# Patient Group Direction for Named Community Pharmacists to Supply

## Senna tablets 7.5mg or Senna syrup 7.5mg/5ml

## (Total sennosides calculated as sennoside B)

**For patients aged 16 years and older prescribed strong opioid analgesics**

**Number** **142**

**Issued** **August 2012**

**Issue Number** **3**

**Date of review*** **August 2014**

**First Issued** **August 2008**

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| Developed by | Designation | Signature | Date |
|---|---|---|---|
| Margery Reid | PGD Pharmacist<br>NHS Fife | | 17.07.12 |
| David Binyon | Primary Care Development Pharmacist<br>Glenrothes and NE Fife CHP | | 08.08.12 |
| Dr Clive Preston | Consultant in Palliative Medicine<br>Victoria Hospice - Kirkcaldy | | 23.07.12 |

THIS PATIENT GROUP DIRECTION HAS BEEN APPROVED BY:

**NHS FIFE COMMUNITY HEALTH PARTNERSHIPS CLINICAL POLICIES & PGD AUTHORISATION GROUP**

| Name | Designation | Signature | Date |
|---|---|---|---|
| Mollie Tevendale | Associate Nurse Director<br>NHS Fife | | 21.08.12 |
| Dr Brian Montgomery | Medical Director<br>NHS Fife | | 21.08.12 |
| Evelyn McPhail | Director of Pharmacy / Chief Pharmacist<br>NHS Fife | | 03.09.12 |

## 1. Clinical condition to which the patient group direction applies

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| Indication | Patients presenting to an NHS Fife palliative care Network Community Pharmacy who<br>• Have been prescribed strong opioids or an increase in dose of strong opioids without stimulant laxative therapy<br>• Have a tendency to or are currently experiencing constipation<br><br>Representation on behalf of patient may be made to the Pharmacy by relatives or carers |
| Inclusion criteria | • Aged 16 years or more<br>• Identified as needing treatment after assessment by a Palliative Care Network Pharmacist using the "Algorithm for Pharmacist Assessment of Adult patients presenting a Strong opioids Prescription without co-prescribed laxative treatment"<br>• Informed consent to treatment |
| Exclusion criteria | • Patients under 16 years of age<br>• Known hypersensitivity to senna or any other constituent of the product (See SPC or manufacturer's PIL)<br>• Severe dehydration<br>• Abdominal pain<br>• Acute surgical abdominal condition<br>• Intestinal obstruction<br>• Nausea or vomiting<br>• No valid consent to treatment |
| Cautions / Circumstances when further advice should be sought from a doctor | • Pregnant or lactating women – senna is not known to be harmful but refer/discuss with GP<br>• It is the responsibility of the staff using this PGD to ensure that treatment with the drug detailed is appropriate. If in any doubt advice must be sought and recorded before the drug is supplied. |
| Action if excluded | • Contact patient's own GP or NHS24 immediately for advice |
| Action if patient declines treatment | • Ensure patient's awareness of the implications of not having treatment. Record on supply and consent form<br>• Inform patient's GP |

**2. Medication details**

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| Name, strength & formulation of drug | • Senna tablets 7.5mg )<br>• Senna syrup 7.5mg/5ml ) Total sennosides calculated as sennoside B |
| Route of administration | • Oral |
| Dosage | • Two tablets<br>• 10ml |
| Frequency of administration | • Once DAILY at NIGHT increasing to TWICE daily if no effect |
| Quantity to be supplied | • 30 tablets or 300ml syrup |
| Patient advice verbal and written | • Do not exceed the maximum dose<br>• May cause abdominal cramps/colic – reduce dose or stop taking and inform GP<br>• Stop treatment if diarrhoea develops - reduce dose or stop taking and inform GP<br>• Harmless red/yellow discoloration of urine/stools may occur<br>• Issue manufacturer's PIL |
| Legal category | • P |
| Storage requirements | • Do not store above 25 C<br>• Ensure within expiry date |
| Identification and management of adverse reactions | • Advise patient to inform pharmacist or GP of any adverse reaction or if concerned<br>• All suspected serious adverse reactions should be reported directly to the Commission on Human Medicines through the yellow card scheme (Yellow card Scotland 0131 242 2919) and recorded in the patient's medical notes. Yellow cards are available at the back of the BNF Reports may also be made online at www.yellowcard.gov.uk |
| Follow up – appointment with or notification to GP required? | • Send copy of the recommendation form to the patient's GP for continuation of supply and if necessary reassessment. |
| Additional facilities/ supplies required | • BNF<br>• Medication label must comply with criteria specified in current edition of Pharmacy medicines and ethics |

### 3. Staff characteristics

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| Professional qualifications | • Pharmacist who is registered with the General Pharmaceutical Council (GPhC) |
| Specialist competencies or qualifications | • Registered Pharmacist is competent to undertake supply of medicines under Patient Group Directions.<br>• Registered Pharmacist enrolled to provide pharmaceutical care to patients with palliative care needs as part of the NHS Fife Palliative Care Community Pharmacist Network service. |
| Continued training requirements | • Attendance at the required training events for Palliative Care Network Pharmacists.<br>• Maintain own professional level of competence and knowledge in this area. |

### 4. Referral arrangements/Audit trail

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| Arrangements for referral to medical advice | • The patient may be referred to their GP or NHS24 at any time if this is necessary in the professional opinion of the pharmacist. |
| Records/Audit trail | • Record of patient assessment documented on Patient Profile and Consent Form for supply of Laxatives through Network Pharmacy.<br>• Recommendation / Referral form should be completed and passed on to patient's own GP to allow continuation of effective laxative treatment by patient. |
| References/ Resources & comments | • British National Formulary (BNF) current edition available at www.bnf.org<br>• Summary of Product Characteristics Senna Laxative Tablets (Boots Company plc) 6/12/11<br>• Fife Guidelines for Control of Constipation in patients with cancer. (October 2006)<br>• |

**This Patient Group Direction has been assessed for Equality and Diversity Impact**

## 5. Management and monitoring of patient group direction

This patient group direction is to be read, agreed to, and signed by all *nurses/other professionals* it applies to.
One signed copy is to be given to each clinician with the original being kept on file by the line manager
One signed copy should be forwarded to the appropriate lead nurse / lead clinician.

**Pharmacist Professional Agreement**

I _____, confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which supply or administration of the medicine will take place.

I understand that it is the responsibility of the nurse/pharmacist/physiotherapist/other (as appropriate) to act in accordance with the NMC Guidelines for Professional Practice and Guidelines (or Guidelines,/ Code of Ethics of other Professional body) for the Administration (or Supply) of Medicines and to keep an up to date record of training and competency.

Name of clinician----------

Is authorised to give------Senna tablets or syrup-----under this patient group direction

Place of Work----------

Signature of clinician----------

Date----------

Authorised by:

Name of authorising clinician/manager----------

Signature----------

Date----------

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