NHS
Modernisation Agency

Medicines Matters

A guide to current mechanisms for the prescribing, supply and administration of medicines

March 2005

DH Department of Health

DH INFORMATION READER BOX

Policy	Estates
HR/Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

Document Purpose	For Information
ROCR Ref:	**Gateway Reference:** 3698
Title	Medicines Matters: A guide to current mechanisms for the prescribing, supply and administration of medicines
Author	NHS Modernisation Agency – Changing Workforce Programme, Department of Health – Core Prescribing Group
Publication Date	1 March 2005
Target Audience	Medical Directors, Directors of Nursing, Allied Health Professionals, GPs, Pharmacists 'Copied to NHS Foundation Trusts for Information'
Circulation List	N/A
Description	The document describes the current mechanisms available for the prescribing, supply and administration of medicines to support the development of new roles or service redesign. It also outlines the continuing work on the non-medical prescribing programme and what it hopes to achieve.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Jacqueline Younger Lead Workforce Designer for Practitioners and Prescribing 07789 653360 or Core Prescribing Group Department of Health mb-non-medical.prescribing@dh.gsi.gov.uk
For Recipient's Use	

Contents

Medicines Matters

A guide to current mechanisms for the prescribing, supply and administration of medicines

1. Background

This publication is a brief guide for staff working in NHS trusts, NHS foundation trusts, primary care trusts (PCTs) and other health and social care organisations, describing the current mechanisms available for the prescribing, supply and administration of medicines to support the development of new/enhanced roles or service redesign. It also outlines the continuing work of the Department of Health's (DH) non-medical prescribing programme and what it aims to achieve.

As this booklet is not intended to be a detailed guide, it refers the reader to additional sources of information and reference, as required. It is a brief guide to good practice, highlighting appropriate mechanisms that can be used when developing new/enhanced roles or redesigning services.

The current mechanisms available for the prescribing, supply and administration of medicines are:

- Patient Specific Directions
- Patient Group Directions (PGDs)
- Specific exemptions covering supply or administration as contained in medicines legislation
- Independent nurse prescribing
- Supplementary prescribing by nurses and pharmacists.

More detailed information on these mechanisms is summarised in a matrix form in the appendix.

2. What is a Patient Specific Direction?

A Patient Specific Direction is the traditional written instruction, from a doctor, dentist or nurse prescriber, for medicines to be supplied or administered to a named patient. The majority of medicines are still prescribed, supplied or administered using this process. As a Patient Specific Direction is individually tailored to the needs of a single patient, it should be used in preference to a Patient Group Direction (PGD) wherever appropriate.

3. What is a Patient Group Direction?

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a medicine (or medicines) where the patient may not be individually identified before presenting for treatment. A PGD is drawn up locally by doctors, pharmacists and other health professionals and must meet certain legal criteria. Each PGD must be signed by a doctor or dentist, as appropriate, and a pharmacist, and approved by an appropriate body, usually a PCT or NHS trust.

PGDs can only be used by the following registered healthcare professionals, acting as named individuals:

> nurses, midwives, health visitors, paramedics, optometrists, chiropodists, radiographers, orthoptists, physiotherapists, pharmacists, dieticians, occupational therapists, prosthetists and orthoptists, and speech and language therapists.

A list of the individuals named as competent to use PGDs is held locally within each organisation. A senior person in each profession locally should be designated with the responsibility to ensure that only fully competent, qualified and trained professionals operate within directions. It should be noted that not every practitioner is expected to use PGDs. Patient and service need should be considered when deciding who needs to use them.

A PGD can include a flexible dose range so the healthcare professional can select the most appropriate dose for the patient.

The majority of clinical care should be provided on an individual, patient specific basis. The supply and administration of medicines under PGDs should be reserved for the limited number of situations where this offers an advantage for patient care (without compromising patient safety). The use of PGDs must also be consistent with appropriate professional relationships and accountability, i.e. the nurse or allied health professional (AHP) must act within their own expertise and competence.

Since 2003, many non-NHS organisations have been able to use PGDs. They are:

- Independent hospital agencies and clinics registered under the Care Standards Act 2000
- Prison healthcare services
- Police services
- Defence medical services.

There are no specific national training programmes for PGDs, but individual organisations must ensure that people using PGDs are competent to do so.

More detailed advice on PGDs is available from the National Prescribing Centre website at www.npc.co.uk, and in *Health Service Circular (HSC) 2000/026 Patient Group Directions [England only]*, available from www.dh.gov.uk/publications.

National template PGDs for emergency care are accessible via the Emergency Care Specialist Library on the National electronic Library for Health website at www.nelh.nhs.uk.

4. What are the 'specific exemptions' in medicines legislation for the supply or administration of medicines?

A number of health professions – for example, nurses providing occupational health schemes, midwives, chiropodists, optometrists – have specific exemptions in medicines legislation to supply or administer medicines. Provided the requirements of any conditions attaching to those exemptions are met, a PGD as outlined above is not required.

For example, registered midwives have exemptions under medicines legislation for parenteral administration of a number of prescription only medicines (POMs), including lignocaine and pethidine.

5. What is the *Nurse Prescribers' Formulary* for District Nurses and Health Visitors?

The *Nurse Prescribers' Formulary* (NPF) for District Nurses (DN) and Health Visitors (HV) is the formulary used by district nurse and health visitor prescribers. It contains 13 POMs, some pharmacy (P) and general sales list (GSL) medicines, and a list of dressings and appliances relevant to community nursing and health visiting practice. There are more than 28,000 DN and HV prescribers registered with the Nursing and Midwifery Council (NMC). Training to prescribe from the NPF is integrated into the specialist practitioner programme for district nurses and health visitors, so all newly qualifying DNs and HVs are also qualified to prescribe from the NPF. Further information is available on the National Prescribing Centre website at www.npc.co.uk.

6. What is the *Nurse Prescribers' Extended Formulary*?

The *Nurse Prescribers' Extended Formulary* (NPEF) for independent prescribing by nurses lists the specific medical conditions that nurses can prescribe for, and the medicines they can prescribe. It covers 80 medical conditions and about 180 POMs, and all P and GSL medicines that are prescribable by GPs for the specified medical conditions (see section 8 for further information on the prescribing of controlled drugs by independent nurse and supplementary prescribers). The NPEF includes a full list of indications for the medicines listed which nurses may prescribe. These are set out in both the British National Formulary (BNF) and part XVIIB(ii) of the Drug Tariff. Further information is available at www.bnf.org and www.ppa.org.uk.

All first level registered nurses and registered midwives may legally train to prescribe from the NPEF. However, the DH has recommended that nurses put forward for prescribing training should have at least three years' post-registration experience.

Consultation began in April 2004 on proposals to expand the formulary further, to include additional medical conditions and medicines for emergency and 'first contact' care. Subject to recommendations from the Committee on Safety of Medicines (CSM), the views of ministers and the parliamentary process, these changes to the NPEF could be in place by Spring 2005.

The development of the NPEF is part of a drive to make better use of nurses' skills and to make it easier for patients to get access to the medicines that they need. Nurse prescribing is an important part of developing the role of nurses in delivering frontline care and a patient-centred service.

Higher education institutions (HEIs) provide a specific programme of preparation and training for Extended Formulary nurse prescribers. Nurses who successfully complete the programme must register their prescribing qualification with the NMC before they can start prescribing. For further information visit www.nmc-uk.org.

Prescribing training courses are centrally funded through the Strategic Health Authority (SHA) Workforce Directorates. The training is spread over a period of six months, and consists of at least 26 days' training and 12 days' learning in practice. A designated medical practitioner must supervise the student and provide support, and there are elements of self-directed learning. A buddying system using another qualified independent prescriber may also be very beneficial. Previous learning can be taken into account through the Accreditation of Prior Learning (APL), at the discretion of the HEI, and some elements of the course can be delivered through Open Learning.

7. What is supplementary prescribing?

Supplementary prescribing was introduced in April 2003 and is currently available for nurses and pharmacists. The DH and the Medicines and Healthcare products Regulatory Agency (MHRA) have recently consulted on proposals to extend supplementary prescribing to physiotherapists, chiropodists/podiatrists, radiographers and optometrists. Subject to parliamentary approval, changes to regulations are anticipated by Spring 2005.

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor) and supplementary prescriber (currently a registered nurse, midwife or pharmacist), to implement an agreed patient specific Clinical Management Plan (CMP), with the patient's agreement.

Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. Unlike independent nurse prescribing, there is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements.

The training for supplementary prescribing is incorporated into the Extended Formulary nurse prescribing training at most HEIs: completion of the Extended Formulary training is a prerequisite for nurses training as a supplementary prescriber. Pharmacist supplementary prescribers have their own programme of training aimed at achieving the same competences. Some HEIs are offering parts of the course as multi-disciplinary training for nurses and pharmacists, which both professions have found valuable. Both professions must register their supplementary prescribing qualification with their regulatory body before beginning to prescribe.

8. What is the situation with the prescribing, supply and administration of controlled drugs?

Nurses can **supply** and **administer** some controlled drugs (CDs) under the terms of a PGD. Following discussions with the DH and public consultation, the Home Office amended the Misuse of Drugs Regulations in October 2003. Since then, nurses have been able to use PGDs for the supply and administration of Schedule 4 and Schedule 5 CDs – with the exception of anabolic steroids – plus diamorphine for the treatment of cardiac pain by nurses in accident and emergency departments and in coronary care units in hospitals.

Since early 2004, extended formulary nurse prescribers have been able to **prescribe**:

- Diazepam (sedative – restricted to palliative care)
- Lorazepam (sedative – restricted to palliative care)
- Midazolam (sedative – restricted to palliative care)
- Codeine phosphate (pain relief)
- Dihydrocodeine tartrate (pain relief)
- Co-phenotrope (pain relief).

Nurses are also able to prescribe lower strength P and GSL medicines containing codeine phosphate and dihydrocodeine tartrate.

The DH and MHRA completed a public consultation in July 2003 which included proposals to extend the range of controlled drugs prescribable by nurses qualified to prescribe from the NPEF. 13 additional CDs were suggested for pain relief in palliative care; diamorphine and morphine were also proposed for pain relief in coronary care. These proposals are now being considered by the Home Office's Advisory Council on the Misuse of Drugs (ACMD). Separately, proposals that diamorphine and morphine be added to the exemptions enabling midwives to administer these substances as part of their professional practice, came into force on 31 January 2004 (see section 4 regarding 'specific exemptions').

The Home Office is also considering proposals enabling **supplementary prescribing** of CDs, including opioids, by nurses and pharmacists. These are being considered in the context of *The Shipman Inquiry Fourth Report – The Regulation of Controlled Drugs in the Community*, published in July 2004.

9. How do I choose the most appropriate option?

Separate legal requirements govern the prescribing, supply and administration of medicines. Decisions to adopt one process or a mix of the arrangements outlined above will be influenced by different clinical situations, and different staff groups. Before deciding to undertake, or send staff to attend, lengthy training courses, it is worth checking which would be the most appropriate option in your particular circumstances. The summaries below can help with these decisions.

Independent nurse prescribing is appropriate in the following circumstances:

- Conditions commonly presenting are those listed in NPEF
- The nurse works remotely from a doctor, seeing patients independently for those conditions listed in NPEF
- The doctor could see and treat other patients while the nurse sees some patients
- The nurse is competent to assess, diagnose and make treatment decisions for the patient.

It is not suitable for prescribing for complex medical conditions or for patients with several co-morbidities.

Use of PGDs is appropriate in the following circumstances:

- The medicines to be given, and the circumstances under which they should be given, can be clearly defined in the written direction
- There are 'high volume' groups of patients who present for treatment, such as people needing vaccines, or 'routine' treatments such as eyedrops before clinical examination
- Medicines are to be supplied and administered by one of the registered health professionals allowed to use PGDs.

PGDs are not suitable where a range of different medicines need to be given to the patient at the same time. They may only be used by a registered healthcare professional in one of the professions listed in section 3. Professionals work under PGDs as named individuals, and no delegation of the supply or administration of medicines is permissible.

Use of exemptions for supply and administration is most appropriate in the following circumstances:

- The health professional is delivering specific care within their area of expertise and the range of medicines specified in legislation meets patients' needs.

Supplementary prescribing is most useful in the following circumstances:

- Patients with long-term conditions, who can be managed by a nurse or pharmacist between reviews by the doctor
- Nurses or pharmacists are competent to manage the patient's condition
- There is a close working partnership between the independent prescriber (doctor) and the supplementary prescriber, and the supplementary prescriber has access to the same common patient record.

Supplementary prescribing is not suited to emergency, urgent or acute prescribing situations because an agreed CMP is required before prescribing can begin.

10. Who can administer medicines?

Any suitably trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual patient. The medicines can then only be given to that named patient. This principle applies to non-registered staff at all levels. However, non-registered staff cannot administer medicines using a PGD, and cannot train to prescribe medicines.

11. What is the next stage in the Department of Health non-medical prescribing programme?

The next stage of the project aims to:

- Expand nurse prescribing for emergency care
- Develop supplementary prescribing by AHPs (physiotherapists, chiropodists/podiatrists, radiographers and optometrists)
- Take forward work on pharmacist independent prescribing
- Review current models of prescribing in specific acute care situations.

Patient safety remains the paramount consideration in further expansion of non-medical prescribing.

On 1 September 2004 an outline curriculum for training to prepare AHPs as supplementary prescribers was published and is available on the DH website at www.dh.gov.uk/publications.

A high-level programme board, chaired by the Chief Nursing Officer, oversees the programme and a DH project team is responsible for delivery.

The NHS Modernisation Agency New Ways of Working projects and experience feed into this project team.

12. Who is involved in changing prescribing legislation?

The CSM is one of the independent advisory committees, established under section 4 of the Medicines Act 1968. CSM advises the UK Licensing Authority on the quality, efficacy and safety of medicines in order to ensure that appropriate standards to safeguard public health and safety are met and maintained.

The MHRA is an executive agency of the DH, responsible for ensuring that medicines and healthcare products meet appropriate standards of safety, quality, performance and effectiveness, and are used safely. Proposals to change medicines legislation are subject to statutory consultation and those consultations are arranged and undertaken by the MHRA, on occasions jointly with the DH. The MHRA provides information from the consultations to aid CSM in formulating its advice to ministers. Once ministers have reached their decisions, any necessary amendments to medicines legislation are arranged by the MHRA.

The DH is responsible for any necessary amendments to NHS Regulations arising from the extension of prescribing responsibilities. The Home Office has responsibility for the prescribing of controlled drugs under the terms of the Misuse of Drugs Act and Misuse of Drugs Regulations. The Home Office is advised by the ACMD.

13. Where can I find further information?

Department of Health website

The DH website is regularly updated and has comprehensive information on all aspects of prescribing. A section on 'Prescriptions and prescribing' can be found in the 'Policy and guidance A-Z'.
www.dh.gov.uk/policy

PRODIGY

PRODIGY guidance on common conditions and symptoms managed in primary care is available in a variety of formats. Full guidance provides concise information to support decision-making in the consultation and more detailed background information for use as a learning resource.

Quick reference guides summarise the key management options and link these to concise supporting information and prescription details.

PRODIGY Patient Information Leaflets (PILs) provide guidance for people who are not healthcare professionals and give an overview of the condition, side effects, advice on self-management, information on treatment options and sources of further help.

PRODIGY Drugs – lists the drugs recommended by PRODIGY, and links them to the condition and situation in which they are recommended.
www.prodigy.nhs.uk

Medicines and Healthcare products Regulatory Agency (MHRA)

The MHRA website contains information about the legal framework governing the prescribing, supply and administration of medicines.
www.mhra.gov.uk

Other useful websites

National Prescribing Centre
www.npc.co.uk

Medicines Partnership Programme
www.medicines-partnership.org

National electronic Library for Health
www.nelh.nhs.uk

Examples of Patient Group Directions (PGDs)
www.pgd.nhs.uk
www.druginfozone.nhs.uk

Prescribing news
www.nurse-prescriber.co.uk

NHS Modernisation Agency – Changing Workforce Programme
www.modern.nhs.uk/cwp

14. Glossary of terms

Prescribing means ordering the use of a medicine or other treatment.

Patient Specific Directions or **Patient Group Directions** are the written instruction to supply and/or administer medicines or treatment (explained in detail in sections 2 and 3).

Sale, Supply and Administration of Medicines. One of the responsibilities of the MHRA is to enforce the provisions of the Medicines Act 1968 and associated secondary legislation. The law regulates the sale, supply and administration of all medicines available in the UK. Each medicine is assigned to one of three legal categories – prescription only medicine (POM), pharmacy (P) or general sales list (GSL). These classifications determine how medicines can be supplied to the public.

POM and **P** medicines can only be sold or supplied at registered pharmacy premises by or under the supervision of a pharmacist. **POMs** are subject to the additional requirement that they are sold or supplied in accordance with an appropriate practitioner's prescription. An 'appropriate practitioner' is a doctor, dentist or, in certain circumstances, an independent nurse prescriber or supplementary prescriber. **GSL** medicines can be sold from a wider range of premises, such as supermarkets, provided those premises can be closed to exclude the public (i.e. they are lockable) and the medicines are pre-packed. There are, however, a number of exemptions from these restrictions. For further information visit www.mhra.gov.uk.

Administration. Medicines legislation does not specifically address the issue of administration of medicines except where the product is for injection. Then it may only be:

- Self-administered
- Administered by a doctor or, subject to certain limitations, an independent nurse prescriber or supplementary prescriber
- Administered by anyone acting in accordance with the Patient Specific Directions of a doctor or, subject to certain limitations, an independent nurse prescriber or supplementary prescriber.

Non-registered staff in health and social care can administer medicines that are appropriately prescribed. However, the following principles apply:

- Registered health professionals, such as doctors and nurses, have a duty of care and are professionally and legally accountable for the care they provide, including those tasks they delegate to non-registered staff. If expecting non-registered staff to administer medicines, those delegating the duty must ensure that they are competent to do so safely
- The employing organisations have a legal duty of care and are responsible for ensuring that the staff they employ are properly trained and undertake only those responsibilities specified in agreed job descriptions.

Repeat Prescribing. The National Prescribing Centre has produced guidance and a resource of repeat prescribing, *Saving time, helping patients: A good practice guide to quality repeat prescribing*, available on the NPC Publications section of the NPC website at www.npc.co.uk.

Legal Classification of Licensed Medicines

Prescription only medicine (POM)

POMs require a prescription to be written, usually by a doctor, dentist, nurse or other approved prescriber.

Pharmacy medicine (P)

P medicines can only be sold through a registered pharmacy under the personal supervision of a pharmacist i.e. the pharmacist needs to be present before a P medicine can be sold.

General Sales List medicine (GSL)

GSL medicines are deemed even safer than P medicines and can be sold in general shops as well as through pharmacies, albeit often in small quantities. All of the products are sold in manufacturers' original packs.

Over the counter medicine (OTC)

Not a legal classification but a generic term that covers both GSL and P medicines.

Appendix: Prescribing, supply and administration of medicines

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Doctor	YES	N/A	N/A	N/A	N/A	N/A
Dentist	YES	N/A	N/A	N/A	N/A	N/A
Pharmacist	NO	YES	YES	(1) In relation to opticians (see below) (2) sale or supply of amyl nitrate to those to whom cyanide salts may be sold for purpose of antidote to cyanide poisoning	N/A	N/A
Nurse	YES – if EFNP	YES	YES	N/A	YES if in the course of an occupational health scheme	YES if in the course of an occupational health scheme
Health Visitor	YES – if EFNP or DN/HV	YES	YES	N/A	N/A	N/A

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Midwife	YES - if EFNP or DN/HV	YES	YES	Sale or supply of POMs containing any of the following substances- *Chloral hydrate *Ergometrine maleate *Pentazocine hydrochloride *Triclofos sodium. Sale or supply only in the course of their professional practice and in the case of Ergometrine maleate only when contained in a medicinal product which is not for parenteral administration	N/A	POMs containing any of the following substances but no other POM substance: *Diamorphine *Ergometrine maleate *Lignocaine *Lignocaine hydrochloride *Morphine *Naloxone hydrochloride *Oxytocins, natural and synthetic *Pentazocine lactate *Pethidine hydrochloride *Phytomenadione *Promazine hydrochloride. The administration shall be only in the course of their professional practice and in the case of Promazine hydrochloride, Lignocaine and Lignocaine hydrochloride shall be only while attending on a woman in childbirth.

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Optometrist	NO	YES subject to parliamentary approval Spring 2005	YES	POMs which are not for parenteral administration and which- (a) are eyes drops and are POMs by reason only that they contain not more than 0.5% Chloramphenicol, or (b) are eye ointments and are POMs by reason only that they contain not more than 1% Chloramphenicol, or (c) are POMs by reason only that they contain any of the following substances: *Atropine sulphate *Bethanecol chloride *Carbachol *Cyclopentolate hydrochloride *Homatropine hydrobromide *Naphazoline hydrochloride *Naphazoline nitrate *Physostigmine salicylate *Physostigmine sulphate *Pilocarpine hydrochloride *Pilocarpine nitrate *Tropicamide Sale or supply shall be only- (a) in the course of their professional practice and (b) in an emergency.	N/A	N/A

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Arts Therapists	NO	NO	NO	NO	NO	NO
Dieticians	NO	NO	YES	NO	NO	NO
Orthoptists	NO	NO	YES	NO	NO	NO
Prosthetists and Orthotists	NO	NO	YES	NO	NO	NO
Physiotherapists	NO	YES subject to parliamentary approval Spring 2005	YES	NO	NO	NO
Radiographers	NO	YES subject to parliamentary approval Spring 2005	YES	NO	NO	NO
Speech and Language Therapists	NO	NO	YES	NO	NO	NO
Occupational Therapists	NO	NO	YES	NO	NO	NO

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Chiropodists and Podiatrists	NO	YES subject to parliamentary approval Spring 2005	YES	Sale or supply of * Co-dydramol 10/500 tablets; * Amorolfine hydrochloride cream where the maximum strength of the Amorolfine in the cream does not exceed 0.25% by weight in weight; * Amorolfine hydrochloride lacquer where the maximum strength of the Amorolfine in the lacquer does not exceed 5% by weight in volume; and * Topical hydrocortisone where the maximum strength of the hydrocortisone in the medicinal product does not exceed 1% by weight in weight. The sale or supply shall be only in the course of their professional practice and (a) in the case of Co-dydramol 10/500 tablets the quantity sold or supplied to a person at any one time shall not exceed the amount sufficient for 3 days' treatment to a maximum of 24 tablets.	N/A	POMs for parenteral administration that contain, as the sole active ingredient, not more than one of the following substances- *Bupivacaine hydrochloride * Lignocaine hydrochloride * Prilocaine hydrochloride. The administration shall be only in the course of their professional practice.

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Paramedics	NO	NO	YES	N/A	N/A	The following POMs for parenteral administration- (a) Diazepam 5 mg per ml emulsion for injection; (b) Succinylated Modified Fluid Gelatin 4 per cent intravenous infusion; (c) prescription only medicines containing one or more of the following substances, but no active ingredient- *Adrenaline Acid Tartrate, *Amiodarone *Anhydrous Glucose *Benzylpenicillin *Bretylium Tosylate *Compound Sodium Lactate Intravenous Infusion (Hartmann's Solution) *Ergometrine Maleate *Frusemide *Glucose *Heparin Sodium *Lignocaine *Hydrochloride *Metoclopramide *Morphine Sulphate, *Nalbuphine *Hydrochloride *Naloxone Hydrochloride *Polygeline * Reteplase ** *Sodium Bicarbonate *Sodium Chloride *Streptokinase *Tenecteplase **

continued overleaf

Health Professional	Independent prescribing	Supplementary prescribing	Able to supply or administer under Patient Group Directions?	Current exemptions [from req't for prescription] for sale or supply of POMs [details from Sch 5 Part I of POM Order]	Current exemptions [from req't for prescription] for supply of POMs [details from Sch 5 Part II of POM Order]	Current exemptions [from req't from written directions of practitioner] for parenteral administration of POMs [Sch 5 Part III of POM Order]
Paramedics – continued						The administration shall be only for the immediate, necessary treatment of sick or injured persons and in the case of a POM containing Heparin Sodium shall be only for the purpose of cannula flushing. ** from 18 May 2004. Also current proposal to add amiodarone

Produced by the NHS Modernisation Agency and the Department of Health

www.modern.nhs.uk
www.dh.gov.uk