PGD5717

South Staffordshire & Shropshire Healthcare NHS
NHS Foundation Trust

Patient Group Direction

Administration of Nicotine Lozenges 4mg, Sublingual Tablets 2mg or Mouth Spray

By Registered Nurses employed as by South Staffordshire & Shropshire Healthcare Foundation NHS Trust

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 Nicotine Lozenges, Sublingual Tablets or Mouth Spray under this Patient Group Direction in an In-Patient setting

Name	Job Title	Signed	Date

This Patient Group Direction is operational from 1st October 2017.
Review date: Feb 2019. Expires on 30th April 2019.

This PGD replaces PGD 1417

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust are authorised to administer Nicotine Lozenges, Sublingual Tablets or Mouth Spray as specified under this Patient Group direction following demonstration of the competencies below;

Professional Responsibility / Competencies

1. The registered nurse will have undertaken appropriate training on an annual basis in order to carry out clinical assessments of clients leading to Nicotine being given according to the indications listed in the PGD

2. All nurses will have received training in the management and treatment of anaphylactic shock on an annual basis

3. 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

4. The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management (Nursing & Midwifery Council)

5. Undertaken appropriate training and possess the competencies for working under PGDs for the supply and administration of medicines

6. All registered nurses details and signature must be entered onto the PGD

7. Following administration a record of the date, strength, brand and batch number of the medicine should be recorded in in the medicine card/electronic prescribing & medicines administration record

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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	Nicotine 4mg Lozenge Nicotine 2mg Sublingual tablet Nicotine Mouth Spray
Legal Classification	GSL, but being used off-label, since patient is not necessarily wishing to stop smoking or committed to a target stop date. This PGD is in operation to alleviate nicotine withdrawal symptoms experienced by a patient admitted to hospital (after the public smoking ban), who cannot go to designated smoking areas. It will only operate until the patient is reviewed by a doctor.
Black Triangle?	No
Type	Small lozenges: Nicorette Minis 4mg or NiQuitin Cools 4mg Sublingual tablets: Nicorette microtab 2mg Mouth Spray: Nicorette QuickMist 1mg
Storage	Room temperature, in medicines cupboard/trolley
Condition to be treated	Nicotine withdrawal symptoms
Inclusion Criteria	Individuals who smoke regularly and are 16 years and over: • Experiencing withdrawal symptoms, who are unable to smoke in banned areas and who cannot go to designated smoking areas • Who verbally consent to treatment
Exclusion Criteria	• Within six weeks of myocardial infarction or recent cerebrovascular accident (including transient ischaemic attacks) or serious cardiac arrhythmias • Patients with previous serious reaction to NRT
Other criteria to take account of	• Patients with stomach ulcer, duodenal ulcer, inflammation of the stomach or oesophagus • Patients with liver or kidney disease • Patients with an overactive thyroid gland • Patients taking theophylline, clozapine, olanzapine or ropinirole.
Action if excluded or	Refer to supervising doctor. Document findings and

patient declines	action taken in patient's record.
Reasons for seeking further advice from doctor	If there is doubt on the criteria for exclusion or if the patient is taking theophylline or where intervention with Bupropion might be more appropriate.
Administration Route	Mouth spray, S/L tablet and Lozenge: Oral. Lozenge: Place lozenge between cheek and jaw line and allow to dissolve slowly in mouth. Move from one side of the mouth to the other and repeat until completely dissolved (about 10 minutes). Do not chew or swallow whole. Sublingual tablet: place tablet under the tongue and allow to dissolve completely (about 10 minutes). The mouth spray must be "primed" at first use or if not used for a couple of days to ensure a mist is delivered into the mouth and not a stream of liquid. Point the spray nozzle as close to the mouth as possible. Press the top of the dispenser and spray into the mouth, avoiding the lips and the back of the mouth – it can help to aim to at the inside cheek. Do not inhale or swallow when spraying – instead aim to hold the "mist" in the mouth as that is how it is absorbed
Dose	**For a person who smoked/smokes more than 20 cigarettes per day:** Lozenge: 1 lozenge every 1-2 hours. Dissolve in the mouth over about 30 minutes. maximum dose of 15 per day Mouth spray: 1-2 sprays every 30 minutes. Do not use more than 2 sprays per dose or 4 sprays per hour. Sublingual Tablets: The tablet is used sublingually with a recommended dose of one tablet per hour or, for heavy smokers (smoking more than 20 cigarettes per day), two tablets per hour.
Administration Schedule	**Total dose: Use until doctor has prescribed.**
Warnings/Adverse Reactions	Nausea, dizziness, headache, flu like symptoms, palpitations, dyspepsia, hiccups, sleep disturbance, myalgia, aphthous ulcers, tongue swelling, throat

	irritation. Use the Yellow Card System to report adverse drug reactions directly to the CSM. Yellow Cards and guidance on its use are available at the back of the BNF.
Advice/Management of Adverse Reactions & Follow-up Action	• To be used in association with counselling and supportive therapy, wherever possible, so referral to local Smoking Withdrawal Service should be considered • Do not smoke but other NRT products may be used whilst using patches • Further information on products and self-help leaflets can be obtained by ringing the NHS number: 0800 169 0169 • **Leaflets for all products can be viewed on the Trust web-site:** http://www.choiceandmedication.org/south-staffs/
Use in pregnancy and lactation	**Pregnancy** NRT is not contraindicated in pregnancy. The decision to use NRT should be made on a risk-benefit assessment as early on in the pregnancy as possible with the aim of discontinuing use as soon as possible. Ideally smoking cessation during pregnancy should be achieved without NRT. However for women unable to quit on their own, NRT may be recommended to assist a quit attempt. The risk of using NRT to the foetus is lower than that expected with tobacco smoking, due to lower maximal plasma nicotine concentration and no additional exposure to polycyclic hydrocarbons and carbon monoxide. Intermittent dose products may be preferable as these usually provide a lower daily dose of nicotine than patches. However, patches may be preferred if the woman is suffering from nausea during pregnancy. If patches are used they should be removed before going to bed to avoid exposure overnight, when the foetus would not normally be subjected to smoke-derived nicotine). **Lactation** NRT is not contraindicated in lactation. Nicotine from smoking and NRT is found in breast milk, but risk less with NRT. Using intermittent dose products is preferable to patches

Records	The following should be recorded in the patient's records: • Name of preparation • Strength given and Batch Number • Date and time given • Signature of person administering the medicine and the administration also recorded in the medicine card/electronic prescribing & medicines administration record, with the PGD Number recorded as authorisation.