University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Supply/Administration of HYDROCORTISONE 1% CREAM By Registered Nurses, Emergency Nurse Practitioners (ENP) and Emergency Care Practitioners(ECP) In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

Documentation details

Reference no:	UHDB105
Version no:	V2
Valid from:	28/11/2024
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Expiry date:	27/11/2027

Change history

Version number	Change details	Date
1	Use of new UHDB template	10/08/2021
2	Planned review and update. No clinical changes	October 2024

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD, or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Dr Venkata Thungala	Consultant Emergency Medicine
Nida Halim	Pharmacist
Nadine Watson	Emergency Nurse Practitioner

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
N/A

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medication Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	**James Hooley**	**Signed copy held by Pharmacy**	**28/11/2024**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Pharmacist *Clinical Pharmacist from PGD working group*	**Nida Halim**	**Signed copy held by Pharmacy**	**01/11/2024**
Lead ED Consultant *Doctor*	**Dr Venkata Thungala**	**Signed copy held by Pharmacy**	**14/11/2024**
Senior ENP *Registered Professional representing users of the PGD*	**Nadine Watson**	**Signed copy held by Pharmacy**	**29/10/2024**

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of staff

Qualifications and professional registration	Registered professional with current professional registration operating within their usual scope of practice. Must be a profession permitted by current legislation to practice under a patient group direction.
Initial training	• Completion of all Essential-to-role training as outlined in the UHDB PGD policy. • Individual has read and understood full content of this PGD and signed authorisation (section 7) • Completion of Medicines Management Drug Assessment
Competency assessment	Staff operating under this PGD are encouraged to review their competency using the NICE PGD Framework (see references) Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with either the authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
On-going training and competency	• Annual Medicines Safety Training (essential to role) • Organisation PGD eLearning • Review/repeat initial training above when this PGD is revised • Any staff found to be using this PGD incorrectly will need to re-attend the above training.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	For Mild to moderate inflammatory skin disorders and reactions to insect bites
Criteria for inclusion	• Consent gained – if under 16 years consider requirements for consent. • Adult or child with irritant dermatitis, contact allergic dermatitis, insect bite reactions and mild to moderate eczema.
Criteria for exclusion	• Consent not gained • Bacterial, viral or fungal skin infections. • Do not Use on the eyes, face, ano-genital region, broken or infected skin including cold sores, acne or athlete's foot. • Acne • Perioral dermatitis • Psoriasis • Rosacea • previous local or systemic reactions to the medicine • Known hypersensitivity to the active ingredient or to any component of the product including chlorocresol & cetostearyl alcohol- see Summary of Product Characteristics • Pregnancy (systemic effects can be seen with topical application)
Cautions including any relevant action to be taken	• Breastfeeding – not to be used on breast tissue • Dermatoses of infancy e.g. nappy rash • In infants and children, courses of treatment should not normally exceed 7 days • Consider referral for prescription if covering multiple areas or large area of the body • Do not use under an occlusive dressing (including nappies)
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Refer to a prescriber or medical staff for review and prescribing of alternative agent
Action to be taken if the patient or carer declines treatment	• Advise patient on an alternative intervention/treatment. • Document in medical notes the reason for refusal, action taken, advice given • Refer to a prescriber or medical staff and consider prescribing an alternative medication/treatment if needed.
Arrangements for referral for medical advice	Refer to the appropriate medical practitioner in the care pathway

5. Description of treatment

Name, strength & formulation of drug	Hydrocortisone 1% w/w cream
Legal category	POM (Prescription-only medicine)
Route / method of administration	For topical use only
Indicate any off-label use (if relevant)	N/A
Dose and frequency of administration	Apply the cream sparingly to the affected area once or twice a day Massage gently into the affected area to help absorption into the skin
Duration of treatment	**Maximum of ONE week**
Quantity to be supplied (leave blank if PGD is administration ONLY)	One 15 gram tube – See caution regarding multiple/large areas of the body. It may be appropriate to initiate treatment with a single tube but signpost to follow up consultation with an appropriate prescriber if large volumes of topical steroid are required to treat the condition. A prescription charge should be levied in clinical areas who are required to issue NHS prescription charges. Adult patients who pay for prescriptions may therefore prefer to consult a community pharmacist for a supply of 1% ointment. Labelling must meet the requirements outlined in Trust PGD Policy and associated training. The Pharmacy department over-label packs to meet legal requirements for supply. If you do not hold these appropriately over-labelled packs in stock, then a supply to patients is not appropriate.
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Do not store above 25°C.
Drug interactions	No known drug interactions
Adverse reactions	The following side effects are common with Hydrocortisone 1% w/w cream: • Skin reactions; telangiectasia (spider veins) • Striae may occur especially in intertriginous areas A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website (see references)

Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	• Inform the individual/carer of possible side effects and their management. • Seek medical advice before using on a new body area, as some areas of the body are more prone to side-effects. • The individual/carer should be advised to seek medical advice in the event of an adverse reaction. • Inform patient once the cream has been applied **do not cover** the area with a dressing or plaster • If the condition has not improved after 7 days, or worsens, consult your doctor • Patients should be advised that side effects such as skin thinning and systemic effects rarely occur when topical corticosteroids are used appropriately. • If skin condition worsens within two weeks of stopping use, treatment should not be re-started without seeking medical advice.
Records	Record the following information on ePMA (Electronic Prescribing system) UHDB – Meditech Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered. • date of supply/administration • dose, form, and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable e.g., injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether supplied and/or administered and that this was done via Patient Group Direction (PGD)

	Records should be signed and dated (or a password-controlled e-records). All records should be clear, legible, and contemporaneous. If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.

6. Key references

Key references	• Electronic Medicines Compendium https://www.medicines.org.uk/emc/product/4600/smpc accessed online 17/09/2024 • Electronic Medicines Compendium https://www.medicines.org.uk/emc/files/pil.4600.pdf accessed online 17/09/2024 • Electronic BNF https://bnf.nice.org.uk/drugs/hydrocortisone/ accessed online 17/09/2024 • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

PGD Name [version]: QHB ED/MIU/Ambulatory Care - Hydrocortisone 1% Cream [v2] PGD ref: UHDB105

Valid from: 28/11/2024 Expiry date: 27/11/2027

Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read MUST match this authorisation form.

Registered health professional

By signing this patient group direction you are indicating that

a) You agree to and understand all content and commit to only work within this framework.

b) You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.

c) You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager / Assessor

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.