PATIENT GROUP DIRECTION (PGD)

Supply of ferrous sulphate tablets for the treatment of anaemia

Documentation details

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Change history

Version number	Change details	Date
3.0	New version	21/10/2021

Glossary

Abbreviation	Definition
NMC	Nursing and Midwifery Council
POAC	Pre-Operative Admission Clinic
UHBW	University Hospitals Bristol and Weston

1. PGD template development

Developed by:	Name	Date
Pharmacist	Breda Cronnolly	26.10.2021
Doctor	Adam Duffen	03.11.2021
Registered Professional representing users of the PGD	Glen Cooper	03.11.2021

PGD Working Group Membership

Name	Designation
Adam Duffen	Consultant Anaesthetist
Glen Cooper	Lead Pharmacist, Surgery
Breda Cronnolly	Medicines Information Pharmacist

2. Organisational authorisations

UNIVERSITY HOSPITALS BRISTOL AND WESTON authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Preoperative Assessment, Surgical Admission Suite, Queen's Day Unit BHI Pre Assessment Clinic and Cardiac Day of Surgery Admission, Gynaecology
Limitations to authorisation

Organisational approval (legal requirement)			
Role	**Name**	**Sign**	**Date**
Consultant in Anaesthesia and Lead for Pre-Operative Assessment	**Claire Dowse**		**21.11.2021**
Lead Nurse for Quality	**Jo Witherstone**		**22.11.2021**
Director of Pharmacy	**Jon Standing**		**19.11.2021**

Local enquiries regarding the use of this PGD may be directed to Glen Cooper

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD. Alternative authorisation sheets/templates may be used where appropriate in accordance with local policy.

3. Characteristics of staff

Qualifications and professional registration	Registered Nurses with current Nursing and Midwifery Council (NMC) registration, level 1 or level 2 employed by UHBW as a Band 5 nurse or higher or Registered pharmacists Band 7 and above Nurses and pharmacists will be employed by UHBW in the Preoperative Assessment Teams or Queen's Day Unit on a permanent basis (full or part time). Nurses using medicines under the terms of a PGD must be sure of their competence to do so and act in accordance with the Nursing and Midwifery Council (NMC) Code (NMC, 2018) and the Professional guidance on the administration of medicines in healthcare settings (RPS/NMC 2019). Nurses must also be familiar with record keeping legislation which is contained in the NMC Code 2018. Pharmacists using medicines under the terms of a PGD must be sure of their competence to do so and act in accordance with General Pharmaceutical Council Code of Professional Conduct and must be registered
Initial training	• Have completed the UHBW Trust learning package for PGDs • Have the competencies to undertake the clinical assessment of patients leading to diagnosis that requires treatment according to the indications listed in this PGD • Have read and understood the PGD and have the competencies for supplying and administering medicines for this specific PGD. • Have a full understanding of the process for supplying, administering and recording of drugs issued under a PGD. • Have demonstrable, detailed knowledge of the drug being supplied or administered
Competency assessment	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 the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	The practitioner must be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and the Medicines Code	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Adult patients identified to be anaemic at preoperative assessment using a HemoCue test and who will be undergoing a surgical procedure.
Criteria for inclusion Use BNF/BNFC/SPC. Take into account any clinical guidelines or policies that are available locally or nationally, e.g. BASHH/NICE/JCVI	Patients diagnosed with anaemia using a HemoCue test and fitting the World Health Organisation criteria for anaemia: Men Haemoglobin less than 130 g/l Women Haemoglobin less than 120 g/l (Non pregnant) *and* are undergoing any elective or urgent surgery.
Criteria for exclusion	• Patients under 18 years of age • Patients unable to attend for pre-admission assessment. In this instance medication to be prescribed by the doctor and sent by post to the patient via pharmacy or via provision of the pre-packs which are available in POAC. • Known hypersensitivity to Ferrous sulphate or to any of the other constituents of the formulation • Patients receiving repeated blood transfusions • Patients receiving iron via other routes such as intravenously • Disorders of iron storage and absorption such as haemochromatosis • Pregnancy • Lactation • Swallowing difficulties • Where patient refuses the treatment • Active peptic ulcer • Paroxysmal nocturnal haemoglobinuria
Cautions including any relevant action to be taken	**Care is needed in the following circumstances and advice of the clinic anaesthetist (or non-medical prescriber) must be sought before supply of Ferrous Sulphate using this PGD.** • Haemolytic anaemia • Blood diseases (haemoglobinopathy) • Iron storage and absorption disease • Gastrointestinal disease (Inflammatory bowel disease, strictures and diverticular disease • Intolerance to sugars (glucose, sucrose, lactose) **If the patient is on any of the following medications please advise the following advice to the patient:** • Iron can affect the absorption of the following drugs: Advise patient to separate doses if possible ○ Bisphosphonates *(separate doses by at least 2 hours)* ○ Calcium salts *(separate doses by at least 2 hours)* ○ Ciprofloxacin *(separate doses by at least 2 hours)* ○ Eltrombopag *(separate doses by at least 4 hours)* ○ Entacapone (*separate doses by at least 2 to 3 hours)* ○ Levodopa *(separate the doses as much as possible)* ○ Levofloxacin *(separate doses by at least 2 hours)* ○ Levothyroxine *(separate doses by at least 2 hours)*

	○ Magnesium salts (oral) (*separate doses by at least 1 hour)* ○ Moxifloxacin *(separate doses by at least 2 hours)* ○ *Mycophenolate (separate doses by at least 2 hours)* ○ Norfloxacin *(separate doses by at least 2 hours)* ○ Penicillamine *(separate doses by at least 2 hours)* ○ Tetracyclines *(separate doses by at least 2 to 3 hours)* ○ Trientine (*separate doses by at least 1 hour)* ○ *Zinc (separate doses by at least 2 hours)*
Action to be taken if the patient is excluded	• Record the reason for the exclusion in the patient notes. Refer the patient to an anaesthetist within the respected areas
Action to be taken if the patient or carer declines treatment	• Record refusal in the patient notes. Refer the patient to an anaesthetist within the respected areas
Arrangements for referral for medical advice	Refer to the physician on duty.

5. Description of treatment

Name, strength & formulation of drug	Ferrous sulphate tablet 200mg (65mg iron);
Legal category	Pharmacy Only Medicine (P)
Route / method of administration	Oral
Indicate any off-label use (if relevant)	
Dose and frequency of administration	Ferrous sulphate 400mg (two tablets) once a day. To be taken on alternate days only. Maximum dose 400mg per day What to do if the patient already takes Iron supplements: Patients already taking Iron supplements should be advised to increase their usual dosage in line with the following table:

Medication	Prophylactic dose	Advise to take
Ferrous Sulphate, Dried	200mg Once Daily to be taken on alternate days	400mg Once daily on alternate days
Ferrous Sulphate, Drops	0.6ml Once daily (125mg/ml)	Change to Ferrous Sulphate (Dried), 400mg Once daily on alternate days
Other Iron formulations: e.g. Fefol	Variable prescriptions	Change to Ferrous Sulphate (Dried) 400mg Once daily on

	(Ferrous Sulphate and Folic acid) Modified release | | alternate Days
Duration of treatment	The medicine should be administered as above on the days preceding surgery and on the day of surgery.
Quantity to be supplied	28 tablet pack Ferrous Sulphate 200mg to-take away pack (TTA)
Storage	Stock must be securely stored in a locked cupboard according to organisation Medicines Code and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Drug interactions	Avoid if taking the following: ○ Dimercaprol (The combination of iron and dimercaprol can lead to the formation of toxic complexes) Side- effects of the following drug is affected and advice should be sought. ○ Methyldopa (Iron reduces the antihypertensive effect of methyldopa) A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Identification & management of adverse reactions	Gastro-intestinal irritation can occur with oral iron. Common side effects include: • Nausea • Epigastric pain • Constipation • Diarrhoea • Faecal impaction • Discoloured stool If side effects occur, the dose may be reduced. A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
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. • Report via Datix • Adrenaline 1 in 1000 should be available
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	Information to be provided to the patients should consist of a copy of

treatment	the Patient information leaflet provided by the manufacturer. This should be supported by verbal communication of the reason for taking these medicines The patient should also be advised to adhere to the trust starvation policy (also explained in the "To Come In" leaflet). Inform the individual/carer of possible side effects and their management. The individual/carer should be advised to seek medical advice in the event of an adverse reaction.
Records	Record: • that valid informed consent was given • 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 • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • supplied 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. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

6. Key references

Key references	• *Electronic Medicines Compendium* http://www.medicines.org.uk/ • *Electronic BNF* https://bnf.nice.org.uk/ • *NICE Medicines practice guideline "Patient Group Directions"* https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

PGD222.3 Ferrous Sulphate Valid from: 03.11.2021 Expiry: 03.11.2024

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

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

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 BRISTOL AND WESTON 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 should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

All UHBW PGDs can be accessed via the intranet at the following link