Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Injuries/Illness PGD Formulary By Nurses Working in Minor Injury Units Within NHS Grampian

Lead Author Medicines Management Specialist Nurse NHS Grampian	**Consultation Group**: See relevant page in the PGD	**Approver:** Medicines Guidelines and Policies Group **Authorisation:** NHS Grampian

Signature: 		**Signature:** 

NHSG Identifier: MGPG/PGD/Minor_Injury Illness/1418	**Review Date:** October 2025 **Expiry Date:** October 2026	**Date Approved:** October 2023

NHS Grampian have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 8.2 (Amended April 2025)

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	PGD supersedes: NHSG/PGD/Minor_Injury/MGPG1128, Version 8.1	
Date of change	**Summary of Changes**	**Section heading**
October 2022	2 Yearly review on new NHSG PGD template.	
October 2022	Aciclovir, probenecid and cimetidine added to exclusion criteria.	Aciclovir Monograph
October 2022	Severe hepatic impairment, severe renal impairment and those currently taking methotrexate at >15mg/week added to exclusion criteria	Aspirin Monograph
November 2022	Gaviscon® annotated as second line choice.	Gaviscon® Monograph
November 2022	Peptac® monograph added.	Peptac® Monograph
January 2023	Duration of some antibiotic courses have been reduced to 5-day durations in line with national guidance from SAPG.	Antibiotic Monographs
January 2023	Supply of nitrofurantoin capsules only available in 100mg capsules. Amended to reflect this.	Antibiotic Monographs
March 2023	Statement added to doxycycline, co-amoxiclav and metronidazole about animals bites received out with the UK.	Antibiotic Monographs
April 2023	Legal status added to chloramphenicol 1% eye ointment.	Antibiotic Monographs
August 2023	Blepharitis removed as an indication within chloramphenicol 1% eye ointment.	Chloramphenicol eye ointment monograph
April 2024	Clarithromycin monograph updated – pack size change only.	Monograph
March 2025	Clarithromycin monograph updated.	Monograph
March 2025	Co-Amoxiclav monograph updated.	Monograph

March 2025	Doxycycline monograph updated.	Monograph
March 2025	Flucloxacillin monograph updated.	Monograph
March 2025	Metronidazole monograph updated.	Monograph
March 2025	Link to the primary care guidance amended.	Throughout
March 2025	Codeine Phosphate updated to exclude paediatrics who undergo tonsillectomy and/or adenoidectomy for obstructive sleep apnoea as per SMPC.	Monograph
March 2025	Title Change – Community removed so can be utilised in DGH.	Throughout
March 2025	Co-Dydramol title correction (Dihydrocodeine 10mg and Paracetamol 500mg)	Monograph

NHSG Identifier: MGPG/PGD/Minor_Injury_Illness/1418

Keyword(s): PGD Patient Group Direction out of hours minor illness injuries nurse

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	October 2022
	Completed:	September 2023
	Approved:	October 2023 (published – October 2023)
	Amended and re-authorised:	April 2025

Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational *authorisation*.

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Dawn Tweedie **Title:** General Practitioner and Medical Director Fraserburgh Community Hospital **Contact email:** dawn.tweedie@nhs.scot **Signature:** ..... **Date:** 20/03/2025
Senior representative of the professional group who will provide care under the direction	**Name:** Jackie Leggat **Title:** Senior Charge Nurse Fraserburgh Minor Injuries Unit **Contact email:** jackie.leggat@nhs.scot **Signature:** ..... **Date:** 20/03/2025
Lead author	**Name:** Jodie Allan **Title :** Medicines Management Specialist Nurse **Contact email:** jodie.allan@nhs.scot **Signature:** ..... **Date:** 20/03/2025
Pharmacist	**Name:** Elaine Neil **Title :** Lead HSCP Pharmacist Aberdeenshire **Contact email:** elaine.neil@nhs.scot **Signature:** ..... **Date:** 25/03/2025

Approved and authorised for use within NHSG by;

Medicines Guidelines and Policies Group Chair	**Signature**	**Date Signed**
Lesley Coyle		17/04/2025

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and is best practice to have a representative of the professional group who will provide care under the direction.

Name:	Title:
Jodie Allan	**Lead Author:** Medicines Management Specialist Nurse
Elaine Neil	**Pharmacist:** HSCP Lead Pharmacist Aberdeenshire
Dr Dawn Tweedie	**Medical Practitioner:** General Practitioner and Medical Director Fraserburgh Community Hospital
Jackie Leggat	**Senior Representative:** Senior Charge Nurse Fraserburgh Minor Injuries Unit
Alyson Thomson	Junior Charge Nurse KCH
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Fiona McDonald	Antibiotic Specialist Pharmacist ARI
Gayle Anderson	Advanced Pharmacist Practitioner (Women's Health), DGH

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Injuries/Illness PGD Formulary By Nurses Working in Minor Injury Units Within NHS Grampian

Clinical indication to which this PGD applies

Definition of situation/ Condition	This Patient Group Direction (PGD) will authorise nurses working within minor injury units to supply or administer medicines included in this PGD as listed in Appendix 3 to individuals presenting at any NHS Grampian Minor Injury/Illness Units who meet the criteria as described on each individual medicine monograph. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	**The medicines specified in Appendix 3 under this PGD must be used *only* for the specific indication(s) and age group listed in the individual drug monographs. Individuals of a different age group, or who are suffering from a condition other than that specified in the monograph, must be referred to an out of hours (OOH) (formally GMED) duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional.** This PGD should be used for the supply/administration of the agreed medicines to: • Individuals who attend Minor Injury/Illness Units in NHS Grampian. Prior to the supply/administration of the medicine(s), valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with NHS Grampian's consent policy.
Exclusion criteria	The individual may be supplied/administered a medicine specified in Appendix 3 under this PGD unless: • They are already receiving therapy for the condition from a doctor. • The individual has a known or suspected hypersensitivity to the medicine or any of its excipients. • The individual has previously experienced an adverse reaction to the medicine. • The individual meets any of the exclusion criteria listed in the individual monographs.

	Individuals for whom no valid consent has been received. **If any individual is excluded from treatment under this PGD they must be referred to an OOH duty doctor, Advanced Nurse Practitioner or other appropriate prescribing healthcare professional.**
Precautions and special warnings	• If there is any concern about the appropriate use of the medicine then medical advice should be sought, refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. • If there is any doubt about the correct diagnosis medical advice should be sought, refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. • Precautions listed in the individual monographs should be considered. If individuals are already receiving medication for the indication stated in the individual product monograph, then treatment must not be given under this PGD and an OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional should be contacted. Nurses must be aware of, and familiar with, **all** concurrent medication prior to administering/supplying a medicine from this PGD to an individual. They must be satisfied there are no clinically significant interactions before proceeding with supply/administration of the medicine. The medicine Patient Information Leaflet (PIL) should be consulted to ensure that the individual has not experienced a previous hypersensitivity reaction to any ingredients or excipients.
Action if excluded from treatment	If an individual is excluded from treatment under this PGD, medical advice should be sought – refer to OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional. The reason why the individual was excluded under the PGD will be documented in the appropriate clinical record.
Action if treatment is declined	Individual should be advised of the risks and consequences of not receiving treatment. Inform/refer to the relevant medical practitioner if individual/parent/carer declines treatment. Document that the administration/supply was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	See individual medicine monographs.
Legal status	Medicines referred to in the PGD may be GSL (General Sales List), P (Pharmacy) or POM (Prescription Only Medicines), this classification may be due to the medicines or the pack size. In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Is the use out with the SmPC?	Yes. The use of chloramphenicol 1% eye ointment in children under 2 years of age constitutes an off-license use of the medicine.
Dosage/Maximum total dose	See individual medicine monographs. Doses for children are expressed in specific age ranges, as per the BNF for Children, e.g. 5 years - 12 years refers to a child from their 5th birthday to the day before their 13th birthday. However, a pragmatic approach should be applied, and consideration should be given to a child's weight if a child is small for their age. Mean values for weight and height are given in the back pages of the BNF for Children. If there is any doubt this should be discussed with the OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional.
Frequency of dose/Duration of treatment	See individual medicine monographs.
Maximum or minimum treatment period	See individual medicine monographs.
Route/Method of administration	See individual medicine monographs.
Quantity to be administered /supplied	See individual medicine monographs.
Storage requirements	See individual medicine monographs.

Additional Information	See individual medicine monographs.
Follow-up (if applicable)	Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the medicine first. If necessary, a doctor or the individuals GP should be contacted for advice.
Advice (Verbal)	• Advise individual/parent/carer what to expect and of the possible side effects and their management. • If serious adverse or persistent effects occur, the individual/parent/carer should be advised to contact their GP/Accident and Emergency department/NHS24. • Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/parent/carer. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.
Identifying and managing possible adverse reactions	See individual medicine monographs. **This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.** **BNF/BNFC**: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory - (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record. Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA

Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied/administered: • Appropriate storage facilities • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. bag valve mask) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current PGD in print or electronically.

Characteristics of staff authorised to supply/administer medicine(s) under PGD

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's/parents/carers capacity to understand the nature and purpose of the medicine supply/administration to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent to undertake supply/administration of the Medicine • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD.

Ongoing training and competency	**All professionals working under this PGD must:** • Have undertaken NoS PGD module training on TURAS Learn • Have attended basic life support training either face to face or online and updated in-line with Board requirements • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis in-line with Board requirements • Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD • Have knowledge and familiarity of the following; ○ SmPC for the medicine(s) to be supplied/administered in accordance with this PGD.
Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current PGD is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above. Maintain up to date record of all staff authorised to supply/administer the medicine(s) specified in this direction.

Documentation

Authorisation of supply/ administration	Nurses working within minor injury units or minor injury/illness units in NHS Grampian can be authorised to supply/administer the medicines specified in this PGD by their Nurse Manager. All authorised staff are required to read the PGD and sign the Agreement to Supply and/or Administer Medicines Under PGD (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.

Record of supply/ administration	An electronic or paper record must be completed to allow audit of practice. An electronic/HEPMA record of the screening and subsequent supply/administration, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA/ADASTRA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply/administration, or not of the medicine(s) specified in this PGD. This should include as a minimum: • Date and time of supply/administration • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied/administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route (batch number, expiry date and anatomical site where appropriate for injectable medicines) of the medicine administered/supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who supplied/administered the medicine, and who undertook the assessment of the individual's clinical suitability for the administration/supply of the medicine • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where supply/administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • ADASTRA • Individual's GP records if appropriate • Secondary Care Medical Notes • HEPMA • Individual service specific systems. Local policy should be followed with respect to sharing information with the individual's General Practitioner. All records should be clear, legible and contemporaneous and in an easily retrievable format.

Audit	All records of the medicine(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines supplied/administered under a PGD.
References	Electronic Medicines Compendium http://www.medicines.org.uk

Medicine	**Date of Revision**	**Date Accessed**
Aciclovir 800mg Tablets (Aurobindo Pharma Brand)	30/12/22	02/10/23
Aspirin 300mg Tablets (Alliance Brand)	01/08/22	02/10/23
Cetirizine 5mg/5mL Solution (Pinewood Healthcare)	17/11/20	02/10/23
Cetirizine 10mg Tablets (Dr Reddy's Brand)	23/02/23	02/10/23
Chloramphenicol 1% w/w Antibiotic Eye Ointment (Martindale Brand)	29/03/22	02/10/23
Chlorphenamine Piriton® Tablets (GSK Brand)	14/04/23	02/10/23
Chlorphenamine Piriton® Syrup (GSK Brand)	14/04/23	02/10/23
Clarithromycin 250mg film-coated tablets (Aurobindo Brand)	25/09/23	02/10/23
Clarithromycin 500mg film-coated tablets (Aurobindo Brand)	25/09/23	02/10/23
Clarithromycin 125mg/5mL Suspension (Sandoz Brand)	08/06/21	02/10/23
Clarithromycin 250mg/5mL Suspension (Sandoz Brand)	08/06/21	02/10/23
Co-Amoxiclav 375mg Tablets Augmentin® (GSK Brand)	09/08/22	02/10/23
Co-Amoxiclav 625mg Tablets Augmentin® (GSK Brand)	28/02/18	02/10/23
Co-Codamol 30/500mg Tablets (Zentiva Brand)	09/06/23	02/10/23
Co-Dydramol 10mg/500mg Tablets (Zentiva Brand)	20/11/20	02/10/23

Medicine	Date of Revision	Date Accessed
Codeine Phosphate 15mg Tablets (Aurobindo Pharma Brand)	15/12/22	02/10/23
Doxycycline 100mg Capsules (Sovereign Brand)	21/04/20	02/10/23
Flucloxacillin 250mg/5mL Oral Solution (Kent Brand)	16/06/23	02/10/23
Flucloxacillin 250mg Capsule (Kent Brand)	15/08/23	02/10/23
Flucloxacillin 500mg Capsule (Kent Brand)	15/08/23	02/10/23
Fluorescein Sodium 1% Minims®	23/04/15	02/10/23
Fusidic Acid 1% Viscous Eye Drops (ADVANZ Pharma Brand)	28/12/20	02/10/23
Gaviscon® Advance Chewable Tablets Mint (Forum Health Brand)	04/02/21	02/10/23
Gaviscon® Advance Oral Suspension Aniseed (Reckitt Benckiser)	05/11/20	02/10/23
Ibuprofen 200mg Caplets (Boots Brand)	01/04/23	02/10/23
Ibuprofen 100mg/5mL Oral Suspension (Pinewood Brand)	31/01/23	02/10/23
Lidocaine hydrochloride 1% Injection BP w/v (ADVANZ Brand)	19/12/21	02/10/23
Metronidazole (Flagyl®) 400mg tablets	05/09/23	02/10/23
Naproxen 250mg Tablets (Aurobindo Pharma Brand)	28/03/23	02/10/23
Nitrofurantoin 100mg Capsules (ADVANZ Brand)	14/08/23	02/10/23
Omeprazole 20mg Capsules (Sandoz Brand)	26/04/23	02/10/23
Oxybuprocaine hydrochloride 0.4% w/v Minims®	01/05/19	02/10/23

Medicine	Date of Revision	Date Accessed
Paracetamol 500mg Tablets (Zentiva Brand)	08/09/22	02/10/23
Paracetamol 120mg/5mL Oral Suspension (Pinewood Brand)	26/07/22	02/10/23
Paracetamol 250mg/5mL Oral Suspension (Rosemont Brand)	07/10/22	02/10/23
Paracetamol 125mg Suppositories (Typharm Brand)	29/04/22	02/10/23
Paracetamol 250mg Suppositories (Typharm Brand)	31/05/22	02/10/23
Paracetamol 500mg Suppositories (Typharm Brand)	10/05/22	02/10/23
Prednisolone 5mg Tablets (Wockhardt Brand)	13/05/21	02/10/23
*Peptac® Peppermint Liquid	13/01/23	02/10/23
Prednisolone 5mg Soluble Tablets (ADVANZ Brand)	26/05/21	02/10/23
Prochlorperazine 3mg Buccal Tablets (Alliance Brand)	30/03/23	02/10/23
Prochlorperazine Solution for Injection (Stemetil® SANOFI)	13/05/22	02/10/23
Rehydration Salts Dioralyte® Natural Sachets (P)	01/11/21	02/10/23
Salbutamol 100microgram Inhaler (Orion Pharma Brand)	June 2018	02/10/23
Sodium Citrate Micro-enema (Micolette®)	24/06/15	02/10/23
Sodium Chloride Intravenous Infusion BP 0.9% (Baxter Healthcare)	01/04/22	02/10/23
*Trimethoprim 200mg Tablets (Accord Brand)	25/07/19	02/10/23
Trimethoprim 50mg/5mL Oral Suspension (Pinewood Brand)	09/09/19	02/10/23

British National Formulary and the British National Formulary for Children accessed 02/10/2023.

Appendix 1

Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply/administer the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Injuries/Illness PGD Formulary By Nurses Working in Minor Injury Units Within NHS Grampian – Version 8.2

I have completed the appropriate training to my professional standards enabling me to supply/administer the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

Appendix 2

Healthcare Professionals Authorisation to Supply/Administer Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply/administer the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Injuries/Illness PGD Formulary By Nurses Working in Minor Injury Units Within NHS Grampian – Version 8.2
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Administration Or Supply Of Medicines As Included In The Minor Injuries/Illness PGD Formulary By Nurses Working in Minor Injury Units Within NHS Grampian – Version 8.2					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

NHS Grampian

Appendix 3

NHS Grampian – Minor Injury/Illness PGD Formulary

The information in these monographs is not exhaustive. They must be read in conjunction with the current issue of the British National Formulary (BNF), British National Formulary for Children (BNFC) and the Summary of Product Characteristics for each product.

Aciclovir 800mg Dispersible Tablets (Supply)	
Legal Status	POM
Indication	Herpes zoster (shingles) **Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance**
Inclusion Criteria	Treat if individuals are aged 50 years of age or older, and within 72 hours of onset of rash (post-herpetic neuralgia rare in <50 years), or if active ophthalmic symptoms, Ramsey Hunt syndrome or eczema. **Note:** NICE advise specialist advice is required if visual symptoms or ophthalmic distribution.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 50 years of age • Allergy or hypersensitivity to aciclovir, valaciclovir or any excipients • Renal impairment • Immunosuppression from any cause • Currently taking: mycophenolate, probenecid cimetidine theophylline aminophylline and colistimethate. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF Appendix 1 for full details.
Dose/Maximum total dose	800mg to be taken five times daily at approximately four-hourly intervals, omitting the night time dose for 7 days.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 800mg dispersible tablets [1 x 35]
Potential Adverse Reactions	Common side effects: Nausea, vomiting, diarrhoea, dizziness, fever, abdominal pain, headache, fatigue, rash, pruritus and photosensitivity. Refer to BNF for other side-effects.

Aciclovir 800mg Dispersible Tablets (Supply)	
Advice	• Tablets may be dissolved in a minimum of 50mL of water and stirred before drinking, or swallowed whole • Take regularly at approximately 4-hourly intervals (omitting the night time dose) and complete the course • Ensure adequate fluid intake • Treatment may reduce severity and duration of symptoms • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C in a dry place.

Aspirin 300mg Soluble Tablets (Administer)	
Legal Status	GSL, P or POM dependant on pack size.
Indication	Central chest pain of cardiac origin – confirmed by 12 lead ECG. Clinical signs of acute coronary syndrome, i.e. unstable angina, acute NSTEMI or acute STEMI. **Arrange urgent transfer to hospital, by emergency ambulance if quickest means, (depending on location) for all individuals who fall into inclusion/exclusion criteria.**
Inclusion Criteria	Adults and children 16 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 16 years of age • Allergy or hypersensitivity to aspirin or other NSAIDs or excipients • Active peptic ulceration or a past history of ulceration or dyspepsia • Nasal polyps associated with asthma (high risk of severe sensitivity reactions) • Haemophilia and other bleeding disorders • Third trimester of pregnancy • Suspected or known haemorrhagic stroke • Severe hepatic impairment • Severe renal impairment • Currently taking methotrexate at >15mg/week • If the individual has already taken aspirin for current episode of chest pain. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	300mg chewed or dissolved in water.
Frequency of dose/Duration of treatment	Once only dose.

Aspirin 300mg Soluble Tablets (Administer)	
Maximum or minimum treatment period	Once only dose
Route/Method of Administration	Oral administration. Dissolve tablet in water or ask individual to chew. Should the individual be unconscious the tablet should be placed in the mouth where it will dissolve.
Quantity to be Administered	One 300mg tablet
Potential Adverse Reactions	Bronchospasm and other hypersensitivity reactions. GI irritation or bleeding/ulceration. May cause indigestion, nausea or vomiting. **Note.** In asthmatics, aspirin may cause an exacerbation, but the benefits may outweigh the potential risks. Refer to BNF for other side-effects.
Follow up (If applicable)	**Arrange urgent transfer to hospital, by emergency ambulance if quickest means, (depending on location) for all individuals who fall into inclusion/exclusion criteria.**
Storage	Store below 25°C in a dry place.

Cetirizine Hydrochloride 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
Legal Status	P or GSL
Indication	• Relief of allergy such as hay fever or urticaria. • Antihistamine of choice where the side-effect of drowsiness is problematic.
Inclusion Criteria	**Relief of allergy (hay fever):** Individuals aged 2 years of age or over. **Urticaria:** Individuals aged 6 years of age or over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 2 years of age (Relief of allergy (hay fever)) • Under 6 years of age (Urticaria) • Allergy or hypersensitivity to cetirizine or any of the excipients • Severe renal impairment at less than 10mL/min creatinine clearance • Pregnancy • Breastfeeding • Rare hereditary problems of fructose intolerance as it contains liquid sorbitol (oral solution only). **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Tablets/Oral Solution:** **12 years of age and over:** 10mg/10mL once daily. **6 to 11 years of age:** 5mg/5mL twice daily (a half tablet twice daily). **Oral Solution (hay fever only):** **2 to 5 years of age**: 5mg as either 5mL once daily or 2.5mL twice daily.
Frequency of dose/Duration of treatment	Supply will cover 7 days.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.

Cetirizine Hydrochloride 10mg Tablets or 5mg/5mL Oral Solution (Supply)	
Route/Method of Administration	Oral administration. The tablets need to be swallowed with a glass of liquid.
Quantity to be supplied	Supply 10mg tablets [1 x7] or 5mg/5mL oral solution bottle as either [1 x 60mL] or 1 x 150mL
Potential Adverse Reactions	Cetirizine at the recommended dosage has minor undesirable effects on the Central Nervous System (CNS), including somnolence, fatigue, dizziness and headache. Refer to BNF/BNFC for other side-effects.
Advice	• Drowsiness can occur as product contains propylene glycol which may cause alcohol-like symptoms and may affect performance of skilled tasks, e.g. driving • Excess alcohol consumption should be avoided • Caution in epileptic individuals and those at risk of convulsions is recommended • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Solution: Store below 25°C. Tablets: No special precautions for storage.

Chloramphenicol 1% w/w Eye Ointment (Supply)	
Legal Status	P The use of chloramphenicol 1% eye ointment in children under 2 years of age constitutes an off license use of the medicine
Indication	• Severe acute purulent conjunctivitis. Refer to **NHS Grampian Antimicrobial Prescribing Primary Care Guidance.**
Inclusion Criteria	Adults and children 1 month of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 1 month of age • Mild infection (advise self-care and to report worsening symptoms) • Allergy or hypersensitivity to chloramphenicol or any excipients • Individuals with a known personal or family history of blood dyscrasias including aplastic anaemia • Disturbances in vision except those due to matter in eye • Moderate to severe pain in the affected eye(s) • Eye surgery within the last 6 months • Eye injury • Glaucoma • Suspected periorbital or orbital cellulitis • Have experienced bone marrow suppression during previous exposure to chloramphenicol • Pregnancy (consider fusidic acid eye drops) • Breastfeeding (consider fusidic acid eye drops). **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Severe Acute purulent conjunctivitis:** Apply 3-4 times daily to the inside of lower affected lid for a maximum of 5 days or until symptom free for 48 hours, whichever is sooner. **Maximum of 5 days' supply allowed under this PGD.**

Chloramphenicol 1% w/w Eye Ointment (Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Topical administration to the eye.
Quantity to be supplied	Supply 1% ointment [1 x 4g tube] or two 4g tubes if both eyes are affected (one tube for each eye).
Potential Adverse Reactions	May cause transient blurring of vision, stinging, burning on administration. Warn individuals not to drive or operate hazardous machinery unless vision is clear. Serious side-effects include hypersensitivity and anaphylaxis. Be alert to symptoms of anaphylaxis, allergic conjunctivitis, fever, angioedema, periorbital oedema, urticaria or skin rash. Refer to BNF/BNFC for other side-effects.
Advice	• Treatment should continue for 48 hours after eye has returned to normal up to a maximum of 5 days • Advise not to touch the eye or lashes with the eye ointment nozzle as this may contaminate the medicine • Wash hands thoroughly and avoid sharing towels/ facecloths as eye infection is highly contagious • Not to wear contact lenses when using this product and for 24 hours after completion of treatment • Good lid hygiene • Use a separate tube for each eye if both are affected • Keep tube tightly closed • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Use for maximum of 5 days • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Protect from light.

Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	
Legal Status	P
Indication	• Relief of allergy, including hay fever, food allergy, drug allergy, vasomotor rhinitis, urticaria, insect bites, stings. • Relief of itch associated with chickenpox. (Where the side-effect of drowsiness is not a problem).
Inclusion Criteria	Adults and children 1 year of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 1 year of age • Allergy or hypersensitivity to chlorphenamine or any of the excipients • Benign prostatic hyperplasia • Urinary retention • Pyloroduodenal obstruction • Epilepsy • Glaucoma • Renal and hepatic impairment • Respiratory disease including asthma • Severe hypertension or cardiovascular disease • Pregnancy or breastfeeding • Currently taking MAOIs or have taken within the last 14 days, phenytoin or tricyclic antidepressants. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Frail or elderly (>70 years):** 2mg (half tablet or 5mL syrup) every 4-6 hours, maximum 12mg daily. **Adults and children 12 years of age and over:** 4mg (1 tablet or 10mL syrup) every 4-6 hours, maximum 24mg daily. **Children 6-11 years of age:** 2mg (half tablet or 5mL syrup) every 4-6 hours, maximum 12mg daily. **Children 2-5 years of age:** 1mg (2.5mL syrup) every 4-6 hours, maximum 6mg daily. **Children 1-2 years of age:** 1mg (2.5mL syrup) twice daily, minimum 4 hours apart, maximum 2mg in 24 hours.

Chlorphenamine 4mg Tablets or Syrup 2mg/5mL (Supply)	
	Note: Only the solution is to be supplied to individuals less than 6 years of age.
Frequency of dose/Duration of treatment	Supply will cover 5 days.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral.
Quantity to be supplied	Supply 4mg tablets [1 x 28/30] or 2mg/5mL oral liquid [1 x 150mL].
Potential Adverse Reactions	Can cause drowsiness and psychomotor impairment that can seriously hamper the individual's ability to drive and use machinery. Sedating effects are enhanced by alcohol and other sedating medicines. Disturbance in attention, abnormal co-ordination, dizziness, headache, nausea and fatigue. Antimuscarinic side-effects – urinary retention, dry mouth, blurred vision and GI disturbances. Refer to BNF/BNFC for other side-effects.
Advice	• Avoid alcohol • Do not drive or operate machinery • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Syrup: Store below 25°C and protect from light. Tablets: Store below 30°C.

Clarithromycin 500mg, 250mg Tablets and 125mg/5mL and 250mg/5mL Oral Liquid (Supply)	
Legal status	POM
Indication	**First line for individuals with penicillin allergy in:** • Infected burns or wounds • Puncture wounds • Pulp injuries – crush injury to distal end of the finger • Cellulitis in children aged 2 to 17 years **Note:** For a contaminated wound metronidazole may also be indicated – refer to a prescribing clinician. **Refer to** NHS Grampian Antimicrobial Prescribing Primary Care Guidance **and** NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.
Inclusion Criteria	Adults and children aged 2 years of age and older.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Children under 2 years of age • Have known or suspected allergy or hypersensitivity to clarithromycin or macrolide antibiotics or any of their excipients • Impaired hepatic or renal function • Pregnancy and breastfeeding • Porphyria • History of QT prolongation or ventricular cardiac arrhythmia • Myasthenia gravis • Individuals with electrolyte disturbances (hypokalaemia or hypomagnesaemia) • Cellulitis near the eyes or nose. Macrolide antibiotics have an extensive list of medicine interactions. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details. These are only some of the classes where interactions occur: • Antiarrhythmics • Antibacterials, antifungals antimalarials and antivirals • Anticoagulants • Antidepressants and antipsychotics • Antiepileptics

Clarithromycin 500mg, 250mg Tablets and 125mg/5mL and 250mg/5mL Oral Liquid (Supply)	
	• Antihistamine • Anxiolytics and Hypnotics • Calcium Channel Blockers • Statins.
Dose/Maximum total dose	**Adults:** 500mg twice daily for 5 days. **Child 12-17 years:** 250mg twice daily for 5 days. **Child 30-40kg** 250mg twice daily for 5 days. **Child 20-29kg** 187.5mg twice daily for 5 days. **Child 12-19kg** 125mg twice daily for 5 days. **Note: Maximum total dose of 5g under this PGD.** **Clarithromycin tablets are not licensed in children under 12 years of age but the suspension is licensed for children from 6 months of age**
Frequency of dose/Duration of treatment	Twice daily for 5 days.
Maximum or minimum treatment period	Maximum of 5 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply 500mg tablets [1 x 10] or 250mg tablets [1 x 10]. 125mg/5mL or 250mg/5mL oral liquid which should be reconstituted prior to supply [1 x 100mL]
Potential Adverse Reactions	Appetite decreased; diarrhoea; dizziness; gastrointestinal discomfort; gastrointestinal disorders; headache; hearing impairment; insomnia; nausea; pancreatitis; paraesthesia; skin reactions; taste altered; vasodilation; vision disorders; vomiting Refer to BNF for other side-effects.
Advice	• Advise to take at regular intervals and to finish the course even if the symptoms have resolved. • Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking clarithromycin.

Clarithromycin 500mg, 250mg Tablets and 125mg/5mL and 250mg/5mL Oral Liquid (Supply)	
	• Advise on storage or expiry details and to dispose of any unused medicines appropriately. • For suspension, total quantity provided exceeds amount required, return remaining suspension to pharmacy for destruction. • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Oral Liquid - Store below 25^{o}C. Tablets: This medicinal product does not require any special storage conditions.

<table>
<tr><th colspan="2">Co-Amoxiclav 625mg and 375mg Tablets (Supply)</th></tr>
<tr><td>Legal Status</td><td>POM</td></tr>
<tr><td>Indication</td><td>
First-line prophylaxis or treatment of human and animal bites in adults and children 12 years and over.

**For children up to the age of 12 years contact microbiology

Prophylaxis: use table below to assist with decision on whether antibiotic prophylaxis should be offered.

Treatment: use treatment course if there are symptoms or signs of infection, such as increased pain, inflammation, fever, discharge or an unpleasant smell.
<table>
<tr><th>Type of bite</th><th>Bite has not broken the skin</th><th>Bite has broken the skin but not drawn blood</th><th>Bite has broken the skin and drawn blood</th></tr>
<tr><td>Human bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if it is in a high-risk area or person at high risk</td><td>Offer antibiotics</td></tr>
<tr><td>Cat bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if the wound could be deep</td><td>Offer antibiotics</td></tr>
<tr><td>Dog or other traditional pet bite</td><td>Do not offer antibiotics</td><td>Do not offer antibiotics</td><td>Offer antibiotics if it has caused considerable, deep tissue damage or is visibly contaminated (for example, with dirt or a tooth). Consider antibiotics if it is in a high-risk area or person at high risk.</td></tr>
</table>
</td></tr>
</table>

Co-Amoxiclav 625mg and 375mg Tablets (Supply)	
	High-risk areas include the hands, feet, face, genitals, and skin overlying cartilaginous structures or an area of poor circulation. People at high risk include those at risk of a serious wound infection because of a co-morbidity (such as diabetes, immunosuppression, asplenia or decompensated liver disease) **Refer to NICE 184 Human and animal bites: antimicrobial prescribing** **Note:** For those allergic to penicillin use second line treatment of doxycycline and metronidazole (see doxycycline and metronidazole monographs). **Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance**
Inclusion Criteria	Adults and children 12 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 12 years of age • Hypersensitivity to amoxicillin, clavulanic acid or any ingredients • Hypersensitivity to penicillins, cephalosporins or other beta-lactam agents • Previous penicillin-induced jaundice or hepatitis • Known hepatic disease or marked renal impairment. • Pregnancy and breastfeeding • Glandular fever • Lymphocytic leukaemia • Cytomegalovirus infection • Already taking a prescribed antibiotic (except for prophylaxis or treatment of acne) • Currently taking the following concurrent medication Allopurinol; methotrexate; coumarins; phenindione; antibiotics; probenecid, mycophenolate mofetil. • Individuals with bites from non-domestic, exotic, or potentially venomous animals • Bites received out with the UK (potentially higher risk for rabies so needs further assessment).

Co-Amoxiclav 625mg and 375mg Tablets (Supply)	
	You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Adults:** **Prophylaxis:** co-amoxiclav 625mg three times daily for 3 days. Treatment: co-amoxiclav 625mg three times daily for 5 days. **Children 12 – 17 years of age and over 40kg:** Prophylaxis: co-amoxiclav 375mg three times a day for 3 days. Treatment: co-amoxiclav 375mg three times daily for 5 days. **Maximum dose under this PGD is 1875mg daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of Administration	Oral. To minimise potential gastrointestinal intolerance, administer at the start of a meal. Take at regular intervals.
Quantity to be supplied	Supply 375mg tablets [1 x 15 or 1 x 21 if 15 pack unavailable] or 625mg tablets [1 x 15 or 1 x 21 if 15 pack unavailable].
Potential Adverse Reactions	Hypersensitivity reaction. Nausea, vomiting, diarrhoea, rashes - seek medical advice. Frequency unknown: Cholestatic jaundice, antibiotic-associated colitis. Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis, vasculitis – discontinue if any of these conditions present Refer to BNF/BNFC for other side-effects.

Co-Amoxiclav 625mg and 375mg Tablets (Supply)	
Advice	• Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Advise on storage or expiry details and to dispose of any unused medicines appropriately • If any severe side effects occur advise to see GP for further advice • Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking co-amoxiclav • Read manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Store in original packaging a dry place.

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
Legal Status	P (Pharmacy)
Indication	For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	Adults 18 years of age and over. **Note:** Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours can be supplied Co-Codamol under this PGD, provided they are advised when to take the next dose.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Individuals under 18 years of age • Allergy or hypersensitivity to paracetamol or codeine or any of the excipients • Current alcohol intoxication • Known severe liver disease • Known severe renal disease • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant or breastfeeding • Evidence of respiratory depression • Acute severe or uncontrolled asthma • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery • Known CYP2D6 ultra-rapid metabolisers. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	1 to 2 tablets (30mg/500mg-60mg/1g) every four to six hours up to a maximum of 8 tablets in any 24-hour period. This medicine contains paracetamol and dosing should be reduced in those weighing <50kg (see Paracetamol monograph for paracetamol dosing in those <50kg).

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
	Maximum daily dose of 8 tablets only allowed under this PGD.
Frequency of dose/Duration of treatment	Up to 3 days.
Maximum or minimum treatment period	Maximum 3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply tablets [1 x 24].
Potential Adverse Reactions/ Cautions	• Constipation • Nausea, vomiting, dry mouth, biliary spasm, light-headedness, sedation, dizziness, confusion or drowsiness may occur • Visual disturbances • urinary retention • Pruritus, allergic reactions • Euphoria, dysphoria • Bradycardia, palpitations. **Care in use if the individual is or is known to suffer from:** • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's Disease Myasthenia gravis • Current or recent treatment (within the last 14 days) with monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Prostatic hypertrophy.

Co-Codamol (Codeine 30mg and Paracetamol 500mg Tablets) (Supply)	
	Drug Interactions: This list is not exhaustive. Concurrent medication **must** always be checked for interactions before supply under this PGD. Most common are: • Cimetidine – metabolism of opioid analgesics inhibited by cimetidine • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide • Metoclopramide and domperidone may increase the absorption rate of paracetamol. Increased sedative and hypotensive effects may be experienced by co-administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics and hypnotics (avoid concurrent administration where possible). Refer to BNF for other side-effects.
Advice	• Explain treatment and course of action • May cause drowsiness and impaired concentration – **must not** drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Do not consume alcohol • Avoid other paracetamol containing products. • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Do not store above 25°C. Store in the original package.

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
Legal Status	POM
Indication	For the treatment of mild to moderate pain due to a minor injury which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	Adults and children16 years of age and over. **Note:** Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours can be supplied Co-Dydramol under this PGD, provided they are advised when to take the next dose.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Individuals under 16 years of age • Allergy or hypersensitivity to paracetamol or dihydrocodeine or any of the excipients • Current alcohol intoxication • Known severe liver disease • Known severe renal disease • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant or breastfeeding • Evidence of respiratory depression • Acute severe or uncontrolled asthma • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	1 to 2 tablets (10mg/500mg-20mg/1g) every four to six hours up to a maximum of 8 tablets in any 24-hour period. This medicine contains paracetamol, and dosing should be reduced in those weighing <50kg (See Paracetamol monograph for paracetamol dosing in those <50kg).

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
	Maximum daily dose of 8 tablets only allowed under this PGD.
Frequency of dose/Duration of treatment	Up to 3 days.
Maximum or minimum treatment period	Maximum 3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied	Supply tablets [1 x 24].
Potential Adverse Reactions/ Cautions	• Constipation • Nausea, vomiting, dry mouth, biliary spasm, light-headedness, sedation, dizziness, confusion or drowsiness may occur • Visual disturbances • Urinary retention • Pruritus, allergic reactions • Euphoria, dysphoria • Bradycardia, palpitations. **Care in use if the individual is or is known to suffer from:** • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's Disease Myasthenia gravis • Current or recent treatment (within the last 14 days) with monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Prostatic hypertrophy • Pheochromocytoma - opioids may stimulate catecholamine release by inducing the release of endogenous histamine.

Co-Dydramol (Dihydrocodeine 10mg and Paracetamol 500mg) Tablets (Supply)	
	• Gall bladder disease or gall stones - opioids may cause biliary contraction • Inflammatory bowel disease - risk of toxic megacolon. **Drug Interactions:** This list is not exhaustive. Concurrent medication **must** always be checked for interactions before supply under this PGD. Most common are: • Cimetidine – metabolism of opioid analgesics inhibited by cimetidine • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide • Metoclopramide and domperidone may increase the absorption rate of paracetamol. Increased sedative and hypotensive effects may be experienced by co-administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics and hypnotics (avoid concurrent administration where possible). Refer to BNF for other side-effects.
Advice	• Explain treatment and course of action • May cause drowsiness and impaired concentration – **must not** drive or operate heavy machinery • Explain the importance of using treatment only if symptoms are present • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Do not consume alcohol • Avoid other paracetamol containing products • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Store below 25°C in a dry place. Protect from light.

Codeine Phosphate 15mg Tablets BP (Supply)	
Legal Status	POM
Indication	For the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).
Inclusion Criteria	Adults and children 12 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 12 years of age • Allergy or hypersensitivity to codeine or any of the excipients • Current alcohol intoxication • Known severe liver disease • Known severe renal disease • Current or previous opiate dependency • Currently taking opiate based medication • Pregnant • Breastfeeding • Displaying evidence of respiratory depression • Acute severe or uncontrolled asthma • Current or recent treatment (within the last 14 days) with monoamine oxidase inhibitor (MAOI) antidepressants including moclobemide • Post-operative pain in those <18 who have undergone a tonsillectomy and/or adenoidectomy for obstructive sleep apnoea syndrome, due to the risk of serious, life threatening adverse reactions • Current treatment with sodium oxybate (Xyrem®) • Presenting with impaired level of consciousness • Head injury with increased intracranial pressure • Known increased intracranial pressure • Biliary tract disorders including recent biliary tract surgery • Known CYP2D6 ultra-rapid metabolisers. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.

Codeine Phosphate 15mg Tablets BP (Supply)	
Dose/Maximum total dose	**Adults:** 2 to 4 tablets (30-60mg) every four to six hours up to a maximum of 16 tablets (240mg) in any 24 hour period. **Children 12-17 years of age:** 2 to 4 tablets (30-60mg) every six hours up to a maximum of 16 tablets (240mg) in any 24-hour period. **Note:** The dose is based on the body weight (0.5-1mg/kg). **Maximum daily dose of 16 tablets (240mg) only allowed under this PGD.**
Frequency of dose/Duration of treatment	Up to 3 days.
Maximum or minimum treatment period	3 days.
Route/Method of Administration	Oral administration.
Quantity to be supplied/	Supply 15mg tablets [1 x 28 or 1 x 30] according to pack size.
Potential Adverse Reactions/ Cautions	• Constipation • Nausea, vomiting, dry mouth, biliary spasm, light-headedness, sedation, dizziness, confusion or drowsiness may occur • Visual disturbances • Urinary retention • Pruritus, allergic reactions • Euphoria, dysphoria • Bradycardia, palpitations. **Care in use if the individual is or is known to suffer from:** • Head injury • Elderly and debilitated - consider risk of constipation and Central Nervous System (CNS) effects (particularly consider and counsel individual about risk of falls) • Individuals with known alcohol dependency • Hypotension • Hypothyroidism • Adrenocortical insufficiency, e.g. Addison's disease Myasthenia gravis.

Codeine Phosphate 15mg Tablets BP (Supply)	
	Drug Interactions: This list is not exhaustive. Concurrent medication MUST always be checked for interactions before supply under this PGD. Most common are: • Cimetidine – metabolism of opioid analgesics inhibited by cimetidine • Domperidone/metoclopramide – opioid analgesics antagonise effects of domperidone/metoclopramide. Increased sedative and hypotensive effects may be experienced by co administration of: • Alcohol (avoid concurrent administration) • Antidepressants • Tricyclic antihistamines • Sedating antipsychotics • Anxiolytics and hypnotics (avoid concurrent administration where possible). Refer to BNF/BNFC for other side-effects.
Advice	• Explain treatment and course of action • May cause drowsiness and impaired concentration – **must not** drive or operate heavy machinery • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Explain the importance of using treatment only if symptoms are present • Do not consume alcohol • Ensure good fluid and fibre intake to reduce risks of constipation • Read manufacturer's PIL.
Follow up (If applicable)	If symptoms do not resolve within 24 hours or get worse contact GP.
Storage	Do not store above 25°C. Store in the original container.

<table>
<tr><th colspan="2">Doxycycline 100mg Capsules (Supply)</th></tr>
<tr><td>Legal Status</td><td>POM</td></tr>
<tr><td>Indication</td><td>
Second line treatment for cellulitis in adults (see clarithromycin monograph for children).

Second line prophylaxis or treatment of human and animal bites in adults and children 12 years of age and over.

Prophylaxis: use table below to assist with decision on whether antibiotic prophylaxis should be offered.

Treatment: use treatment course if there are symptoms or signs of infection, such as increased pain, inflammation, fever, discharge or an unpleasant smell.
<table>
<tr><th>Type of bite</th><th>Bite has not broken the skin</th><th>Bite has broken the skin but not drawn blood</th><th>Bite has broken the skin and drawn blood</th></tr>
<tr><td>Human bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if it is in a high-risk area or person at high risk</td><td>Offer antibiotics</td></tr>
<tr><td>Cat bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if the wound could be deep</td><td>Offer antibiotics</td></tr>
<tr><td>Dog or other traditional pet bite</td><td>Do not offer antibiotics</td><td>Do not offer antibiotics</td><td>Offer antibiotics if it has caused considerable, deep tissue damage or is visibly contaminated (for example, with dirt or a tooth). Consider antibiotics if it is in a high-risk area or person at high risk.</td></tr>
</table>
</td></tr>
</table>

Doxycycline 100mg Capsules (Supply)	
	High-risk areas include the hands, feet, face, genitals, and skin overlying cartilaginous structures or an area of poor circulation. People at high risk include those at risk of a serious wound infection because of a co-morbidity (such as diabetes, immunosuppression, asplenia or decompensated liver disease) **Refer to NICE 184 Human and animal bites: antimicrobial prescribing** **Note:** To be used in conjunction with metronidazole which must also be supplied (see metronidazole monograph). **For children up to the age of 12 years contact microbiology.** **Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance.**
Inclusion Criteria	Adults and children aged 12 years of age and older.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Children under 12 years of age • Hypersensitivity to doxycycline, any of the tetracyclines or to any of the excipients • Known severe liver disease • Known severe renal disease • Pregnancy and breastfeeding • Rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrose-isomaltase insufficiency • Acute porphyria • Myasthenia gravis • Systemic lupus erythematosus • Alcohol dependence • Currently taking antibiotics, coumarins, phenobarbital, carbamazepine, primidone, phenytoin, ciclosporin, methotrexate, retinoid, lithium • Individuals with bites from non-domestic, exotic, or potentially venomous animals • Bites received out with the UK (potentially higher risk for rabies so needs further assessment) • Cellulitis near the eyes or nose.

Doxycycline 100mg Capsules (Supply)	
	You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Second line** treatment for **cellulitis** in **adults.** Doxycycline 200mg on the first day then 100mg daily for 4 days. **Second line** treatment of **human** and **animal bites** in adults and children 12 years of age and over. **Adults and children 12 years of age and over:** **Prophylaxis:** 100mg capsule twice daily for 3 days **PLUS** metronidazole (see metronidazole monograph). **Treatment**: 100mg capsule twice daily for 5 days **PLUS** metronidazole (see metronidazole monograph) **Maximum daily dose of 200mg only allowed under this PGD.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose.
Maximum or minimum treatment period	See Dose/Maximum total dose section above for treatment period. Maximum of 5 days.
Route/Method of Administration	Oral administration. Swallow capsules whole with water while sitting or standing.
Quantity to be supplied	**Second line** treatment for **cellulitis** in adults Supply 100mg capsules [1 x 6] [TTO Pack 5 Day] Labelled: Take TWO capsules on first day then take ONE capsule daily for 4 days. **Second line** treatment of **human** and **animal bites** in adults and children 12 years of age and over. **Prophylaxis**: 100mg capsules [1 x 6] [TTO Pack 3 days] Labelled: Take ONE capsule TWICE a day for ..... days **Treatment**: 100mg capsules [1 x 14] Labelled: Take ONE capsule TWICE a day for ….. days

Doxycycline 100mg Capsules (Supply)	
Potential Adverse Reactions/ Cautions	Photosensitivity – avoid exposure of skin to direct sunlight or sun lamps. May cause nausea, vomiting, diarrhoea. Hypersensitivity reactions, headache and blurred vision - seek medical advice. Refer to BNF for other side-effects.
Advice	• All individuals should be reviewed in 24 hours as not all pathogens may have been covered • Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Take with a full glass of water • Advise on storage or expiry details and to dispose of any unused medicines appropriately • If any severe side effects occur advise to see GP for further advice • Do not take indigestion remedies or medicines containing iron or zinc at the same time of day as doxycycline • Protect your skin from sunlight - even on a bright but cloudy day. Do not use sunbeds • Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking doxycycline • Read manufacturer's PIL.
Follow up (If applicable)	All individuals should be reviewed in 24 hours.
Storage	Do not store above 25°C. Protect from light.

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral Liquid for Reconstitution (Supply)	
Legal Status	POM
Indication	**First line for:** • Infected burns or wounds • Puncture wounds • Pulp injuries or crush injury to distal end of the finger • Cellulitis. **Note:** For a contaminated wound metronidazole may also be indicated - refer to a doctor.
Inclusion Criteria	Adults and children aged 2 years of age and older.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Children under 2 years of age • Hypersensitivity to penicillins, cephalosporins or other beta-lactam agents or to any of the excipients • Known severe liver disease • Known severe renal disease • Previous history of flucloxacillin-associated jaundice/hepatic dysfunction • Currently taking medication that has a clinically significant interaction with flucloxacillin such as coumarins, phenindione, methotrexate and probenecid • Cellulitis near the Eyes or Nose. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Adults:** 500mg four times daily for 5 days. **Children 10 - 17 years of age:** 250mg four times daily for 5 days. **Children 2 - 9 years of age:** 125mg four times daily for 5 days. **Maximum daily dose of 2g only allowed under this PGD.**
Frequency of dose/Duration of treatment	Four times daily for 5 days.

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral Liquid for Reconstitution (Supply)	
Maximum or minimum treatment period	Maximum 5 days.
Route/Method of Administration	Oral administration. Swallow capsule whole with water. Take one hour before food or on an empty stomach (2 hours after food). Oral liquids must be reconstituted with fresh tap water in accordance with the manufacturer's instructions before being issued to individuals. Advise to shake well before administration.
Quantity to be supplied	Dependent on the age of the individual. See both Dose/Maximum total dose and Frequency of dose/Duration of treatment sections above **Supply as either:** Flucloxacillin Syrup 125mg/5mL x 100mL Bottle Flucloxacillin Syrup 250mg/5mL x 100mL Bottle Flucloxacillin Capsules 250mg x 20 Pack Flucloxacillin Capsules 500mg x 20 Pack Flucloxacillin Capsules 500mg x 28 Pack Issue with a 5mL spoon or 5mL oral syringe.
Potential Adverse Reactions/ Cautions	Nausea, vomiting, diarrhoea, hypersensitivity, skin reactions. Antibiotic-associated colitis (uncommon). Refer to BNF for other side-effects.
Advice	• Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Swallow capsules whole with water • Take one hour before food or on an empty stomach (2 hours after food) • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Advise that reconstituted solution be stored at 2-8°C • If any severe side effects occur advise to see GP for further advice

Flucloxacillin 250mg, 500mg Capsules or 250mg/5mL, 125mg/5mL Oral Liquid for Reconstitution (Supply)	
	• Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking flucloxacillin • Read manufacturer's PIL.
Follow up (If applicable)	N/A.
Storage	Do not store above 25°C. Protect from light and moisture. Reconstituted solution: Store at 2-8°C. Reconstituted oral liquids should be stored in accordance with the manufacturer's advice and used within the time specified.

Fluorescein Sodium 1%w/v Solution Minims® Eye Drops (Administration)	
Legal Status	P
Indication	For identification of corneal abrasions and ulceration of the eye.
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Children under 2 years of age • Allergy or hypersensitivity to fluorescein or any of the excipients of the eye drops • Individuals with soft contact lenses unless removed • Pregnancy • Breastfeeding. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Single application of 1-2 drops instilled into affected eye to stain lesion.
Frequency of dose/Duration of treatment	Once only administration of 1-2 drops into the affected eye.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Topical administration to the eye. 1-2 drops should be instilled drop wise into affected eye to stain lesion. Excess may be washed away with sterile saline solution. Abrasions of the conjunctiva stain yellow or orange. Abrasions or ulcers of the cornea stain bright green. Foreign bodies are surrounded by a green ring.
Quantity to be administered	Once only administration of 1-2 drops into the affected eye.

Fluorescein Sodium 1%w/v Solution Minims® Eye Drops (Administration)	
Potential Adverse Reactions	May cause transient stinging and blurring of vision on administration. May stain skin or clothing. Refer to BNF for other side-effects.
Advice	• Soft contact lenses should be removed • Warn individual not to drive or operate machinery until vision is clear • Advise individual any yellow stain in discharge will disappear within the hour • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Do not freeze. Protect from light. Each Minims® unit should be discarded after single use.

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
Legal Status	POM
Indication	Second line treatment for acute purulent conjunctivitis. **Refer to NHS Grampian Guidance For The Treatment of Common Infections in Primary Care and NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care.**
Inclusion Criteria	Adults and children where there are features indicative of a bacterial infection. Bacterial conjunctivitis in women who are either pregnant or breastfeeding. Only to be used as second line treatment where chloramphenicol is either contraindicated, or treatment failure has occurred with chloramphenicol.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 1 year of age. • Hypersensitivity to fusidic acid or any of the excipients of the eye drops. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	One drop instilled in eye twice daily for a maximum of 7 days or until symptom free for 48 hours, whichever is sooner. Not to be used for longer than 7 days without review.
Frequency of dose/Duration of treatment	7 days or until symptom free for 48 hours.
Maximum or minimum treatment period	7 days maximum.
Route/Method of Administration	Topical administration to the eye.

Fusidic Acid 1% w/w Viscous Eye Drops (Supply)	
Quantity to be supplied	1% eye drops [1 x 5g tube] or two 5g tubes if both eyes are affected.
Potential Adverse Reactions	Transient stinging and blurring of vision may occur after application. Refer to BNF/BNFC for other side-effects.
Advice	• Good lid hygiene • Advise not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine • Wash hands thoroughly and avoid sharing towels/ facecloths as eye infection is highly contagious • Purulent conjunctivitis: treatment should continue for 48 hours after eye has returned to normal • Do not wear contact lenses when using this product and for 24 hours after completion of treatment • Use a separate tube for each eye if both are affected • Keep tube tightly closed • Blurred vision can occur, do not drive or operate machinery unless vision is clear • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Keep the tube tightly closed. The tube should be discarded one month after opening.

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate and 100mg of Potassium Bicarbonate) or Gaviscon® Advance Liquid (1000mg Sodium Alginate and 200mg of Potassium Bicarbonate/10mL) (Supply)	
Legal Status	P
Indication	**Second line** to treat mild symptoms of gastro-oesophageal reflux such as dyspepsia, heartburn and flatulence in those with cardiac, renal and hepatic failure who are unable to take Peptac® the 1st line medicine choice.
Inclusion Criteria	Adults and children 12 years of age or over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 12 years of age • Allergy or hypersensitivity to sodium alginate or any of the excipients. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	5 - 10mL after meals and at bedtime. Or 1 to 2 tablets to be chewed after meals and at bedtime.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Gaviscon® Advance liquid [1 x 150mL] (Supply a 5mL spoon with the liquid). Gaviscon® Advance chewable tablets [1 x 20].

Gaviscon® Advance Chewable Tablets (500mg Sodium Alginate and 100mg of Potassium Bicarbonate) or Gaviscon® Advance Liquid (1000mg Sodium Alginate and 200mg of Potassium Bicarbonate/10mL) (Supply)	
Potential Adverse Reactions	**Tablets** The sodium content of a two-tablet dose is 103mg (4.5mmol) and a potassium content of 78mg (2.0mmol). This should be considered when a highly restricted salt diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels. **Liquid** Each 10mL dose has a sodium content of 106mg (4.6mmol) and a potassium content of 78mg (2.0mmol). This should be considered when a highly restricted salt diet is recommended, e.g. in some cases of congestive cardiac failure and renal impairment or when taking drugs which can increase plasma potassium levels. Each 10mL contains 200mg (2.0mmol) of calcium carbonate. Care needs to be taken in treating individuals with hypercalcaemia, nephrocalcinosis, and recurrent calcium containing renal calculi. Refer to BNF/BNFC for other side-effects.
Advice	• Take after meals and at bedtime • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Chewable tablets: Do not store above 30°C. Store in the original package. Liquid: Do not refrigerate.

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
Legal Status	GSL, P
Indication	• Adults: Mild to moderate musculoskeletal pain and inflammation • Children 6 months of age to under 18 years of age: Mild to moderate pain • Pyrexia.
Inclusion Criteria	Adults and children 6 months of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 6 months of age • Allergy or hypersensitivity to ibuprofen other NSAIDs or aspirin or any of the excipients • Active gastrointestinal ulceration or history of gastrointestinal ulceration • Current or previous history of dyspepsia • Previous experience of asthma precipitated or worsened by NSAIDs • Severe renal or hepatic impairment • Congestive cardiac failure • Porphyria • Individuals with coagulation defects • Individuals with severe dehydration • Uncontrolled hypertension • Ischaemic Heart Disease • Peripheral Arterial Disease • Cerebrovascular disease • Ulcerative colitis and Crohn's • Pregnancy • Breastfeeding • Currently taking: aspirin, anticoagulants (e.g. warfarin, edoxaban, apixaban, rivaroxaban, dabigatran), anti-platelets (e.g. clopidogrel, ticagrelor and aspirin), ciclosporin, corticosteroids, diuretics, erlotinib, lithium, methotrexate, pentoxifylline, phenindione, probenecid, quinolones, tacrolimus, other NSAIDs, SSRIs, venlafaxine or sulfonylureas. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
Dose/Maximum total dose	**Children 6 months - 1 year of age:** 50mg (2.5mL of suspension) 3-4 times daily after food. **Children 1 - 3 years of age:** 100mg 3 times daily after food. **Children 4 - 6 years of age:** 150mg 3 times daily after food. **Children 7 - 9 years:** 200mg 3 times daily after food. **Children 10 - 11 years of age:** 300mg 3 times daily after food. **Children 12 to 17 years of age:** 400mg every six to eight hours after food up to a maximum of 3 doses in 24 hours. **Adults:** 400mg 3 times daily after food. Up to maximum of 1.2g daily. **Note:** Very elderly or frail individuals are more susceptible to side-effects associated with NSAIDs and should be advised to take half the normal adult dose. **The maximum total dose under this PGD is 1.2g.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 1 day.
Maximum or minimum treatment period	For a maximum duration of no more than 1 day.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 200mg tablets [1 x 12] or 100mg/5mL oral suspension [1 x 8 sachets] or 100mg/5mL suspension [1 x 100mL]. Supply a 5mL spoon or 2.5mL/5mL oral syringe with the sachets and suspension.
Potential Adverse Reactions	Dyspepsia, diarrhoea, nausea, vomiting, abdominal pain, flatulence, constipation, melaena, haematemesis, gastrointestinal haemorrhage, headache or dizziness. Refer to BNF and BNFC for other side-effects.

Ibuprofen 200mg Tablets or 100mg/5mL Suspension (Supply)	
Advice	• Take with or after food at regular intervals • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C for caplets and suspension.

Lidocaine Hydrochloride Injection B.P 1% w/v (Administration)	
Legal Status	POM
Indication	To provide local anaesthesia prior to suturing minor injuries or removal of a barbed foreign body.
Inclusion Criteria	Adults and children 6 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 6 years of age • Allergy or hypersensitivity to lidocaine or other local anaesthetics • Pregnancy or breast feeding • Bradycardia • Epilepsy • Hypovolaemia • Impaired cardiac conduction • Severe hepatic impairment • Impaired respiratory function such as severe COPD or chronic emphysema • Myasthenia gravis • Porphyria • Site of injection is inflamed or infected. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Depends on size/number of wound sites. Infiltrate a sufficient dose up to a maximum of 5mL to ensure wound care can proceed without discomfort to the individual. The lowest possible dose needed to provide anaesthesia should be administered **Adults and children 12 years of age and over**: maximum total dose 5mLs. **Children aged 6 - <12 years of age and over**: maximum total dose 0.3mL/kg or 5mLs, whichever is less. **Maximum dose under this PGD is 5mL.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Once only administration.

Lidocaine Hydrochloride Injection B.P 1% w/v (Administration)	
Maximum or minimum treatment period	Once only administration.
Route/Method of Administration	Local cutaneous infiltration injection.
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	Side effects are rare and are usually as a result of excessively high blood concentrations due to inadvertent intravascular injection or excessive dosage. Hypersensitivity reactions- urticaria, oedema and anaphylactic reactions. Refer to BNF and BNFC for other side-effects.
Advice	• Explain injection may be uncomfortable • Appropriate follow up wound care advice • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Do not store above 25°C. Keep in outer carton.

<table>
<tr><th colspan="2">Metronidazole 400mg Tablets (Supply)</th></tr>
<tr><td>Legal Status</td><td>POM</td></tr>
<tr><td>Indication</td><td>
Second line prophylaxis and treatment of human and animal bites in adults and children aged 12 years and over.

Prophylaxis: use table below to assist with decision on whether antibiotic prophylaxis should be offered.

Treatment: use treatment course if there are symptoms or signs of infection, such as increased pain, inflammation, fever, discharge or an unpleasant smell.
<table>
<tr><th>Type of bite</th><th>Bite has not broken the skin</th><th>Bite has broken the skin but not drawn blood</th><th>Bite has broken the skin and drawn blood</th></tr>
<tr><td>Human bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if it is in a high-risk area or person at high risk</td><td>Offer antibiotics</td></tr>
<tr><td>Cat bite</td><td>Do not offer antibiotics</td><td>Consider antibiotics if the wound could be deep</td><td>Offer antibiotics</td></tr>
<tr><td>Dog or other traditional pet bite</td><td>Do not offer antibiotics</td><td>Do not offer antibiotics</td><td>Offer antibiotics if it has caused considerable, deep tissue damage or is visibly contaminated (for example, with dirt or a tooth). Consider antibiotics if it is in a high-risk area or person at high risk.</td></tr>
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</td></tr>
</table>

Metronidazole 400mg Tablets (Supply)	
	High-risk areas include the hands, feet, face, genitals, and skin overlying cartilaginous structures or an area of poor circulation. People at high risk include those at risk of a serious wound infection because of a co-morbidity (such as diabetes, immunosuppression, asplenia or decompensated liver disease) **Refer to NICE 184 Human and animal bites: antimicrobial prescribing** ****For children up to the age of 12 years contact microbiology** **Note:** To be used in conjunction with doxycycline which must also be supplied (see doxycycline monograph). **Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance.**
Inclusion Criteria	Adults and children 12 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 12 years of age • Allergy or hypersensitivity to metronidazole or any of the excipients • Known active or chronic severe peripheral and central nervous system disease • Known hepatic impairment • Alcohol dependent or unwilling to abstain from alcohol during course • Individuals on haemodialysis • Individuals currently taking busulfan, capecitabine, ciclosporin, coumarins, disulfiram, fluorouracil, lithium, phenytoin, phenobarbital • Individuals with bites from non-domestic, exotic, or potentially venomous animals. • Bites received out with the UK (potentially higher risk for rabies so needs further assessment). **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.

Metronidazole 400mg Tablets (Supply)	
Dose/Maximum total dose	**Second line** prophylaxis or treatment of **human** and **animal bites** in adults and children 12 years of age and over. **Adults and children 12 years of age and over**: **Prophylaxis**: 400mg three times a day **PLUS** doxycycline for 3 days (see doxycycline monograph). **Treatment**: 400mg three times a day **PLUS** doxycycline for 5 days (see doxycycline monograph). **Maximum dose under this PGD is 1.2g daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section for frequency
Maximum or minimum treatment period	Maximum 5 days
Route/Method of Administration	Oral. Avoid alcohol for duration of course and 48 hours after course of antibiotics completed.
Quantity to be supplied	Supply 400mg tablets **Prophylaxis**: 400mg tablets [1 x 9 or 1 x 15 or 1 x 21 if 9 pack not available) **Treatment**: 400mg tablets [1 x 15 or 1 x 21 if 15 pack not available]
Potential Adverse Reactions	Gastro-intestinal disturbances (including nausea and vomiting) and taste disturbances. Refer to BNF/BNFC for other side-effects.
Advice	• All individuals should be reviewed in 24 hours as not all pathogens may have been covered • Advise to take at regular intervals and to finish the course even if the symptoms have resolved • Take with or just after food, or a meal • Swallow this medicine whole with a full glass of water. Do not chew or crush • If any severe side effects occur advise to see GP for further advice

Metronidazole 400mg Tablets (Supply)	
	• Avoid alcohol during treatment and for 48 hours after completion of treatment • Do not drive or operate machinery if suffering side effects of drowsiness, dizziness, confusion, hallucinations, convulsions or transient visual disorders • May darken the colour of urine • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Woman using oral contraceptives should follow the instructions for missed pills if vomiting occurs within 3 hours of taking COC or severe diarrhoea occurs for >24 hours. Women should be advised to consider non-oral contraceptives if diarrhoea or vomiting persist while taking metronidazole • Read manufacturer's PIL.
Follow up (If applicable)	All individuals should be reviewed within 24 hours.
Storage	Store below 30°C in original packaging and protect from light.

Naproxen 250mg Tablets (Supply)	
Legal Status	POM
Indication	• Musculoskeletal pain and inflammation associated with acute musculoskeletal disorders or arthritic conditions. • Acute gout.
Inclusion Criteria	Adults 18 years of age and over up to 65 years. (Individuals over 65 years of age should be discussed with OOH duty doctor, Advanced Nurse Practitioner or prescribing healthcare professional).
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 18 years of age • Over 65 years of age • Allergy or hypersensitivity to naproxen and other NSAIDs including aspirin or the excipients • Active gastrointestinal ulceration or history of gastrointestinal ulceration • Current or previous history of dyspepsia • Previous experience of asthma precipitated or worsened by NSAIDs • Severe renal and hepatic impairment • Congestive cardiac failure • Porphyria • Individuals with coagulation defects • Individuals with severe dehydration • Uncontrolled hypertension • Ischaemic Heart Disease • Peripheral Arterial Disease • Cerebrovascular disease • Ulcerative colitis or Crohn's disease • Pregnancy or breast feeding • Haemorrhoids or predisposition to rectal bleeding. • Currently taking: aspirin, anticoagulants (e.g. warfarin, edoxaban, apixaban, rivaroxaban, dabigatran), anti-platelets (e.g. clopidogrel, ticagrelor and aspirin), ciclosporin, corticosteroids, diuretics, erlotinib, lithium, methotrexate, pentoxifylline, phenindione, probenecid, quinolones (e.g. ciprofloxacin or ofloxacin), tacrolimus, other NSAIDs, SSRIs, venlafaxine or sulfonylureas.

Naproxen 250mg Tablets (Supply)	
	You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF Appendix 1 for full details.
Dose/Maximum total dose	**Acute musculoskeletal disorder:** 500mg (2 tablets) initially, then 250mg every 6 – 8 hours when required, up to a maximum of 1.25g (5 tablets) in 24 hours, with or after food. **Acute gout:** 750mg (3 tablets) initially, then 250mg every 8 hours, with or after food until attack has passed. **Maximum dose for acute musculoskeletal disorder under this PGD is 8.75g daily.** **Maximum dose for acute gout under this PGD is 6g daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 250mg tablets [1 x 28].
Potential Adverse Reactions	Dyspepsia, diarrhoea, nausea, vomiting, abdominal pain, flatulence, constipation, melaena, haematemesis, gastrointestinal haemorrhage, headache, visual disturbances, dizziness, drowsiness, confusion, nervousness, palpitations, insomnia, abnormal dreams, depression, tinnitus or hypersensitivity reactions including rashes. Refer to BNF for other side-effects.
Advice to Individual	• Swallow whole with plenty water • Take with or after food at regular intervals • Do not exceed the recommended dose • Do not take other NSAIDs at the same time as this medicine

Naproxen 250mg Tablets (Supply)	
	• Stop naproxen if there is no improvement in symptoms or if indigestion develops and contact doctor for advice • Advise individual to stop taking when acute gout resolves • Advise individual to contact doctor if an adverse effect is suspected • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Do not store above 25°C.

Nitrofurantoin 100mg MR capsules (Supply)	
Legal Status	POM
Indication	Acute uncomplicated urinary tract infection. **Refer to NHS Grampian Antimicrobial Prescribing Primary Care Guidance**
Inclusion Criteria	Adults and children 12 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 12 years of age • Allergy or hypersensitivity to nitrofurantoin or any of the excipients • Patients already taking antibiotic prophylaxis for recurrent UTI • Recent urine culture showing resistance to nitrofurantoin • A prior episode of UTI in last 28 days treated with an antibiotic • 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months • Vaginal discharge or irritation (reduces the likelihood of UTI) • Frank haematuria (blood in urine) • Symptomatic for 7 days or longer • Acute porphyria • Renal or hepatic Impairment • G6PD deficiency • Anaemia • Diabetes • Electrolyte imbalance • Vitamin B (particularly folate) deficiency • Pulmonary disease • Neurological disorders • Risk of peripheral neuropathy • Pregnancy or breastfeeding • Currently taking: magnesium trisilicate, sulfinpyrazone, probenecid, dapsone, prilocaine or quinolones (e.g. ciprofloxacin, levofloxacin, moxifloxacin or ofloxacin). **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.

Nitrofurantoin 100mg MR capsules (Supply)	
Dose/Maximum total dose	**Females 12 years of age and over:** 100mg MR capsule two times daily for 3 days. **Males age 12-15 years:** 100mg MR capsule two times daily for 3 days. **Males 16 years of age and over:** 100mg MR capsules two times daily for 7 days. **Maximum dose under this PGD is 200mg daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of 7 days.
Maximum or minimum treatment period	For a maximum duration of 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 100mg MR capsules [1 x 6/14].
Potential Adverse Reactions	Hypersensitivity reactions, rash, peripheral neuropathy, nausea, vomiting, diarrhoea and abdominal pain. May interfere with some tests for glucose in the urine. Refer to BNF/BNFC for other side-effects.
Advice	• Take with or just after a meal • This may colour your urine yellow/brown. This is harmless • May cause dizziness and drowsiness. If affected do not drive or operate machinery • Treatment should be discontinued if acute pulmonary reactions occur, e.g. fever, chills, cough or dyspnoea • Take at regular intervals and complete the course unless otherwise directed by a doctor • Seek advice if symptoms worsen or have not improved within 3 days • Self-management strategies including maintaining a good fluid intake, wearing loose fitting underwear/clothing, wearing cotton underwear and avoidance of vaginal deodorants

Nitrofurantoin 100mg MR capsules (Supply)	
	• Ways to prevent re-infection – e.g. double voiding, voiding after sexual intercourse • Paracetamol and ibuprofen may relieve dysuric pain and discomfort • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 30°C.

Omeprazole 20mg Capsules (Supply)	
Legal Status	POM
Indication	Third line option for acid reflux following unsuccessful treatment with Peptac® or Gaviscon® Advance.
Inclusion Criteria	Adults 18 years of age or over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 18 years of age • Allergy or hypersensitivity to omeprazole or any of the excipients • Liver disease • Pregnancy • Breast feeding • Currently taking: antivirals, e.g. atazanavir, nelfinavir, rilpivirine, saquinavir or tipranavir, cilostazol, clopidogrel, clozapine, digoxin, erlotinib, escitalopram, itraconazole, ketoconazole, methotrexate, phenytoin, St John's Wort, tacrolimus or warfarin. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	20mg capsule once daily **Maximum dose under this PGD is 20mg daily.**
Frequency of dose/Duration of treatment	Once daily dose. For a maximum duration of no more than 28 days.
Maximum or minimum treatment period	For a maximum duration of no more than 28 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Supply 20mg capsules [1 x 7 or 1 x 28 capsules].
Potential Adverse Reactions	GI disturbances and headache, abdominal pain, constipation, diarrhoea, flatulence, nausea and vomiting. Refer to BNF for other side-effects.

Omeprazole 20mg Capsules (Supply)	
Advice	• Swallow capsules whole • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Aluminium/Aluminium blister pack: Store in the original package to protect from moisture. HDPE tablet container: Keep the bottle tightly closed to protect from moisture.

Oxybuprocaine Hydrochloride Minims Eye Drops 0.4% w/v (Administration)	
Legal Status	POM
Indication	To provide local anaesthesia to the eye prior to foreign body removal.
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 2 years of age • Allergy or hypersensitivity to Oxybuprocaine or other local anaesthetics • Pregnancy or breast feeding • Suspected penetrating eye injury. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	Adults and children over 2 years of age: Three drops to be administered into the eye (one drop every 90 seconds) provides sufficient anaesthesia after 5 minutes for a foreign body to be removed from the corneal epithelium. **Maximum dose under this PGD is 3 drops.**
Frequency of dose/Duration of treatment	One drop at 90 second intervals. Once only administration.
Maximum or minimum treatment period	Once only administration.
Route/Method of Administration	Contact lenses should be removed prior to use. Instill into lower fornix of affected eye. Instill drop into non-infected eye first. Compress the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops to limit systemic absorption. It is especially advisable in children.

Oxybuprocaine Hydrochloride Minims Eye Drops 0.4% w/v (Administration)	
Quantity to be administered	See Dose/Maximum total dose section above.
Potential Adverse Reactions	Transient stinging and blurring of vision may occur on instillation Refer to BNF and BNFC for other side-effects.
Advice	• Do not replace contact lenses until any damage to the eye has healed or until anaesthesia has worn off (at least one hour) • The eye will remain anaesthetised for up to one hour • Avoid touching the eye and be aware of risks of getting foreign bodies into the eye whilst it is numb (at least 1 hour) • Avoid administration of other types of eye drops for at least 15 minutes • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Do not freeze. Protect from light.

<table>
<tr><th colspan="2">Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)</th></tr>
<tr><td>Legal Status</td><td>GSL, P</td></tr>
<tr><td>Indication</td><td>• Treatment of mild to moderate pain and/or pyrexia in individuals 3 months of age and over.
• Post immunisation pyrexia for babies aged 2-3 months of age.</td></tr>
<tr><td>Inclusion Criteria</td><td>Adults and children 3 months of age and over (2 months if post immunisation pyrexia).</td></tr>
<tr><td>Exclusion Criteria</td><td>Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;
• Under 3 months of age or under 2 months of age if not for post immunisation pyrexia
• Allergy or hypersensitivity to paracetamol or any of the excipients
• Alcohol dependence
• Renal or hepatic impairment
• Taking other medicines containing paracetamol
• Individuals who have taken paracetamol in the previous 4 hours or who have taken the maximum paracetamol dose in the previous 24 hours.
You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction. See current BNF/BNFC Appendix 1 for full details.</td></tr>
<tr><td>Dose/Maximum total dose</td><td>
<table>
<tr><th>Age Range (Est. weight ranges)</th><th>Dose</th><th>Preferred Product</th></tr>
<tr><td>Adult
(>50 kg)</td><td>500mg-1g every 4-6 hours to a maximum of 8 tablets in 24 hours.
(Note: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4-6 hours).</td><td>500mg Tablets

500mg Suppositories (2x250mg)</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th colspan="2">Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)</th></tr>
<tr><td>Dose/Maximum total dose Cont.</td><td>
<table>
<tr><th>Age Range (Est. weight ranges)</th><th>Dose</th><th>Preferred Product</th></tr>
<tr><td>Children:
16-17 years
(>50 kg)

12-15 years
(39-50 kg)

10-11 years
(32-35 kg)</td><td>500mg-1g every 4-6 hours to a maximum of 8 tablets in 24 hours. (NB: Consider reducing dose in individuals weighing less than 50kg to 500mg every 4-6 hours).

500mg every 4-6hours. Maximum 4 doses in 24 hours.

500mg every 4-6 hours. Maximum 4 doses in 24 hours.</td><td>500mg Tablets

500mg Suppositories (2x250mg)

500mg tablets or 250mg/5mL oral liquid if necessary</td></tr>
<tr><td>8-9 years
(25-30 kg)

6-7 years
(20-23 kg)</td><td>375mg (7.5mLs of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.

250mg (5mL of 250mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.</td><td>250mg/5mL oral liquid

250mg or 2x125mg suppository</td></tr>
<tr><td>4-5 years
(15-18 kg)</td><td>240mg (10mLs of 120mg/5mL oral liquid) every 4-6 hours. Maximum 4 doses in 24 hours.</td><td>120mg/5mL oral liquid

125mg suppository</td></tr>
</table>
</td></tr>
<tr><td>Frequency of dose/Duration of treatment</td><td>See Dose/Maximum total dose section above.

For a maximum duration of no more than 8 days.</td></tr>
<tr><td>Maximum or minimum treatment period</td><td>For a maximum duration of no more than 8 days.</td></tr>
</table>

Paracetamol 500mg Tablets, 120mg/5mL and 250mg/5mL Oral Suspension or 125mg, 250mg and 500mg Suppositories (Supply)	
Route/Method of Administration	Oral (tablets/suspension/sachets) or rectal (suppositories)
Quantity to be supplied	Supply 500mg tablets [1 x 32] or 120mg/5mL oral suspension [1 x 12 sachets] or 250mg/5mL oral suspension [1 x 10 sachets] or 120mg/5mL suspension [1 x 100mL] or 125mg suppositories [1 x 10].
Potential Adverse Reactions	Hypersensitivity reactions including skin rashes and blood disorders have been reported rarely. Speed of absorption may be increased by metoclopramide and domperidone. **Note:** Oral coumarin anticoagulants (prolonged regular use may enhance the anticoagulant effect. INR should be checked if individual continues to take paracetamol for more than 5 days). Refer to BNF/BNFC for other side-effects.
Advice to Individual	• Do not exceed recommended dose • Do not to take other medicines containing paracetamol • If taking oral coumarin anticoagulants to have INR checked if they continue to take paracetamol regularly for longer than 5 days • Take at regular intervals • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Massage sachets before use • For suspension shake bottle for at least 10 seconds before use • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Tablets - Store below 25°C. Suppositories - Do not store above 30°C. Suspension – protect from light and store in original container.

Peptac® Peppermint Liquid (Supply)	
Legal Status	GSL
Indication	**First** line to treat mild symptoms of gastro-oesophageal reflux such as dyspepsia, heartburn and flatulence.
Inclusion Criteria	Adults and children 12 years of age or over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 12 years of age • Allergy or hypersensitivity to sodium alginate or any of the excipients • Heart failure • Renal failure • Hepatic failure. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	10 - 20mL after meals and at bedtime.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. For a maximum duration of no more than 7 days.
Maximum or minimum treatment period	For a maximum duration of no more than 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	Peptac® Peppermint Liquid [1 x 150mL] (Supply a 5mL spoon with the liquid).
Potential Adverse Reactions	This medicinal product contains 286.5mg (12.45mmol) sodium per 20mL dose, equivalent to 14.3% of the WHO recommended maximum daily intake for sodium. The maximum daily dose of this product is equivalent to 57.2 % of the WHO recommended maximum daily intake for sodium. This product is considered high in sodium.

Peptac® Peppermint Liquid (Supply)	
	Each 10Ml dose contains 160mg (1.6mmol) of calcium carbonate. Care needs to be taken in treating patients with hypercalcaemia, nephrocalcinosis and recurrent calcium containing renal calculi. Refer to BNF/BNFC for other side-effects.
Advice	• Take after meals and at bedtime • Shake suspension well before use • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Do not store above 25◦C. Do not refrigerate or freeze.

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
Legal Status	POM
Indication	Acute Exacerbation of Mild to Moderate Asthma. **Note:** Refer to Treatment of Mild to Moderate Asthma and Treatment of Severe Asthma (From BTS/SIGN Guideline 158).
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 2 years of age • Allergy or hypersensitivity to prednisolone or any of the excipients • Systemic infections unless specific anti-infective therapy is employed • Ocular herpes simplex because of possible perforation • Recent myocardial infarction • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption • Existing or previous history of severe affective disorders or in their first degree relatives. These would include depressive or manic-depressive illness and previous steroid psychosis • Pregnancy or breastfeeding • Currently taking: coumarin anticoagulants (e.g. warfarin), antiepileptics (e.g. carbamazepine, phenytoin, primidone and barbiturates), antifungals (e.g. itraconazole, ketoconazole or amphotericin), ritonavir, carbimazole, ciclosporin, erythromycin, methotrexate, rifamycins, retinoids or tetracyclines. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Adults 18 years of age and over with acute asthma**: Initial dose of 40mg soon after administration of bronchodilator therapy (see BTS guidelines in the BNF). If acute asthma under control, individual to be given a 4 day course of 40mg daily (to achieve 5 day course of steroids in total).

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
	Children 2 - 18 years of age with acute asthma that has responded to initial bronchodilator therapy (see BTS guidelines in the BNF) and who do not require hospital admission: 30 - 40mg daily for 3 days. If a child is already on prednisolone the dose needs to be adjusted to provide prednisolone 2mg/kg daily – up to a maximum of 60mg a day. **Maximum dose under this PGD is 60mg daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above for frequency of dose. For a maximum duration of no more than 5 days.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral administration.
Quantity to be administered/ supplied	Supply 5mg plain tablets [1 x 30] or 5mg soluble tablets [1 x 10]. **Note:** Where the pack size does not meet dose schedule sufficient packs should be supplied to individual to meet dose schedule and excess tablets should be removed from the over-labelled individual packs and disposed of in the appropriate waste stream.
Potential Adverse Reactions	Dyspepsia, nausea, hypokalaemia and hypersensitivity reactions. Steroid psychosis – psychological symptoms may arise after a few days of treatment. Advise individual/carer to seek medical advice if this occurs. Refer to BNF/BNFC for other side-effects.
Advice	• Plain tablets should only be taken by mouth and can be swallowed with water • Take with or after food • Take tablets as a single dose in the morning • Plain tablets should not be taken at the same time as indigestion remedies

Prednisolone 5mg Tablets or 5mg Soluble Tablets (Administration/Supply)	
	• The soluble form should be dissolved in water and taken immediately • It is important to be aware that contracting chickenpox during treatment or for a period afterwards can be dangerous. Advise the individual if they do not have a definite history of chickenpox and anyone in their family or regular contacts catches chickenpox it is important to contact a doctor immediately. Do not stop the treatment. It is also important the individual contacts a doctor if they contract chickenpox within a 3 month period after stopping treatment • Advise individual to take particular care to avoid contact with measles and to contact a doctor immediately if they or anyone in their family or regular contacts catches measles • Take at regular intervals and complete the course unless otherwise directed by a doctor • Advise on storage or expiry details and to dispose of any unused medicines appropriately • Read the manufacturer's PIL.
Follow up (If applicable)	Supply steroid card to individual and advise them to follow the advice.
Storage	Tablets: Store in a cool dry place. Soluble tablets: Do not store above 25°C.

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
Legal Status	POM
Indication	Nausea and vomiting – not to be used in palliative care.
Inclusion Criteria	Adults 18 years of age or over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 18 years of age • Allergy or hypersensitivity to prochlorperazine or any of the excipients • Heart failure (injection only) Individuals with cardiac disease and high risk factors for stroke • Epilepsy • Pheochromocytoma (injection only) • Myasthenia gravis • Narrow angle glaucoma • Parkinson's disease • Prostatic hypertrophy • Renal or hepatic impairment • Existing blood dyscrasias • Pregnancy or breastfeeding • Rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency (buccal tablet only) • Currently taking: CNS depressants (including alcohol), antimalarials (e.g. artemether with lumefantrine or artenimol with piperaquine), desferrioxamine, lithium and other drugs known to prolong QT interval (e.g. citalopram, escitalopram, amiodarone, disopyramide, dronedarone, risperidone, methadone or droperidol), ritonavir or atomoxetine. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Intramuscular (IM) injection:** One 12.5mg dose. **Buccal Tablets:** One or two 3mg buccal tablet(s) placed high between upper lip and gum twice daily. **Maximum dose under this PGD is 12.5mg for IM and up 12mg daily for buccal tablets.**

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
Frequency of dose/Duration of treatment	Once only intramuscular injection of 12.5mg One or two 3mg buccal tablet(s) twice daily for a maximum duration of no more than 10 days.
Maximum or minimum treatment period	Buccal tablets for a maximum duration of no more than 10 days.
Route/Method of Administration	**Injection:** Intramuscular deep injection into upper outer quadrant of gluteal region. **Buccal Tablets:** Oral administration placed high between upper lip and gum to dissolve.
Quantity to be administered/ supplied	12.5mg/1mL ampoules [1 x 10 x 1mL] **(Administration)** Supply 3mg buccal tablets [1 x 10].
Potential Adverse Reactions	• Drowsiness, dizziness, dry mouth, insomnia, agitation and mild skin reactions may occur • Extrapyramidal reactions are very unlikely at the recommended dosage • Neuroleptic malignant syndrome (hyperthermia, rigidity, autonomic dysfunction and altered consciousness) may occur with any neuroleptic • Use of the buccal tablets may occasionally result in local irritation to the gum and mouth. Refer to BNF for other side-effects.
Advice	• May cause drowsiness and if affected not to drive or operate machinery • Take at regular intervals and complete the course unless otherwise directed by a doctor (tablets) • Advise on storage or expiry details and to dispose of any unused medicines appropriately (tablets) • Avoid alcoholic drink • Photosensitisation – avoid exposure to direct sunlight and use sunscreen • Read the manufacturer's PIL.
Follow up (If applicable)	N/A

Prochlorperazine 12.5mg/1mL (1.25% w/v) Solution for Intramuscular Injection or Prochlorperazine 3mg Buccal Tablets (Administration/Supply)	
Storage	Solution for injection: Keep ampoules in the outer carton, in order to protect from light. Discoloured solutions should not be used. Buccal tablets: Protect from light.

Rehydration Salts (Dioralyte® Oral Powder Containing Glucose 3.56g, Sodium Chloride 0.47g, Potassium Chloride 0.30g And Disodium Hydrogen Citrate 0.53g) (Supply)	
Legal Status	P
Indication	Replacement of fluid and electrolytes lost through mild to moderate diarrhoea.
Inclusion Criteria	Adults and children 1 month of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 1 month of age • Allergy or hypersensitivity to dioralyte or any of the excipients • Diabetes • Restricted sodium or potassium diet • Renal disease • Liver disease • Chronic or persistent diarrhoea • Suspected intestinal obstruction. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Children 1 month – 2 years of age:** One to one and a half times the usual 24 hour feed volume. **Children 2 years - 11 years of age:** The contents of 1 sachet, in 200mL water, after each loose bowel motion. **Adults and children 12 years of age and over:** The contents of 1 - 2 sachets in 200 - 400mLs water, after each loose bowel motion.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Should be used for no more than 24 - 48 hours without seeking further medical advice.
Maximum or minimum treatment period	Should be used for no more than 24 - 48 hours without seeking further medical advice.
Route/Method of Administration	Oral administration

Rehydration Salts (Dioralyte® Oral Powder Containing Glucose 3.56g, Sodium Chloride 0.47g, Potassium Chloride 0.30g And Disodium Hydrogen Citrate 0.53g) (Supply)	
	The contents of each sachet should be reconstituted with 200mL of fresh tap water. Use freshly boiled and cooled water for infants.
Quantity to be supplied	Supply Sachets [1 x 6].
Potential Adverse Reactions	No known interactions with any other medicines. No known undesirable effects.
Advice	• Reconstitute with fresh water, in accordance with manufacturer's instructions • In the initial stages of treatment of diarrhoea all foods, including cows or artificial milk, should be stopped. In breast fed infants it is suggested that the infant is given the same volume of Dioralyte as the bottle fed baby and then put to the breast until satisfied. Expression of residual milk from the breasts may be necessary during this period. After 24 - 48 hours, when symptoms have subsided, the normal diet should be resumed but this should be gradual to avoid exacerbation of the condition • If individual is vomiting advise to take small amounts of Dioralyte frequently • See GP if symptoms persist for 24 - 48 hours • Advise individual that after reconstitution any unused solution should be discarded 1 hour after preparation unless stored in a refrigerator when it can be stored for 24 hours • Read the manufacturer's PIL and sign post to Medicines in Children – Rehydration leaflet.
Follow up (If applicable)	N/A
Storage	Store below 25°C. Store in the original package in order to protect from moisture.

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
Legal Status	POM
Indication	Relief of symptoms of acute mild to moderate asthma exacerbation in individuals over 2 years (peak flow 50-75% of predicted or best). **Refer to PGD Monograph for Prednisolone.** **Refer to GP after administration.**
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 2 years of age • Allergy or hypersensitivity to salbutamol or any of the excipients • Currently taking non-selective ß-blocking drugs. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**For the treatment of an acute exacerbation of moderate asthma in individuals 18 years of age and over:** Initial dose 200micrograms (2 puffs), inhaled as 2 separate puffs via an appropriate spacer up to a maximum of 1000micrograms (10 puffs). If no improvement after five doses (1000micrograms) via volumatic spacer then discuss with OOH GP to consider hospital admission. **For the treatment of acute mild to moderate asthma in individuals aged under 18 years of age:** Initial dose 200micrograms (2 puffs), inhaled as 2 separate puffs via an appropriate spacer up to a maximum of 1000micrograms (10 puffs). If response is poor individuals aged under 18 years of age should be admitted to hospital. **Individuals aged under 18 years of age presenting with severe asthma should be admitted to hospital immediately.**

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
	Supply Dose: (provide volumatic spacer if necessary) **2 years of age and over:** 100 - 200micrograms (1-2 puffs) as required up to four times daily. **Maximum dose under this PGD is 1000micrograms (10 puffs) daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Oral inhalation. The aerosol spray is inhaled through the mouth into the lungs. After shaking the inhaler, the mouthpiece is placed in the mouth and the lips closed around it. The actuator is depressed to release a spray, which must coincide with inspiration of breath.
Quantity to be administered/ supplied	Supply 100microgram/dose metered dose inhaler [x1].
Potential Adverse Reactions	Fine tremor, nervous tension, headache, palpitations, tachycardia, disturbances of sleep, angioedema, urticaria, hypokalaemia, mouth and throat irritation, muscle cramps, nausea. Refer to BNF/BNFC for other side-effects.
Advice	• Give clear advice regarding worsening statement • Advise individual inhalers can be returned to pharmacy for recycling • Read the manufacturer's PIL.
Follow up (If applicable)	After administration monitor pulse rate, respiratory rate and peak flow to demonstrate improvement. Advise individual to have an asthma review at GP surgery within 48 hours.
Storage	Store below 30°C. Protect from frost and direct light.

Salbutamol 100Microgram/Dose Metered Dose Inhaler (Administration/Supply)	
	The therapeutic effect of this medication may decrease when the canister is cold. The canister should not be broken, punctured or burnt, even when apparently empty.

Sodium Chloride 0.9% Intravenous Infusion BP (Administration)	
Legal Status	POM
Indication	Irrigation of the eye in which there has been a chemical splash.
Inclusion Criteria	Adults and children 2 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 2 years of age • Allergy or hypersensitivity to sodium chloride or any of the excipients.
Dose/Maximum total dose	Irrigate through an appropriate Giving Set for 5-20 minutes.
Frequency of dose/Duration of treatment	N/A
Maximum or minimum treatment period	N/A
Route/Method of Administration	Topical used for irrigation. Soft contact lenses should be removed before treatment. Use only if the solution is clear, without visible particles and if the container is undamaged. Any remaining solution must be discarded after the procedure.
Quantity to be administered	Enough to effectively irrigate the eye.
Potential Adverse Reactions	May cause temporary blurring of vision after application. Refer to BNF/BNFC for other side-effects.
Advice	• Sodium Chloride Eye Drops can cause temporary blurring of vision after application. Wait until vision is clear before driving or using machines • Read the manufacturer's PIL.

Sodium Chloride 0.9% Intravenous Infusion BP (Administration)	
Follow up (If applicable)	N/A
Storage	Store below 30°C.

Sodium Citrate Micro Enema (Contains Sodium Lauryl Sulfoacetate 45mg, Sodium Citrate 450mg and Glycerol 625mg) (Administration)	
Legal Status	P
Indication	Acute constipation.
Inclusion Criteria	Adults and children 3 years of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Under 3 years of age • Allergy or hypersensitivity to sodium citrate or any of the excipients • Do not use in individuals with inflammatory bowel disease • Acute GI conditions • If individual has had recent bowel surgery, check with a doctor first before administering any enemas • Pregnancy • Breastfeeding. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	One 5mL tube.
Frequency of dose/Duration of treatment	Once only dose.
Maximum or minimum treatment period	N/A
Route/Method of Administration	Rectal use. Lubricate the nozzle with one drop of the contents; insert full length of nozzle into the rectum and squeeze tube until total contents have been administered. When used in children the nozzle should be inserted to half its length only.
Quantity to be administered	Supply one 5mL rectal tube.

Sodium Citrate Micro Enema (Contains Sodium Lauryl Sulfoacetate 45mg, Sodium Citrate 450mg and Glycerol 625mg) (Administration)	
Potential Adverse Reactions	A slight cramp occasionally. Refer to BNF/BNFC for other side-effects.
Advice	Read the manufacturer's PIL.
Follow up (If applicable)	To contact their GP if constipation does not resolve.
Storage	Store below 25°C.

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
Legal Status	POM
Indication	Acute uncomplicated urinary tract infection. Refer to **NHS Grampian Antimicrobial Prescribing Primary Care Guidance**
Inclusion Criteria	Adults and children 6 months of age and over.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Under 6 months of age • History of allergy or hypersensitivity to trimethoprim, co-trimoxazole or any of the excipients • Patients already taking antibiotic prophylaxis for recurrent UTI • Recent urine culture showing resistance to trimethoprim • A prior episode of UTI in last 28 days treated with an antibiotic • 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months • Vaginal discharge or irritation (reduces the likelihood of UTI) • Frank haematuria (blood in urine) • Symptomatic for 7 days or longer • Immunosuppression • Blood dyscrasias • Acute porphyria • Severe hepatic impairment • Renal impairment • Folate deficiency • Known electrolyte imbalance (particularly hyperkalaemia) or on medication which predisposes to development of hyperkalaemia • Pregnancy • Breastfeeding • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
	• Currently taking: ACE inhibitors (increased risk of hyperkalaemia), acenocoumarol, azathioprine, ciclosporin, clozapine, colistimethate, dapsone, digoxin, eplerenone, immunosuppressants, mercaptopurine, methotrexate, phenytoin, potassium supplements, pyrimethamine, renin angiotensin receptor blockers (increased risk of hyperkalaemia), repaglinide, rifampicin, spironolactone or warfarin. **You must refer to latest edition of the BNF to check all medicines the individual takes to check for an interaction.** See current BNF/BNFC Appendix 1 for full details.
Dose/Maximum total dose	**Children 6 months - 5 years of age:** 50mg twice daily for 3 days **Children 6 years - 11 years of age:** 100mg twice daily for 3 days **Children 12 years - 15 years of age:** 200mg twice daily for 3 days **Males 16 years of age and over:** 200mg twice daily for 7 days **Females 16 years of age and over:** 200mg twice daily for 3 days. **Maximum dose under this PGD is 400mg daily.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above. Up to a maximum of 7 days duration.
Maximum or minimum treatment period	Maximum of 7 days.
Route/Method of Administration	Oral administration
Quantity to be supplied	For females, children and males under 16 years of age supply 200mg tablets [1 x 6]. For males 16 years and over supply 200mg tablets [1 x 14]. Or 50mg/5mL oral suspension [1 x 100mL]. Supply a 5mL spoon or oral syringe with the suspension.

Trimethoprim 200mg Tablets, 50mg/5mL Oral Suspension (Supply)	
Potential Adverse Reactions	GI disturbances, electrolyte imbalance, rash. Refer to BNF/BNFC for other side-effects.
Advice	• Take at regular intervals and complete the course unless otherwise directed by a doctor • Seek advice if symptoms worsen or have not improved within 3 days • Self-management strategies including maintaining a good fluid intake, wearing loose fitting underwear/clothing, wearing cotton underwear and avoidance of vaginal deodorants • Ways to prevent re-infection – e.g. double voiding, voiding after sexual intercourse • Paracetamol and ibuprofen may relieve dysuric pain and discomfort • Advise on storage or expiry details and to dispose of any unused medicines appropriately • The suspension must be shaken well before use • Read the manufacturer's PIL.
Follow up (If applicable)	N/A
Storage	Tablets: Store below 25°C in the original container. Suspension: Store in the original container.