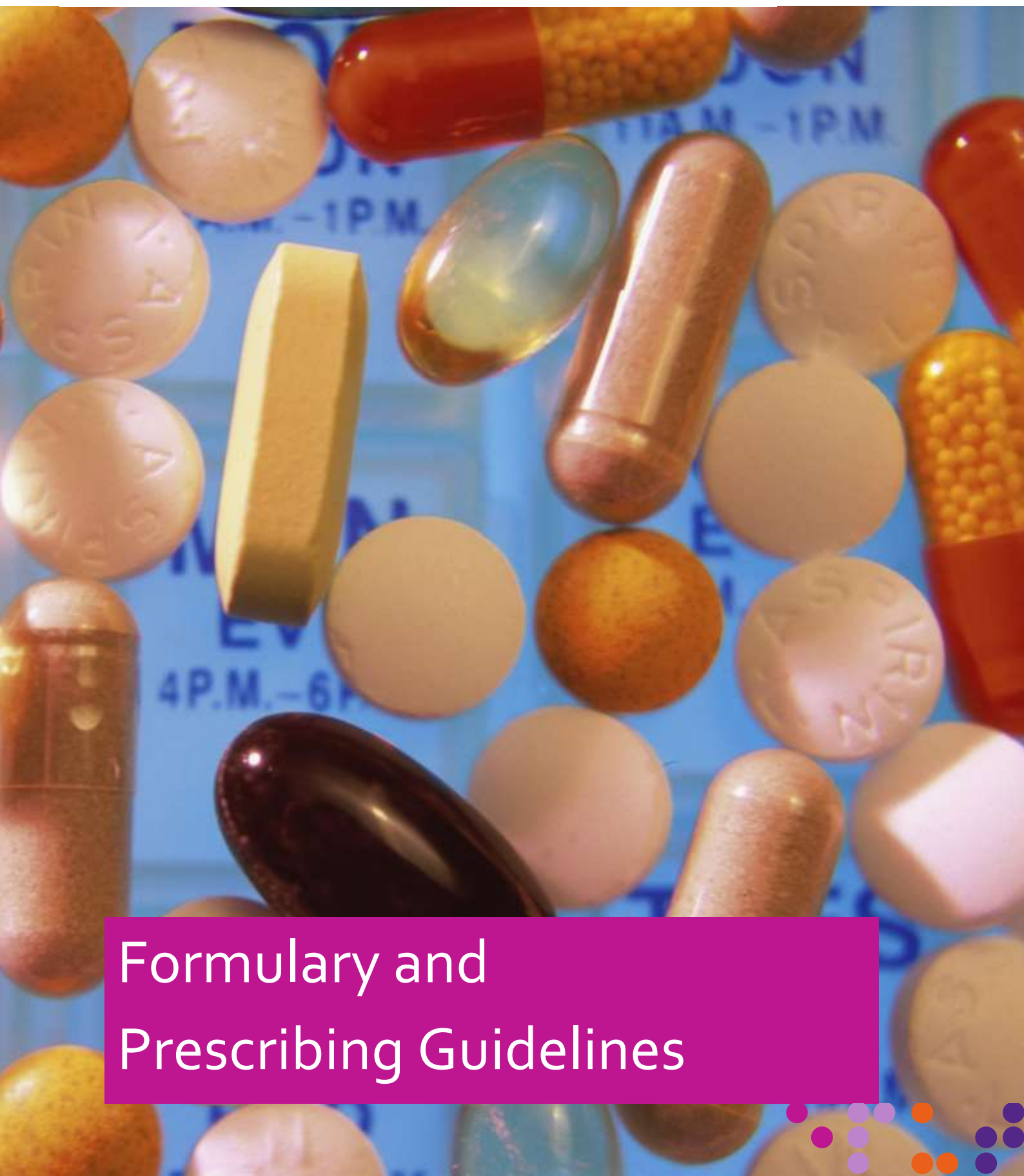


PROTOCOL FOR THE ADMINISTRATION OF PARACETAMOL



Formulary and
Prescribing Guidelines



Introduction

This protocol allows for the administration of paracetamol by a registered nurse without a prescription from a doctor in situations where a delay in administration would be detrimental to the patient. It should only be used on inpatient mental health and learning disability wards.

A registered nurse who has received appropriate training and has been assessed as competent by the Ward /Clinical Manager may administer paracetamol at their own discretion in accordance with this protocol.

Clinical Situation

Administration of paracetamol by an appropriately trained registered nurse is only for use on in-patient settings in mental health and learning disability services. All patients who fall within the stated inclusion criteria will be eligible to receive paracetamol at the discretion of the registered nurse under whose care the patient falls. This is subject to the exclusion criteria and /or contraindications.

Medication can be administered to adult patients aged 16 years and over who require symptomatic relief of mild aches, pains and the management of mild to moderate headaches for up to 48 hours during the working week or a maximum of 72 hours at weekends and bank holidays.

Administration procedures must be the same as for all other medicines in line with the Trust Procedural Guidelines on the Safe and Secure Handling of Medicines (CLPG13-MH) and must be reported to the doctor at the earliest opportunity as further investigation may be required.

Staff Competency

Only a Registered General Nurse or Registered Mental Health Nurse employed by the Trust is permissible under this protocol to administer paracetamol without a prescription.

In addition, the following requirements are also necessary:

- Agree to be accountable for the provision of this service.
- Demonstrates appropriate awareness of symptoms and appropriate judgement on when refer.
- Be trained and capable to manage anaphylaxis
- Have access to the current protocol for the administration of Paracetamol and the Trust policy on the Safe and Secure Handling of Medicines (CLPG13-MH).
- Knowledge and use of the current edition of the BNF.
- Provide evidence of on-going Continuing Professional Development.

Referral

Administration of paracetamol will be considered at the request of a patient and / or as a response to an assessment carried out by a registered nurse.

On assessment, if a medicine is felt to be unsuitable for a patient or the nurse suspects the patient has a more serious underlying cause for their symptoms, then further advice should be sought from a prescriber for assessment as soon as possible.

If the patient declines to accept the administration of paracetamol from the registered nurse, the prescriber must be contacted appropriately to further assess the patient.

Where Paracetamol has been discretionally administered to a patient, the doctor responsible for the day to day care of the patient or the lead consultant must be notified as soon as is reasonably practicable and within 24 hours of the administration of paracetamol. Another course of paracetamol cannot be administered to the patient until an assessment/review by the prescriber has occurred and is documented in the patient's healthcare record.

Record keeping

Any medication administered must be clearly recorded on the "Once Only" section of the Patients' Prescription and Administration Chart.

A record must also be made on the patient's healthcare record and must include: reason for administration, dose given and the time dose administered. Consent must be obtained. The patient must also be informed of the next dose where applicable.

All known allergies must be recorded in the patients' healthcare record. The allergy status of the patient must be checked before any medication can be administered.

Audit

Monitoring of the discretionary administration of paracetamol will be carried out by the ward based pharmacy team. Compliance with this protocol will be against the Safe and Secure Handling of Medicines Procedures.

Protocol					
CLINICAL CONDITION					
Clinical Situation	Management of mild aches and pains Management of mild to moderate headaches				
Inclusion Criteria	Adult In-patients (16 years and over) with mild to moderate headaches, aches and pains.				
Exclusion Criteria	<ul style="list-style-type: none"> • Children under 16 years • Hypersensitivity to any of the ingredients of the preparation (SPC www.medicines.org.uk) • Sudden and severe headaches • Patient already taking analgesics • Patient recently had a fall • Mild to moderate pyrexia • Paracetamol already administered within the previous four (4) hours • Four (4) or more doses of paracetamol taken within the previous 24 hours • Central nervous involvement: drowsiness, numbness, “pins and needles”, muscle weakness. • Alcohol dependency • Renal and Hepatic impairment 				
Actions if Excluded (Referral)	<ul style="list-style-type: none"> • Working Hours: Contact Medical Prescriber for advice • Out of Hours: Contact the On-Call team • Document exclusion or refusal in patient’s records. 				
Further advice	<ul style="list-style-type: none"> • Tablets may take up to 30 minutes to work. • Analgesic effects usually lasts for 4 – 6 hours • Opiates can delay the onset of action. • Soluble tablets have a high sodium content; may be unsuitable for patients with high blood pressure. 				
DESCRIPTION OF TREATMENT					
Medicine to be Administered	<ul style="list-style-type: none"> • Paracetamol tablets 500mg • Paracetamol Oral Solution / Suspension 250mg/5ml 				
Dose Schedule	<table border="0"> <tr> <td>Adults 16 years and over:</td> <td>Elderly (body-weight under 50 kg)</td> </tr> <tr> <td> <ul style="list-style-type: none"> • 500mg – 1 g every 4 – 6 hours • Maximum of 4 g in 24 hours </td> <td> <ul style="list-style-type: none"> • 15mg/kg every 4 - 6 hours • Maximum 60mg/kg per day </td> </tr> </table>	Adults 16 years and over:	Elderly (body-weight under 50 kg)	<ul style="list-style-type: none"> • 500mg – 1 g every 4 – 6 hours • Maximum of 4 g in 24 hours 	<ul style="list-style-type: none"> • 15mg/kg every 4 - 6 hours • Maximum 60mg/kg per day
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Duration of Treatment	<ul style="list-style-type: none"> • 48 hours during the working week (maximum 8 doses). • A maximum of 72 hours at weekends and bank holidays (12 doses) 				
Side Effect	<ul style="list-style-type: none"> • Though rare, may include: hypersensitivity including skin rashes, blood disorders and liver damage following an overdose. 				
Follow Up	<ul style="list-style-type: none"> • Prior to administration, staff must check that paracetamol is not prescribed in the regular or “when required” section of the patient’s administration chart. • Monitoring of the patient must be on-going, using clinical judgement to decide when to seek medical opinion / further assessment. 				
Patient Advice	<ul style="list-style-type: none"> • Explain treatment and course of action • Avoid other paracetamol containing products at the same time as this administration. • Do not exceed the stated dose. 				

Record Keeping	<ul style="list-style-type: none">• All administered doses must be recorded on the Prescription and Administration Chart.• Records on Mobius / Remedy must also be updated.• All adverse side effects to be reported in the patient's healthcare records and where appropriate, reported immediately to the lead consultant.
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References

1. BNF online: <https://www.bnf.org/products/bnf-online>
2. SPC: www.medicines.org.uk
3. NHS Choices: <http://www.nhs.uk/Conditions/Painkillers-paracetamol/Pages/Introduction.aspx>
4. Training matters Counter Intelligence Plus 2016