Protocol

for the administration

of Pharmacy (P) and General Sales List (GSL) classified

PARACETAMOL preparations

to

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

by Registered Nurses

in MIU and Outpatient Departments

in Powys Teaching Health Board

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

Protocol authorisation

Name	Job title and organisation	Signature	Date
Chief Pharmacist Jacqueline Seaton	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	6/6/2022

Appendix A provides a Staff Permitted to use Protocol Signature Sheet. Individual practitioners must be authorised by name to work to this protocol.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	May 2022

B	NICE CKS Choice of analgesic.	25

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Senior Pharmacist Governance and Training
Advanced Clinical Pharmacist – Medicines Management & Medicines Optimisation

Circulated to the following for Consultation

Date	Role / Designation
5/07/2021 & 5/01/2022	Judith Jamieson-Senior Nurse OPD
May 2022	Jo Wolfenden – MIU Lead Nurse
May 2022	PGD Working Group

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area

- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare Settings (2019)
- British National Formulary, current online edition.
- Electronic Medicines Compendium.
- NICE CKS Scenario: Analgesia - mild to moderate pain

IMPACT ASSESSMENTS

Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive
Age	x			
Disability	x			
Gender	x			
Race	x			
Religion/ Belief	x			
Sexual Orientation	x			
Welsh Language	x			
Human Rights	x			

Statement

Please remember policy documents are published to both the **intranet** and **internet.**

The version on the internet must be translated to Welsh.

Risk Assessment Summary

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

No risks identified as long as protocol directive is followed. If yes, note the risk/s and action taken to mitigate.
Protocol awareness training and signature of line manager who must confirm that the registered practitioner is competent to administer paracetamol under this protocol.

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? No governance issues identified
Have you identified any training and / or resource implications as a result of implementing this? Awareness training will be provided by the Medicines Management Team. Target audience will be registered general nurses or agreed registered allied health professionals working within Powys Community Hospital OPD Units and MIU (Minor Injury Unit) departments. Compliance with this Protocol will be monitored by annual retrospective audit of 10 instances where this Protocol has been used. This audit may be conducted by the department lead or Medicines Management team.

1. Protocol Statement & Introduction

This protocol provides a clear framework to support registered nurses or registered allied health professionals to **administer** Pharmacy (P) and General Sales List (GSL) paracetamol to patients in MIU and Outpatients Departments, where the patient does not have paracetamol available, it is not already prescribed, a PGD is not in place and a doctor or independent prescriber is not available for the respective clinic and in a reasonable timeframe.

This protocol applies to administration of paracetamol preparations in MIUs or outpatient departments settings by registered nurses (who have the appropriate authorisation – see Appendix A) ONLY.

The most recent and in date final signed version of the protocol should be used.

Patients should be informed that they are being treated within a protocol, and where possible, consent should be obtained before administering.
If used in MIU, this protocol should be used in conjunction with the "Clinical Guidelines for Minor Injuries ".

Supply of paracetamol preparations (i.e. for the patient to take home) is not permitted by this protocol. If supply is required, refer the patient/carer to purchase over the counter from a community pharmacy or local shop etc.

2. Objective.

The objective of this protocol is to provide a standardised clinical pathway for administration of paracetamol to patients aged 2 years or older presenting with mild to moderate pain to MIU or Outpatient departments in Powys Teaching Health Board.

Definitions and abbreviations

GSL	General Sales List Medication – can be sold in a variety of retail outlets but may be restricted in terms of pack size and number of packs that can be sold at one time.
MIU	Minor Injuries Unit
OTC	Over the Counter – where a medicine is available for supply or purchase through a retail outlet such as a supermarket, local shop or petrol station for [GSL] medicines or Community Pharmacy only for a [P] medicine.
P	Pharmacy medicine – can be sold from a registered pharmacy by a pharmacist or someone working under the supervision of a pharmacist
POM	Prescription only medicines – requires a prescription written by an appropriate practitioner before it can be supplied.
PGD	Patient Group Direction – a written direction that allows the supply and/or administration of a specified medicine, by named authorised health professionals, to a well-defined group of patients requiring treatment for a specific condition.
POVA	Protection of Vulnerable Adults
PSD	Patient Specific Direction
SPC	Summary of Product Characteristics available via www.medicines.org.uk. This provides comprehensive information around a medicine's licensed indications, dose, frequencies, information about adverse drug reactions and interactions and advice around administration
STAT	Immediate

4.1. The registered nurse has a responsibility to:

- Assess the patient and plan their care.
- Complete the awareness training in order to ensure they are competent and feel confident when administering paracetamol preparations, and also be authorised by name as permitted to use this protocol (Appendix A).

- Be familiar with the use of products covered by this protocol, including knowledge of their actions and uses, contra-indications and adverse effects.
- Discuss the treatment to be administered with the patient, if possible and/or with the carer and obtain consent.
- Have current competence in assessing capacity and follow the Mental Capacity Act guidance regarding consent to treatment.
- Administer the medication for the duration of time specified in the protocol and recognise that the authorisation is invalid after this time.
- Be competent in the recognition and management of recognised adverse reactions, including anaphylaxis.
- Be competent in the administration of adrenaline and have up to date at least Basic Life Support (BLS) skills.
- Ensure that the pack of medication used for administration is legally classified as a P or GSL medicine. This will be noted on the packaging denoted by a box with [P] or [GSL] respectively.
- Record the assessment, any intervention, and arrangements for review in the nursing records, care plan or care pathway.
- Record any medication administered in the patient records.
- Review the patient's response to treatment and monitor clinical observations as appropriate.
- Seek medical advice if the symptoms persist or worsen or if there is an actual or potential reaction to the treatment.
- Recognise their limitations and seek medical advice if they are concerned about the patient's overall condition or if the medication has been ineffective.
- Report any serious adverse drug reactions via the MHRA Yellow Card Scheme and via Once for Wales Reporting System.
- Refer the patient/carer to self-care options for ongoing use and advise that paracetamol may be purchased from a range of outlets such as a community pharmacy, supermarket, local store and petrol stations.
- Every registered nurse must adhere to their appropriate professional code of conduct and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines (2019).
- Each registered nurse is professionally accountable for their individual practice. In a local context, they are required to

adhere to Powys Teaching Health Board (PTHB) departmental policies available on the PTHB intranet site.

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

4.2. The Medicines Management Team has a responsibility to:

- Update and review this protocol and advise on any major changes.
- Ensure safe systems of supply for medicines named in the protocol.

Audit the use of this protocol through annual audit of OPD records and documentation.

4.3. Line Managers have a responsibility to:

- Ensure the competency of registered nurses administering medicines under this protocol.
- Ensure awareness training is included as part of the induction process for new appointees.
- Ensure registered nurses have completed the awareness training before they commence administration of any P/GSL medicine included in this protocol.

Sign off the schedule of staff authorised to use this protocol (Appendix A)

4.4. Head of the department must:

- Ensure all registered staff read and understand this protocol.

Arrange regular review to monitor compliance with this protocol.

4.5. Senior Nurse:

Has responsibility for:

- Arranging yearly update training

Arranging rotas

5. Administration of paracetamol process.

NB. It is the responsibility of the administering practitioner to ensure that the patient 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

This protocol details all processes required, including record keeping, in order to safely administer paracetamol.

If there are any concerns, medical advice should be sought.

Where further treatment is likely to be required, the patient should be signposted appropriately, in accordance with PTHB policies and procedures e.g. self-care advice, or to a community pharmacy, GP practice or A&E, as appropriate.

5.1. Clinical situation and indications.

To administer a stat dose of paracetamol for the relief of occasional mild to moderate pain.

For use in conjunction with (for adults) or as an alternative to ibuprofen – refer to MMPr004 Protocol and to NICE CKS for information on the choice of analgesic and combining analgesics - see Appendix B and https://cks.nice.org.uk/topics/analgesia-mild-to-moderatepain/.

5.2. Inclusion criteria.

- Adults and Children aged 2 years and over presenting with mild or moderate pain
- Where paracetamol not available via any other reasonable source of supply.
- Medical and drug history taken, no reason for exclusion.
- Informed consent obtained.
  Refer to PTHB Consent to Treatment and Examination Policy.

NB: If working in an MIU, this protocol should be used in conjunction with the "Clinical Guidelines for Minor Injuries ".
In case of any doubt, contact medical team.

5.3. Exclusion criteria.

- Conditions outside of the clinical situations criteria
- No valid consent or patient/representative refuses treatment.
  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 patient is excluded or "Action to be taken if patient declines treatment".
- Children aged under 2 years old
- Allergy or hypersensitivity to paracetamol or any excipients.
  Note some brands of paracetamol suspension should not be taken by patients with rare hereditary problems of fructose intolerance due to the presence of maltitol liquid (E965) and sorbitol liquid (E420). Check current brand in use.

- Patient has received the maximum dose of paracetamol or a paracetamol-containing product within the previous 24 hours.
- Patient has received a dose of paracetamol or a paracetamol containing product e.g. co-codamol or a paracetamol containing cold and flu preparation, within the previous four hours.
- Alcohol dependence or currently under the influence of alcohol.

Patient taking imatinib.

5.4. Action to be taken if patient is excluded.

- Explain reason to the individual, if possible
- Record reason and any advice given and seek medical advice .
- Refer to refer to MMPr004 Protocol for ibuprofen for the relief of occasional mild to moderate pain

Refer to GP or prescriber as appropriate.

5.5. Action to be taken if the patient/carer/representative declines treatment.

- Explain consequences of refusing treatment.
- If patient has capacity to consent and refuses treatment then follow locally agreed pathway.
- In the unlikley situation, if patient's carer/representative refuses treatment for the patient, the decision would be overridden by a *decision to treat* in the individual's best interests in accordance with the Mental Capacity Act 2005.
- For MIU patients, advise the patient or guardian to seek medical advice, GP as appropriate.
- Document refusal and any advice given. Complete a Discharge Against Advice Form if appropriate.

Inform or refer to GP/follow local procedures as appropriate.

5.6. Cautions.

Current moderate to severe hepatic or renal impairment – seek medical advice and document advice given and action taken.

Adults weighing less than 50kg – reduced dose required– as per Dose section.

Refer to BNF/SPC for full list.

5.7. Medication information: Paracetamol

5.7.1. Legal category:

GSL or P Pharmacy, dependent on pack size (16, 24 tablets– GSL, 32 tablets- P).

5.7.2. Form and strength.

- Tablets/Capsules/Caplets 500mg
- Oral suspension 120mg/5ml and 250mg/5ml

Must be [P] or [GSL] legally classified medicines as denoted on the medication pack

NB. The use of effervescent/soluble tablets is excluded from this protocol.

5.7.3. Route of administration

Oral

5.7.4. Information for administration

- Soluble tablets have a high sodium content and are therefore not included in this protocol. Ordinary paracetamol tablets can be broken up if necessary or the suspension used.
- May be given as an alternative to or in combination (in adults) with ibuprofen if appropriate – see Appendix B for information on using combinations of analgesics. If a dose of paracetamol has been administered, the patient or their carer must be advised not to take another dose for at least four to six hours (or 6 hours if suspected renal impairment), and not to exceed a maximum of four doses in 24 hours or the maximum dose for weight identified in the dosing tables.

For patients with swallowing difficulties, with NG tubes, discuss the method of administration with Medicines Management.

5.7.5. Dosage

Using 120mg/5ml Suspension

Child's Age	Single Dose	Frequency
2 – 3 years	180mg (7.5ml)	No more than 4 doses in 24 hours. Leave at least 4 hours between doses.

Using 120mg/5ml Suspension

Child's Age	Single Dose	Frequency
2 – 3 years	180mg (7.5ml)	No more than 4 doses in 24 hours. Leave at least 4 hours between doses.
4 – 5 years	240mg (10ml)	

Using 250mg/5ml Suspension

Child's Age	Single Dose	Frequency
6 – 7 years	250mg (5ml)	No more than 4 doses in 24 hours. Leave at least 4 hours between doses.
8 – 9 years	375mg (7.5ml)	
10 – 11 years	500mg (10ml)	
12 – 15 years	500 – 750mg (10 – 15ml) If patient weighs <50kg, give a 500mg dose	

Adults and children age > 16 years old:

Body weight*	Single Dose	Maximum daily dose	Frequency
≤40kg	15mg/kg body weight - use oral suspension if necessary	60 mg/kg body weight	4-6 hourly, up to four times a day (unless maximum daily dose has already been reached)
41 – 49kg	500 mg -1 g -use oral suspension if necessary	3g	
≥ 50kg	500mg – 1 g (1 to 2 tablets)	4g	Leave at least 4 hours between doses, up to four times a day

**dry weight should be used.*

5.7.6. Frequency of administration

- Every 4 - 6 hours
- If the patient has suspected renal impairment, the interval between dosing must be a minimum of 6 hours

This protocol allows a single dose of paracetamol to be administered.

5.7.7. Maximum total dose in 24 hours.

For all ages: Maximum of 4 doses in 24 hours.
For adults: 4g or lower as noted in the dose table above according to weight.

5.7.8. Maximum duration of treatment.

A single dose of paracetamol can be administered under this protocol.

6. Supply and storage.

Keep container tightly closed.
Blister packaging and oral suspension- store in original package inside outer carton.
Store in a dry place at a temperature not exceeding 25ºC

7. Drug interactions.

- Check for any other medications that the patient is taking, including topical or inhaled products, food supplements and herbal or homeopathic medications.
- Note especially:
  - Any other analgesia containing paracetamol, including combination products: see exclusion criteria
  - Over the counter cold and flu remedies which may contain paracetamol: see exclusion criteria
  - Anticoagulants - prolonged regular use of paracetamol may enhance the effect of warfarin and other coumarins and increase risk of bleeding. Occasional paracetamol use does not normally have a significant effect. Patients are advised to monitor INR.
  - Domperidone, metoclopramide – may increase speed of absorption of paracetamol, however concurrent use is not contraindicated.
  - Flucloxacillin - increase the risk of hepatotoxicity.
  - Cholestyramine - may reduce absorption if given within 1 hour of paracetamol. Separate administration by 1 to 2 hours
  - Liver enzyme-inducing drugs e.g. Carbamazepine, Phenytoin, Primidone, Rifampicin, Phenobarbital, St John's Wort – which may increase the risk of hepatotoxicity
  - Alcohol - excessive alcohol consumption causes severe liver damage when given with paracetamol.

NB. Refer to BNF/SPC http://www.medicines.org.uk for full list of potential interactions. Refer for medical advice as appropriate and document advice given.

8. Anaphylactic reactions.

Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a telephone must be available for immediate use.
In case of anaphylaxis: -

- Refer to adrenaline (epinephrine) PGD0017 Patient Group Directions (PGDs) - Powys Teaching Health Board (nhs.wales) and anaphylaxis policy
- Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E

- Ensure reaction is fully documented in patient notes

Ensure all patient records are marked **ALLERGIC TO PARACETAMOL**

9. Safety Information.

Ensure there is immediate access to resuscitation equipment including adrenaline (epinephrine) 1 in 1000 injection and access to a telephone at the time of administration

10. Written/verbal advice for patients/carers.

- If they have continuous pain, they should use paracetamol regularly (four times a day, or up to the maximum dose and frequency for weight advised in the dosing table)
- The tablets may take 30 minutes to work.
- Where to refer to if symptoms persist or worsen. If a dose of paracetamol has been administered, the patient or their carer must be advised not to take another dose for at least four to six hours (6 hours if suspected renal impairment), and not to exceed a maximum of four doses in 24 hours (or the maximum dose for weight advised in the dosing table).
- Do not take with any other paracetamol containing products (i.e. beware of accidental overdose, advise patients/carers to check labels of medicines carefully, and be particularly alert when purchasing any "over the counter" medication)
- Advise to stop taking if side effects occur and seek medical advice.
- In adults, paracetamol may be alternated or taken in combination with ibuprofen if appropriate – see appendix B
- Shake suspension bottle well (for at least 10 seconds) before use. Demonstrate how to use oral syringe/spoon for measuring dose if thought to be useful for use of selfcare products.
- Provide Patient Information Leaflet, if appropriate, either via the package insert or from the relevant brand leaflet from www.medicines.org.uk
- In addition, if applicable:
- Pregnancy: Paracetamol is the analgesic of choice for women who are trying to conceive or who are pregnant. It can be used at the standard dose at any stage of pregnancy.
- Breastfeeding: Paracetamol is the analgesic of choice for women who are breastfeeding. Very small amounts of paracetamol pass into the breast milk, and these amounts are far below the doses that would normally be given to infants directly. Seek specialist advice if:
    - The infant is pre-term or low birth weight.

- The absorption, distribution, metabolism, or excretion of paracetamol may be affected by an underlying medical condition in the infant.

The mother is taking multiple medicines.

11. Follow up and referral.

As directed by medical staff.

MIU staff to also refer to MIU guidelines.

Give appropriate advice dependant on the clinical condition of the patient and if necessary, transfer to a DGH.

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 the Minor Injury Unit guidelines, as appropriate followed, along with PTHB safeguarding policies. 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: 08457 573818.

Advice can also be sought from local Safeguarding Leads:

- CNS for Safeguarding North Powys Office: 01874 442082; mobile: 07964 132698

CNS for Safeguarding South Powys Office: 01874 442098; mobile: 07973 686520.

12. Record keeping.

Record consultation details as required by local procedures.

Administration of any medication must be clearly recorded in the patients' notes.

The following must be included:

- Symptoms allowing patient to be treated under this protocol.

- Rationale for administering under this protocol, including ruling out access to these medicines by other routes e.g. supply at home, OTC, PGD in place, prescriber available.
- Relevant past and present medical history, including medication history
- 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. Record advice given and action taken, if patient excluded or declines treatment.
- Name of individual, address, date of birth
- GP contact details where appropriate
- Any reasons for exclusion or referral, including actions taken.
- Examination finding/s where relevant.
- Any known allergies or previous adverse events and nature of reaction
- Printed name and signature of registered health professional responsible for administration.
- For administration, record:
  - Date and time of administration
  - Name, form, strength and dose of drug administered
  - Weight where dose adjusting the medicine
  - Route of administration
  - Expiry date(s)
- Details of any adverse reactions and actions taken
- Effectiveness of treatment and any adverse reactions experienced.
- If there is handover to any external services - that medication has been given in accordance with this protocol and details of what was given.
- 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 patient/carer.
- Any advice given to the patient, including self-care/OTC recommendations for ongoing symptoms and when and who to refer to if symptoms are ongoing or worsen. If further doses are required, the patient/carer must be advised when it is safe to consider taking the next dose.
- Record that medication was administered via a 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 be kept for audit purposes in accordance with local policy.

13. Training.

Initial training:

- Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit in PTHB or in a PTHB outpatient department.
- The assessment and management of mild and moderate pain.
- The administration of medicines listed in this protocol including knowledge of their actions and uses, contraindications and adverse effects. The registered nurse should also be alert to changes in the BNF and Summary of Product Characteristics.
- The recognition, management and reporting of adverse drug reactions, including anaphylaxis and the administration of adrenaline.
- Up to date BLS skills (ILS for nurses working in MIU).
- Must have current competence in assessing capacity and follow Mental Capacity Act guidance regarding consent to treatment in an emergency situation.
- Must have undertaken and completed Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role.

THE DECISION TO ADMINISTER ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED PRACTITIONER WHO MUST ABIDE BY THE PROTOCOL AND ANY ASSOCIATED ORGANISATION POLICIES.

Competency assessment

- Evidence of ongoing protocol training for the administration of medicines to be submitted to Line Manager annually.
- Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.
- Practitioners must make a self-declaration of competency in their Personal Appraisal and Development Review (PADR).
- Nurses must be authorised by name as an approved practitioner under the current terms of this Protocol before working to it.

Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the

use of the medicines 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 the medicines recommended in this protocol.
- Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, ILS/BLS (as applicable to the role), with evidence of appropriate Continued Professional Development (CPD).
- Compliance with all mandatory NHS training.

Evidence of appropriate Continued Professional Development (CPD) must be retained and made available on request.

14. Monitoring compliance & audit.

This document will be reviewed in two years.

Compliance with this protocol will be monitored by annual retrospective audit of 10 instances in the MIU/ OPD where this protocol has been used.

This will be undertaken by reviewing any issues for paracetamol, as stated in the patient records. This audit may be conducted by the departmental manager, unscheduled care lead or medicines management team.

Records will be reviewed for rationale behind administering medication, to check that administration was in accordance with the relevant monograph and that clear documentation is in place and appropriate referral to self-care options have been given.

All incidents involving paracetamol will be reported via Once for Wales Reporting System and monitored via incident reports.

15. Review

This document will be reviewed after two years or earlier should audit results or changes to legislation/ practice within PTHB indicate otherwise.

16. References.

- BNF online edition; accessed December 2021
- Competency framework: For health professionals using Patient Group Directions. Implementing the NICE guidance on Patient Group Directions (MPG2). Updated March 2017.
- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare settings (2019)
- Alternative mechanisms for the supply and administration of medicines - An introduction to PGDs: definitions and examples of use – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice – December 2020
- NICE CKS Analgesia - mild-to-moderate pain Analgesia - mild-to-moderate pain | Health topics A to Z | CKS | NICE: last revised Nov 2021
- Scenario: Paracetamol – last revised November 2021.

Prescribing weight-adjusted oral paracetamol in adults – Position statement March 2022, British Hepatology Pharmacy Group.

Appendix A. Staff Permitted to use Protocol Signature Sheet

Department name:_____

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 or a Powys GP practice for the named nurse below who has signed the protocol to work under it.

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.

Name of health professional	Signature	Senior representative authorising health professional (Authorising Manager)	Date

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes.
The nurse should retain a copy of the document after signing.

Appendix B.

Choice of Analgesic – From NICE Clinical Knowledge Summaries (CKS)

Last revised in November 2021

For adults, a stepwise strategy for managing mild-to-moderate pain is recommended.

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 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.

- 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.

Which analgesic should I prescribe for adults and children aged 16 years and older?

- **In adults and children aged 16 years and older,** a stepwise strategy for managing mild-to-moderate pain is recommended:
    - **Step 1** — start paracetamol.
    - **Step 2** — substitute the paracetamol with ibuprofen. If the person is unable to take a nonsteroidal anti-inflammatory drug (NSAID), use a weak opioid (such as codeine phosphate).
    - **Step 3** — add paracetamol to the ibuprofen or weak opioid.
    - **Step 4** — continue with paracetamol and replace the ibuprofen with an alternative NSAID (such as naproxen).
    - **Step 5** — add a weak opioid to the paracetamol and/or NSAID.

- **When prescribing analgesics:**
    - Ensure a full therapeutic dose of one analgesic is used before switching to (or combining with) another analgesic.
    - Treat the underlying cause of the pain whenever possible.
    - Ensure that people who experience continuous pain receive regular analgesia following a full clinical assessment.
    - Avoid combination analgesics as first-line treatment.
        - Prescribing single-constituent analgesics to allow independent titration of each drug, taking into account local prescribing guidelines.
        - Consider fixed-dose combination analgesics (except those with low-doses of opioids) for people with chronic, stable pain and for people taking a lot of tablets (to reduce the number of tablets taken).
        - Be aware that fixed-dose combination analgesics containing low doses of opioids (such as codeine 8 mg plus paracetamol 500 mg or dihydrocodeine 10 mg plus paracetamol 500 mg) are no more effective than paracetamol alone and can cause opioid adverse effects, such as constipation.