

Prednisolone 5mg tablets

GG&C PGD ref no: 2024/2649

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Change history

Date	Version number	Update
January 2024	6	PGD moved onto new template Update to number of supplies by a Community Pharmacist in 3 month period
March 2024	7	Update to exclusion criteria

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Clinical Condition

Indication:	Infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD)
Inclusion criteria:	<ul style="list-style-type: none"> • Definite diagnosis of COPD • Patients aged 18 and over • Infective exacerbation characterised by development or increase in sputum purulence and one or more of the following <ul style="list-style-type: none"> ○ increase in shortness of breath ○ increase in sputum volume • Patient has COPD “self-management plan” agreed with GP
Exclusion criteria:	<ul style="list-style-type: none"> • Increased breathing rate ≥ 20 breaths/min • Systemic inflammatory response syndrome criteria e.g. temperature greater than $>38^{\circ}\text{C}$, heart rate >90 beats per minute and other symptoms • Active peptic ulceration • Pregnancy or breastfeeding • Untreated Tuberculosis • Previous steroid psychosis • More than 2 supplies by community pharmacist in any 3 month period as part of COPD rescue meds service or 3 supplies in 12 months from any prescriber/route (from date of issue of card) • Exposure to chickenpox in patients with no definite history of chickenpox or shingles • Patients on ciclosporin or methotrexate • Previous chorioretinopathy • Congestive heart failure – worsening fluid retention – if worsening of breathlessness, advise patient to seek advice from GP or NHS 24
Cautions/Need for further advice/Circumstances when further advice should be sought from the prescriber:	<ul style="list-style-type: none"> • Diabetes – advise patient to monitor blood sugar closely • Hypertension – patients should be advised to have their blood pressure checked if having repeated courses of treatment

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	<ul style="list-style-type: none"> • Osteoporosis – If patient receiving multiple steroid courses then patient should speak to GP regarding consideration for OP screening/treatment. Patients who are taking long term steroids or repeated courses in past year (more than 3 courses in 12 months)– advise patient to speak to their GP / Practice Nurse before current course ends for further advice on tapering dose • Epilepsy – use of prednisolone may exacerbate epilepsy • Non-steroidal anti-inflammatory drugs in combination with prednisolone may increase incidence of GI side effects • Warfarin patients should contact GP Practice or anticoagulant service as soon as practical to arrange to have INR checked • Patients on drugs which induce cytochrome P-450 (CYP) isoenzyme may reduce the therapeutic efficacy of corticosteroids by increasing the rate of metabolism
Action if patient declines or is excluded:	Refer to prescriber
Referral arrangements for further advice / cautions:	Refer to GP, OOH or NHS24

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Drug Details	
Name, form & strength of medicine:	Prednisolone 5mg tablets
Route/Method of administration:	Oral
Dosage (include maximum dose if appropriate):	6 tablets daily
Frequency:	Once daily
Duration of treatment:	5 days
Maximum or minimum treatment period:	5 days
Quantity to supply/administer:	30
Supply, Administer or Both:	Supply only
▼ Additional Monitoring:*	No
Legal Category:	POM
Is the use outwith the SPC:**	No
Storage requirements:	Store below 25°C

* The black triangle symbol has now been replaced by European “additional monitoring” (▼)

** Summary of Product Characteristics

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Warnings including possible adverse reactions and management of these:	<p>Side effects of prednisolone are related to the dose and duration of treatment. This is a short course, and therefore, less likely to be severe.</p> <p>Common side effects include gastro-intestinal in nature.</p> <p>After a prolonged period of treatment, withdrawal should be tapered gradually.</p> <p>Use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/</p>
Advice to patient/carer including written information provided:	<p>Explain treatment and course of action.</p> <p>Patient should be advised to continue inhaled therapy during steroid treatment</p> <p>Ensure patient has a Steroid Warning Card supplied.</p> <p>Give patient a copy of relevant patient information leaflet, if appropriate.</p> <p>If condition worsens or symptoms persist then seek further medical advice.</p>
Monitoring (if applicable):	N/A
Follow up:	Patients not improving after a few days of starting course or if any deterioration should be advised to contact GP or OOH service

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Staff Characteristics

Professional qualifications:	Those registered health care professionals that are listed and approved in legislation as able to operate under patient group directions and have current registration.
Specialist competencies or qualifications:	Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD. Has undertaken appropriate training for working under PGDs for the supply and administration of medicines.
Continuing education & training:	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up to date with continued professional development.

Referral Arrangements and Audit Trail

Referral arrangements	<i>As per local arrangements/national guidelines</i>
Records/audit trail:	<p>Patient's name, address, date of birth and consent given</p> <ul style="list-style-type: none"> • Contact details of GP (if registered) • Diagnosis • Dose, form administered and batch details • Advice given to patient (including side effects) • Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record <p>Referral arrangements (including self-care)</p>


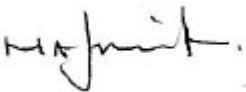

References/Resources and comments:	<p>Notes:</p> <p>SPC – Summary of Product Characteristics BNF – British National Formulary NICE - Overview Chronic obstructive pulmonary disease in over 16s: diagnosis and management Guidance NICE</p>
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This Patient Group Direction must be agreed to and signed by all healthcare professionals involved in its use. The original signed copy will be held at Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow. The PGD must be easily accessible in the clinical setting.

Organisation: NHS Greater Glasgow & Clyde

Professionals drawing up PGD/Authors


		Designation and Contact Details
*Name: Pamela Macintyre  Signature: _____ Date: 8/1/24		Designation: Lead Pharmacist, CPDT E-mail address: Pamela.macintyre@ggc.scot.nhs.uk
Name: Helen A Smith  Signature: _____ Date: 8/1/24		Designation: Advances Clinical Pharmacist, Primary Care E-mail address: Helen.smith7@ggc.scot.nhs.uk
Name: Christopher Johnstone  Signature: _____ Date: 8/1/24		Designation: Associate Clinical Director, Renfrewshire HSCP E-mail address: chris.johnstone@ggc.scot.nhs.uk
Name: Signature: _____ Date: _____		Designation: E-mail address:
Name: Signature: _____ Date: _____		Designation: E-mail address:

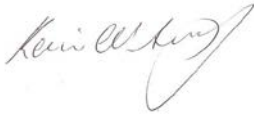
* **Lead Author**


** **Antimicrobial Pharmacist if appropriate**

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AUTHORISATION:

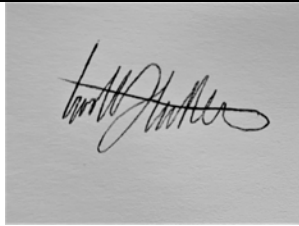
NHSGG&C PGD Sub-Committee of ADTC		
Chairman in BLOCK CAPITALS	Signature:	Date:
Dr Craig Harrow		31/01/2024

NHSGG&C PGD Sub-Committee of ADTC		
Interim Lead Nurse, North Sector, NHS GG&C in BLOCK CAPITALS	Signature:	Date:
Kevin McAuley		31/01/24

Pharmacist representative of PGD Sub-Committee of ADTC		
Name: in BLOCK CAPITALS	Signature:	Date:
Elaine Paton		31/01/2024

Antimicrobial use		
If the PGD relates to an antimicrobial agent, the use must be supported by the NHS GG&C Antimicrobial Management Team (AMT). A member of this team must sign the PGD on behalf of the AMT.		
Microbiology approval	Name: Scott Gillen	Designation: Antimicrobial Pharmacist

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Signature:

Date: 31/01/2024

(on behalf of NHS GG&C AMT)

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Patient Group Direction Audit Form
 Form for the audit of compliance with PGD or PGDs

To ensure best practice all PGDs should be audited on a 6 monthly basis.

Name and post of Designated Lead person within each practice/clinic base:			
Location/Clinic Base:	Date of audit:		
Tick as appropriate. If 'no', state action required	Y	N	Action
Is the PGD or PGDs utilised within the clinical area?			
Has the PGD or PGDs been reviewed within the 2 year limit?			
Do the managers listed on the PGD or PGDs hold a current list of authorised staff?			
Are all staff authorised to work under the PGD or PGDs members of one of the health professions listed in the PGD?			
Do all staff meet the training requirements identified within the PGD?			
Are you confident that all medicines supplied or administered under the PGD or PGDs are stored according to the PGD where this is specified?			
Do the staff working under the PGD or PGDs have a copy of the PGD which has governance sign off and is in date and, available for reference at the time of consultation?			
Where the medicine requires refrigeration. (Delete if not required).			
Is there a designated person responsible for ensuring that the cold chain is maintained?			
Is there a record that the fridge temperature has been monitored to required levels?			
If there is regular and sustained reliance on PGDs for service provision has a Non Medical Prescribing approach been considered as an alternative? (Please note reasons for either a Y/N response).			

Name:	Date of audit:
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Keep copies of completed audits alongside your PGD for local reference. Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.