

**Prednisolone 5mg tablets**

**GG&C PGD ref no: 2026/2902**

**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<br>Update to number of supplies by a Community Pharmacist in 3 month period |
| March 2024   | 7              | Update to exclusion criteria  |
| November 25  | 8              | Updated with reviewer signatories   |

## Prednisolone 5mg tablets

| Clinical Condition  |  |
|---|--|
| <b>Indication:</b>  | Infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD) and in line with local Rescue medication guideline/ protocols   |
| <b>Inclusion criteria:</b>  | <ul style="list-style-type: none"> <li>• Patients aged 18 and over</li> <li>• Definite diagnosis of COPD</li> <li>• Patient has COPD “self-management plan” agreed with HC professional and presents COPD Rescue Medication card to Community Pharmacy</li> <li>• Patient reports with infective exacerbation characterised by development or increase in sputum purulence and one or more of the following <ul style="list-style-type: none"> <li>◦ increase in shortness of breath</li> <li>◦ increase in sputum volume</li> </ul> </li> </ul> <p>NB – there is no need for a physical assessment to supply, however you may wish to complete physical assessments to calculate a NEWS score if a patient seems poorly and need onward referral if you can.</p>  |
| <b>Exclusion criteria:</b>  | <ul style="list-style-type: none"> <li>• 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</li> <li>• Increased breathing rate <math>\geq 20</math> breaths/min</li> <li>• Systemic inflammatory response syndrome criteria e.g. temperature greater than <math>&gt;38^{\circ}\text{C}</math>, heart rate <math>&gt;90</math> beats per minute and other symptoms</li> <li>• Active peptic ulceration</li> <li>• Pregnancy or breastfeeding</li> <li>• Untreated Tuberculosis</li> <li>• Previous steroid psychosis</li> <li>• Exposure to chickenpox in patients with no definite history of chickenpox or shingles</li> <li>• Patients on ciclosporin or methotrexate</li> <li>• Previous chorioretinopathy</li> <li>• Congestive heart failure – worsening fluid retention – if worsening of breathlessness, advise patient to seek advice from GP or NHS 24. You may wish to complete a NEWS score if referring on a poorly patient</li> </ul> |
| <b>Cautions/Need for further advice/Circumstances when further advice should be sought from the prescriber:</b> | <ul style="list-style-type: none"> <li>• Diabetes – advise patient to monitor blood sugar closely</li> <li>• Hypertension – patients should be advised to have their blood pressure checked if having repeated courses of treatment</li> </ul>   |

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

## Prednisolone 5mg tablets

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

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

\*\* Summary of Product Characteristics

## Prednisolone 5mg tablets

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| <b>Warnings including possible adverse reactions and management of these:</b> | <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. Advise patient to take with or after food as a minimum.</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 <a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a></p> |
| <b>Advice to patient/carer including written information provided:</b>        | <p>Explain treatment and course of action.</p> <p><b>Patient should be advised to continue inhaled therapy during steroid treatment</b></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>   |
| <b>Monitoring (if applicable):</b>  | <p>N/A</p>   |
| <b>Follow up:</b>   | <p>Patients not improving after a few days of starting course or if any deterioration should be advised to contact GP or OOH service</p>   |

## Prednisolone 5mg tablets

### Staff Characteristics


|   |   |
|---|---|
| <b>Professional qualifications:</b>               | Those registered health care professionals that are listed and approved in legislation as able to operate under patient group directions and have current registration.   |
| <b>Specialist competencies or qualifications:</b> | 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.<br><br>Has undertaken appropriate training for working under PGDs for the supply and administration of medicines. |
| <b>Continuing education &amp; training:</b>       | 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

|                              |  |
|------------------------------|--|
| <b>Referral arrangements</b> | <i>As per local arrangements/national guidelines</i><br><b>SBAR or equivalent to GP practice within 1 week as per flow chart</b>   |
| <b>Records/audit trail:</b>  | <ul style="list-style-type: none"> <li>• Patient's name, address, date of birth and consent given</li> <li>• Contact details of GP</li> <li>• Diagnosis</li> <li>• Dose, form administered and batch details</li> <li>• Advice given to patient (including side effects)</li> <li>• Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment</li> <li>• Details of any adverse drug reaction and actions taken including documentation in the patient's medical record</li> <li>• Referral arrangements (including self-care)</li> </ul> |




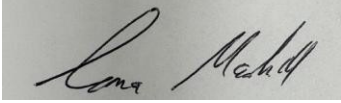
### References/Resources and comments:

Notes:  
SPC – Summary of Product Characteristics  
BNF – British National Formulary  
NICE - [Overview | Chronic obstructive pulmonary disease in over 16s: diagnosis and management | Guidance | NICE](#)

|   |  |
|---|--|
| NHS Greater Glasgow & Clyde<br>Patient Group Direction (PGD) for<br>Community Pharmacists |  |
| <b>Prednisolone 5mg tablets</b>   |  |

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.

|                      |  |
|----------------------|--|
| <b>Organisation:</b> | <b>NHS Greater Glasgow &amp; Clyde</b> |
|----------------------|--|


| Professionals drawing up PGD/Authors  |   |
|---|---|
|   | <b>Designation and Contact Details</b>  |
| *Name: Lorna Brown<br><br>Signature: _____ Date: 08/01/2026          | Designation: Advanced Pharmacist, CPDT<br>E-mail address: <a href="mailto:lorna.brown8@nhs.scot">lorna.brown8@nhs.scot</a>                                      |
| Name: Andrew Christopherson<br><br>Signature: _____ Date: 07/01/2026 | Designation: Lead Pharmacist Glasgow City HSCP North West<br>E-mail address: <a href="mailto:Andrew.Christopherson@nhs.scot">Andrew.Christopherson@nhs.scot</a> |
| Name: Stuart Sutton<br><br>Signature: _____ Date: 01/12/2025       | Designation: Clinical Director, Renfrewshire HSCP<br>E-mail address: <a href="mailto:Stuart.Sutton@nhs.scot">Stuart.Sutton@nhs.scot</a>                         |
| Name: Emma McCahill<br><br>Signature: _____ Date: 28/01/2026       | Designation: Community Pharmacy Representative<br>E-mail address: <a href="mailto:emma.mccahill@nhs.scot">emma.mccahill@nhs.scot</a>                            |
| Name: _____<br>Signature: _____ Date: _____   | Designation: _____<br>E-mail address: _____   |

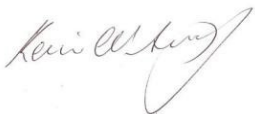
\* **Lead Author**


\*\* **Antimicrobial Pharmacist if appropriate**

**Prednisolone 5mg tablets**

**AUTHORISATION:**


| NHSGG&C PGD Sub-Committee of ADTC |   |            |
|-----------------------------------|---|------------|
| Chairman<br>in BLOCK CAPITALS     | Signature:  | Date:      |
| Dr Craig Harrow                   |  | 03/12/2025 |

| NHSGG&C PGD Sub-Committee of ADTC                           |  |            |
|---|--|------------|
| Chief Nurse, North<br>Sector, NHS GG&C<br>in BLOCK CAPITALS | Signature:   | Date:      |
| Kevin McAuley   |  | 03/12/2025 |

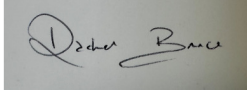
| Pharmacist representative of PGD Sub-Committee of ADTC |   |            |
|--|---|------------|
| Name:<br>in BLOCK CAPITALS                             | Signature:  | Date:      |
| Elaine Paton   |  | 03/12/2025 |

| 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. |   |                            |
| <b>Microbiology approval</b>   | Name: Rachael Rodger<br>Pharmacist        | Designation: Antimicrobial |
|  | Signature:<br>(on behalf of NHS GG&C AMT) | Date:                      |



|   |  |
|---|--|
| NHS Greater Glasgow & Clyde<br>Patient Group Direction (PGD) for<br>Community Pharmacists |  |
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**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. |                                   |              |
| <b>Nominated individual who agrees to keep list of practitioners operating under the PGD current up to date (Lead Professional):</b> |   |                                   |              |
| <b>Name:</b>   | <b>Signature:</b>   | <b>Designation:</b>               | <b>Date:</b> |
| Rachel Bruce<br>Email contact address:<br><a href="mailto:rachel.bruce.8@nhs.scot">rachel.bruce.8@nhs.scot</a>                       |    | Lead Pharmacist<br>Community Care | 29/01/2026   |

***PGDs do 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 the General Pharmaceutical Council Standards for Pharmacy Professionals.*


|                           |  |                |  |
|---------------------------|--|----------------|--|
| <b>Name of Pharmacist</b> |  | <b>GPhC No</b> |  |
|---------------------------|--|----------------|--|

*I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to provide these medicines only in accordance with this PGD.*

|              |  |              |
|--------------|--|--------------|
| <i>Sign:</i> |  | <i>Date:</i> |
|--------------|--|--------------|

**ONCE YOU HAVE SIGNED THE PGD, YOU MUST COMPLETE THE ELECTRONIC FORM (LINK BELOW)**

[PGDs - Greater Glasgow and Clyde \(office.com\)](https://www.nhs.uk/medicines/patient-group-directions/pgds-greater-glasgow-and-clyde-office-com)

|   |  |
|---|--|
| NHS Greater Glasgow & Clyde<br>Patient Group Direction (PGD) for<br>Community Pharmacists |  |
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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.

|   |          |                       |               |
|---|----------|-----------------------|---------------|
| <b>Name and post of Designated Lead person within each practice/clinic base:</b>  |          |                       |               |
| <b>Location/Clinic Base:</b>  |          | <b>Date of audit:</b> |               |
|   |          |                       |               |
| <b>Tick as appropriate. If 'no', state action required</b>  | <b>Y</b> | <b>N</b>              | <b>Action</b> |
| 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: |
|       |                |

**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.**