East London NHS Foundation Trust

Lorazepam 1mg tablets

Patient Group Direction (PGD) for the supply/administration of 4 x Lorazepam 1mg tablets

By a registered nurse with current Nursing and Midwifery Council (NMC) registration, working at East London NHS Foundation Trust who is assessed and deemed competent and thus authorised to work under this PGD. Access to the current edition of the British National Formulary and the Summary of Product characteristics and any relevant updates required.

>> YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION <<

>> OF THIS PGD BEFORE WORKING UNDER IT <<

to **Adults aged 18-65 years**

1. Clinical Condition

Define situation/condition	Symptomatic short term relief (2-4 weeks) of anxiety that is disabling or subjecting the individual to unacceptable distress occurring alone or in association with insomnia or short-term psychometric, organic or psychotic illness.
Criteria for inclusion	• Adults aged between 18 – 65 years of age • Patients presenting with the following: - Anxiety/agitation - Insomnia and unable sleep using non drug methods or sleep hygiene techniques, and where promethazine or zopiclone have been tried. • Assessment demonstrates that it has been reported and/or evidenced that there has been significant impairment for at least 48 hours. • Owing to severity of clinical presentation alternative strategies are inappropriate without initial support of medication • In the absence of rapid treatment, the service user is at risk of exhausting coping resources leading to significant deterioration • Patients are clients of ELFT Crisis and Home Treatment Teams, inpatient use

Criteria for exclusion	• Patients under 18 years of age or over 65 years of age. • Patients over the age of 65 years under the care of Mental Health Care of Older People. • People with dementia or delirium (acute confusional state) • Patients unable to give consent • Patient has recently undergone withdrawal from a benzodiazepine or nonbenzodiazepine hypnotic or has a known dependency on benzodiazepines • Pregnancy • Breastfeeding • Known hypersensitivity to Lorazepam or tablet excipients. Tablets contain lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. • Respiratory depression • Respiratory disease as reported by the patient or documented in the notes • History of drug or alcohol abuse/dependence • Emotionally unstable personality disorder (within the fearful group—dependent, avoidant, obsessive-compulsive) may increase risk of dependence • Recent alcohol intake or drug misuse by assessment of the nurse • Severe anxiety or longstanding anxiety disorder • Mild/moderate anxiety that can be addressed with coping strategies • Obsessional states
	• Debilitated patients • Liver or renal disease as reported by the patient or documented in the notes or GP summary • Myasthenia Gravis (severe muscle weakness after exercise particularly in facial muscles which affects chewing, talking or swallowing) as reported by the patient or documented in the notes or GP summary • Sleep apnoea (airway obstruction during sleep which wakes the patient up more than 10 times per hour with a loud snore or snort) as reported by the patient or documented in the notes or GP summary • Avoid use with sodium oxybate, HIV-protease inhibitors • Not to be taken with other muscle relaxants (e.g. baclofen and tizanidine), cisapride, lofexidine, nabilone and disulfiram as enhances sedative effects • Patients already prescribed a benzodiazepine or another hypnotic e.g. Zopiclone
Action if excluded	• Contact duty doctor for review • Document action taken in patient's records.
Action if patient declines	• Advise patient of alternative sources of treatment. • Consider treatment using alternative PGD if available e.g. promethazine • Document refusal and action taken in patient's records.
Refer to doctor	• If any exclusions or drug interactions • Advice should be sought for the following side-effects: • Ataxia • Confusion • Amnesia • Increased agitation • Muscle weakness

2. Description of treatment

Name of Medicine	Lorazepam 1mg tablets

POM/P/GSL	POM CD schedule 4 - 1
Dose(s)	Adults: • anxiety, 1–4 mg daily in divided doses • Insomnia associated with anxiety, 1–2 mg at bedtime
Route Method	Oral
Frequency	• Anxiety in divided doses (up to 1mg four times a day) • Insomnia at night (shortly before retiring to bed)
Supply	Maximum 4 x 1mg tablets
Mode of action	• Lorazepam slows down the body's functions by dampening down the electrical activity in the brain, by increasing the effect of GABA
Pharmacokinetics	• Peak concentrations reached within 2 hours. Elimination half-life (time taken for the concentration of Lorazepam to drop by half in the body) is approximately 12 hours.
Warnings and cautions	• Hypersensitivity to benzodiazepines or to any of the other ingredients • Acute pulmonary insufficiency: respiratory depression (for example, may be seen in conditions such as COPD, asthma); sleep apnoea (risk of further respiratory depression) • Obsessional states (inadequate evidence of safety and efficacy) • Myasthenia gravis • Benzodiazepines should not be used alone in depression or anxiety with depression (may precipitate suicide) • Lorazepam is not intended for the primary treatment of psychotic illness or depressive disorders, and should not be used alone to treat depressed patients.

	• The use of benzodiazepines may lead to physical and psychological dependence. The risk of dependence is further increased in patients with a history of alcoholism or drug abuse, or in patients with significant personality disorders. Therefore, use in individuals with a history of alcoholism or drug abuse should be avoided. • Abuse of benzodiazepines has been reported. • Caution should be used in the treatment of patients with acute narrow-angle glaucoma. • Transient anterograde amnesia or memory impairment has been reported in association with the use of benzodiazepines • Paradoxical reactions (such as disinhibition) have been occasionally reported during benzodiazepine use. Should these occur, please contact the doctor and advise the patient that the drug should be discontinued. • Exercise caution in people with cardiovascular or cerebrovascular complications, where hypotension could occur • In elderly patients - lorazepam should be used with caution due to the risk of sedation and/or musculoskeletal weakness that can increase the risk of falls, with serious consequences in this population. Elderly patients should be given a reduced dose.

Interactions	• For patients on other sedating medications – there will be an enhanced sedative effect when taken with Lorazepam (e.g. opioids, neuroleptics, antipsychotics, tranquilisers, anaesthetics, barbituates, sedative antihistamines, antidepressants) • Additive CNS effective with Phenobarbital • Valproate can increase serum levels of Lorazepam and increase risk of drowsiness • Marked sedation, excessive salivation, hypotension, ataxia, delirium and respiratory arrest when given with Clozapine • Inhibitors (e.g. cimetidine, isoniazid; erythyromycin; omeprazole; esomeprazole) reduce clearance and may potentiate the action of benzodiazepines. • Itraconazole, ketoconazole and to a lesser extent fluconazole and voriconazole may increase plasma levels of benzodiazepines. The effects of benzodiazepines may be increased and prolonged by concomitant use. A dose reduction of the benzodiazepine may be required, for which a doctor must be contacted. • Grapefruit juice may increase the plasma concentration of Lorazepam (possible increased sedation and amnesia).
Advice to patients	• If for insomnia (in addition to anxiety) take dose about half an hour before going to sleep • Do not take another tablet if you wake up later • Advise caution when waking up the next day as may experience hangover effects, try to get 8 hours sleep (patients should ensure that they will be able to have a period of uninterrupted sleep to allow dissipation of drug effect) • Common side effects might be sleepiness, dizziness, ataxia (unsteadiness on feet), less common side effects, aggression, headache, confusion, postural hypotension, amnesia, rashes, slowed breathing • Advise that lorazepam should not be taken continuously • Patients should be advised that their tolerance for alcohol and other CNS depressants will be diminished in the presence of Lorazepam, therefore these substances should either be avoided. • Do not drive or operate machinery if affected by lorazepam • It may be useful to inform the patient that treatment will be of limited duration. • Lorazepam can cause dependence and "rebound" effects if continued • Provide a written information leaflet using the following link https://www.choiceandmedication.org/florid-eastlondon/
Follow up	Arranged as part of the assessment and review with HTT and crisis team
Record	Document intervention in patients progress notes on RIO and add the following to the PGD log: • Patient's name, address, date of birth and consent given • Diagnosis • Name of drug and strength of tablet and route • Dose and form, frequency and quantity administered and /or supplied. • Advice given to patient (including side effects and timing) • Date administered and/or supplied • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record and reporting to the doctor and/or the Medicines Healthcare Regulatory Authority if appropriate. • Referral arrangements (including self-care) • Document on the patients prescription chart being used by the team – either paper or electronic that supply under the PGD has been given • In the section for 'once only medication'

	• Include the date, drug name, strength, form, dose, quantity of tablets and initials of the nurse who is supplying under PGD • Record supply made under PGD. • The issue or administration of lorazepam tablets should be noted during handovers. • A record of medication supply should be included in GP letters
References	Sussex Partnership NHS Foundation Trust, PGD for the inpatient administration of oral Lorazepam to working age and older people (2019) Lorazepam 1mg Tablets SPC, Genus Pharmaceuticals, Last Updated on eMC 7/10/19 – changes have been updated to PGD. British National Formulary Online (via NICE,2020) – Lorazepam (last accessed on 18/11/22)

Organisation and individual authorisation signatures can be found on the managerial content sheet along with other non-clinical details relating to this patient group direction.

MANAGERIAL CONTENT OF PATIENT GROUP DIRECTION FOR

Lorazepam 1mg tablets

Patient Group Direction Owner	
Details	Name: Maryam Chohan Position: Crisis Pathway Pharmacist Contact Address: Mayer Way, Houghton Regis, LU5 5 BF Contact Telephone: 07768866553 Contact Email: Maryam.chohan1@nhs.net

Patient Group Direction Details	
Date comes into effect	March 2023
Date of expiry + review	March 2026
Staff characteristics	Band 6 or above nurse working in ELFT home treatment team or crisis service who has passed to a satisfactory degree the ELFT psychopharmacology course. Registered Nurse with current Nursing and Midwifery Council registration or Emergency Care Practitioner with current registration with the Health Professions Council, employed by East London NHS Foundation Trust who is assessed and deemed competent and thus authorised to work under this PGD. Access to the current edition of the British National Formulary and the Summary of Product characteristics and any relevant updates required **>> YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING UNDER IT <<**

Patient Group Direction Authorisation	
Chief Medical Director	Name: Dr David Bridle Position: Chief Medical Officer Signature:  Date: 04/05/23
Interim Chief Pharmacist	Name: Andrea Okoloekwe Position: Interim Chief Pharmacist Signature:  Date: 04/05/23

Author	Name: Diksha Malhotra Position: Crisis Pathway Pharmacist, Tower Hamlets Signature:  Date: 18/11/22
Editor	Name: Maryam Chohan Position: Crisis Pathway Pharmacist, Luton & Bedford Signature:  Date: 27/04/23
Chief Nurse	Name: Lorraine Sunduza Position: Chief Nurse Signature:  Date: 04/05/23

MANAGERIAL CONTENT OF PATIENT GROUP DIRECTION FOR Lorazepam 1mg tablets

Individual Authorisation

BY SIGNING THIS PATIENT GROUP DIRECTION YOU ARE INDICATING THAT YOU AGREE TO ITS CONTENTS AND THAT YOU WILL WORK WITHIN IT

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY

IT IS THE RESPONSIBILITY OF EACH PROFESSIONAL TO PRACTICE ONLY WITHIN THE BOUNDS OF THEIR OWN COMPETENCE. YOU CANNOT DELEGATE TASKS UNDER THIS PGD TO ANYONE ELSE

IF THIS IS AN UPDATED OR REPLACEMENT PGD ENSURE THAT ALL OLDER VERSIONS ARE WITHDRAWN FROM USE WITH IMMEDIATE EFFECT

IT IS YOUR REPONSIBILITY TO MAKE SURE YOU ARE USING THE CURRENT VERSION

NOTE TO AUTHORISING MANAGERS: AUTHORISED STAFF SHOULD BE PROVIDED WITH AN INDIVIDUAL COPY OF THE CLINICAL CONTENT (NON-MANAGERIAL CONTENT PART) OF THE PGD AND A PHOTOCOPY OF THE AUTHORISATION SHEET SHOWING THEIR AUTHORISATION

THE PRACTITIONER MUST BE REGISTERED WITH THE NMC OR THE HPC AND AN EMPLOYEE OF EAST LONDON NHS FOUNDATION TRUST AND WILL ENSURE THAT HE/ SHE HAS THE RELEVANT TRAINING AND IS COMPETENT IN ALL ASPECTS OF THE ADMINISTRATION OF MEDICINES PERTAINING TO THIS PATIENT GROUP DIRECTION, INCLUDING THE CONTRA-INDICATIONS AND THE RECOGNITION AND TREATMENT OF ANAPHYLAXIS. HE/SHE WILL ATTEND UPDATES AS APPROPRIATE.

THIS PRACTITIONER WILL HAVE DUE REGARD FOR THEIR REGULATORY BODY'S STANDARDS OF CONDUCT, PERFORMANCE AND ETHICS.

THIS AUTHORISATION IS VALID FOR THE LIFE OF THE CURRENT DOCUMENT OR UNTIL ANY CHANGES ARE MADE TO IT IN LIGHT OF NATIONAL GUIDANCE.

THE PGD WILL BE REVIEWED IN THE LIGHT OF NEW NATIONAL GUIDANCE

Enquiries relating to this PGD should be addressed to:
Medicines Management Team, East London NHS Foundation Trust, 9 Alie Street, Aldgate, London, E1 8DE

DECLARATION by Nurse/Emergency Care Practitioner:

I have been appropriately trained to understand the criteria listed above and the administration of Lorazepam 1mg tablets in accordance with this Patient Group Direction.

Name of Professional	Signature	Registration Number	Date	Authorising Manager

