Tees, Esk and Wear Valleys
NHS Foundation Trust

Patient Group Direction for the supply and/or administration of:

Diazepam 2 mg and 5 mg tablets

To:

Adult patients referred to a Crisis Team

PGD 31

Status: Approved

This Patient Group Direction has been endorsed for use by:

Title	Name	Signature	Date
Medical Director	Dr Stephen Wright	*	21/2/2022
Director of Nursing and Governance	Elizabeth Moody	*	04/03/2022
Chief Pharmacist	Chris Williams	*	21/2/2022

This Patient Group Direction has been approved by:

Title	Name	Signature	Date
Drug and Therapeutics Committee	Dr Baxi Sinha (Chair)	*	28/2/2022

* signed copy available on request for audit purposed

Contents

1. Clinical condition or situation to which the Patient Group Direction applies

Define situation/condition	Short-term relief of moderate-severe anxiety or agitation which is disabling, or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness
Objectives of care	To alleviate distress from moderate to severe anxiety or agitation without the need to wait for the attending medical office or for unnecessary admission to hospital.
Patient criteria for inclusion	Aged over 16 years presenting to a crisis team with the situation/condition above
Criteria for exclusion **NB.** Exclusion from supplying/administering diazepam under a PGD may not necessarily exclude supply/administration following the direction of a prescriber.	• Under 16 years of age • On a Community Treatment Order (CTO). • Intoxication with alcohol, or intent to consume alcohol • Known hypersensitivity or intolerance to benzodiazepines. • Already prescribed diazepam and maximum daily dose already taken. • Confirmed, suspected or intended pregnancy. • Breast feeding. • Any of the following contra-indications or conditions requiring dose adjustment: ➢ Known hypersensitivity to benzodiazepines or to any of the excipients ➢ Phobic or obsessional states; chronic psychosis, hyperkinesis (paradoxical reactions may occur) ➢ CNS depression ➢ Acute pulmonary insufficiency; respiratory depression, acute or chronic severe respiratory insufficiency ➢ Myasthenia gravis ➢ Sleep apnoea ➢ Hepatic insufficiency ➢ Renal insufficiency ➢ Acute porphyria Diazepam should not be used as monotherapy in patients with depression or those with anxiety and depression as suicide may be precipitated in such patients.

Action if excluded	• Explain reason for exclusion to the patient. • If on CTO, or other MHA restriction, liaise with on-call consultant (a Section 62 emergency treatment form **must** be completed if treatment required) • Seek further medical advice • Document in patient record.
Action if patient declines treatment	• Seek further medical advice. • Document in patient's record.
Reference to national/local policies or guidelines	• Summary of product characteristics (2mg) • Summary of product characteristics (5mg) • British National Formulary • RCN Medicines Management. • NICE MPG2 – Patient Group Directions • TEWV Medicines Overarching Framework • TEWV PGD Overarching Framework

2. Characteristics of staff

Qualifications required	• Registered Nurse with current NMC registration.
Additional experience / training required	• Permanent employee of the Trust and has completed preceptorship training. • Current member of a Trust crisis team or equivalent • Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD. • Has undertaken appropriate training for working under patient group directions for the supply and administration of medicines and registered to use this PGD.
Continued training requirement	• **Must** be approved to supply diazepam using the PGD. • **Must** complete PGD training review every 3 years. • Nurses **must** keep up to date regarding amendments in the use of diazepam and Trust prescribing policies.

3. Description of treatment

Name, strength & formulation of drug	Diazepam 2 mg tablets Diazepam 5 mg tablets
Legal class	POM Controlled Drug (CD) Schedule 4, part 1
Dose/dose range	2 mg or 5 mg
Method/route	Oral
Frequency of administration	One tablet to be taken up to three times as required in a 24 hour period (minimum dose interval = 8 hours).
Maximum dose & number of treatments	*For patients not previously treated with a benzodiazepine drug (benzodiazepine-naïve) and patients who may be more sensitive to the effects* – 2 mg up to three times daily (max. 6 mg in 24 hours) *For patients previously treated with a benzodiazepine* - 5 mg up to three times daily (max. 15 mg in 24hours) Normal supply - for treatment up to 24 hours only (up to 3 tablets); supply may be repeated up to three times (maximum of four days in total) to cover weekends & Bank Holidays if necessary.
Presentation of medicines for supply	1 x 2 mg tablet 1 x 5 mg tablet.
Follow-up treatment	Reassess. Seek medical advice if no improvement in symptoms after 24 hours.

3.1. Further aspects of treatment

Patient advice (verbal and written)	• Ensure patient is aware of minimum dose interval and maximum daily dosage. • Seek further medical advice if condition does not improve or deteriorates. • Avoid other sedatives, e.g. opioid analgesics, including over the counter medications. • Do not drink alcohol whilst taking diazepam. • Do not drive or operate machinery. • Possible side effects – confusion, ataxia, dependence, headache, increase in aggression, salivation changes, tremor, urinary retention, incontinence, skin reactions.

	• Give patient a copy of the patient information leaflet from the Choice & Medication website
Identification and management of adverse reaction(s)	• Request patient to report any adverse effects.
Reporting procedure of adverse reaction(s)	• Report to appropriate case manager. • Document in patient record. • Yellow card to MHRA for severe or unusual reactions.
Arrangements for referral to medical advice	• Consult appropriate medical practitioner (GP/SHO/consultant).
Additional facilities / supplies required	• Secured in a locked medicines cabinet at room temperature (storage temperatures should not exceed 25ºC).
Records	• An entry to be made on the PGD record sheet (Appendix 1). • An entry to be made in the patient's record.

4. Management and authorisation of Patient Group Direction

I have read and understood this Patient Group Direction and agree to supply this medicine only in accordance with this PGD.

- PGDs do not remove inherent professional obligations or accountability
- PGDs should be used in conjunction with reference to national or local policies, guidelines or standard text (e.g. Summary of Product Characteristics) and do NOT replace the need to refer to such sources
- It is the responsibility of each professional to practice only within the bounds of their own competence

Note to authorising managers: **All nurses authorised to use this PGD must have received training as defined within the PGD and be competent to administer the medicines identified in the PGD.** Authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the authorisation sheet showing their authorisation.

Pre-requisition – successful completion of PGD theory e-learning package (100%)		
Successful completion evidenced via ESR: Y / N	Date	Checked and confirmed by: Signature:
PGD specific associated pre-requisitions -		
Subject: Successful completion evidenced by proof of course attendance: Y / N	Date	Checked and confirmed by: Signature:
Subject: Successful completion evidenced by proof of course attendance: Y / N	Date	Checked and confirmed by: Signature:
For the administration and/or supply of: Diazepam to patients under the care of the crisis resolution team.		
Name of Nurse		
Authorising Trainer		
Successful completion evidenced by proof of course attendance: Y / N	Date	Checked and confirmed by: Signature:
The above named nurse is authorised to work within the confines of this PGD		
Authorising Manager & Designation:	Signature:	
I, the undersigned, have read and understood this PGD. I have attended a specific information and training session/completed the appropriate e-learning package for the implementation of this PGD and can safely implement this PGD		
Signature of named nurse	Date	Review date
Record Keeping		
One copy with PGD to be retained by named nurse; one copy to personal file		

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Appendix 1

PGD 31 – Recording sheet for diazepam 2 mg tablets

UNIT/WARD/TEAM	*LOCATION*	*SHEET NO*

DATE	*PATIENT'S NAME*	*DOB and/or NHS No.*	*QUANTITY*	*DOSE*	*TIME*	*GIVEN/SUPPLIED BY*	*RUNNING TOTAL*	*REQUISITION NUMBER*
	Starting balance (transferred from previous sheet)							

Appendix 2

PGD 31 – Recording sheet for diazepam 5 mg tablets

UNIT/WARD/TEAM	LOCATION	SHEET NO

DATE	PATIENT'S NAME	DOB and/or NHS No.	QUANTITY	DOSE	TIME	GIVEN/SUPPLIED BY	RUNNING TOTAL	REQUISITION NUMBER
	Starting balance (transferred from previous sheet)							