GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This protocol must only be used by registered healthcare 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 protocol should be used. Healthcare professionals should always access the protocol via the Powys Teaching Health Board (PTHB) internet to ensure that they are working to the most up to date version

Protocol

for the **administration** of a **single dose** of

oral IBUPROFEN 200mg or 400mg tablet or 100mg/5ml oral suspension

to individuals aged 2 years of age or over with mild to moderate pain

by registered healthcare professionals

in Minor Injuries Unit (MIU) and Outpatient Departments in PTHB

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Document Type:	Protocol	Clinical
Scope:	Authorised registered healthcare professionals in PTHB MIU and outpatient departments	

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

Change history

Version number	Change details	Date
MMPr 004	Initial Issue	01/06/22
MMP 402 (new number) V2	Contents transferred into PTHB medicines protocol format, in line with the Specialist Pharmacy Service (SPS) medicines protocols, for consistency. Protocol amended to allow use by registered healthcare professionals. Addition of SPS information regarding legal category. Clinical changes throughout to reflect current reference sources. Use in pregnancy amended. Dosage in adults and children over 12 years updated.	20/05/2025

For advice on protocol use in practice/advised supporting governance please refer to When not to use a PGD.

This protocol provides a clear framework to support authorised registered healthcare professionals to **administer** a single dose of oral ibuprofen to individuals in MIU or Outpatients Departments, where the individual does not have ibuprofen available, it is not already prescribed, and a doctor or independent prescriber is not available for the respective clinic/MIU in a reasonable timeframe.

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior Pharmacist Jayne Price	Head of Community Services Medicines Management/Pharmacy	DocuSigned by: Jayne Price A9AFDC3B15294CC...	5/15/2025
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	5/14/2025
Senior representative of professional group using the Protocol Claire Roche	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	5/14/2025
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	6/2/2025

Appendix A provides a Staff Permitted to use protocol accreditation sheet. Individual practitioners must be authorised by name to work to this protocol.

The final authorised copy of this protocol should be kept by PTHB for 25 years after the protocol expires.

Training and competency of registered health professionals

Qualifications and professional registration	Practitioners must only work under this protocol where they are competent to do so. Practitioners working under this protocol must be a registered healthcare professional with a current contract of employment with PTHB and working in a Minor Injury Unit (MIU) or Outpatient department in PTHB. Every registered healthcare professional must adhere to their appropriate professional code of conduct, relevant departmental policies and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines (2019). Practitioners must also fulfil the training and Additional requirements listed below. Check Appendix A – Staff permitted to use the protocol accreditation sheet to confirm whether all practitioners listed above have organisational authorisation to work under this protocol.

Initial training	• The administration of ibuprofen oral preparations and knowledge of its uses, contraindications and adverse effects • Undertaken organisation approved training and successfully completed the competencies to enable the practitioner to make a clinical assessment to establish the need for the medication covered by this protocol • Knowledge of the assessment and management of mild to moderate pain - refer to MIU Clinical Guidelines (if appropriate) and NICE CKS Analgesia mild-to-moderate pain Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this protocol before working to it • must have undertaken appropriate training for working under protocols for administration of medicines (Team leaders may access 'Protocol and guideline awareness training' by sending a request to info.medicinesmanagement.powys@wales.nhs.uk - the team leader will then train their team) • must adhere to PTHB departmental policies • must work in line with professional guidelines and standards • must be familiar with the product and alert to changes in the BNF (https://bnf.nice.org.uk) and Summary of Product Characteristics (www.medicines.org.uk) • must have undertaken training appropriate to this protocol as required by local policy • must be competent to discuss the treatment to be administered with the individual (if possible) and/or the carer and obtain consent (if possible) • must have current competence in assessing capacity and follow the Mental Capacity Act guidance regarding consent to treatment • must have undertaken and completed at least level 2 Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role • must be competent in the recognition, management and reporting of recognised adverse reactions. Must have up to date Basic Life Support (BLS) skills as a minimum. If the staff member working to the protocol is not anaphylaxis trained, someone who is anaphylaxis trained and

	competent in the administration of adrenaline must be immediately available • must have access to the protocol and associated online resources • the individual must understand how to record the assessment, any intervention and arrangement for review in the nursing notes, care plan or care pathway **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.**

Competency assessment	Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Individuals operating under this protocol must be assessed as competent, this should be recorded using the competency checklist in Appendix A. Practitioners must make a self-declaration of competency in their Personal Appraisal and Development Review (PADR) – the **personal development plan** (yellow) section of the PADR booklet should be used to record completion of annual protocol training. ESR records of mandatory NHS training. Evidence of training in BLS (or higher level if appropriate to the role).
Ongoing training and competency	Updating at least every year (or earlier in response to new local/national guidance), on the use of protocols and ibuprofen, and the assessment and management of mild to moderate pain as per MIU Clinical Guidelines (if relevant) and NICE CKS Analgesia mild-to-moderate pain. Practitioners must ensure they are up to date with relevant issues and clinical skills, management of anaphylaxis (if relevant) and BLS (or higher level if applicable to the role), with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this protocol. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required.**
The decision to administer any medication rests with the individual registered practitioner who must abide by the protocol and any associated organisation policies.	

Clinical Condition	
Clinical condition or situation to which this protocol applies	Symptomatic control of occasional mild to moderate pain. **NB:** This protocol should be used in conjunction with the MIU Clinical Guidelines (if relevant) and other relevant protocols or PGDs, if appropriate, along with relevant NICE CKS. For information on the choice of analgesic and combining analgesics, see Appendix B and NICE CKS Analgesia mild-to-moderate pain. **It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice. These tasks cannot be delegated and so the registered healthcare professional making the decision to administer the medication under this protocol must carry out administration to the individual.**
Inclusion criteria	• Adults and children aged from 2 years, presenting with mild or moderate pain, where ibuprofen is not available via any other reasonable source of supply. • Medical and drug history taken, no reason for exclusion. • Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained, where possible, prior to administration. NB Refer to PTHB Consent to Treatment and Examination Policy. Individual/carer should be informed that they are being treated within a protocol. NB. This protocol should be used in conjunction with the MIU Clinical Guidelines (if relevant) and appropriate NICE guidelines relevant to the specific condition being treated. In case of any doubt, contact medical team. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults (POVA)), advice from the local Safeguarding team should be sought (see below).

Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Conditions outside of the clinical situations criteria, or conditions outside the remit of the PTHB MIU Clinical Guidelines (for individuals treated in MIU) • Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "Action to be taken if individual is excluded" or "Action to be taken if individual declines treatment" • Children under 2 years of age • Children who weigh less than 10kg- refer to a prescriber • Known allergy or hypersensitivity to ibuprofen and/or to any of the excipients in the product- see Summary of Product Characteristics (SPC). • Individuals with rare hereditary problems involving glucose/galactose, total lactase deficiency, sucrase-isomaltase insufficiency, or fructose may be excluded depending on preparation administered- consult individual SPC for more information • A history of hypersensitivity/severe allergic reaction to aspirin or any other NSAID — which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID • Asthmatic individuals are to seek their doctor's advice before using ibuprofen • Pregnancy • Varicella (chickenpox) infection • Active gastrointestinal (GI) bleeding, or active GI ulcer • History of GI bleeding or GI perforation related to previous NSAID therapy • History of recurrent GI haemorrhage (two or more distinct episodes), or history of recurrent GI ulceration (two or more distinct episodes) • Cerebrovascular or other active bleeding, or individuals with conditions involving an increased tendency to bleeding • Unclarified blood-formation disturbances • Severe heart failure (NYHA Class IV) • Severe hepatic impairment • Severe renal impairment • Significant dehydration (caused by vomiting, diarrhoea or insufficient fluid intake)

	• Individual has taken a dose of ibuprofen less than 6 hours ago
	• Individual has taken the maximum total daily dose of ibuprofen within the previous 24 hours – see dosage
	• Individuals with swallowing difficulties or NG tubes
	• Individuals taking:
	  ○ other NSAIDs (including low dose aspirin and/or cyclooxygenase-2 selective inhibitors), as this may increase the risk of gastrointestinal ulcers and haemorrhage. **Care**: non-prescription painkillers may contain more than one active drug- it is important to read the box/patient information leaflet (PIL) to see if the medicine contains an NSAID
	  ○ anticoagulants (examples may include warfarin, DOACs, heparin, see BNF for complete list)
	  ○ methotrexate

Cautions /reasons for seeking further advice from a prescriber	• Alcohol increases risk of GI haemorrhage with NSAIDs. Specialist sources recommend that concurrent use need not be avoided with moderate alcohol intake, but greater caution is warranted in those who drink more than the recommended daily limits. Some cases of acute kidney injury have been attributed to use of NSAIDs and acute excessive alcohol consumption • Allergic disorders, hay fever, chronic swelling of nasal mucosa, adenoids, chronic obstructive airway disease • Asthma: All NSAIDs have the potential to worsen asthma, either acutely or as a gradual worsening of symptoms -refer to exclusions • Breastfeeding – negligible amounts present in milk; a single dose is suitable for use in breastfeeding • Elderly patients who are at risk of serious side effects and fatalities • Individuals with systemic lupus erythematosus (SLE) or mixed connective tissue diseases- there may be an increased risk of aseptic meningitis • Congenital disturbance of porphyrin metabolism (e.g. acute intermittent porphyria) • Cardiac impairment (NSAIDs may impair renal function)/cardiac insufficiency • Mild to moderate Heart failure (fluid retention and oedema have been reported in association with NSAID therapy) • Cerebrovascular disease • Disturbed haematopoiesis • Blood coagulation disorder • GI diseases including chronic inflammatory intestinal disease (ulcerative colitis, Crohn's disease): the condition may be exacerbated • Ischaemic heart disease • Peripheral arterial disease • Risk factors for cardiovascular events — for example, hypertension, hyperlipidaemia, diabetes mellitus, smoking, stroke • High blood pressure or uncontrolled hypertension- hypertension has been reported in association with NSAID therapy • Mild to moderate hepatic impairment; the lowest effective dose should be used for the shortest possible duration

	• Mild to moderate renal impairment (avoid where possible due to risk of fluid retention and further renal impairment/renal failure). • Immediately after major surgical interventions • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. Check drug interactions section • Individuals with complex multiple pathologies, poly-pharmacy or multiple allergies • Long-term use of some NSAIDs is associated with reduced female fertility, which is reversible on stopping treatment. Paracetamol is the analgesic of choice during conception. Refer to paracetamol protocol • Ibuprofen may mask symptoms of infection, which may lead to delayed initiation of appropriate treatment and thereby worsen infection outcome. This has been observed in bacterial community-acquired pneumonia and bacterial complications to varicella. When administered for fever or pain relief in relation to infection, monitoring of infection is advised Seek medical advice and document advice given and action taken. Refer to BNF/ SPC for full list of cautions. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads.

Action to be taken if individual excluded	• Explain reason to individual/carer, if possible. • Record reason, seek medical advice, and record any advice given. • If appropriate refer to GP or prescriber; offer alternative management, if appropriate (refer to Protocol for paracetamol for the relief of occasional mild to moderate pain)
Action to be taken if individual declines treatment	• The patient information leaflet should be available to inform consent. • Explain consequences of refusing treatment. • Inform or refer to GP / prescriber as appropriate, following local procedures. Offer alternative management if appropriate. • Document refusal and any advice given. Complete a Discharge Against Advice form, if appropriate.
Arrangements for referral for medical advice	• Refer individual to a doctor or prescriber if individual has any symptoms or signs suggesting a more serious illness or condition, or any other cause for concern. • Contact or refer to GP / DGH (A&E) / Out of Hours Service or a prescriber for advice, if applicable. Document advice given.

Details of the medicine	
Name, form and strength of medicine	Ibuprofen • Tablets 200mg or 400mg (for those aged 12 years and above) • Oral suspension 100mg/5ml
Legal category	GSL, P or POM, as stated on the medication pack (dependent on pack size) **Note:** the SPS website confirms the MHRA has advised that when a general sales list (GSL) medicine is administered under a local protocol and where the legal classification of the medicine is based on the pack size, administration of single doses can be made from a prescription only medicine (POM), pharmacy (P), or GSL pack which has been legally obtained by the organisation.

Off label use	Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local Medicines Management team must be consulted. Where medicines have been assessed by Medicines Management in accordance with national or specific product recommendations as appropriate for continued use, this would constitute off-label administration under this protocol. The responsibility for the decision to release the affected medicines for use lies with Medicines Management.
Route/Method of Administration	Oral If using oral suspension, shake bottle well before use. Demonstrate how to use oral syringe/spoon for measuring dose if thought to be relevant/useful for use of selfcare products. Administer with or after food. The tablet should be swallowed whole with a glass of water, milk or juice.

<table>
<tr><td>Dose and frequency</td><td>A single dose (depending on the individual's age and body weight) may be administered using this protocol.

Children 2- 11 years of age:
<table>
<tr><th>Age</th><th>Weight</th><th>Dosage using oral suspension 100mg/5ml</th></tr>
<tr><td>2 – 3 years old</td><td>10-16kg</td><td>100mg (5ml) up to a maximum of three times daily</td></tr>
<tr><td>4 – 6 years old</td><td>17-20kg</td><td>150mg (7.5ml) up to a maximum of three times daily</td></tr>
<tr><td>7 – 9 years old</td><td>21-30kg</td><td>200mg (10ml) up to a maximum of three times daily</td></tr>
<tr><td>10 – 11 years old</td><td>31-40kg</td><td>300mg (15ml) up to a maximum of three times daily</td></tr>
</table>
Adults and children 12 years of age and over, and ≥ 40kg: 200-400 mg up to a maximum of three times daily

There must be a minimum interval of 6 to 8 hours between doses.

*If individual is underweight for their age, use dose appropriate for the weight band (NB. Individuals under 10kg are excluded from this protocol- see exclusions).
If child is overweight for their age, use dose appropriate for the age band.

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms.</td></tr>
<tr><td>Quantity to be administered</td><td>A single dose may be administered using this protocol in MIU or outpatients in PTHB.

May be given as an alternative to, or, for those age 16 years and over, in combination with paracetamol if appropriate, using a step-wise strategy. See Appendix B for information on using combinations of analgesics.</td></tr>
</table>

Storage	Medicines must be securely stored according to PTHB medicines policy and in conditions specified in the individual SPC. For oral suspension 100mg/5ml there may be a shorter shelf life after opening the bottle- please check manufacturers information on individual product.
Drug interactions	Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic medications. Individuals taking the following are excluded from treatment under this protocol: • Other medicines containing ibuprofen, other NSAIDs, or cyclooxygenase-2 selective inhibitors: increased risk of gastrointestinal ulcers and haemorrhage- see exclusion criteria • Aspirin: may increase the risk of adverse events with ibuprofen– see exclusion criteria • Anticoagulants, such as warfarin, DOACs or heparin (see BNF for complete list)- see exclusion criteria • Methotrexate: NSAIDs can increase the risk of methotrexate toxicity- see exclusion criteria **Drug interactions:** • Aminoglycosides: NSAIDs can slow down elimination of aminoglycosides and increase their toxicity. • Antihypertensives and diuretics: NSAIDs can reduce the effect of diuretics and antihypertensives, including ACE-inhibitors, beta-blockers and angiotensin-II antagonists. In patients with reduced kidney function, the concomitant use of an ACE inhibitor, beta blocker or angiotension II antagonist with ibuprofen can lead to further impairment of kidney function. Caution must be used, especially in the elderly. Individuals must drink sufficient liquid and consider monitoring kidney function and electrolytes. Concomitant

	administration of ibuprofen and potassium-sparing diuretics or ACE-inhibitors can result in hyperkalaemia- monitor potassium levels. Ibuprofen counteracts the effect of captopril of increased sodium excretion. • Antiplatelets (e.g. clopidogrel and ticlopidine) — increased risk of bleeding. • Baclofen: Elevated baclofen toxicity. • Bisphosphonates: May potentiate the GI side-effects and the risk of bleeding and ulceration. • Cholestyramine: Concomitant treatment results in prolonged and reduced (25%) absorption of ibuprofen. The medicinal products should be administered with at least one hour interval. • Ciclosporin — NSAIDs may increase risk of kidney damage. • Corticosteroids — the risk of ulceration or bleeding may be increased. • CYP2C9 Inhibitors (eg. voriconazole and fluconazole): Concomitant administration of ibuprofen with CYP2C9 inhibitors may increase the exposure to ibuprofen. Reduction of the ibuprofen dose should be considered. • Cardiac glycosides: NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma glycoside levels. • Herbal extracts: Ginkgo biloba may potentiate the risk of bleeding with NSAIDs. • Lithium — serum level of lithium may be increased by ibuprofen. • Mifepristone: If NSAIDs are used within 8-12 days after mifepristone administration they can reduce the effect of mifepristone. • Nicorandil — Nicorandil is predicted to increase the risk of gastrointestinal perforation when given with Ibuprofen. Manufacturer advises caution • Oxpentifylline (pentoxyflline): May potentiate the GI side-effects and the risk of bleeding and ulceration. • Phenytoin- serum level of phenytoin may be increased by ibuprofen • Probenecid or sulfinpyrazone: May cause a delay in the elimination of ibuprofen. The uricosuric action of these substances is decreased. • Quinolone antibiotics— increased risk of convulsions if taken concurrently • Ritonavir: May increase the plasma concentrations of NSAIDs.

	• Selective serotonin reuptake inhibitor antidepressants (SSRIs): Increased risk of gastrointestinal bleeding • Sulphonylureas: NSAIDs can increase the hypoglycaemic effect- in the case of simultaneous treatment, monitoring of blood glucose levels is recommended. • Tacrolimus: Elevated risk of nephrotoxicity. • Zidovudine — increased risk of haemarthrosis, haematoma, and haematotoxicity **NB.** This list is not exhaustive. Refer to BNF/SPC for full details. Refer for medical advice as appropriate and document advice given.

Identification, management and reporting of adverse effects	Common or very common adverse effects: • Constipation • Flatulence • Diarrhoea • Gastrointestinal discomfort • Gastrointestinal disorders • Haemorrhage • Headache • Nausea • Skin reactions – discontinue use if rash occurs Severe cutaneous adverse reactions (SCARs) including exfoliative dermatitis, erythema multiforme, Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS syndrome), and acute generalised exanthematous pustulosis (AGEP), which can be life-threatening or fatal, have been reported in association with the use of ibuprofen, often within the first month- withdraw ibuprofen immediately • Vomiting • Dizziness • Fatigue A detailed list of adverse reactions is available in the BNF and the product's SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk. GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of serious GI events. When GI bleeding or ulceration occurs in patients receiving ibuprofen, the treatment should be withdrawn. Individuals on ibuprofen should report to their doctor/healthcare professional any signs or symptoms of gastro-intestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain or oedema. Cases of Kounis syndrome (cardiovascular symptoms secondary to an allergic or hypersensitive reaction associated with constriction of coronary arteries and potentially leading to myocardial infarction) have been reported in patients treated with ibuprofen.

	Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. Report any suspected adverse reactions to a doctor. In the case of an acute anaphylactic reaction occurring, someone who is anaphylaxis trained and competent in the administration of adrenaline must be immediately available. Adequate treatment provision must be available for immediate use. Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available. In case of anaphylaxis: • Refer to adrenaline PGD 0017 and anaphylaxis procedure • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individual's notes • Ensure all individual's records are marked **ALLERGIC TO IBUPROFEN** • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers • Report via Datix Once for Wales Reporting system All significant adverse drug reactions, any administration errors or untoward incidents involving ibuprofen will be reported via Datix Once for Wales Reporting system and monitored via incident reports.

Records to be kept	Record consultation details as required by local procedures. Administration of any medication must be clearly recorded on the individual's medication record. In addition, record: • That valid informed patient consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication history, known allergies and nature of reaction. • Symptoms and rationale for administering under this protocol, including ruling out access to this medicine by other routes e.g. prescriber available. • Any reasons for exclusion or referral, including advice given and actions taken. • Weight of individual, in kg. • Printed name and signature of registered health professional responsible for administration. • Date and time of administration. • Name, form, route, strength and dose of drug administered. • Expiry date of medication. • Effectiveness of treatment and details of any adverse reactions experienced and actions taken. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Any advice received from medical cover and advice given to individual / carer (including self-care / over the counter (OTC) recommendations for ongoing symptoms and when and who to refer to if symptoms are ongoing or worsen). • If further doses are required, the individual/carer must be advised when it is safe to consider taking the next dose. • Record that medication was administered via protocol, record protocol title and version number. • If there is handover to any external services – record that medication has been given in

	accordance with this protocol and details of what was given. Records should be signed and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this protocol should also be kept for audit purposes in accordance with local policy. The head of department must arrange an annual retrospective audit of a minimum of 5 records over a 12-month period. This audit should sample 10% of individuals who have been treated according to this protocol in each location where the protocol has been used, to monitor compliance. The records must be reviewed for rationale behind administering the product, to check this was in accordance with the protocol, that clear documentation is in place and that the competency checklist has been completed when authorising individuals to work to this protocol. The results should be available for review by the medicines management team upon request.

Patient information

Written/ verbal information to be given to individual or carer	Explain indication, contraindications, cautions and potential side effects, as documented in the PIL. Inform individual/carer that they are being treated within a protocol. **Advise:** • To visit a pharmacy/shop if a further supply is appropriate and required. If individual has continuous pain, they should use ibuprofen regularly (up to three times a day, as advised in the dosage section). • What time the individual will be able to take another dose of ibuprofen, if required, according to individual's characteristics (see dosing table) (this will be at least 6 hours after the last dose). The individual must not exceed a maximum of three doses in 24 hours. • Ibuprofen is for short-term use for pain only: ○ in adults without medical advice, for not longer than 4 days- if symptoms persist or worsen, a doctor should be consulted.

	○ if an adolescent or child requires ibuprofen for more than 3 days, or if symptoms worsen, a doctor should be consulted. • To visit GP if further investigation required, or if symptoms persist or worsen. • That no other products containing aspirin, ibuprofen or other NSAIDs should be taken/used at the same time. Be particularly careful if buying products over the counter and check labels of medicines carefully - the recommended maximum total daily dosage must not be exceeded (taking into account individual's characteristics (see dosing table)). Advise that immediate medical advice should be sought in the event of an overdose, even if individual feels well. • That adverse effects may be minimised by: ○ Using an alternative treatment to an oral NSAID (for example paracetamol, or a topical NSAID if appropriate). ○ Using an NSAID at the lowest effective dose and for no longer than is necessary to control symptoms. ○ Taking an NSAID with or after food. ○ Taking a protective agent (eg. a proton pump inhibitor) where appropriate if individual has an increased risk of GI adverse effects. • To stop taking if side effects occur and seek medical advice. Individuals with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding), particularly in the initial stages of treatment. • In those over 16 years of age, ibuprofen may be alternated or taken in combination with paracetamol if appropriate –See Appendix B **Provide**: • Patient Information Leaflet, if appropriate, either via the package insert or from the relevant brand leaflet from www.medicines.org.uk • Medicines for Children leaflet: Ibuprofen for pain and inflammation (if relevant) https://www.medicinesforchildren.org.uk/medicines/ibuprofen-for-pain-and-inflammation/ • The British Pain Society leaflet Managing your pain effectively using "Over the Counter" (OTC) Medicines (if relevant), which discusses the short and long-term use of OTC analgesics and their associated adverse effects. • Information from the NHS website (www.nhs.uk) on ibuprofen.

Follow-up advice to be given to individual or carer	• Refer to MIU Clinical Guidelines (if relevant) and NICE guidance relevant to the condition being managed. • Give appropriate advice dependant on the clinical condition of the individual and if necessary, transfer to a DGH. • Inform individual of possible side effects and their management. • If symptoms do not improve, or worsen, or individual becomes unwell, if there are any signs of unexpected reaction, or any other cause for concern, seek medical advice immediately. Contact GP via surgery or emergency on call service/111 out of hours service or A&E as appropriate.

Key References

- British National Formulary (BNF) - accessed 02/04/25
- British National Formulary for Children (BNFC) – accessed 10/04/25
- Summary of product Characteristics (SPC) Ibuprofen 200mg film-coated tablets Aurobindo Pharma – Milpharm Ltd. Updated 07/03/25– available at www.medicines.org.uk accessed 10/04/25
- Summary of product Characteristics (SPC) Nurofen for Children 3 months to 9 years Orange 100mg/5ml Oral Suspension Reckitt Benckiser Healthcare UK Ltd. Updated 20/02/25– available at www.medicines.org.uk accessed 10/04/25
- NICE CKS Analgesia - mild-to-moderate pain Analgesia - mild-to-moderate pain | Health topics A to Z | CKS | NICE: last revised March 2025
- NICE CKS NSAIDs – prescribing issues: last revised February 2024
- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare settings (2019)
- Specialist Pharmacy Service P and GSL medicines with PGDs February 2024
- MHRA/CHM advice: NSAIDs: potential risks following prolonged use after 20 weeks of pregnancy (June 2023)

Appendix A Staff permitted to use protocol accreditation sheet

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this protocol. I give authorisation on behalf of Powys Teaching Health

Board for the named healthcare professionals below who have signed the protocol to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: By signing this protocol you are indicating that you agree to its contents and that you will work within it. Protocols do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this protocol and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be required for audit purposes. This list should be kept by PTHB for 25 years after the protocol expires.
The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a protocol. Review of authorisation will take place on each Protocol update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in	Comments
1	The protocol sign off is for the following protocol:(document the exact title and protocol number) _____			
2	We have discussed the expiry of the protocol and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the protocol			
4	The protocol has been read in full by the staff member			
5	The identified training has been completed as specified in the protocol and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager, to the staff member, in conjunction with the protocol Appendix A staff accreditation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B.

NICE CKS Analgesia – mild to moderate pain

Last revised in March 2025

Summary

- An analgesic is a drug used to relieve pain.

- The analgesics used to relieve mild-to-moderate pain are:
  - Paracetamol.
  - Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.
  - Aspirin (a salicylate NSAID).
  - Weak opioids, such as codeine, dihydrocodeine, and tramadol.

- Fixed-dose combination preparations are also available, including:
  - Paracetamol with codeine.
  - Paracetamol with dihydrocodeine.
  - Paracetamol with tramadol.
  - Aspirin with codeine.

- For children under 16 years of age, paracetamol or ibuprofen alone is a suitable first-line choice.
  - If the child does not respond to the first-line analgesic, check their adherence and that an appropriate dose is being taken.
  - If adherence and dose are appropriate, switch analgesic: if paracetamol has been used, ibuprofen should be tried. If ibuprofen has been used, paracetamol should be tried.
  - If the child has not responded sufficiently to the appropriate dose of one drug alone, alternating paracetamol and ibuprofen should be considered.
  - If the child is still in pain or more than short courses of analgesics are required, specialist advice should be sought.

- For adults and children aged over 16 years, a stepwise strategy for managing mild-to-moderate pain is recommended:
  - Step 1 — paracetamol should be used.
  - Step 2 — paracetamol should be substituted with ibuprofen or, if ibuprofen is unsuitable, a weak opioid (such as codeine).
  - Step 3 — paracetamol should be added to ibuprofen or the weak opioid.
  - Step 4 — paracetamol should be continued and ibuprofen replaced with an alternative NSAID.
  - Step 5 — a weak opioid should be started in addition to paracetamol and/or a NSAID.

- When prescribing analgesics:
  - A full therapeutic dose of one drug should be used before considering switching to a different analgesic or adding another analgesic.
  - The underlying cause of the pain should be treated whenever possible.
  - People who experience continuous pain should receive regular analgesia following a full clinical assessment.
  - Combination analgesics should be avoided as first-line treatment. Prescribing single constituent analgesics allows independent titration of each drug.