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 PTHB internet to ensure that they are working to the most up to date version

Protocol

for the administration of

Chlorphenamine Maleate oral preparations

by registered nurses

to Adults and Children **aged from 2 years**

for the **relief of minor allergic reactions, when there has been an inadequate response to a non-sedating antihistamine**

in Powys Teaching Health Board (PTHB) Minor Injury Units

Document Reference No:	PTHB / MMP 475	
Version No:	1	
Issue Date:	03/09/2025	
Expiry Date:	02/09/2028	
Author:	Medicines Management Pharmacist	
Document Owner:	Chief Pharmacist	
Accountable Executive:	Medical Director	
Approved By:	Local signatories (see p.3)	
Approval Date:	September 2025	
Document Type:	Protocol	Clinical
Scope:	Authorised registered nurses in PTHB MIUs	

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
MMP 475 V1	New protocol to allow administration of one dose of chlorphenamine to an individual with a minor allergic reaction who has taken a non-sedating antihistamine and there has been an inadequate response, as agreed by the PTHB PGD subgroup in July 2025.	03/09/2025

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	9/15/2025
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	9/15/2025
Senior representative of professional group using the Protocol **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	9/9/2025
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	9/23/2025

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 also be a registered healthcare professional with the following body: • Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit (MIU) in PTHB Current contract of employment with PTHB. Practitioners must also fulfil the training and Additional requirements listed below. Check Appendix A – Staff permitted to use protocol accreditation sheet to confirm whether all practitioners listed above have organisational authorisation to work under this protocol.
Initial training	• The administration of chlorphenamine oral preparations and knowledge of their 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 minor allergic reactions (refer to MIU Clinical Guidelines and Allergies | Specialities | CKS | NICE) 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 • 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 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, including anaphylaxis. Must be competent in the administration of

	adrenaline 1 in 1000 and have up to date Intermediate Life Support (ILS) skills • must have access to the protocol and associated online resources **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.**
Competency assessment	Individuals operating under this protocol must be assessed as competent (see Appendix A). The individual must complete a self-declaration of competence in their Personal Appraisal and Development Review (PADR) – the **personal development plan** (yellow) section of the PADR booklet should be used to record competency. Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Evidence of training in ILS and anaphylaxis. Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the use of the medicine included in the 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.
Ongoing training and competency	• Update at least every 2 years, or earlier in response to new local/national guidance, on the use of protocols and chlorphenamine and the assessment and management of allergic reactions as per MIU Clinical Guidelines and NICE CKS Allergies. • Practitioners must ensure they are up to date with relevant clinical skills and management of anaphylaxis and ILS. • Completion and submission of Continuous Professional Development (CPD) as required by NMC, which must be retained and made available on request. • Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. • Evidence of ongoing / refresher training to be submitted to line manager annually. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this protocol.**
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	This protocol is to be used as a second line option for symptomatic control of minor allergic reactions responsive to antihistamines. It may be used to administer one dose of chlorphenamine to an individual who has taken a non-sedating antihistamine (eg. loratadine – see PTHB protocols) to manage the allergic reaction and there has been an inadequate response. **NB: This protocol should be used in conjunction with the MIU Clinical Guidelines and other PTHB PGDs, or protocols, if appropriate, along with any relevant NICE guidance**. • Sedating antihistamines are no longer recommended by guidelines for **routine** use. This protocol has been developed to allow one dose of chlorphenamine to be administered, whilst MIU staff arrange referral to a prescriber, who will be able to consider other therapeutic options listed in NICE CKS: Urticaria. • NG182 (insect bites and stings) states: Oral antihistamines may be considered to help relieve itching, even though there is uncertainty about their effectiveness in managing insect bites or stings. Some antihistamines cause sedation, which may help at night. **It is the responsibility of the administering nurse to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the medication. If there is any reason for concern, seek medical advice. These tasks cannot be delegated and so the registered nurse 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 with a minor allergic reaction. • Individual has taken a non-sedating antihistamine (eg. loratadine – see PTHB protocols), more than 24 hours ago, to manage the allergic reaction and there has been an inadequate response. • 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 prior to administration. NB Refer to PTHB Consent to Treatment and Examination Policy. In case of any doubt, contact medical team or emergency services.

	NB. this protocol should be used in conjunction with the MIU Clinical Guidelines and appropriate NICE guidelines relevant to the specific condition being treated. 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 the remit of the PTHB MIU Clinical Guidelines • 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". • Pregnancy or breastfeeding • Individual has not already tried a non-sedating antihistamine (as a first line option- eg. loratadine) to manage the allergic reaction • Children under 2 years old • Known hypersensitivity to chlorphenamine, antihistamines and/or to any of the excipients in the medicinal product- see product SPC • Preparations may not be suitable for individuals with rare hereditary problems of galactose intolerance, total lactase/Lapp lactase deficiency, glucose-galactose malabsorption, fructose intolerance, or sucrose-isomaltase insufficiency (Syrup/oral solutions may contain sucrose/maltitol; tablets may contain lactose). Consult individual SPC to determine if exclusion applies to individual • Individual suffering from a severe allergic reaction or is suspected of having a systemic hypersensitivity or toxic reaction to an insect sting or bite- follow PTHB anaphylaxis procedure and arrange immediate admission to Accident and Emergency. • Some formulations are not to be used for individuals with acute asthma- check individual SPC • Elderly individuals with confusion • Individual who has recently consumed alcohol • Individuals suffering from alcoholism should not be given the syrup/oral solution as it may contain ethanol

	• Individual with severe liver disease • Individuals taking the following medicines: ○ monoamine oxidase inhibitors (MAOIs) eg. isocarboxazid, phenelzine, tranylcypromine- the anticholinergic properties of chlorphenamine are intensified by MAOIs. **Chlorphenamine must not be taken by individuals who have been treated with MAOIs within the last fourteen days**. ○ other antihistamine containing products, including antihistamine containing cough and cold medicines. **Chlorphenamine may not be given on the same day as the previous dose of once daily non-sedating antihistamine (eg. loratadine).** Obtain details and contact a prescriber if the individual has taken any antihistamine product within the last 24 hours. For further information, refer to Drug interaction section. See Action to be taken if individual excluded.
Cautions /reasons for seeking further advice from a prescriber	• Individuals with: ○ mild to moderate hepatic impairment – seek advice from a prescriber ○ renal impairment – seek advice from a prescriber ○ epilepsy ○ prostatic hypertrophy ○ pyloroduodenal obstruction ○ raised intra-ocular pressure including glaucoma ○ susceptibility to angle-closure glaucoma ○ urinary retention ○ severe hypertension or cardiovascular disease ○ bronchitis, bronchiectasis or asthma or chronic lung disorders ○ thyrotoxicosis ○ porphyria ○ complex multiple pathologies, polypharmacy or multiple allergies • The sucrose content of Piriton syrup (2.36g per 5ml) should be taken into account in individuals with diabetes mellitus. • Syrup preparations may contain ethanol, which should be taken into account in children and high-risk groups such as individuals with liver disease or epilepsy. • Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (e.g. increased energy, restlessness, nervousness). See adverse effects.

	• Elderly: The use of first-generation antihistamines in elderly patients is potentially inappropriate (STOPP criteria) as safer, less toxic antihistamines are widely available. • 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. • Refer to BNF/ SPC for full list. 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. If cautions are present, seek further advice: see Arrangements for referral for medical advice.
Action to be taken if individual excluded	• Explain reason to individual/carer. • Record reason, seek medical advice, and record any advice given. • If appropriate refer to GP / DGH (A&E) / Out of Hours Service; offer alternative management, if appropriate.
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 alternative sources of treatment (GP / DGH (A&E) / Out of Hours Service) 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 hospital if they have any symptoms or signs suggesting a more serious illness or condition, such as a systemic allergic reaction, if individual is systemically

	unwell, rapidly developing angio-oedema without anaphylaxis, orbital cellulitis, osteomyelitis, septic arthritis, necrotising fasciitis or sepsis, or any other cause for concern. • If individual has an infected wound, follow MIU clinical guidelines, relevant NICE guidance and NICE CKS and relevant PTHB PGDs/protocols. • Immediate hospital admission to Accident and Emergency should be arranged for anyone who has been stung on the face or mucous membranes and is at risk of airway obstruction or compromised vision. • Arrange immediate admission to Accident and Emergency for anyone who: ○ is suspected of having a systemic hypersensitivity or toxic reaction to an insect sting or bite ○ has had a previous systemic allergic reaction to the same type of bite or sting ○ is severely immunocompromised and has symptoms or signs of an infection ○ has cellulitis that is associated with systemic effects or is worsening despite treatment ○ has a fever or persisting lesions associated with a bite or sting from an insect outside the UK ○ has been bitten or stung by an insect which is unusual or from a tropical or subtropical locale. • Consider referral or seeking specialist advice as advised in NICE CKS for the specific condition being treated. • Contact or refer to GP / DGH (A&E) / Out of Hours Service or microbiologist for advice, if applicable. Document advice given. • If further treatment/investigation is required, individual must be referred to a prescriber to consider the available options (GP/ A&E /Out of Hours Service). Consider referring to specialist / microbiologist if required.

Details of the medicine

Name, form and strength of medicine	Chlorphenamine maleate 4mg tablets Chlorphenamine maleate 2mg/5ml syrup/oral solution **Note:** Tablets must not be administered to children under 6 years old- see Dose and Frequency section below.
Legal category	P (pharmacy)
Off label use	Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an

<table>
<tr><td></td><td>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.</td></tr>
<tr><td>Route/ Method of Administration</td><td>Oral</td></tr>
<tr><td>Dose and frequency</td><td>A single dose may be administered in MIU:

<table><tr><td>Age</td><td>Single Dose</td><td>Quantity of medication to be administered</td></tr><tr><td>2-5 years</td><td>1mg</td><td>2.5ml syrup or oral solution (2mg/5ml)</td></tr><tr><td>6-11 years</td><td>2mg</td><td>Half a 4mg tablet or 5ml syrup or oral solution (2mg/5ml)</td></tr><tr><td>12 years and over</td><td>4mg</td><td>One 4mg tablet or 10ml syrup or oral solution (2mg/5ml)</td></tr></table></td></tr>
<tr><td>Quantity to be administered</td><td>A single dose may be administered using this protocol in MIU</td></tr>
<tr><td>Storage</td><td>Stock must be securely stored according to organisation medicines policy and in conditions specified in the individual SPC.</td></tr>
<tr><td>Drug interactions</td><td>Chlorphenamine should not be taken with other antihistamine containing products, including antihistamine containing cough and cold medicines- see exclusions

The effects of alcohol may be increased and therefore concurrent use should be avoided- see exclusions.

Interactions listed as severe in the BNF are:
Isocarboxazid- predicted to increase the risk of antimuscarinic adverse effects when given with chlorphenamine. Manufacturer advises avoid – see exclusions
Phenelzine - predicted to increase the risk of antimuscarinic adverse effects when given with chlorphenamine. Manufacturer advises avoid – see exclusions
Tranylcypromine - predicted to increase the risk of antimuscarinic adverse effects when given with chlorphenamine. Manufacturer advises avoid – see exclusions</td></tr>
</table>

	• Clozapine - can cause constipation, as can Chlorphenamine; concurrent use might increase the risk of intestinal obstruction. Manufacturer advises caution. Both Chlorphenamine and Clozapine cause antimuscarinic effects and have effects on the CNS and can cause sedation, which may affect the ability to perform skilled tasks. Use of two or more drugs that have effects on the CNS may also increase risk of CNS depressant effects (which could range from sedation to unconsciousness, coma, respiratory depression, and/or cardiovascular depression). The BNF lists the following interactions as moderate severity: • Chlorphenamine is predicted to decrease the effects of Betahistine. Manufacturer makes no recommendation. • Chlorphenamine might decrease the absorption of Levodopa. Manufacturer makes no recommendation. Both Chlorphenamine and Levodopa have effects on the CNS and can cause sedation, which may affect the ability to perform skilled tasks. Use of two or more drugs that have effects on the CNS may also increase the risk of CNS depressant effects (which could range from sedation to unconsciousness, coma, respiratory depression, and/or cardiovascular depression). • Chlorphenamine is predicted to decrease the efficacy of Pitolisant. Manufacturer makes no recommendation. Chlorphenamine inhibits phenytoin metabolism and can lead to phenytoin toxicity. Concurrent use of chlorphenamine with other medicines which cause sedation such as anxiolytics, opioids and hypnotics may cause an increase in sedative effects, so medical advice should be sought before taking concurrently. This medicine may also enhance the sedative effects of neuroleptics. Midodrine — avoidance of antihistamines advised by manufacturer of midodrine. There is also an increased risk of antimuscarinic side effects (e.g. dry mouth, urinary retention, constipation, blurred vision, confusion, agitation and drowsiness) when chlorphenamine is given with antimuscarinics, tricyclic antidepressants and atropine. The anticoagulant effect of dalteparin may be reduced if administered concurrently with chlorphenamine.

	NB. This list is not exhaustive. Refer to BNF/SPC for full details. Call medical cover for advice and document advice given.
Identification management and reporting of adverse effects	**Common/very common side effects**: • Drowsiness/sedation/somnolence: Sedating antihistamines (such as chlorphenamine) cause sedation in 10–50% of people, which can persist into the next day • Concentration impaired/ attention disturbance • Coordination abnormal • Dizziness • Dry mouth • Fatigue • Headache • Nausea • Vision blurred Children and the elderly are more likely to experience the neurological anticholinergic effects and paradoxical excitation (e.g. increased energy, restlessness, nervousness). **The anticholinergic properties of chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some individuals which may seriously affect ability to drive and use machinery** – see information to be given to individual**.** Glycerol may be contained in chlorphenamine syrup and may cause headache, stomach upset and diarrhoea- see SPC. Sodium benzoate may be contained in chlorphenamine syrup- it is a mild irritant to the skin, eyes and mucous membranes- see SPC. Methyl, ethyl and propyl hydroxybenzoates (E218, E214 and E216) may be contained in the syrup; they may cause allergic reactions (possibly delayed)- see SPC. Chlorphenamine Oral Solution may contain sodium methyl parahydroxybenzoate (E219) and sodium propyl parahydroxybenzoate (E217). These may cause allergic reactions (possibly delayed)- see SPC. This list may not represent all reported side-effects of this medicine, 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.

	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, 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 CHLORPHENAMINE** • 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
Records to be kept	Record consultation details as required by local procedures. 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. • Any reasons for exclusion or referral, including advice given and actions taken.

	• Examination or microbiology findings, where relevant. • 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. • Details of any adverse reactions 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. • Record that medication was administered via protocol, record protocol title and version number. 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.

Patient information

Written/verbal information to be given to individual or carer	Offer PIL (Patient Information Leaflet) and draw the individual/carers' attention to it. Provide Chlorphenamine maleate for allergy leaflet, if appropriate (if chlorphenamine was administered to a child). Explain indication, contraindications, cautions and potential side effects, as documented in the PIL. **Advise:** • Not to take other antihistamine containing products (including antihistamine containing cough and cold medicines) in conjunction with chlorphenamine. • On appropriate oral pain relief, if applicable. • Chlorphenamine usually takes 30 minutes to 1 hour to work. • To visit a prescriber to consider the available options if further treatment/investigation is required (GP/ A&E /Out of Hours Service). Consider referring to specialist / microbiologist if required. • Drowsiness may affect performance of skilled tasks (e.g. cycling or driving). The anticholinergic properties of

	chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some individuals which may seriously affect ability to drive and use machinery- if affected, the individual should not drive or operate machinery. Children need to take extra care when riding a bike or horse and taking part in physical activities. • To seek medical help if symptoms worsen rapidly or significantly at any time, if symptoms or signs of an infection develop, or if the individual becomes systemically unwell. • To avoid the allergen as much as possible. Where possible, identify and manage the underlying causes/trigger factors of the allergic reaction (also refer to NICE CKS Allergic Rhinitis causes or NICE CKS Food allergy if appropriate). • For people with acute mild urticaria with an identifiable and avoidable cause/trigger, advise that urticaria is likely to be self-limiting without treatment. • To avoid scratching to minimise inflammation and reduce the risk of infection. • Not to drink alcohol while taking chlorphenamine- sedating effects are enhanced by alcohol. • Provide TARGET self-care leaflet on managing infection, if appropriate. **For individuals with an insect bite or sting:** • Explain that redness, itchiness, or pain and swelling after an insect bite or sting is much more likely to be an inflammatory or allergic reaction rather than an infection, especially when there is a rapid onset- most insect bites and stings can be treated at home with simple first aid. • Advise to seek medical help if the individual has severe pain out of proportion to the wound, which may indicate the presence of toxin-producing bacteria. • Advise that skin redness and itching are common and may last for up to 10 days • Advise on measures to take to avoid future insect bites and stings - provide the individual/carer with appropriate information. • Provide information on insect bites and stings from the NHS website. • Provide the following information: The Anaphylaxis Campaign – Insect sting allergy- the facts If bites are thought to be due to infestation with: • Bedbugs — advise the person to contact their local council or pest control services. Pest control is necessary as

	bedbugs can be difficult to eradicate and insecticide resistance is common. • Fleas — advise the person that flea bites are often associated with contact with domestic pets (especially cats and dogs) and that animals should be examined and treated if necessary. If the person has recently moved house, flea infestations may remain from previous pet owners. • Lice — see the CKS topics on Head lice and Pubic lice for information on treatment of symptoms and eradication. • Scabies — see the CKS topic on Scabies for information on treatment of symptoms and eradication. Where relevant, provide the following information: • UKHSA – Tick awareness. • NHS A-Z has useful information on Urticaria (hives). • The British Association of Dermatologists (BAD) has produced an information leaflet on Urticaria and Angioedema. • Allergy UK, a national charity dedicated to supporting allergy sufferers in the UK, has a useful factsheet on Urticaria (hives) and other skin allergy. It also has a dedicated helpline.
Follow-up advice to be given to individual or carer	• Refer to MIU Clinical Guidelines and NICE guidance relevant to the condition being managed. • Inform individual of possible side effects and their management. • Arrange referral to GP/ A&E /Out of Hours Service if further investigation/treatment is required. • Arrange referral to an allergy specialist for further assessment and management, if appropriate, as advised by NICE CKS (refer to the specific condition being treated) and MIU Clinical Guidelines. • 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. Additional advice for parents/guardians: • If your child cannot pass urine when they feel they need to, contact your doctor straight away or take your child to hospital • If your child seems to have slow, stiff or uncontrolled movements contact your doctor straight away or take your child to hospital

References

- British National Formulary (BNF) and British National Formulary for Children (BNFC) - accessed 22/07/25
- Summary of product Characteristics (SPC) and PILs– available at www.medicines.org.uk accessed 22/07/25:
  - Piriton Syrup 2mg/5ml, Haleon UK Trading Limited
    - Summary Product Characteristic, last updated 17/04/2023
    - PIL, last updated September 2023
  - Piriton tablets, Haleon UK Trading Limited:
    - Summary Product Characteristic, last updated 17/04/2023
    - PIL, last updated February 2023
  - Boots Allergy Relief 4mg Tablet, The Boots Company:
    - Summary Product Characteristic, last updated 12/01/2022
    - PIL, last updated November 2021
  - Chlorphenamine 4mg tablets Sigma Pharmaceuticals PLC:
    - Summary Product Characteristic, last updated 15/08/2023
    - PIL, last updated September 2020
  - Chlorphenamine 4mg tablets Strides Pharma UK Ltd:
    - Summary Product Characteristic, last updated 21/10/24
    - PIL, last updated July 2024
  - Boots 1 Year Plus Allergy Relief Antihistamine 2mg/5ml syrup, The Boots Company:
    - Summary Product Characteristic, last updated 20/12/23
    - PIL, last updated October 2023.
  - Piriton Allergy Tablets Haleon UK Trading Limited:
    - Summary Product Characteristic, last updated 17/04/23
    - PIL, last updated February 2024
  - Chlorphenamine Maleate 2 mg/5 ml Oral Solution- Crescent Pharma Limited, last updated 20/08/2021
- NICE CKS Food allergy: chlorphenamine revised July 2024
- NICE CKS Angio-oedema and anaphylaxis revised August 2024
- NICE CKS Urticaria revised March 2024
- NICE CKS Allergic rhinitis revised January 2024
- NICE CKS insect bites and stings revised February 2025
- NICE guideline [NG182] – Insect bites and stings: antimicrobial prescribing, published 22 September 2020
- NICE guideline [NG141] – Cellulitis and erysipelas: antimicrobial prescribing, published 27 September 2019

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 " comment	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.