NHS Grampian

Protocol For The Administration Of Oral Chlorphenamine By Nurses Working In Radiology Departments Within NHS Grampian

Lead Author:	Consultation Group:	Approver:
Staff Nurse Dr Grays Hospital Radiology	See relevant page in the Protocol	Medicine Guidelines and Policy Group (MGPG)

Signature:		Signature:
		

NHSG Identifier:	Review Date:	Date Approved:
NHSG/Protocol/ Chlorphenamine/ MGPG1360	March 2025 **Expiry Date:** March 2026	March 2023

Medicines Guidelines and Policy Group have authorised this protocol to facilitate Registered Nurses providing iodinated contrast media cover for CT (computed tomography) examinations. Providing patients with more convenient access to an efficient and clearly defined service within the NHS Board. This Protocol cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1

Revision History:

Reference and approval date of previous superseded protocol	New protocol	
Date of change	**Summary of Changes**	**Section heading**
November 2022	New protocol.	

NoS Identifier: NHSG/Protocol/Chlorphenamine/MGPG1360

Keyword(s): Protocol oral chlorphenamine nurses radiology

Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this protocol and to ensure that staff are working to the most up to date protocol. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this protocol act within their own level of competence.

The lead author is responsible for the review of this protocol and for ensuring the protocol is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review and subsequent expiry date should not be more than 3 years from the date the protocol was authorised.

Document:	Drafted:	November 2022
	Completed:	February 2023
	Approved:	March 2023 (published – April 2023)
	Amended:	

Approved for use within NHS Grampian by; Medicines Guidelines and Policy Group (MGPG) NHS Grampian.

MGPG Medicine Guidelines and Policy Group Chair	Signature	Date Signed
Lesley Coyle		24/03/2023

Management and Monitoring of Protocol

Consultative Group

Name:	Title:
Dr Jonathan Brodie	Consultant Radiologist
Andrea Dryburgh	Radiology Nurse Manager
Dr Rafik Hamdy	Lead Consultant Radiologist (Moray)
Morag Howard	Superintendent Radiographer
Dr Struan Wilkie	Consultant Radiologist

Lead Author:

Eilidh Jackson	Staff Nurse Dr Grays Hospital Radiology

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Clinical indication to which this Protocol applies

Definition of situation/Condition	This protocol will authorise Registered Nurses working within NHS Grampian to administer oral chlorphenamine to individuals experiencing mild reactions (skin irritations) to intravenous contrast medium following CT examinations. This protocol should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC).
Inclusion criteria	Adults and Children over 12 years experiencing mild skin irritations due to intravenous contrast medium given during CT examinations Prior to the administration of the medicine, valid consent to receiving treatment under this protocol must be obtained. Consent must be in line with current NHSG consent policy.
Exclusion criteria	• Allergy or hypersensitivity to chlorphenamine or any excipients • Urinary retention • Pyloroduodenal obstruction • Epilepsy • Glaucoma • Renal and hepatic impairment • Respiratory disease including asthma • Severe hypertension or cardiovascular disease • Pregnancy or breastfeeding • Currently taking MAOIs or have taken within the last 14 days, phenytoin or tricyclic antidepressants • Rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption • Where there is no valid consent. When there is a risk of adverse drug interaction. Please see current BNF and SmPC for possible interactions. https://bnf.nice.org.uk/interactions/chlorphenamine/ https://www.medicines.org.uk/emc/product/14298

Precautions and special warnings	The anticholinergic properties of chlorphenamine may cause drowsiness, dizziness, blurred vision and psychomotor impairment in some patients which may seriously affect ability to drive and use machinery. Concurrent use with drugs which cause sedation such as anxiolytics and hypnotics may cause an increase in sedative effects, therefore medical advice should be sought before taking chlorphenamine concurrently with these medicines. The effects of alcohol may be increased and therefore concurrent use should be avoided. Patients should be screened to identify what medication they are currently on and specifically asked if they have taken anything that could make them drowsy or have a sedative effect, i.e. any non-prescribed drugs or alcohol. Where this is the case medical advice should be sought to avoid any increase in sedative effect. Should not be used with other antihistamine containing products, including antihistamine containing cough and cold medicines.
Action if excluded from treatment	Medical advice must be sought – refer to relevant medical practitioner. Document the reason for exclusion under the protocol and any action taken in the individual's appropriate clinical records.
Action if treatment is declined	Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment. Document that the administration was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the protocol

Name form and strength of medicine	Chlorphenamine 4mg Tablets or Syrup 2mg/5mL.
Legal status	Chlorphenamine 4mg Tablets and Syrup 2mg/5mL are Pharmacy-only Medicines (P).
Dosage/Maximum total dose	**Adults and children 12 years of age and over:** 4mg (1 tablet or 10mL syrup).

Frequency of dose/Duration of treatment	Once only administration.
Maximum or minimum treatment period	N/A
Route/Method of administration	Oral
Quantity to be administered	4mg (1 tablet or 10mL syrup)
Storage requirements	Tablets - Do not store above 30°C Syrup - Store below 25°C. Protect from light.
Follow-up (if applicable)	Individuals should not leave if they are feeling unwell without speaking to the nurse who administered the medicine first. If necessary an appropriate doctor or ANP should be contacted for advice on any further treatment. Upon appropriate discharge home the patient will be contacted the following day by the CT scan team to ensure all symptoms have resolved. If serious adverse or persistent effects occur, the nurse responsible may escalate this with the duty ANP team/Accident and Emergency department. If serious adverse reactions occur standard in hospital protocols should be followed, i.e. 2222 call.
Advice (Verbal)	Advise patient of the benefits and potential side effects of oral chlorphenamine. The dose, the route and what to do should they have any side effects once they have left the department. Advise that this medicine may cause drowsiness, dizziness or blurred vision. Warn individuals they should not drive or operate machinery until sure they are not affected i.e. vision is clear and they have no drowsiness. They can contact the NHS 111 service out of hours or their GP practice during opening hours to seek further advice.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.

Identifying and managing possible adverse reactions	This medicine may cause drowsiness, dizziness or blurred vision. Warn individuals they should not drive or operate machinery until sure they are not affected i.e. vision is clear and they have no drowsiness. Serious side-effects include hypersensitivity and anaphylaxis. Be alert to symptoms of anaphylaxis, allergic conjunctivitis, fever, angioedema, periorbital oedema, urticaria or skin rash. This list is not exhaustive. Please also refer to current BNF and manufacturers SmPC for details of all potential adverse reactions. **BNF:** BNF British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** https://www.medicines.org.uk/emc/ MHRA Products | Home RMM Directory - medicines starting with A - (emc) If an adverse reaction does occur give immediate treatment and escalate to on-call medical team/Accident and Emergency/2222 call. Report any severe reactions using the Yellow Card System. Yellow Card Scheme - MHRA
Facilities and supplies required	The following are to be available at sites where the medicine is to be administered: • Appropriate storage facilities or pharmaceutical refrigerator • An acceptable level of privacy to respect individual's right to confidentiality and safety • Basic airway resuscitation equipment (e.g. pocket mask, bag valve mask, supraglottic airway) • Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection • Access to a working telephone • Another competent adult, who can summon urgent emergency support if required should ideally be present • Access to medical support (this may be via the telephone) • Approved equipment for the disposal of used materials • Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel • A copy of this current protocol in print or electronically.

Characteristics of staff authorised to administer medicine(s) under this protocol

Professional qualifications	Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual/person with parental responsibilities capacity to understand the nature and purpose of the medicine administration in order to give or refuse consent • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the protocol • Competent to undertake supply/administration of the medicine • Competent to work under this protocol.

Ongoing training and competency	**All professionals working under this protocol must:**
	• Have attended basic life support training in-line with Board requirements
	• Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis in-line with Board requirements
	• Maintain their skills, knowledge and their own professional level of competence in this area according to the NMC Code of Professional Conduct
	• Have knowledge and familiarity of the following;
	  ○ SmPC for the medicine(s) to be administered in accordance with this protocol
	  ○ BNF to ensure medicine(s) are administered in accordance with this protocol.

Responsibilities of professional manager(s)	**Professional manager(s) will be responsible for;** Ensuring that the current protocol is available to all staff providing care under this direction. Ensuring that staff have received adequate training in all areas relevant to this protocol and meet the requirements above. Maintain up to date record of all staff authorised to administer the medicine specified in this protocol.

Documentation

Administration	Nurses working in radiology departments within NHS Grampian can be authorised to administer the medicine(s) specified in this protocol by a consultant radiologist. All authorised staff are required to read the protocol and sign the Agreement to Administer Medicines Under Protocol (Appendix 1). A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed locally.
Record of administration	An electronic or paper record must be completed to allow audit of practice. An electronic record of the screening and subsequent administration, specified in this protocol should be made in accordance with individual Health Board electronic/HEPMA recording processes. If a paper record is used for recording the screening of individuals and the subsequent administration, or not of the medicine(s) specified in this protocol. This should include as a minimum: • Date and time of supply/administration • Individual's name and CHI • Exclusion criteria, record why the medicine was not supplied/administered (if applicable) • Record that valid consent to treatment under this protocol was obtained • The name, dose, form, route (batch number, expiry date and anatomical site where appropriate for injectable medicines) of the medicine administered • Advice given, including advice given if excluded or declined treatment under this protocol • Signature and name in capital letters of the healthcare professional who administered the medicine, and who undertook the assessment of the individual's clinical suitability for the administration of the medicine • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). The information should be scanned and recorded electronically on the following systems • RIS • Secondary care Medical Notes • HEMPA

Audit	All records of the medicine(s) specified in this protocol will be filed with the normal records of medicines in each practice/service.
References	Electronic Medicines Compendium www.medicines.org.uk Chlorphenamine Piriton® Tablets (GSK Brand) Date of revision 12/01/21 Accessed: 15/02/23 Chlorphenamine Piriton® Syrup (GSK Brand) http://medicines.org.uk Date of revision 18/07/22 Accessed: 15/02/23 Chlorphenamine Interactions British National Formulary (BNF) https://bnf.nice.org.uk/interactions/chlorphenamine/Date of revision: 2023 Date Accessed: 03/03/23 Chlorphenamine Interactions: Electronic Medicines Compendium Date of revision: 21/08/19 Date Accessed: 03/03/23

Appendix 1

Healthcare Professional Agreement to Administer Medicine(s) Under Protocol

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to administer the medicine(s) contained within the following Protocol

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I have completed the appropriate training to my professional standards enabling me to administer the medicine(s) under the above protocol. I agree not to act beyond my professional competence, nor out with the recommendations of the protocol.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN _____

Appendix 2

Healthcare Professionals Authorisation to Administer Medicine(s) Under Protocol

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this protocol is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to administer the medicine(s) under this protocol is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to administer the medicine(s) under this protocol is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
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Local clinical area(s) where the listed healthcare professionals will operate under this protocol:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Protocol for the Administration of Oral Chloramphenamine by Nurses Working in Radiology Departments Within NHS Grampian					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**