# Symptomatic Relief Procedure and Formulary including Medicines Monographs

## Purpose of this procedure:

### 1.0 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.

### 2.0 Scope

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

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

### 3.0 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.

### 4.0 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:

  Administration of Prescribed Medicines by Registered Practitioners Clinical Competency

- The registered nurse / midwife must have successfully completed the NHS Lothian TURAS 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.
- Safe Use of Medicines – Policy Online

## The Procedure:

### 1.0 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.

### 2.0 Prescription

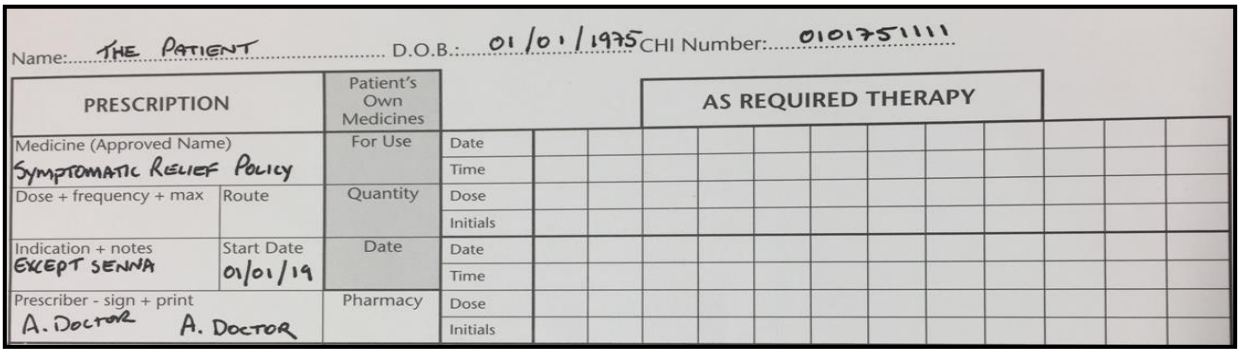
2.1 The medical practitioner / authorised prescriber must prescribe the medication included in the Symptomatic Relief Formulary in the as required section (or dedicated SRP section) of the prescription and administration record.

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

Golden Rules for Prescribing.pdf

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.

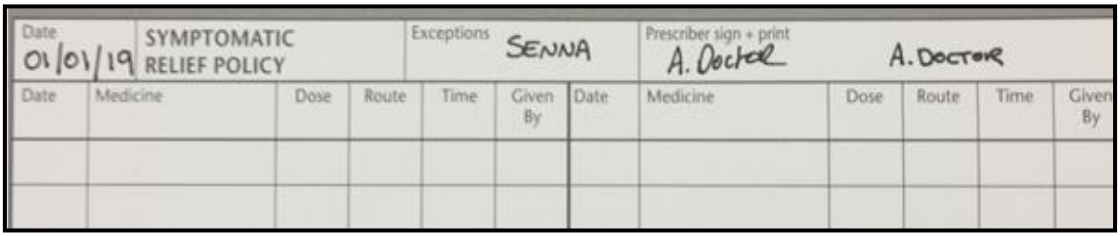


Name: THE PATIENT D.O.B.: 01/01/1975 CHI Number: 0101751111

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

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.

## 3.0 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 Safe Use of Medicines – Policy Online .

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.

## 4.0 Recording

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

4.2 All recordings on paper prescription and administration records 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.

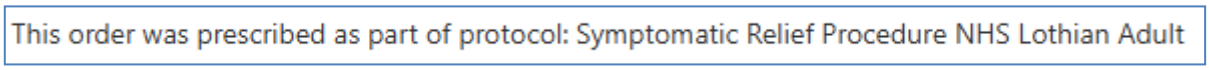
The medicine name, dose, route, time and date of administration must be recorded:

Date 01/01/19 | SYMPTOMATIC RELIEF POLICY | Exceptions SENNA | Prescriber sign + print A. DOCTOR A. DOCTOR

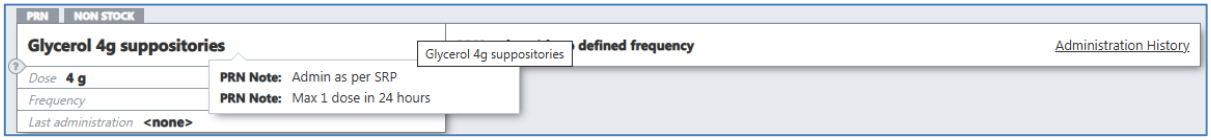
| Date | Medicine | Dose | Route | Time | Given By | Date | Medicine | Dose | Route | Time | Given By |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/01/19 | PARACETAMOL | 1g | ORAL | 1300 | AN | | | | | | |
| 01/01/19 | PARACETAMOL | 1g | ORAL | 2000 | AN | | | | | | |
| 02/01/19 | SIMPLE LINCTUS | 5ML | ORAL | 0900 | AN | | | | | | |
| | | | | | | | | | | | |

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

Medicines prescribed using the Symptomatic Relief Protocol are highlighted with the following message in the order information screen when clicking on the medicine from 'Inpatient Rx tab'. Note this message is not visible on the administration screen.




The registered nurse / midwife should check the indication, frequency, maximum dose and contra-indication against the Symptomatic Relief Monographs in this procedure. Some medicines prescribed using the Symptomatic Relief Protocol prompt reference to the Symptomatic Relief Procedure in PRN notes as below:




On administration of a medicine from the Symptomatic Relief Formulary the registered nurse/ midwife should chart the medicine as administered.

## 5.0 Monitoring

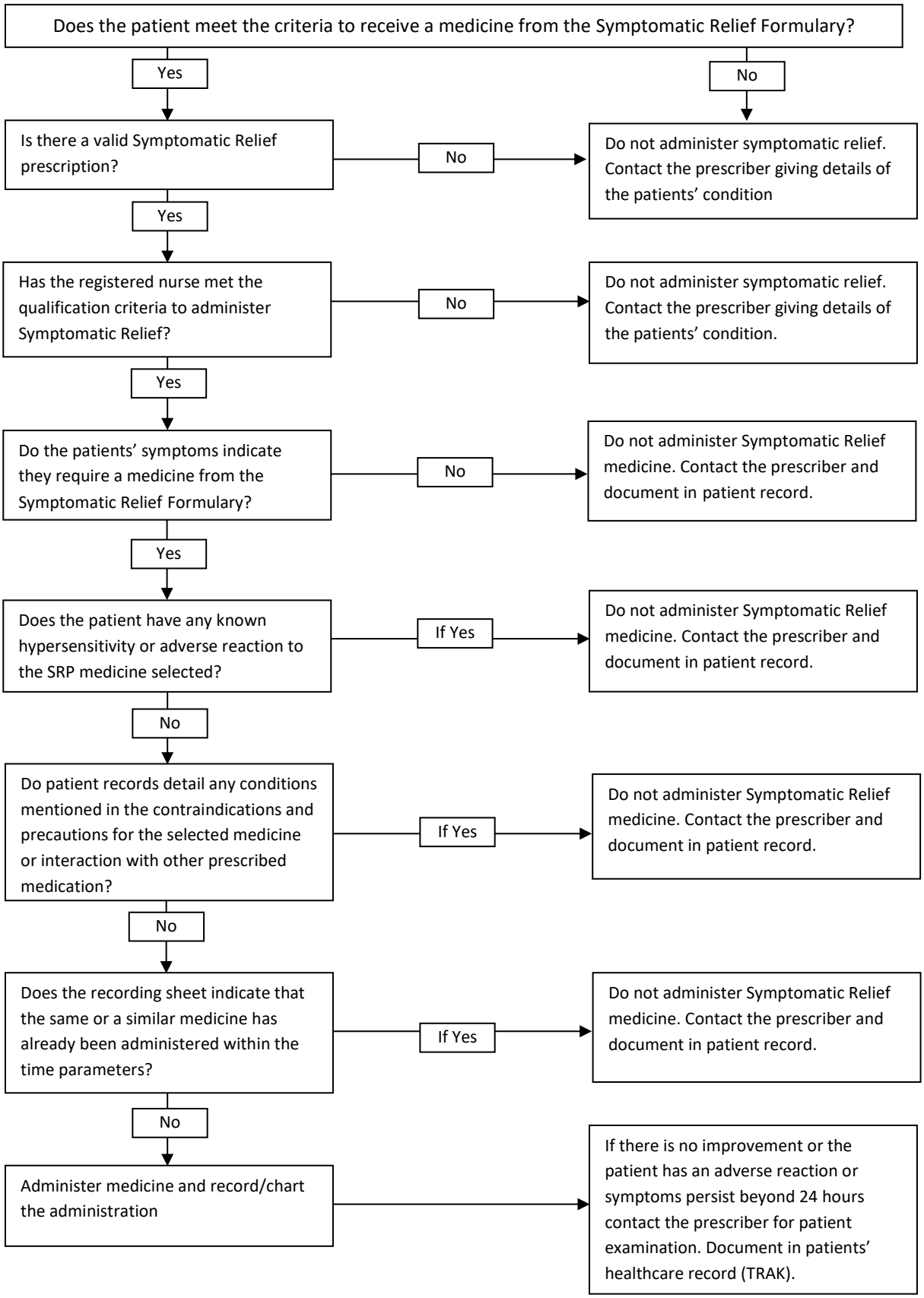
5.1 The registered nurse / midwife must monitor and assess the patient's condition to ascertain if symptoms have improved.

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:<br><50kg : 500mg<br>≥50kg: 1g | Mild / moderate pain.<br>Pyrexia | 4 |
| Peptac® | Oral | 10ml | Dyspepsia | 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, and the administration history checked to ensure that the medicine can be given within the parameters of the frequency between doses and maximum dose in a 24 hour period.**

**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®)

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|---|---|
| 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<br>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.<br>A maximum of 1 dose can be given for each episode |
| Contra-indications | Patients with the following are excluded:<br>• Receiving other laxatives<br>• Severely dehydrated<br>• Had recent GI surgery<br>• Have an acute or chronic gastrointestinal condition<br>• Had recent ano-rectal surgery<br>• Have undiagnosed acute or persistent abdominal symptoms<br>• Are pregnant or breast-feeding<br>• Have rectal bleeding<br>• Have experienced stomach pain lasting longer than 30 minutes on a previous administration<br>• 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.<br>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:<br>Be aware of the patient's normal bowel function<br>• Be sure that the patient is constipated and that the constipation is not secondary to an underlying diagnosed complaint<br>Ensure adequate fluid intake<br>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:<br>One suppository, moistened with water, to be inserted into the rectum.<br>A maximum of 1 dose can be given |
| Contra-indications | Patients with the following are excluded:<br>• Receiving other laxatives<br>• Severely dehydrated<br>• Had recent GI surgery<br>• Have an acute or chronic gastrointestinal condition<br>• Known bowel obstruction<br>• Had recent ano-rectal surgery<br>• Have undiagnosed acute or persistent abdominal symptoms<br>• Are pregnant or breast-feeding<br>• Have rectal bleeding<br><br>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.<br>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:<br>• Be aware of patient's normal bowel function<br>• Be sure that the patient is constipated and that the constipation is not secondary to an underlying diagnosed complaint<br>Ensure adequate fluid intake<br>If there is no effect, contact medical staff. |
| Legal status (POM, P or GSL) | GSL |

# PARACETAMOL

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|---|---|
| Patient group | Adults with pain or pyrexia |
| Clinical indication | Mild to moderate pain<br>Pyrexia |
| Pharmaceutical form, strength, route of administration | Oral - 500mg tablet, 500mg soluble tablet, 250mg/ 5ml suspension<br>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<br>Patients ≥ 50kg: 1g every 4 to 6 hours up to a maximum of 4g in 24 hours<br>If symptoms persist more than 24 hours consult medical staff |
| Contra-indications | Patients with the following are excluded:<br>• Allergy to paracetamol<br>• Patients who have taken paracetamol-containing products within the previous 4 hours<br>• Patients < 50kg who have taken 2g or more of paracetamol within the previous 24 hours<br>• Patients ≥ 50kg who have taken 4g or more of paracetamol within the previous 24 hours<br>• Severe liver disease |
| Cautions and action that will be taken if a caution applies | Consult medical staff prior to administration in patients with:<br>• impaired kidney function<br>• 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.<br>Domperidone and metoclopramide – may increase absorption of paracetamol.<br>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.<br>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.<br>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®)

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|---|---|
| Patient group | Adults with gastro-intestinal discomfort |
| Clinical indication | Dyspepsia, heartburn, indigestion<br>NB May be more effective for heartburn than co-magaldrox (Mucogel®). |
| Pharmaceutical form, strength, route of administration | Oral suspension each 5ml contains:<br>sodium bicarbonate 133.5mg<br>sodium alginate 250mg<br>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<br>If symptoms persist for more than 24 hours consult medical staff. |
| Contra-indications | • Allergy to any of ingredients<br>• 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:<br>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.<br>If other medicines need to be taken, check BNF Appendix 1. |
| Potential adverse reactions | Constipation, flatulence, stomach cramps or belching may occasionally occur.<br>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.<br>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 |

# ANUSOL CREAM

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|---|---|
| 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:-<br>Bismuth Oxide 2.14g<br>Balsam Peru 1.8g<br>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.<br>Thoroughly cleanse the affected area, dry and apply cream.<br>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.<br>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.<br>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.<br>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/references:

Administration of Prescribed Medicines by Registered Practitioners Clinical Competency

Safe Use of Medicines – Policy Online

Golden Rules for Prescribing.pdf

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