PGD 4616

South Staffordshire & Shropshire Healthcare NHS
NHS Foundation Trust

Patient Group Direction

Administration or Supply of Olanzapine

By Registered Nurses employed by South Staffordshire & Shropshire Healthcare Foundation NHS Trust **in Crisis Resolution Teams**

This Patient Group Direction for use in South Staffordshire & Shropshire Healthcare NHS Foundation Trust and is authorised by:			
Position of Signatory	**Name**	**Signed**	**Date**
Medical Director	Dr Abid Khan		
Chief Pharmacist	Cathy Riley		
Director of Nursing	Alison Bussey		
Director of Quality & Clinical Performance	Therèsa Moyes		

The named below, being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust are authorised to administer or supply Olanzapine, to patients, under this Patient Group Direction

Name	Job Title	Signed	Date

This Patient Group Direction is operational from 1st Nov 2016. Review date: Sept 2018. Expires on: 30th Nov 2018

This PGD replaces PGD 1614

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire & Shropshire HealthCare NHS Foundation Trust are authorised to administer/supply Olanzapine, as specified under this Patient Group direction, in Crisis Teams, following demonstration of the competencies below:

Professional Responsibility / Competencies

- The registered nurse will have undertaken appropriate training to carry out clinical assessment of patient that requires treatment according to the indications listed in the PGD (see PGD Operational Policy)
- All nurses will have received training in the management and treatment of anaphylactic shock on an annual basis
- Each nurse will keep a record in their professional portfolio of the updates attended during every 12 month period – This information will also form part of the team's annual training plan
- The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management (Nursing & Midwifery Council)
- Undertaken appropriate training and possess the competencies for working under PGDs for the supply and administration of medicines
- All registered nurses details and signature must be entered on the PGD
- Following **administration** a record of the date, and dose of the medicine should be recorded in the clients records**,** and within the Crisis PGD Administration Record Sheet.
- Following **supply** a record of the date, and dose of the medicine should be recorded in the clients records**,** and within the Record of Medications supplied Using the PGD Framework.

For full product information, always refer to the latest SPC (Summary of Product Characteristics).

If the anaphylaxis is related to a medication, please remember to report to the CSM, via a Yellow Card Report (http://emc.medicines.org.uk)

Supply/Administration of	Olanzapine
Legal Classification	POM
Black Triangle?	No
Type	Tablets
Storage	Supply/administration of **Olanzapine:** Supplies will be available from central stock location, pre-labelled with the correct dose and quantity by the pharmacy department. Details of service user name and date of issue must be completed on the label prior to supplying to service user. Information leaflets must be given. Any relevant documentation must be completed.
Condition to be treated	Olanzapine is administered/supplied for service users presenting with psychotic or manic symptoms
Inclusion Criteria	Service perspective: Service user: ▪ Meets requirements of Crisis Resolution operational policy ▪ Crisis assessment has been undertaken ▪ Consents to taking the medication ▪ Agrees to post-administration monitoring Olanzapine may be supplied to a service user fitting the following criteria: ▪ Not receiving other medication for psychotic or manic symptoms ▪ Assessment shows evidence of psychosis or mania
Exclusion Criteria	Service user should be excluded if they present with the following: ▪ Known hyper-sensitivity to olanzapine or other anti-psychotic ▪ Is currently prescribed and taking another oral antipsychotic ▪ Is pregnant (confirmed or suspected) ▪ Is currently breast feeding ▪ A history of renal/liver impairment ▪ A history of Parkinson's disease ▪ Elderly patients (65 years or older) with dementia ▪ A history of stroke or transient ischaemic attack, or risk factors for cerebrovascular

	disease (e.g. diabetes, hypertension, smoking and atrial fibrillation) ▪ A history of cardiovascular disease ▪ A history of epilepsy ▪ Is currently using alcohol and/or other illicit substance
Action if excluded or patient declines	Seek medical advice Document refusal
Reasons for seeking further advice from doctor	Advice should be sought for the following side-effects ▪ Postural hypotension ▪ Syncope/ reflex tachycardia ▪ Dizziness ▪ EPSE ▪ Neuroleptic malignant syndrome (emergency life-threatening condition) and should the service user meet any of the exclusion criteria
Administration Route	Oral
Dose	5- 10 mg once daily Elderly: 2.5-5mg once daily
Administration/ Supply Schedule	The PGD can only be operated for an individual service user for two days in any seven day period and not for more than two consecutive seven-day periods. Following the use of the PGD for a second consecutive period it cannot be used again for that individual for a four-week period. <u>Period of Administration:</u> Maximum 48hr period <u>Supply:</u> Maximum 2 days supply (only after comprehensive risk assessment)
Warnings/Adverse Reactions	<u>Warnings:</u> May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. <u>Adverse reactions</u>: May include: ▪ Weight gain ▪ Dizziness ▪ Postural hypotension

	▪ EPSE ▪ Neuroleptic Malignant Syndrome ▪ Hyperglycaemia and diabetes mellitus ▪ Sleep disturbance ▪ Agitation ▪ Anxiety ▪ Headache ▪ GI disturbance ▪ Drowsiness
Advice/Management of Adverse Reactions & Follow-up Action	Management of EPSE: Consider Procyclidine Follow-up: Service user must agree to be seen by the most appropriate person (team to make that decision) the next working day Arrangements for Referral: CRT to discuss who needs to be informed and fax a copy of the assessment documentation to them. This could be a GP, psychiatrist or other teams from the Mental Health Trust.
Use in pregnancy and lactation	Not appropriate via PGD
Records	Use of medications via a PGD will be clearly documented within the Individual Care Plan and the MDT notes. and administration also recorded in the Crisis PGD Administration Record Sheet or supply also recorded in the Record of Medications Supplied Using the PGD Framework sheet.