


**Paracetamol 120mg/5ml Suspension for prophylaxis of post
vaccination fever**

Local Authorisation:

Service Area for which PGD is applicable:	Community Pharmacy		
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		Lead Pharmacist Community Care	20/09/2022

**PGD DOES NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR
ACCOUNTABILITY.**

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Authority: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply / administer this medicine only in accordance with this PGD.

Name of Pharmacist _____

GPhC Registration Number _____

Normal Pharmacy Location

Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 2 HB areas please use additional forms.)

If you are a Locum, please supply your home address.

Name & Contractor code HB _____

Locum Home Address _____

Email address (preferably NHS) _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum

Employee

Manager

Owner

Signature _____

Date _____

Date Approved: August 2022

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