Symptomatic Relief Procedure and Formulary including Medicines Monographs

Purpose of this procedure:

1 Introduction

1.1 The Symptomatic Relief Procedure (SRP) is designed to ensure the safe administration of a range of medicines to patients by registered nursing staff / midwives from an agreed formulary in order to ensure that patients receive timely and appropriate relief of symptoms without the need to contact a prescriber.

2 Scope

2.2 This procedure is intended for use across all NHS Lothian adult inpatient settings.

2.3 Symptomatic relief may only be administered when it is prescribed by an authorised prescriber.

3 Exclusion Criteria

3.1 This procedure excludes children under 16 years and any other patient who is assessed as being unsuitable to receive medicines within the Symptomatic Relief Formulary.

4 Qualification Criteria

4.1 To be eligible to administer medicines from the Symptomatic Relief Formulary the registered nurse / midwife and their line manager must be satisfied that the registered nurse / midwife has the appropriate level of knowledge and skill to support the safe and competent administration of medicines.

4.2 The registered nurse / midwife must have completed the following approved NHS Lothian programme of theoretical preparation and assessment of competence:

- The registered nurse / midwife must be deemed competent in the safe administration of medicines and have completed the NHS Lothian Administration of Prescribed Medicines by Registered Practitioners Clinical Competency.

http://intranet.lothian.scot.nhs.uk/Directory/MedicinesManagement/Documents/Administration%20of%20Prescribed%20Medicines%20by%20Registered%20Practitioners%20Clinical%20Competency.pdf

- The registered nurse / midwife must have successfully completed the NHS Lothian Learnpro e-learning module on symptomatic relief prior to administering any medicine from the Symptomatic Relief Formulary.

4.3 In addition, the following documents **must** be accessible in each clinical area where symptomatic relief is administered:

- The Symptomatic Relief Procedure and Formulary including the criteria for the selection of patients suitable to receive symptomatic relief and the NHS Lothian Symptomatic Relief Medicines Monographs.
- The NHS Lothian Safe Use of Medicines Policy and Associated Procedures

The Procedure:

1. **Procedure**

The patient must have had an initial examination by a medical practitioner / authorised prescriber and been assessed as suitable to receive medicines from the NHS Lothian Symptomatic Relief Formulary.

2 Prescription

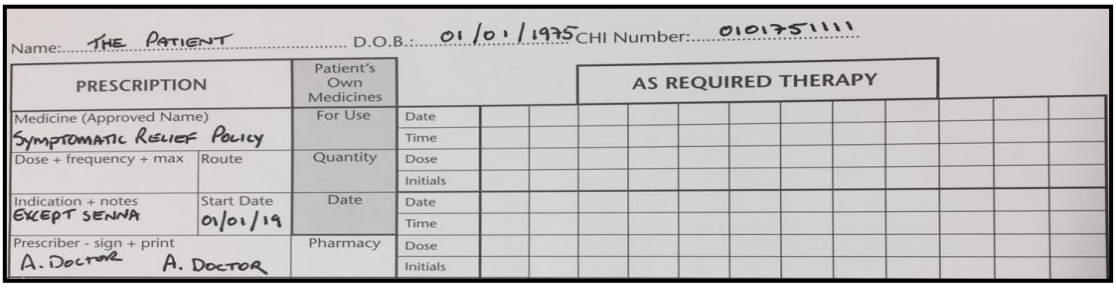
2.1 The medical practitioner / authorised prescriber must prescribe the medication included in the Symptomatic Relief Formulary in the as required section (or dedicated SRP section) of the prescription and administration record.

2.2 The prescription of symptomatic relief should adhere to guidance in the:

NHS Lothian Golden Rules for Prescription Writing for Inpatients

2.3 **For a general prescription and administration record**

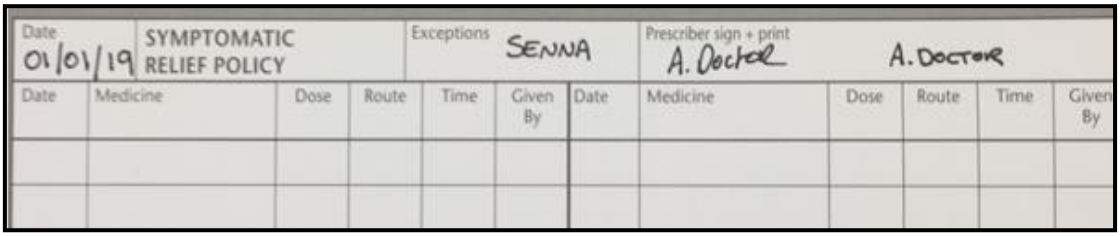
The medical practitioner or authorised prescriber must prescribe symptomatic relief in the as required section of the prescription and administration record by writing the words Symptomatic Relief Procedure. The prescription must then be signed and dated.


Name: THE PATIENT D.O.B.: 01/01/1975 CHI Number: 0101751111

PRESCRIPTION		Patient's Own Medicines	AS REQUIRED THERAPY
Medicine (Approved Name): SYMPTOMATIC RELIEF POLICY		For Use	Date / Time / Dose / Initials
Dose + frequency + max	Route	Quantity	
Indication + notes: EXCEPT SENNA	Start Date: 01/01/19	Date	Date / Time / Dose / Initials
Prescriber - sign + print: A. DOCTOR A. DOCTOR		Pharmacy	

2.4 **For a mental health prescription and administration record**

The medical practitioner or authorised prescriber must prescribe symptomatic relief in the dedicated symptomatic relief section of the prescription and administration record by dating and signing the pre-printed symptomatic relief prescription.



Date 01/01/19	SYMPTOMATIC RELIEF POLICY			Exceptions SENNA		Prescriber sign + print A. Doctor		A. DOCTOR			
Date	Medicine	Dose	Route	Time	Given By	Date	Medicine	Dose	Route	Time	Given By

2.5 The medical practitioner or authorised prescriber may decide to exclude certain medicines or routes of administration from the Symptomatic Relief Formulary. These exclusions must be documented in the symptomatic relief prescription at the time of prescribing.

*** If a medicine from the Symptomatic Relief Formulary is prescribed regularly this medicine must be detailed as an exception in the symptomatic relief prescription.**

2.6 Should exceptions be required from the Symptomatic Relief Formulary subsequent to initial prescription the entire item must be re-written, signed and dated.

2.7 **For Hospital Electronic Prescribing and Medicines Administration (HEPMA)**

The medical practitioner or authorised prescriber should prescribe medicines from the Symptomatic Relief Formulary by:

- Utilising the protocol function to search for symptomatic relief
- Removing as exceptions medicines that have been assessed as unsuitable
- Prescribing the dose and route information of medicines where required, for example, paracetamol.

2.8 Patients who are prescribed symptomatic relief must regularly be assessed as suitable to receive medicines from the NHS Lothian Symptomatic Relief Formulary.

The prescription for symptomatic relief must be reviewed at all times following any other medicine being subsequently prescribed.

3 Administration

3.1 Medicines may only be administered under the criteria described within the Symptomatic Relief Formulary and Symptomatic Relief Medicines Monographs with regard to the indication, frequency, maximum dose and contra-indication.

3.2 The administration of medicines from the Symptomatic Relief Formulary must be in accordance with the NHS Lothian Safe Use of Medicines Policy and Associated Procedures.

3.3 The registered nurse / midwife must be competent in the administration of symptomatic relief and be satisfied that the eligibility and exclusion criteria are met for each administration.

If, at any time, the registered nurse / midwife has any concerns regarding the patient's presenting symptoms and the suitability of medicines prescribed in the Symptomatic Relief Formulary they must contact a medical practitioner for further assessment.

4 Recording

4.1 All medications administered under the Symptomatic Relief Procedure must be recorded on the patient's prescription and administration record.

4.2 All recordings should be indelible and legible with clear initials or, preferably, a full signature.

4.3 **For a general prescription and administration record:**

On administration of a symptomatic relief medicine the registered nurse / midwife must record the medicine administered **in the once only section** of the prescription and administration record.

The medicine name, dose, method/route, time and date of administration must be recorded. The words SYMPTOMATIC RELIEF should be substituted for the prescriber's signature.

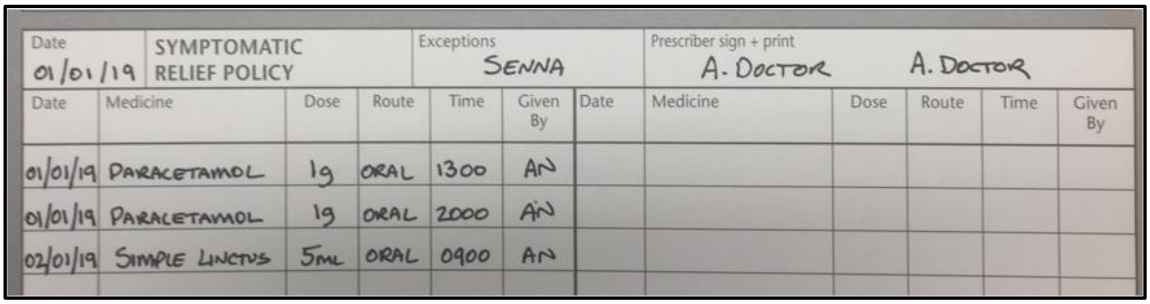
ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
01/01/19	1300	PARACETAMOL	1g	ORAL	SYMPTOMATIC RELIEF	1300	AN
01/01/19	2000	PARACETAMOL	1g	ORAL	SYMPTOMATIC RELIEF	2000	AN
02/01/19	0900	SIMPLE LINCTUS	5mL	ORAL	SYMPTOMATIC RELIEF	0900	AN

4.4 **For a mental health prescription and administration record:**

On administration of a symptomatic relief medicine the registered nurse / midwife must record the medicine administered in the dedicated **symptomatic relief section** of the prescription and administration record.

The medicine name, dose, route, time and date of administration must be recorded.



Date 01/01/19	SYMPTOMATIC RELIEF POLICY			Exceptions SENNA		Prescriber sign + print A. DOCTOR			A. DOCTOR	
Date	Medicine	Dose	Route	Time	Given By	Date	Medicine	Dose	Route	Time	Given By
01/01/19	PARACETAMOL	1g	ORAL	1300	AN						
01/01/19	PARACETAMOL	1g	ORAL	2000	AN						
02/01/19	SIMPLE LINCTUS	5ML	ORAL	0900	AN						

4.5 **For Hospital Electronic Prescribing and Medicines Administration (HEPMA)**

On administration of a medicine from the Symptomatic Relief Formulary the registered nurse / midwife should record the medicine as administered by charting this in the as required section of the Electronic Prescribing and Medicines Administration system.

5 Monitoring

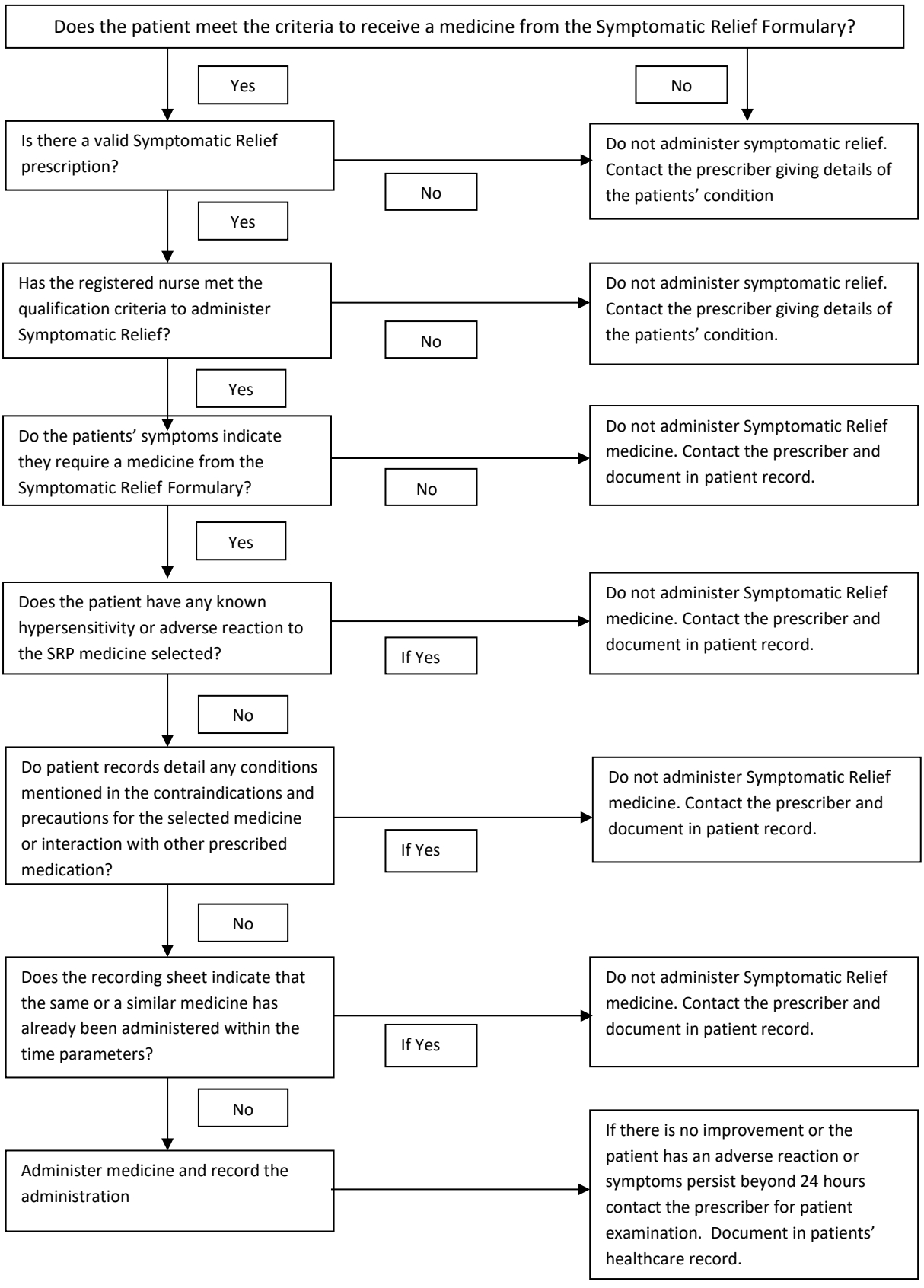
5.1 The registered nurse / midwife must monitor and assess the patient's condition to ascertain if symptoms have improved.

5.2 If the condition requiring symptomatic relief persists beyond the time / dosage limitations stated in the individual Symptomatic Relief Medicines Monograph or the patient has an adverse reaction, then a medical practitioner must be notified and the patient medically examined to exclude the possibility of a more serious, undiagnosed condition.

5.3 All actions must be documented in the patients' notes (on TRAK where applicable).

5.4 If, at any time, there are any concerns about the patient's condition or presenting symptoms the registered nurse / midwife must contact a medical practitioner for further assessment.

SYMPTOMATIC RELIEF PROCEDURE



SYMPTOMATIC RELIEF MEDICINES FORMULARY

Medicine	Route	Dose	Indication / Symptom	Maximum doses in 24 hour period
Sennosides	Oral	15mg	Constipation – 1st line choice	1
Glycerol suppository	Rectal	4g	Constipation – if Sennosides not effective or unsuitable	1
Paracetamol	Oral / Rectal	Patient weight: <50kg : 500mg ≥50kg: 1g	Mild / moderate pain. Pyrexia	4
Peptac®	Oral	10ml	Dyspepsia	4
Simple Linctus	Oral	5ml	Cough	4
Anusol cream	Rectal	1 application	Minor rectal conditions	4
Hypromellose eye drops	Topical	1 drop 0.3%	Dry eyes	24

Before any medicines in this formulary are administered the prescription and administration record should be checked to determine that a similar medicine has not already been prescribed, for example, a medicine which contains PARACETAMOL.

If there is no improvement or symptoms persist beyond 24 hours, contact a prescriber.

Give careful consideration to all potential conditions that may present with these symptoms.

MEDICINES MONOGRAPHS FOR SYMPTOMATIC RELIEF PROCEDURE

Sennosides Tablets / Liquids (e.g. SENNA®)

Patient group	Adults with acute constipation. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern.
Clinical indication	Relief of occasional constipation
Pharmaceutical form, strength, route of administration	Sennosides tablets 7.5mg or Sennosides Syrup 7.5mg/5ml for oral administration
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	Two tablets or 10ml at bedtime. A maximum of 1 dose can be given for each episode
Contra-indications	Patients with the following are excluded: • Receiving other laxatives • Severely dehydrated • Had recent GI surgery • Have an acute or chronic gastrointestinal condition • Had recent ano-rectal surgery • Have undiagnosed acute or persistent abdominal symptoms • Are pregnant or breast-feeding • Have rectal bleeding • Have experienced stomach pain lasting longer than 30 minutes on a previous administration • Hypersensitivity to any of the ingredients. Should not be used when abdominal pain, intestinal obstruction, nausea or vomiting is present.
Cautions and action that will be taken if a caution applies (If a caution exists a consultation with a doctor is required before administration)	Laxatives should not be taken where there is severe abdominal pain or used regularly for prolonged periods except on medical advice.
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	None
Potential adverse reactions	None except with prolonged use. In practice it has been found that abdominal discomfort and diarrhoea can occur
Information that will be given to the patient	A patient information leaflet should be available.
Patient monitoring arrangements during and after treatment and follow-up required	Before administration: Be aware of the patient's normal bowel function • Be sure that the patient is constipated and that the constipation is not secondary to an underlying diagnosed complaint Ensure adequate fluid intake If there is no effect, contact medical staff.
Legal status (POM, P or GSL)	GSL

GLYCEROL SUPPOSITORIES

Patient group	Adults with acute constipation. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern.
Clinical indication	Relief of occasional constipation if Sennosides unsuitable.
Pharmaceutical form, strength, route of administration	4g suppository for rectal administration
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	Adults: One suppository, moistened with water, to be inserted into the rectum. A maximum of 1 dose can be given
Contra-indications	Patients with the following are excluded: • Receiving other laxatives • Severely dehydrated • Had recent GI surgery • Have an acute or chronic gastrointestinal condition • Known bowel obstruction • Had recent ano-rectal surgery • Have undiagnosed acute or persistent abdominal symptoms • Are pregnant or breast-feeding • Have rectal bleeding Hypersensitivity to Glycerol or any of the ingredients.
Cautions and action that will be taken if a caution applies (If a caution exists a consultation with a doctor is required before administration)	Glycerol Suppositories should not be used where there is severe abdominal pain or used regularly for prolonged periods except on medical advice
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	None
Potential adverse reactions	May occasionally cause local irritation.
Information that will be given to the patient	A patient information leaflet should be available. Inform re: indication and explain how long it will be to take effect.
Patient monitoring arrangements during and after treatment and follow-up required	Before administration: • Be aware of patient's normal bowel function • Be sure that the patient is constipated and that the constipation is not secondary to an underlying diagnosed complaint Ensure adequate fluid intake If there is no effect, contact medical staff.
Legal status (POM, P or GSL)	GSL

PARACETAMOL

Patient group	Adults with pain or pyrexia
Clinical indication	Mild to moderate pain Pyrexia
Pharmaceutical form, strength, route of administration	Oral - 500mg tablet, 500mg soluble tablet, 250mg/ 5ml suspension Rectal - 500mg suppository (if oral route unavailable)
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	Patients < 50kg: 500mg every 4 to 6 hours up to a maximum of 2g in 24 hours Patients ≥ 50kg: 1g every 4 to 6 hours up to a maximum of 4g in 24 hours If symptoms persist more than 24 hours consult medical staff
Contra-indications	Patients with the following are excluded: • Allergy to paracetamol • Patients who have taken paracetamol-containing products within the previous 4 hours • Patients < 50kg who have taken 2g or more of paracetamol within the previous 24 hours • Patients ≥ 50kg who have taken 4g or more of paracetamol within the previous 24 hours • Severe liver disease
Cautions and action that will be taken if a caution applies	Consult medical staff prior to administration in patients with: • impaired kidney function • impaired liver function
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	Colestyramine – reduced absorption of paracetamol if taken at same time. Domperidone and metoclopramide – may increase absorption of paracetamol. Warfarin – prolonged regular use of paracetamol may enhance anticoagulant effect of warfarin. Consult medical staff prior to administration.
Potential adverse reactions	Rare. Skin rashes and blood disorders have been reported.
Information that will be given to the patient	Indication for administration. Patient information leaflet available with product.
Patient monitoring arrangements during and after treatment and follow-up required	Ward staff to monitor for effect and / or adverse reactions. If symptoms persist for more than 24 hours patient should be referred to medical staff for review and / or regular prescription.
Legal status (POM, P or GSL)	GSL

Compound Alginic Acid Preparation (e.g. PEPTAC®)

Patient group	Adults with gastro-intestinal discomfort
Clinical indication	Dyspepsia, heartburn, indigestion NB May be more effective for heartburn than co-magaldrox (Mucogel®).
Pharmaceutical form, strength, route of administration	Oral suspension each 5ml contains: sodium bicarbonate 133.5mg sodium alginate 250mg calcium carbonate 80mg
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	10ml after meals and at bedtime If symptoms persist for more than 24 hours consult medical staff.
Contra-indications	• Allergy to any of ingredients • Highly restricted salt diet (6.2 mmol sodium in 10ml)
Cautions and action that will be taken if a caution applies	Consult medical staff prior to administration in patients with: Impaired kidney function or heart failure due to high sodium content.
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	Avoid taking at same time as other medicines. If other medicines need to be taken, check BNF Appendix 1.
Potential adverse reactions	Constipation, flatulence, stomach cramps or belching may occasionally occur. Peppermint flavour only – itchy rash, dry skin patches and very rarely chest tightness / difficulty in breathing.
Information that will be given to the patient	Indication for administration. Patient information leaflet available with product.
Patient monitoring arrangements during and after treatment and follow-up required	Ward staff to monitor for effect and / or adverse reactions. If symptoms persist for more than 24 hours patient should be referred to medical staff for review and / or regular prescription
Legal status (POM, P or GSL)	GSL

SIMPLE LINCTUS

Patient group	Adults with cough.
Clinical indication	Symptomatic relief of dry irritating cough
Pharmaceutical form, strength, route of administration	Oral liquid containing citric acid monohydrate 2.5%
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	One 5ml spoonful up to four times daily if required
Contra-indications	• Known hypersensitivity
Cautions and action that will be taken if a caution applies	Do not administer to diabetic patients due to sugar content. Refer to medical practitioner
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	None
Potential adverse reactions	None
Information that will be given to the patient	None
Patient monitoring arrangements during and after treatment and follow-up required	Monitoring of effect and side effects
Legal status (POM, P or GSL)	GSL

ANUSOL CREAM

Patient group	Adults with minor ano-rectal conditions.
Clinical indication	Symptomatic relief of minor ano-rectal conditions e.g. haemorrhoids, pruritus ani.
Pharmaceutical form, strength, route of administration	Cream 100g contains:- Bismuth Oxide 2.14g Balsam Peru 1.8g Zinc Oxide 10.75g
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	Apply topically to the affected area at night, in the morning and after each bowel movement – maximum of 4 applications in total. Thoroughly cleanse the affected area, dry and apply cream. For internal conditions use the rectal nozzle provided and clean the nozzle after use.
Contra-indications	• Known hypersensitivity
Cautions and action that will be taken if a caution applies	For external or rectal use only
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	None
Potential adverse reactions	A transient burning sensation or irritation may occur on application. If this lasts longer than 30 minutes do not administer in future. Refer to medical practitioner.
Information that will be given to the patient	None
Patient monitoring arrangements during and after treatment and follow-up required	Monitoring of effect and side effects
Legal status (POM, P or GSL)	GSL

HYPROMELLOSE EYE DROPS

Patient group	Adults with dry eyes
Clinical indication	Symptomatic relief of soreness of the eye associated with reduced or abnormal tear secretion
Pharmaceutical form, strength, route of administration	Eye-Drops 0.3%
Dose, frequency and maximum number of doses or period of time for administration or supply under the SRP	One Drop into affected eye when required. May need to be instilled frequently, eg. hourly for adequate relief. Maximum of 24 doses.
Contra-indications	• Known hypersensitivity
Cautions and action that will be taken if a caution applies	Do not administer to patients with soft contact lenses. Refer to medical practitioner
Drug interactions and action that will be taken if a patient is taking a medicine that may interact	None
Potential adverse reactions	Potential sensitivity reaction to preservative if used frequently
Information that will be given to the patient	None
Patient monitoring arrangements during and after treatment and follow-up required	Monitoring of effect and side effects
Legal status (POM, P or GSL)	P

Associated Materials and References:

NHSL Administration of Prescribed Medicines by Registered Practitioners Clinical Competency

NHSL Learnpro e-learning module on Symptomatic Relief: learnproNHS

NHSL Safe Use of Medicines Policy and Associated Procedures

NHSL Golden Rules for Prescription Writing for Inpatients

RCN / RPS (2019) Professional Guidance on the Administration of Medicines in Healthcare Settings

NMC (2015) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives