examination (DRE) should be carried out to check for fecal loading and for abnormalities including blood, pain and obstruction. Only proceed if satisfied with this examination
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools. • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease. • Have a rectal fissure or hemorrhoids. • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Suppositories containing Glycerol (Glycerin) 4g
Route of administration	Rectal
Dose:	One suppository
Frequency of administration:	Once daily preferably in the morning
Max total dose in 24 hours:	One suppository in 24 hours

Max duration of treatment:	Two days i.e. Two suppositories
Information for Administration	• Toilet/commode must be within easy reach of the patient prior to the treatment being administered. • The suppository should be removed from its foil or plastic packaging and moistened with water before insertion. • Document bowel movements.
Adverse Reactions:	• Rectal soreness or irritation is possible.
Verbal advice for patient:	• Glycerol (Glycerin) suppositories act within 1 hour. • Inform nurse/AHP if symptoms persist or worsen. • Encourage patient to take plenty of fluids and give dietary advice where appropriate

Administration of Medi Derma-S Barrier Cream

Name of Medication's:	Medi Derma-S barrier cream
Clinical situation in which medicine may be used:	. Barrier creams can be used to protect vulnerable pressure areas e.g. sacrum from diarrhea and incontinence.
Criteria for Inclusion:	• Patients requiring protection of vulnerable pressure areas. • Adult inpatient or MIU patient giving verbal consent.
Criteria for Exclusion:	• Known hypersensitivity reactions to any constituents of the product. • Where symptoms are particularly painful or disabling. • Injuries that are greater than partial thickness wounds.
Cautions, seek medical advice as appropriate:	• Any patients excluded from treatment under this protocol should be reviewed by medical staff according to the severity of the condition.
Form and strength	• cream
Route of administration	• Topical
Dose:	• Apply in the direction of hair growth
Frequency of administration:	• A uniform coating of Medi Derma S Barrier film should be applied to clean skin and allowed to fully dry before reapplication of incontinence pads, dressings, or devices. It should be reapplied up to every 72hrs but will need reapplying after each stoma appliance is changed.
Max total dose in 24 hours:	• As required
Max duration of treatment:	• 72hrs
Information for Administration	• Only a small amount required for each application. • It is quickly absorbed into the skin. • Ensure that the tube is labelled for single patient use - patient details must be added to the label. • The cream provides long lasting protection, it provides a hydrophobic protective barrier from moisture associated skin damage. • Can be applied to both damaged and intact skin.

	• Provides protection around the area where the dressing, pouch or adhesive device is to be applied by forming a transparent coating. • Can be used underneath incontinence pads as it does not block pad absorption. • Prevents exudate damage and maceration. • Does not impede the adhesion of dressings, pouches, or adhesive devices. • Alcohol, Fragrance, Latex, Parabens and Phthalates Free
Adverse Reactions:	• Occasional allergic reactions (e.g., stinging, burning, itching, and redness)
Verbal advice for patient:	• Do not smoke or go near a naked flame when a barrier cream is applied. Fabric (clothing, bedding, dressings etc) that has been in contact with the above product burn more easily and is a serious fire hazard. Washing bedding and clothing may reduce a product build up but may not totally remove it. • Avoid contact with the eyes. • If any adverse reactions are experienced, advise the nursing team?

Appendix 1

Ward Name_____

Registered Nurses/AHPs eligible use this Discretionary Medicines Policy				
Name printed	Signature	Designation	Date	Ward Sister/Charge Nurse Signature & Date