Adult Symptomatic Relief Policy

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Document Number:	**MHS 28**
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Date approved:	
Date for Review:	
Replaces previous version: [if applicable]	**MHS-Symptomatic Relief March 2015,** **MHS 28 Version 2 – April 2016,** **MHS 28 version 3- April 2017**

Adult Symptomatic Relief Policy Revision Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	Feb 2016	Consultation Draft	A Walker, D Meldrum
2.0	Apr 2016	Page 2 Bullet 1 Exemption for NRT added. Page 2 Bullet 2 Sentence for retrospective prescribing added. Page 2 Bullet 8 Details of how to record pre-admission NRT added Drug choice table K3 amended to indicate unsuitable for pre-admission use. Audit criteria 1 amended to exempt pre-admission NRT. New audit criteria added regarding recording of pre-admission NRT NRT policy & practice guidance added as Appendix 1	A Walker
3.0	April 2017	Page 5 Item K1, Dose changed from 2mg, now 1mg to 2mg (up to 20 cigarettes/day) Page 5 Item K1 Dose changed from 4mg, now 2mg to 4mg (>20 Cigarettes/day) Page 5 Item X Aspirin use changed to 'Rapid Anti-platelet Effect in suspected Myocardial Infarction'	A Walker
4.0	Mar 2018	Title changed from 'Adult and Older Adult Symptomatic Relief Policy' to 'Adult Symptomatic Relief Policy' Page 3 Responsibilities of prescriber and nursing staff clarified Page 3 Point 7. Clarification regarding information to be recorded for as required administration Page 4 Item B. Comments changed to ' Do not give at same time as other medication due to risk of impaired absorption' Page 4 Item D. Indication changed to 'laxative for acute constipation.' Maximum dose in 24 hours changed to 2 tabs or 10mls. 'Laxative effect within 8-12 hours' added. Seek medical advice if symptoms do not improve within '48 hours' Link to clozapine and constipation guidance added Page 4 Glycerin (glycerol) suppositories and sodium citrate microenemas removed Page 4 previous Item H. Loperamide removed due to numerous caveats surrounding its use e.g. C difficile and overflow constipation associated with clozapine Page 4 Item F. Sun protection added as indication Page 5. Item H. Sudocrem added as barrier/ antiseptic cream Page 5 Item X. 'soluble' changed to 'dispersible' Page 5. Reference to non-formulary preparations of co-codamol removed Page 6. Minor changes to audit criteria wording.	L Templeton

5.0	Jan 2023	Update to reflect introduction of HEMPA.	S Burke

NHS GG&C Mental Health Services
Adult Symptomatic Relief Policy

Introduction

The Symptomatic Relief Policy is intended to allow nurses to exercise their professional judgement to administer a specific range of medicines to patients for the relief of minor ailments.

Scope

This policy is intended for use by all registered nursing staff and prescribers working within NHS GG&C Mental Health Inpatient settings Including Adult, Older Adult, Learning Disability, Addiction and Forensic Mental Health Inpatient Settings.

Symptomatic Relief Policy – staff roles and responsibilities

Prescriber responsibilities

1. The prescriber must prescribe 'MH *Symptomatic Relief Policy'* on HEPMA following normal prescribing procedures.
2. Where there are to be exceptions to the symptomatic relief policy, the prescriber should exclude these on HEPMA at the time of prescribing by adding an order note to appear when charting attached to the MH SRP placeholder. If the exclusion is no longer required subsequent to initial prescription, then the note should be suppressed.
3. For the NRT exemption (Appendix 1), the prescriber must prescribe 'MH *Symptomatic Relief Policy'* as soon as possible after the admission process is complete.

Nursing responsibilities

1. Medication may only be administered under the circumstances described within the Policy, noting the frequency, maximum doses and contra-indications.
2. The administering nurse must read the Policy and be familiar with all the indications and contraindications of the items contained within it.
3. The administering nurse must be fully aware of the patient's diagnosis, recent medical history, current health status and any medical alerts.
4. Patients must have been admitted/clerked in and the 'MH Symptomatic Relief Policy' placeholder added to the Inpatient Rx by medical staff before any medicine in the Symptomatic Relief Policy can be administered. Patients awaiting admission who are assessed as needing Nicotine Replacement Therapy are exempt from this requirement and nurses may administer oral NRT to patients in this circumstance. (Appendix 1)
5. The nurse must add and record the administration of an item from the Symptomatic Relief Policy within HEPMA (as per process in appendix 1). Attention should be given to any conflicts that arise on HEPMA and the appropriateness of administration discussed with medical staff.
6. For the NRT exemption (Appendix 2), nurses will record any NRT administered prior to admission in the nursing notes.
7. The nurse must make an entry in the patients' records for each administration of an item from the Symptomatic Relief Policy, noting the symptom experienced and effectiveness of the product administered. Additionally, nursing staff must report the use of symptomatic relief to the Multidisciplinary Team Meeting.
8. Severe pyrexia and sore throat may be indicative of infection secondary to drug induced blood dyscrasias, especially with clozapine. Likewise, other minor symptoms could indicate serious disease. Therefore, patients must be assessed by a doctor if their medical condition gives rise to concern
9. Laxatives should only be used for acute constipation where the nurse is certain of the diagnosis. Long term laxative use can be counterproductive leading to hypokalaemia and an atonic, non- functioning colon. If constipation persists beyond 48 hours, the patient must be reviewed by a doctor. Where constipation presents in someone prescribed clozapine, refer to the Guidelines for the Assessment and Treatment of Clozapine Induced Constipation. Clozapine & constipation guidance

Any symptoms experienced by patients, which are not relieved by the product administered from the Symptomatic Relief Policy, must be further assessed and medical opinion sought. The nurse must be aware of the appropriateness of the product for the condition being treated.

The BNF should be consulted for further information required on the listed products.

Medicines for Symptomatic Relief

MEDICINE	USE	DOSE	FREQUENCY	MAX.DOSE IN 24 HOURS	COMMENTS
A. PARACETAMOL	analgesic	1g oral/ rectal **Check for exclusions** see Comments	every 4 hours when required for pain or fever	4g	**For a patient known to have any of the following characteristics consult medical staff:** • **low body weight (< 50kg)** • **renal / hepatic impairment** • **glutathione deficiency (chronic malnourishment, chronic alcoholism)** Contra-indicated if already prescribed paracetamol containing products.
B. Sodium alginate with calcium carbonate and sodium bicarbonate **(e.**g. Peptac)	antacid	10 - 20mls	After meals and at bedtime	80mls	Do not give at the same time as other meds due to risk of impaired absorption especially enteric coated preparations and some antibiotics e.g. tetracycline or ciprofloxacin. The sodium content is considered to be high and use should be reviewed for patients on a low salt diet.
C. SENNOSIDE	laxative for acute constipation	2 tablets or 10mls	single dose at night	2 tablets or 10mls	Not to be used in patients with intestinal obstruction. Seek medical advice if symptoms do not improve within 48 hours or if they get worse. Laxative effect within 8-12 hours. For managing constipation in individuals on clozapine, refer to Guidelines for the Assessment and Treatment of Clozapine Induced Constipation. Clozapine & constipation guidance
D. ORAL RE-HYDRATION SACHET	oral re-hydration therapy	ONE sachet	after each loose motion	-	Refer if symptoms persist. Consult instructions for reconstitution and storage advice.
E. SUN BLOCK	sun protection/ drug induced photosensitisation	-	as required	-	Minimum SPF 30.

MEDICINE	USE	DOSE	FREQUENCY	MAX.DOSE IN 24 HOURS	COMMENTS
F. Emollient CREAM	dry skin	-	as required	-	Avoid in known allergy.
H. Barrier CREAM	barrier/ antiseptic cream	apply a thin layer	as required	-	For surface wounds, minor burns, bed sores, eczema. Avoid in known allergy.
J1. NICOTINE LOZENGES	prevention of nicotine withdrawal	1mg or 2mg (< 20 cigarettes/day) 2mg or 4mg (>20 cigarettes/day)	every 1 -2 hours	15 lozenges daily	Use the NHSGGC Formulary preparation. http://www.ggcprescribing.org.uk/
J2. NICOTINE GUM	prevention of nicotine withdrawal	2mg (< 20 cigarettes/day) or 4mg (>20 cigarettes/day)	every 1 -2 hours	15 pieces of gum daily	Use the NHSGGC Formulary preparation.
J3. NICOTINE PATCHES	prevention of nicotine withdrawal	low or medium strength patch (< 10 cigarettes/day or a medium or high strength patch (>10 cigarettes/day)	daily	one applied daily	Apply patch to dry, non-hairy skin on the hip, trunk or upper arm. Hold in position for 10-20 seconds to ensure adhesion. Place next patch on a different area. Use the NHSGGC Formulary preparation. Not suitable for pre-admission administration.
X. ASPIRIN	rapid anti-platelet effect in suspected myocardial infarction.	300mg dispersible	once only dose. Ask patient to chew or dissolve in small amount of water to drink.	once only dose for use in myocardial infarction.	This 'once only' dose would be in addition to any routine aspirin prescription. Contraindicated if patient has known allergy history involving non-steroidal anti-inflammatory drugs. Ensure medical emergency procedure activated. NB: Communicate administration of aspirin to medical receiving unit.

Before any medicines in this policy are administered, the Medicine Prescription Sheet must be checked to determine:-

- That a similar medicine has not already been prescribed, e.g. a medicine which contains PARACETAMOL.

MEDICINES WHICH CONTAIN PARACETAMOL INCLUDE CO-CODAMOL AND CO-DYDRAMOL

- That there is no recorded contra-indication e.g. allergy to the medicine to be administered.
- That the medicine itself has not already been prescribed, except for aspirin use in initial Myocardial Infarction treatment

Symptomatic Relief Policy: Audit Criteria

Criterion Statement	Standard	Exceptions
Patients must have been admitted/clerked in the 'MH Symptomatic Relief Policy' placeholder added to the Inpatient Rx by medical staff before any medicine in the Symptomatic Relief Policy can be administered	100%	***Except for pre-admission NRT.***
Any NRT administered prior to admission must be recorded in the clinical notes or admissions paperwork	100%	None
Medicines to be excluded from the symptomatic relief policy should be added to HEPMA at the time of prescribing by adding an order note to appear when charting attached to the MH SRP placeholder. If the exclusion is no longer required subsequent to initial prescription, then the note should be suppressed	100%	None
Medicines may only be administered as per the standards described within the Policy with regard to the frequency, maximum doses, contraindications and any conflict that arise on HEPMA	100%	None
Administration of an item on the Symptomatic Relief Policy is recorded on HEPMA at the time of administration	100%	None
Each administration of an item from the Symptomatic Relief Policy should be noted within the clinical record, noting the symptom experienced and effectiveness of the product administered	100%	None
There is evidence that symptoms experienced by patients, which are not relieved by the product administered from the Symptomatic Relief Policy have been further assessed and medical opinion sought	100%	None
The use of symptomatic relief must be reported to the Multidisciplinary Team Meeting	100%	None

Appendix 1

Process for recording administration on HEPMA

The guidance below assumes a prescriber has already prescribed the ‘MH Symptomatic Relief Policy’ on HEPMA.

Adding/Administering a drug for the first time from the MH SRP

- Open the patient’s HEPMA Inpatient Rx
- Select ’ADD DRUG’
- Type MH into the search box and click ‘Search’. A full list of drugs contained in the MH SRP and any PGDs will appear
- Select the drug you want and provided there are **no conflicts** and the dosage and frequency are appropriate, ‘confirm’ can be clicked on the conformation tab

The chosen drug e.g. MHSRP Paracetamol will then appear in the ‘prn’ section of the patient’s HEPMA Inpatient Rx and administration tab.

- Administer and record the drug on HEPMA as normal.
- This process will need to be repeated for each drug within the policy at the point of first administration.

Subsequent administration

The drug selected will remain in the ‘prn’ section of the patient’s HEPMA prescription unless it is discontinued or suspended. To administer subsequent doses simply follow the usual processes for administering any ‘prn’ drug.

Drugs excluded from administration using the MH SRP

Prescribers should actively excluded any relevant drugs from the SRP that are not appropriate to be administered by this approach. An example might be paracetamol where the patient is already prescribed a regular preparation that contains paracetamol.

The prescriber will flag any excluded drug by adding an order note to appear when charting attached to the MH SRP placeholder itself at the point of 'prescribing'. The note could then be titled 'SRP Exclusion - Paracetamol' for example, with any further information included in the body of the note.

That note would be visible to anyone seeking to administer any drug under the MH SRP.

Always check the full HEPMA prescription and notes before administering any drug from the MH SRP

Appendix 2

Nicotine Replacement Therapy (NRT)
Exception Circumstances Policy & Practice Guidance

Background

The NHS Greater Glasgow & Clyde Smoke Free Policy requires that all its premises and grounds be smoke free. NICE (NICE: PH48) recommends that all healthcare providers identify people who smoke, offer them advice and support to stop. This applies to all patients, visitors and staff. In the circumstance where a smoker is waiting to be admitted to one of our hospitals, and to alleviate the potential for them to experience acute withdrawal symptoms, we have a duty of care to meet that need with NRT.

Practice Guidance

In this scenario, a trained nurse should offer NRT to a patient in advance of the Symptomatic Relief Policy (SRP) being written up by the admitting/assessing medical practitioner, according to the guidelines laid out below.

1. **Patient arrives at ward for admission:**
   At arrival, patient should be informed of the smoke free policy and, if a smoker, reassured that they will be offered alternatives to help them to cope whilst in our care. If the patient states that they will find this difficult and if a medical practitioner is not at hand to prescribe, they can be offered emergency NRT from the SRP in the interim.

2. **Administration and recording guidance:**
   If assessed as at risk of nicotine withdrawal, registered nurses may administer oral NRT from the SRP for up to 24 hours or until a medical practitioner can be found (whichever is the lesser) in the following way:
   a. Assess patient's need for nicotine and ability to cope without a cigarette
   b. Administer oral NRT hourly or as required in accordance with SRP
   c. Record in clinical notes
      Raise issue with attendant medical practitioner when they arrive and ensure that SRP is written up on medication prescription sheet.

3. **Ongoing care**
   During and following the admission process, patients who usually smoke should be reminded that there is a hospital-based cessation support service which they can access at any time and that they can use alternative nicotine delivery devices such as e-cigarettes in accordance with the current policy.

If, following assessment by a medical practitioner, the patient is not admitted then the record of NRT administration remains in the assessment paperwork and is filed in the usual way.

If the patient is transferred to another hospital site, the clinical notes and record of all interventions will go with the patient in the usual way.