East London NHS Foundation Trust

Promethazine 25mg tablets

Patient Group Direction (PGD) for the supply/administration of 4 x Promethazine 25mg 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	Insomnia, Sedation (short term)
Criteria for inclusion	• Adults aged between 18 – 65 years of age • Patients presenting with either of the following: - Insomnia and unable sleep using non drug methods or sleep hygiene techniques. - Patients presenting with anxiety/agitation that cannot be treated with non-pharmacological interventions • Patients presenting at risk of dependence from benzodiazepines or Z-drugs requiring aid to sleep or sedate. • Patients are clients of ELFT Crisis and Home Treatment Teams, inpatient use.
Criteria for exclusion (including contra-indications)	• Patients under 18 years of age or over 65 years of age. • Patients under 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 • Patients who are responsive to non-pharmacological interventions • Any underlying cause of the insomnia should also be addressed before symptomatic treatment e.g. depression • Pregnancy or breastfeeding • Known hypersensitivity to promethazine or tablet excipients. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. • Respiratory depression of any cause • Recent alcohol intake by assessment of the nurse • Patients taking monoamine oxidase inhibitors (phenelzine, isocarboxazid, tranylcypromine, moclobemide) currently or up to 14 days prior. • Patients taking other medication that antagonise histamine receptors – use in caution due to potential interactions e.g. olanzapine, clozapine, quetiapine, mirtazapine and tricyclics. which will cause increased sedation. • Liver or renal disease as reported by the patient or documented in the notes

	• 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. • Patients already prescribed a hypnotic.
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 • 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: urticaria, rash, pruritus, anorexia, gastric irritation, palpitations, hypotension, arrhythmias, extrapyramidal effects, muscle spasms and tic-like movements of the head and face. Anaphylaxis, jaundice and blood dyscrasias including haemolytic anaemia rarely occur.

2. Description of treatment

Name of Medicine	Promethazine 25mg tablets
POM/P/GSL	P (Pharmacy only) medication
Dose(s)	25 – 50mg
Route Method	oral
Frequency	To be taken once a day as directed
Supply	Maximum 4 x 25mg tablets
Mode of action	Antihistamine for systemic use; phenothiazine derivative. Potent, long acting, antihistamine with additional anti-emetic central sedative and anti-cholinergic properties
Warnings and cautions	• Promethazine may thicken or dry lung secretions and impair expectoration. It should therefore be used with caution in patients with asthma, bronchitis or bronchiectasis. • Use with care in patients with severe coronary artery disease, narrow angle glaucoma, epilepsy or hepatic and renal insufficiency. • Caution should be exercised in patients with bladder neck or pyloro-duodenal obstruction. • Promethazine may mask the warning signs of ototoxicity caused by ototoxic drugs e.g. salicylates. It may also delay the early diagnosis of intestinal obstruction or raised intracranial pressure through the suppression of vomiting. • Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine. • Promethazine should not be used for longer than 7 days without seeking medical advice.

Interactions	• Promethazine will enhance the action of any anticholinergic agent, tricyclic antidepressant, sedative or hypnotic. • Alcohol should be avoided during treatment. • Promethazine may interfere with immunological urine pregnancy tests to produce false-positive or false-negative results. • Promethazine should be discontinued at least 72 hours before the start of skin tests as it may inhibit the cutaneous histamine response thus producing false negative results.
Advice to patients	• Advise caution when waking up the next day as may experience hangover effects • Because the duration of action may be up to 12 hours, patients should be advised that if they feel drowsy they should not drive or operate heavy machinery. • Side effects may be seen in a few patients: drowsiness, dizziness, restlessness, headaches, nightmares, tiredness, and disorientation, restless leg syndrome, muscle spasms. Anticholinergic side effects such as blurred vision, dry mouth and urinary retention occur occasionally. • Advise that promethazine should not be taken continuously for longer than 7 days • Photosensitive skin reactions have been reported. Strong sunlight should be avoided during treatment. • Promethazine may interfere with immunological urine pregnancy tests to produce false-positive or false-negative results. • Do not drink alcohol when taking promethazine • 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 information 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 supplying under the PGD • Record supply made under PGD. • The issue or administration of promethazine tablets should be noted during handovers. • A record of medication supply should be included in GP letters
References	BNF (NICE) Online – Promethazine hydrochloride, last accessed 18/11/22 Phenergan 25mg Tablets SPC, Sanofi, last updated on eMC 1/11/21 – changes have been updated to PGD.

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

Promethazine 25mg 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

Promethazine 25mg 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 CONTRAINDICATIONS 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 Promethazine 25mg tablets in accordance with this Patient Group Direction.

Name of Professional	Signature	Registration Number	Date	Authorising Manager

