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 PARACETAMOL preparation

to individuals aged 1 year 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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Author:	Medicines Management Pharmacist	
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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 005	Initial Issue	06/06/22
MMP 403 (new number) V1	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. Exclusion criteria and cautions updated. Addition of SPS information regarding legal category. Removal of reference to capsules and caplets, as tablets are kept as stock. Dose and frequency, drug interactions, adverse effects and patient information sections updated.	09/04/2025
MMP 403 V2	Protocol amended to allow use in individuals aged 1 year or over. Clinical content updated according to current reference sources. Addition of red flags.	06/05/26

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 paracetamol to individuals in MIU or Outpatient Departments, where the individual does not have paracetamol 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
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	5/14/2026
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	5/11/2026
Senior representative of professional group using the Protocol Paul Hooton	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	5/11/2026
Clinical Governance Lead Lucie Cornish	Clinical Governance Lead for PTHB –Director for Innovation and Improvement	Signed by: Lucie Cornish 48844B7FC02A448...	5/5/2026

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 healthcare 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 and the RCN/RPS 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 registered practitioners listed above have organisational authorisation to work under this protocol.

Initial training	• The administration of paracetamol 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 working in MIU), AWMSG All Wales Pharmacological Management of Pain Guidance 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 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 paracetamol, and the assessment and management of mild to moderate pain as per MIU Clinical Guidelines (if relevant), AWMSG All Wales Pharmacological Management of Pain Guidance 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 the AWMSG All Wales Pharmacological Management of Pain Guidance and 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 1 year or over, presenting with mild or moderate pain, where paracetamol 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. Individuals 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 excluded" or "Action to be taken if individual declines treatment". • Individuals under 1 year of age • Known allergy or hypersensitivity to paracetamol and/or to any of the excipients in the product- see Summary of Product Characteristics (SPC). **Note** some brands of paracetamol suspension should not be taken by individuals with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency due to the presence of maltitol liquid (E965), or sucrose and sorbitol liquid (E420). Check current brand in use. **Note** some brands of paracetamol suspension may contain Ethyl (E214), Propyl (E216) and Methyl (E218) parahydroxybenzoate, which may cause allergic reactions (possibly delayed), and/or Carmoisine (E122), and/or benzyl alcohol which may cause allergic reactions. Check current brand in use. **Note** some brands of paracetamol tablet may contain sodium metabisulfite (E223) which may rarely cause severe hypersensitivity (allergic) reactions and bronchospasm (narrowing of the windpipe)- check current brand in use.

	• Individual has taken the maximum dose of paracetamol or a paracetamol containing product within the previous 24 hours (NB. adults and children aged 16 years and over weighing less than 50kg or with additional risk factors for paracetamol toxicity have a reduced maximum daily dose – see dosage section). • Individual has received a dose of paracetamol or a paracetamol containing product (some examples may include co-codamol or a paracetamol containing cold and flu preparation), within the previous four hours. **NB**. Adults and children aged 16 years and over, weighing 50kg or less are excluded if they have received a dose of paracetamol or a paracetamol containing product within the previous 6 hours- see dosage section • Individuals who drink alcohol heavily or are currently under the influence of alcohol.
Cautions /reasons for seeking further advice from a prescriber	All individuals MUST be weighed: • A dosage reduction is required for adults and children aged 16 years and over with a body weight **less than 50kg**- see dosage. • Refer to a prescriber for advice if a child aged 1-15 years has low body weight for their age. Individual must be assessed for risk factors for paracetamol toxicity – adults and children aged 16 years and over with the following **risk factors for paracetamol toxicity** require a dose reduction (as per dosage): ○ Body weight less than 50kg ○ Severe liver disease ○ Increasing age and/or frailty: where paracetamol might have been prescribed for significant periods and who have morbidities and polypharmacy, which can further increase their risk of inadvertent overdose and toxicity ○ Malnourished patients with nutritional deficiency and/or chronic debilitating illness and therefore likely to be glutathione deplete e.g. acute or chronic starvation (patients not eating for a few days), eating disorders (anorexia or bulimia),

	cystic fibrosis, HIV/AIDS, cachexia, alcoholism, cirrhosis, and/or muscular dystrophy. NB. Catabolic states (sepsis) may also cause glutathione depletion. ○ Chronic dehydration ○ Hepatic enzyme induction or evidence of ongoing liver injury eg. long term treatment with liver enzyme-inducing drugs (such as rifampicin, carbamazepine, fosphenytoin, phenytoin, primidone, phenobarbital, rifabutin, efavirenz, nevirapine, St John's Wort or other drugs that induce liver enzymes) — see Drug interactions. ○ Severe renal impairment NB. Seek advice from a prescriber if a child under 16 years old has risk factors for paracetamol toxicity. NB. Alcohol dependency/ regular consumption of ethanol in excess of recommended amounts, particularly if nutritionally compromised- is also a risk factor for paracetamol toxicity- this is an Exclusion under this protocol. Refer for medical advice. Seek medical advice where appropriate to allow clinical judgement to be used to consider an appropriate dose of oral paracetamol. Document advice given and action taken. Seek medical advice if treating an individual who has been diagnosed with liver or kidney impairment. Seek medical advice if the individual has any of the following red flags (these may suggest the need for further investigation and specialist referral as part of the overall strategy): • Major trauma • Minor trauma in elderly or osteoporotic • Evidence of neurological deficit (in legs or perineum in the case of low back pain) • Age < 20 years or > 50 years • History of cancer • Constitutional symptoms (fever, chills, weight loss) • Recent bacterial infection • Intravenous drug use • Immunosuppression • Pain worsening at night or when supine • Severe or progressive sensory alteration or weakness • Bladder or bowel dysfunction

	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. Preparations containing sorbitol and maltitol may cause gastrointestinal discomfort and have a mild laxative effect. Some preparations may contain ingredients that may cause allergic reactions (possibly delayed) – refer to SPC. Before administering, check when paracetamol was last administered/taken and check the cumulative paracetamol dose over the previous 24 hours. Refer to Exclusion Criteria. Individuals with complex multiple pathologies, polypharmacy or multiple allergies. 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 ibuprofen for the relief of 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 reason for 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 they have 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	Paracetamol • 500mg Tablets • Oral suspension 120mg/5ml and 250mg/5ml **NB.** The use of effervescent/soluble tablets is excluded from this protocol due to their high sodium content. Paracetamol tablets can be broken on the score line, or the suspension used. For individuals with swallowing difficulties or NG tubes, discuss the method of administration with Medicines Management.
Legal category	GSL, P or POM **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 Shake oral suspension bottle well (for at least 10 seconds) before use. Oral suspensions **must not** be diluted – use the correct strength according to the individual's age.
	A single dose may be administered using this protocol. **Adults and children 16 years and over** The All Wales Pharmacological Management of Pain Guidance states that 'Prescribers must ensure that the choice and dose of all analgesic medicines are appropriate for the patient and take into account their age, weight, frailty and polypharmacy'. It advises that **adults and children 16 years and over** must be assessed for risk factors for paracetamol toxicity (see cautions) then dosed accordingly: • Individuals **without risk factors for paracetamol toxicity** may take **500mg – 1g** oral paracetamol four times daily (minimum 4 hours between doses). Maximum 4 g in 24 hours

Dose and frequency

- Individuals **with risk factors for paracetamol toxicity** should be dosed as follows (Note: Low body weight is a risk factor on its own and requires dose reduction):

Body weight	NB. only a **single dose** to be administered via this protocol
33 –39 kg	**500 mg** up to four times a day Maximum 2 g in 24 hours (minimum 6 hours between doses)
40 –50 kg	**500 mg – 1 g** up to four times a day Maximum 3 g in 24 hours (minimum 6 hours between doses)
> 50 kg	**500 mg – 1 g** up to four times a day Maximum 3 g in 24 hours (minimum 4 hours between doses)

Children 6-15 years: 250mg/5ml Suspension

Refer to prescriber for advice if a child has low body weight for their age.

Child's Age	**Single Dose** (quantity of 250mg /5ml suspension)	**Frequency** (single dose administration via protocol)
6 – 7 years	250mg (5ml)	Leave at least 4-6 hours between doses. No more than 4 doses in 24 hours.
8 – 9 years	375mg (7.5ml)	
10 – 11 years	500mg (10ml)	
12 – 15 years	500 –750mg (10 –15ml) NB. If individual is average weight for their age and weighs <50kg, give a 500mg dose	

Children 1-5 years: 120mg/5ml Suspension

Refer to prescriber for advice if a child has low body weight for their age.

Child's Age	**Single Dose** (quantity of 120mg /5ml suspension)	**Frequency** (single dose administration via protocol)
12 -23 months	120mg (5ml)	

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<tr><td></td><td>
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<tr><td>2 – 3 years</td><td>180mg (7.5ml)</td><td rowspan="2">Leave at least 4-6 hours between doses.

No more than 4 doses in 24 hours.</td></tr>
<tr><td>4 – 5 years</td><td>240mg (10ml)</td></tr>
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</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 ibuprofen if appropriate. See Appendix B for information on using combinations of analgesics.</td></tr>
<tr><td>Storage</td><td>Medicines must be securely stored according to PTHB MMP 001 medicines policy and in conditions specified in the individual SPC.</td></tr>
<tr><td>Drug Interactions</td><td>Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic medications. Note: individuals taking other paracetamol containing products (may include combination products or cold and flu remedies) in the last 4-6 hours are excluded from management under this protocol - see exclusion criteria.

Drug interactions with paracetamol include:
Alcohol - excessive alcohol consumption causes severe liver damage when given with paracetamol. See exclusion criteria. Paracetamol and alcohol can increase the risk of hepatotoxicity
Anticoagulants - the effect of warfarin and other coumarins (eg. phenindione, acencoumarol) may be enhanced by prolonged regular use of paracetamol, with increased risk of bleeding. Occasional doses have no significant effect
Monitor international normalized ratio (INR)
Bemiparin- Paracetamol might increase the risk of hepatotoxicity when given with Bemiparin (high-dose)</td></tr>
</table>

	• Busulfan – Paracetamol is predicted to decrease the clearance of busulfan • Colestyramine — may reduce absorption if given within 1 hour of paracetamol ○ Separate administration by 1 hour • Dalteparin- Paracetamol might increase the risk of hepatotoxicity when given with Dalteparin (high-dose) • Domperidone and metoclopramide – may increase speed of absorption of paracetamol • Enoxaparin- Paracetamol might increase the risk of hepatotoxicity when given with Enoxaparin (high-dose) • Flucloxacillin - Paracetamol has been reported to cause high anion gap metabolic acidosis when given with Flucloxacillin. Manufacturer advises caution. Be alert for signs and symptoms of high anion gap metabolic acidosis, particularly in patients with severe renal impairment, sepsis, or malnutrition • Paracetamol may interact with chloramphenicol causing increased plasma levels. • Imatinib- Imatinib increases the risk of hepatotoxicity when given with Paracetamol. Manufacturer advises caution • Liver enzyme-inducing drugs (such as rifampicin, carbamazepine, fosphenytoin, phenytoin, primidone, phenobarbital, rifabutin, efavirenz, nevirapine, St John's Wort or other drugs that induce liver enzymes) can increase the risk of hepatotoxicity. See cautions • Tinzaparin - Paracetamol might increase the risk of hepatotoxicity when given with Tinzaparin (high-dose) • Concomitant barbiturates and tricyclic antidepressants may increase the hepatoxicity of paracetamol • Oral steroid contraceptives have the ability to reduce serum levels of paracetamol by liver enzyme induction

	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	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. Individuals/carers should be informed about the signs of serious skin reactions. Use of the drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity (for example, itchy skin, skin reddening or blisters, or swelling or difficulty in breathing). **Blood dyscrasias** (including thrombocytopenia, neutropenia and agranulocytosis) have been rarely reported in people taking oral paracetamol, but it is not clear that these were directly caused by the paracetamol. High anion gap metabolic acidosis due to pyroglutamic acidosis - frequency unknown. Cases have been reported in people with severe illness, such as severe renal impairment and sepsis, or other sources of glutathione deficiency, such as chronic alcoholism, who were treated with paracetamol for a prolonged period or a combination of paracetamol and flucloxacillin. 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 PARACETAMOL** and note down the form and manufacturer • 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 paracetamol 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). NB. If further doses are required, the individual/carer must be advised when it will be safe to take 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 had 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 that they are being treated within a protocol. **Advise:** • To visit a pharmacy/shop if a further supply is required. If individual has continuous pain, they should use paracetamol regularly (dose and frequency as recommended according to individual's characteristics and weight, as advised in the dosing table and cautions section). • What time the individual will be able to take another dose of paracetamol, if required, according to individual's characteristics (see cautions and dosing table). • Advise to stop taking if side effects occur and seek medical advice. • Do not take for more than 3 days without consulting your doctor. • To visit GP/DGH if further investigation required (see red flags), or if symptoms persist or worsen. • There are other paracetamol-containing medicines available OTC. Advise individual/ carer to beware of accidental overdose and to check labels of medicines carefully, the recommended maximum total daily dosage must not be exceeded (taking into account individual's characteristics (see cautions and dosing table)). Advise that immediate medical advice should be sought in the event of an overdose, even if the individual feels well, because of the risk of delayed, serious liver damage. • Avoid alcohol when taking paracetamol.

	• Individual/ carer should be informed about the signs of serious skin reactions. Use of the drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity (for example, itchy skin, skin reddening or blisters, or swelling, or difficulty in breathing) • May be given as an alternative to, or, for those age 16 years and over, in combination with ibuprofen if appropriate. See Appendix B for information on using combinations of analgesics. 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: Paracetamol for mild-to-moderate pain (if relevant) https://www.medicinesforchildren.org.uk/medicines/paracetamol/ • 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 Paracetamol for adults and Paracetamol for children (including Calpol). In addition, if applicable, if individual required a lower than standard dose of paracetamol (according to individual's characteristics -see cautions and dosing table), explain the reason why and advise caution when using OTC paracetamol products in the future. Advise individual to discuss their future requirements with a pharmacist. Explain that the lower dose of paracetamol may not be stated in the manufacturer's patient information leaflet.
Follow-up advice to be given to	• Refer to MIU Clinical Guidelines (if relevant) and NICE guidance relevant to the condition being managed.

individual or carer	• Give appropriate advice dependant on the clinical condition of the individual (considering any red flags) 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) and British National Formulary for Children (BNFC) - accessed 07/04/26
- Summary of product Characteristics (SPC) and PILs– available at www.medicines.org.uk accessed 07/04/26
- NICE CKS Analgesia - mild-to-moderate pain Analgesia - mild-to-moderate pain | Health topics A to Z | CKS | NICE: last revised Aug 2025
- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare settings (2019)
- Specialist Pharmacy Service P and GSL medicines with PGDs updated June 2024
- NICE CKS Scenario: Paracetamol – last revised August 2025.
- AWMSG All Wales Pharmacological Management of Pain Guidance updated July 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 August 2025

Summary

- An analgesic is a medication used to relieve pain.
- Assessment of pain as mild, moderate, or severe varies between individuals.
- 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).
  - Certain 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 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 managing mild-to-moderate pain in adults and children aged over 16 years:
  - Treat the cause of the pain where possible, using the guideline for that condition to guide the choice of analgesic, where possible.
  - Use clinical judgement to choose the analgesic, depending on the person's age, co-morbidities, concurrent medication, risk factors of adverse effects, severity, impact of the pain, and the causative condition.
  - Paracetamol is usually the first-line choice for mild-to-moderate pain, although depending on the condition causing the pain, a NSAID may be preferable. Change to, or add another agent if the first option is ineffective.

- Opioids such as codeine, dihydrocodeine, or tramadol may be used for short periods of time for acute moderate pain where first-line options have not been effective.

- When prescribing analgesics:
  - A full therapeutic dose of one drug should be used before considering switching to a different analgesic or adding another analgesic.
  - 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.
  - It is not recommended that paracetamol, NSAIDs, or opioids are initiated for chronic primary pain (pain which has been present for over three months with no clear underlying cause)