Patient Group Direction For The Supply Of Medicines As Included In The Radiographers Supportive Medicines PGD Formulary To Individuals Undergoing Radiotherapy By Approved Healthcare Professionals Working Within NHS Grampian

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

Signature: 		**Signature:** 

NHSG Identifier: MGPG/PGD/SD_Radio/ 1642	**Review Date:** April 2027 **Expiry Date:** April 2028	**Date Approved:** April 2025

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 Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 5

Revision History:

PGD that has been adapted and/or superseded	PGD supersedes NHSG/PGD/SD_Radio/MGPG1247, Version 4	
Date of change	**Summary of Changes**	**Section heading**
March 25	Laxido and metoclopramide added to Radiographers Supportive Medicines PGD Formulary.	Page 20
March 25	Nystatin potential adverse reactions now states that it should be discontinued if oral irritation and sensitisation occurs.	Page 26
March 25	Ondansetron exclusion criteria now includes susceptibility to QT prolongation.	Page 28
March 25	Paracetamol legal status changed to GSL, P or POM medicine, and storage advice now includes the note, 'Keep out of the reach and sight of children'.	Page 30
March 25	Senna exclusion criteria now includes atony. Hypokalaemia has been added to the list of potential adverse reactions.	Page 32
April 25	Loperamide storage now states 'Do not store above 25°C', side effects now include constipation and less commonly dizziness.	Page 23
April 25	Paracetamol advice now includes to use the spoon supplied with the oral solution, and not to overfill the spoon.	Page 31
April 25	Metoclopramide monograph exclusion added to those under 18.	Page 25

NHGS Identifier: MGPG/PGD/SR_Radio/1642
Keyword(s): PGD Patient Group Direction medicines radiographers radiotherapy formulary

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:	February 2025
	Completed:	March 2025
	Approved:	April 2025 (published – April 2025)
	Amended and re-authorised:	

Organisational Authorisations

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

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Dr Rafael Moleron **Title:** Clinical Oncologist **Contact email:** rafael.moleron@nhs.scot **Signature:** ..... **Date:** 14/04/2025
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Lead author	**Name:** Julie Le Gourrierec **Title :** Clinical Pharmacist **Contact email:** julie.legourrierec@nhs.scot **Signature:** Julie Le..... **Date:**08/04/2025
Pharmacist	**Name:** Judith Rodgers **Title :** Clinical Pharmacist **Contact email:** judith.rodgers@nhs.scot **Signature:** ..... **Date:** 08/04/2025

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:**
Julie Le Gourrierec	**Lead Author:** Clinical Pharmacist
Judith Rodgers	**Pharmacist:** Clinical Pharmacist
Dr Rafael Moleron	**Medical Practitioner:** Clinical Oncologist
Erica McClements	**Senior Representative:** Advanced Clinical Practitioner
Katie Forbes	Clinical Pharmacist
Nicola Redgewell	Radiotherapy Manager

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Clinical indication to which this PGD applies

Definition of situation/ Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD, to supply the medications listed in the included Radiographers Supportive Medicines PGD formulary (Appendix 3) to individuals undergoing radiotherapy. A medication monograph is included for each medicine containing information that can be used in conjunction with the core section of the PGD. Medicines will be supplied to the individual as over-labelled packs with specific dosing instructions. 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	Individuals aged 16 years or as per individual monograph over who are receiving radiotherapy. Prior to the supply of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current NHSG consent policy.
Exclusion criteria	No medicine should be supplied without consideration of the possible consequences for the individual. Medicines should **not** be supplied if the individual: • Is less than 16 years of age or as per individual monograph • Has previously experienced a reaction to the medicine • Is already receiving therapy for the condition • Has a known or suspected hypersensitivity to the medicine or any of its ingredients. In the event that the individual suffers an adverse reaction use of the medicine should be stopped and medical help sought immediately • Has any of the contraindications listed in the individual monographs • Has not provided valid consent to receive the supply.

Precautions and special warnings	The medicines listed in this PGD should be used only for the specific condition(s) specified in the monographs. • Individuals who are suffering from a condition other than that specified in the monograph should be referred to a doctor. • If there is any concern about the appropriate use of the medicine in the specific indications given within the direction then medical advice should be sought. • If there is any doubt about correct identification of the condition, medical help should be sought. • The individual should benefit from the use of medicines; if no benefit is seen then medical advice should be sought. • Precautions listed in the individual monographs should be taken into account. • The medicine individual information leaflet 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	Medical advice must be sought – refer to relevant medical practitioner. Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Inform/refer to the relevant medical practitioner if individual declines treatment. Document that the 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 this PGD are all either Prescription-only Medicine (POM), Pharmacy-only Medicine (P) or General Sales List Medicine (GSL). 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?	See individual product monographs.
Dosage/Maximum total dose	See individual medicine monographs.
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 supplied	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Additional Information	N/A
Follow-up (if applicable)	Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who supply the medicine first. If necessary a doctor or the individuals GP should be contacted for advice.
Advice (Verbal)	• Advise individual what to expect and of the possible side effects and their management. Advice should be given as detailed in the individual product monographs and manufacturer's product information. • 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. 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 product monographs. **This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions.** **BNF**: 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: • Appropriate storage facilities • An acceptable level of privacy to respect individual's right to confidentiality and safety • Access to a working telephone • Access to medical support (this may be via the telephone) • 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 medicine(s) under PGD

Professional qualifications	Registered Radiographers as recognised by the Health and Care Professions Council (HCPC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's capacity to understand the nature and purpose of the medicine supply in order 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 of the medicine • 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 individual 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; o SmPC for the medicine(s) to be supplied 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 the medicine(s) specified in this direction.

Documentation

Authorisation of supply	Radiographers working within NHS Grampian can be authorised to supply the medicine(s) specified in this PGD by their Consultant Clinical Oncologist or Advanced Clinical Practitioner. All authorised staff are required to read the PGD and sign the Agreement to Supply 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	An electronic or paper record must be completed to allow audit of practice. An electronic/HEPMA record of the screening and subsequent supply, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply, or not of the medicine(s) specified in this PGD. This should include as a minimum: • Date and time of supply • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route of the medicine(s) supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • TrakCare notes or documents. • Individual service specific systems. Local policy should be followed with respect to sharing information with the individual's General Practitioner.

<table>
<tr><td></td><td>All records should be clear, legible and contemporaneous and in an easily retrievable format.</td></tr>
<tr><td>Audit</td><td>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 under a PGD.</td></tr>
<tr><td>References</td><td>Electronic Medicines Compendium http://www.medicines.org.uk accessed 17/02/25.

British National Formulary https://www.bnf.org/products/bnf-online/accessed 17/02/25.

Medicines and Healthcare Products Regulatory Agency http://products.mhra.gov.uk/ accessed 17/02/25.

<table>
<tr><th>Medicine</th><th>Date of Revision of Text</th><th>Date accessed</th></tr>
<tr><td>Dihydrocodeine 30mg Tablets (Accord UK Ltd)</td><td>10/01/25</td><td>17/02/25</td></tr>
<tr><td>Docusate Sodium 100mg Capsules (Sanofi)</td><td>01/11/21</td><td>17/02/25</td></tr>
<tr><td>Laxido Orange Powder for Oral Solution (Galen Limited)</td><td>29/11/21</td><td>17/02/25</td></tr>
<tr><td>Loperamide 2mg Capsules (Strides Pharma UK Ltd)</td><td>21/11/24</td><td>17/02/25</td></tr>
<tr><td>Metoclopramide 10mg Tablets (Advanz Pharma)</td><td>02/02/24</td><td>18/02/25</td></tr>
<tr><td>Nystatin Oral Suspension (Vygoris Limited)</td><td>13/06/24</td><td>18/02/25</td></tr>
<tr><td>Ondansetron 8mg Tablets (Cipla EU Ltd)</td><td>11/12/24</td><td>18/02/25</td></tr>
<tr><td>Paracetamol 500mg Tablets (Haleon UK Trading Limited)</td><td>06/02/25</td><td>18/02/25</td></tr>
</table>
</td></tr>
</table>

Medicine	Date of Revision of Text	Date accessed
Paracetamol 250mg/5mL Oral Suspension (Rosemont Pharmaceuticals Limited)	24/01/25	18/02/25
Senna 7.5mg Tablets (Reckitt Benckiser Healthcare UK Ltd)	07/12/25	18/02/25
Zerobase Cream (Thornton & Ross Ltd)	01/04/24	18/02/25

Appendix 1

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

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

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

Patient Group Direction For The Supply Of Medicines As Included In The Radiographers Supportive Medicines PGD Formulary To Individuals Undergoing Radiotherapy By Approved Healthcare Professionals Working Within NHS Grampian, Version 5

I have completed the appropriate training to my professional standards enabling me to supply 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 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 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 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 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 Supply Of Medicines As Included In The Radiographers Supportive Medicines PGD Formulary To Individuals Undergoing Radiotherapy By Approved Healthcare Professionals Working Within NHS Grampian, Version 5
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

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Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

Appendix 3

Radiographers Supportive Medicines PGD Formulary

Medicine Monographs

Medicine Name **Page Number**

Dihydrocodeine 30mg Tablets (Supply)	
Legal Status	POM (Prescription-only Medicine)
Indication	Moderate to severe pain secondary to radiotherapy, unresponsive to paracetamol.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Known hypersensitivity to dihydrocodeine, or other opioid analgesics, or to any of the excipients. • Chronic Obstructive Airway Disease (COPD). • Asthma. • Severe liver impairment. • Acute alcoholism. • Individuals taking a monoamine oxidase inhibitor (MAOI). • Individuals with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. • Concomitant use of other opiates, example morphine, codeine, tramadol (see current BNF for full list of medicines which contain opiates). **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	Take one tablet every 4 to 6 hours when required for pain. **Maximum daily dose within a 24 hour period of 180mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Swallow whole with water preferably with or after food. Advise to read the manufacturers patient information leaflet.
Quantity to be supplied	28 x 30mg tablets over-labelled pack.

Dihydrocodeine 30mg Tablets (Supply)	
Potential Adverse Reactions	Nausea and vomiting (particularly in initial stages), constipation, dry mouth, and biliary spasm; larger doses produce muscle rigidity, hypotension, and respiratory depression.
Advice	Alcohol should be avoided. This medicine may make you sleepy, if this happens do not drive or use tools or machines. Concurrent use of loperamide may increase the risk of severe constipation. Advise to use lowest possible dose for the minimum amount of time. Taking dihydrocodeine (DHC) regularly for a long time can lead to addiction, which might cause you to feel restless and irritable when you stop the tablets.
Storage	Protect from light. Store below 25°C and in a dry place. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Docusate Sodium 100mg Capsules (Supply)	
Legal Status	P (Pharmacy medicine)
Indication	To prevent and treat acute constipation secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Known hypersensitivity to docusate sodium or any of the excipients. • Individuals with abdominal pain, nausea, vomiting or intestinal obstruction. • Individuals with rare hereditary problems of fructose intolerance should not take this medicine. **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	Take two capsules twice a day when required for constipation. **Maximum daily dose within a 24 hour period of 400mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Swallow whole with water. Advised to read the manufacturers patient information leaflet.
Quantity to be supplied	30 x 100mg capsules over-labelled pack.
Potential Adverse Reactions	Rarely, these capsules can cause diarrhoea, nausea, abdominal cramps or skin rash.
Advice	Advise to increase intake of fluids and dietary fibre, and any appropriate physical activity.

Docusate Sodium 100mg Capsules (Supply)	
Storage	Do not store above 25°C. Store in the original package in order to protect from moisture. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Laxido Orange Powder for Oral Solution (Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride)(Supply)	
Legal Status	P (Pharmacy medicine)
Indication	To prevent and treat acute constipation secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Known hypersensitivity to macrogol 3350 or any of the excipients. • Individuals with intestinal obstruction or perforation caused by functional or structural disorder of the gut wall, ileus, and in patients with severe inflammatory conditions of the intestinal tract (e.g. ulcerative colitis, Crohn's disease and toxic megacolon). **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	Take one sachet twice a day when required for constipation. **Maximum 3 sachets within a 24 hour period.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Each sachet should be dissolved in 125mL water. Stir well until all the powder has dissolved. Advised to read the manufacturers patient information leaflet.
Quantity to be supplied	20 x sachet over-labelled pack.
Potential Adverse Reactions	The frequency of adverse effects is not known. The sachets can cause nausea, vomiting, flatulence, abdominal pain, electrolyte disturbances (particularly hyperkalaemia and hypokalaemia) or skin rash.

Laxido Orange Powder for Oral Solution (Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride)(Supply)	
Advice	Advise to increase intake of fluids and dietary fibre, and any appropriate physical activity.
Storage	Do not store above 25°C. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Loperamide 2mg Capsules (Supply)	
Legal Status	P (Pharmacy medicine)
Indication	For the symptomatic treatment of acute diarrhoea secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Known hypersensitivity to any of the excipients. • Individuals with acute dysentery, which is characterised by blood in stools and high fever. • Individuals with acute ulcerative colitis. • Individuals with bacterial enterocolitis caused by invasive organisms including Salmonella, Shigella and Campylobacter. • Individuals with pseudomembranous colitis associated with the use of broad-spectrum antibiotics. • If overflow diarrhoea is suspected. • Individuals with drug-induced diarrhoea. • Individuals with hepatic impairment. **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	Take one capsule after each loose stool. Do not take more than eight capsules in 24 hours. **Maximum daily dose within a 24 hour period of 16mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Quantity to be supplied	30 x 2mg loperamide capsules over-labelled pack.

Loperamide 2mg Capsules (Supply)	
Route/Method of Administration	Swallow whole with water. Advised to read the manufacturers patient information leaflet.
Potential Adverse Reactions	Nausea, flatulence, constipation, headache; less commonly dizziness, dyspepsia, vomiting, abdominal pain, dry mouth, drowsiness, rash.
Advice	Advise to increase intake of fluids and dietary fibre, and any appropriate physical activity.
Storage	Do not store above 25°C. Store in the original container to protect from moisture. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Metoclopramide 10mg Tablets (Supply)	
Legal Status	POM (Prescription-only Medicine)
Indication	Management of nausea and vomiting induced by radiotherapy.
Inclusion Criteria	As per main PGD.
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 • Known hypersensitivity to metoclopramide or any of the excipients. • Individuals with gastrointestinal haemorrhage, mechanical obstruction or gastrointestinal perforation for which the stimulation of gastrointestinal motility constitutes a risk. • Individuals with confirmed or suspected pheochromocytoma due to risk of severe hypertension episodes. • Individuals with a history of neuroleptic or metoclopramide-induced tardive dyskinesia. • Individuals with epilepsy (increased crises frequency and intensity). • Individuals with Parkinson's disease. • Individuals taking levodopa or dopaminergic agonists. • Individuals with a known history of methaemoglobinaemia with metoclopramide or of NADH cytochrome-b5 deficiency. • Individuals with a history of QT interval prolongation or other cardiac disorders. • Individuals with renal impairment or severe hepatic impairment. **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	Take one tablet three times daily. **Maximum daily dose within a 24 hour period of 30mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.

Metoclopramide 10mg Tablets (Supply)	
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Swallow whole with water. Leave at least 6 hours between each metoclopramide dose, even in case of vomiting. Advised to read the manufacturers patient information leaflet.
Quantity to be supplied	28 x 10mg metoclopramide tablets over-labelled pack.
Potential Adverse Reactions	Diarrhoea, drowsiness, movement disorders, Parkinsonism, akathisia, depression, asthenia, hypotension, menstrual cycle irregularities.
Advice	Alcohol should not be consumed during treatment with metoclopramide because it increases the sedative effect of metoclopramide. This medicine may make you drowsy, if this happens do not drive or use tools or machines. Read manufacturers patient information leaflet.
Storage	Do not store above 30°C. Keep out of the reach and sight of children. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Nystatin Oral Suspension 100,000 units/mL (Supply)	
Legal Status	POM (Prescription-only Medicine)
Indication	Treatment of candida infections of the oral cavity secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Known hypersensitivity to nystatin or any of the excipients. • Individuals with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine. **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	1mL of the suspension should be dropped into the mouth four times daily; it should be kept in contact with the affected areas for as long as possible. **Maximum daily dose within a 24 hour period of 400,000 units (4mL).**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	7 days. If symptoms persist, refer to medical staff.
Route/Method of Administration	Shake well before administration and counsel on use of pipette. Administer after food and hold in mouth for as long as possible – several minutes if able then swallow. Advise to read the manufacturers patient information leaflet. Take at regular intervals and complete the prescribed course unless otherwise indicated. Hold 1mL in the mouth, for as long as possible (e.g. several minutes) then swallow, four times daily after food.
Quantity to be supplied	1 x 30mL over-labelled pack.

Nystatin Oral Suspension 100,000 units/mL (Supply)	
Potential Adverse Reactions	If oral irritation and sensitisation develops, treatment should be discontinued. Nausea reported occasionally. Large oral doses of Nystatin have occasionally produced diarrhoea, gastrointestinal distress, nausea and vomiting.
Advice	Advise to shake well before administration. Take at regular intervals and complete the prescribed course unless otherwise indicated.
Storage	Do not store above 25°C. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Ondansetron 8mg Tablets (Supply)	
Legal Status	POM (Prescription-only Medicine)
Indication	Management of nausea and vomiting induced by radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Known hypersensitivity to ondansetron or any of the excipients or other $5HT_3$-receptor antagonists (e.g. Granisetron). • Individuals with congenital long QT syndrome or susceptibility to QT prolongation. • Individuals with hepatic impairment. • Individuals with galactose intolerance, total lactase deficiency, glucose galactose malabsorption. • Individuals taking phenytoin, carbamazepine, rifampicin or apomorphine. **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	Take one tablet twice a day on radiotherapy days only. **Maximum daily dose within a 24 hour period of 16mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	On radiotherapy days only.
Route/Method of Administration	Swallow whole with water.
Quantity to be supplied	10 x 8mg ondansetron tablets over-labelled pack.
Potential Adverse Reactions	Constipation, headache, flushing.

Ondansetron 8mg Tablets (Supply)	
Advice	Read manufacturers patient information leaflet. Do not take for longer than necessary.
Storage	Do not store above 25°C. Store in the original package. Keep blister in the outer carton. Keep out of the reach and sight of children. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Paracetamol 500mg Tablets Or Paracetamol 250mg/5mL Oral Suspension (Supply)	
Legal Status	GSL (General Sales List), P (Pharmacy) or POM (Prescription-only Medicine) dependant on pack size and product supplied
Indication	Mild to moderate pain secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Known hypersensitivity to paracetamol or any of the excipients. • Individuals with alcohol dependence. • Individuals with renal or hepatic impairment. • Individuals 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. • Individuals taking oral anti-coagulants. **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	Individuals 50kg or greater should be advised to take 2 tablets (1g) every 4 to 6 hours as required for pain relief. (Maximum of 4 doses in 24 hours). Individuals less than 50kg should be advised to take 1 tablet (500mg) every 4 to 6 hours as required for pain relief. (Maximum of 4 doses in 24 hours). **Or** Individuals 50kg or greater should be advised to take 20mLs (1g) every 4 to 6 hours as required for pain relief. Maximum of 4 doses in 24 hours. Individuals less than 50kg should be advised to take 10mLs (500mg) every 4 to 6 hours as required for pain relief. Maximum of 4 doses in 24 hours. **Individuals >50kg maximum daily dose within a 24 hour period of 4g Or 80mL of 250mg/5mL oral suspension.** **Individuals <50kg maximum daily dose within a 24 hour period of 2g Or 40mL of 250mg/5mL oral suspension.**

Paracetamol 500mg Tablets Or Paracetamol 250mg/5mL Oral Suspension (Supply)	
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	**Tablets** Oral administration only, swallow whole with water. **Oral Solution** For oral administration only It is important to **shake the bottle** for at least 10 seconds before use.
Quantity to be supplied	32 x 500mg paracetamol tablets over-labelled pack. Or 2 x 100mL bottles over-labelled pack. **Note:** liquid should only be supplied for those with swallowing difficulties.
Potential Adverse Reactions	Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur.
Advice	Do not take with other medicines containing paracetamol. Leave at least 4 hours between doses. Always use the spoon supplied with the oral solution. Do not overfill the spoon.
Storage	Do not store above 25°C. Protect from light. Store in the original packaging. Keep out of the reach and sight of children. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Senna (Sennosides) 7.5mg Tablets (Supply)	
Legal Status	GSL (General Sale List) medicine.
Indication	For the relief of constipation secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following:** • Known hypersensitivity to senna or any of the excipients. • This product should not be used when abdominal pain, intestinal obstruction, inflammatory bowel disease, nausea or vomiting is present. • Individuals with a severe dehydration state with water and electrolyte depletion. **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	Take one or two at night. **Maximum daily dose within a 24 hour period of 15mg.**
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Swallow whole with water. Advised to read the manufacturers patient information leaflet. Do not exceed recommended dose.
Quantity to be supplied	20 x 7.5mg senna (sennosides) tablets.
Potential Adverse Reactions	Abdominal cramp, hypokalaemaia and atony. Excessive use of stimulant laxatives can cause diarrhoea. Prolonged or excessive use of senna can cause electrolyte imbalance (hypokalaemia).

Senna (Sennosides) 7.5mg Tablets (Supply)	
Advice	The tablets should be taken at bedtime and the dose should be decreased as the bowel habit becomes regular. If there is no bowel movement after three days a doctor should be consulted.
Storage	Do not store above 25°C. Store in original package. Do not use after the expiry date. Return any leftover medication to your community pharmacy.

Zerobase® Cream (Liquid paraffin 11% w/w) (Supply)	
Legal Status	GSL (General Sale List) medicine
Indication	For topical application to the skin as an emollient for the symptomatic relief of dry skin conditions secondary to radiotherapy.
Inclusion Criteria	As per main PGD.
Exclusion Criteria	**Medical advice should be sought immediately for any individual who is excluded from the PGD due to the following;** • Individuals with a known hypersensitivity to any of the ingredients. **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	Apply to skin when needed. No maximum prescribed dose.
Maximum or minimum treatment period	See Dose/Maximum total dose section below.
Frequency of dose/Duration of treatment	N/A
Route/Method of Administration	Apply to dry skin areas as often as is required and rub well into the skin. Can also be used as a pre-bathing emollient.
Quantity to be supplied	1 x 50g tube Zerobase® cream overlabelled pack.
Potential Adverse Reactions	Contains cetostearyl alcohol and chlorocresol which may cause local skin reactions or allergic reactions.
Advice	Do not smoke or go near naked flames- risk of severe burns. Fabric that has been in contact with this product burns more easily and is a serious fire hazard. Individuals are advised to avoid fire when using Zerobase® cream. Keep all medicines out of the reach of children. For external use only.

Zerobase® Cream (Liquid paraffin 11% w/w) (Supply)	
Storage	Do not store above 25°C. Do not use after the expiry date. Return any leftover medication to your community pharmacy.