

**Standard Operating Procedure for the Administration and Supply of Medicines using a  
Patient Group Direction (PGD)**

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## Standard Operating Procedure for the Administration and Supply of Medicine using a Patient Group Direction (PGD)

### Objective

To describe the procedures required to dispense take home medication for patients using a Patient Group Direction authorised through the PGD governance group and locally by the Lead Medic and Nurse.

This should be viewed in conjunction with the following documents:

- NHSGGC Safe and Secure Handling of Medicines in Hospital Wards, Theatres and Departments
- NHSGGC No Interruptions for the Preparation and Administration of Medicines Policy

### Staff Category

Medicines may be supplied to patients through a PGD by a **competent registered nurse** that meets the staff characteristics within the PGD framework, and who can exercise professional accountability and judgement in the best interest of their patients.

### Scope

This SOP relates to the PGD's currently in use for the NHSGGC Mental Health Assessment Units and Community Mental Health Acute Care Services (CMHACs). These are:

- Diazepam
- Zopiclone
- Promethazine

The administration and supply of medicines through a PGD must be undertaken in a methodical manner and must meet the criteria within the authorised PGD without exception.

Distractions should be minimised while medicines are being selected, prepared, administered or issued.

Staff involved in administering and supply of medicine through a PGD **must** undertake training in the use of PGD's and have signed a local master copy to confirm competence. The local Nurse Team Leader should store a local Master copy which must be kept alongside the PGDs.



CMHACS MHAUs  
pgd training nov 20

Staff should also have completed the TURAS module on PGDs prior to administering any medicine in relation the PGDs:

<https://learn.nes.nhs.scot/45104/pharmacy/patient-group-directions-pgds>

**All staff involved in the administration or supply of medicines should have knowledge of the medicines involved. This should include normal dosage, side effects, precautions and contraindications.**

**All staff involved must have up to date training in basic life support or medical emergency training**

Teams require local induction arrangements for new staff to be inducted on the use of PGDs – this should form part of local induction packs.

Each staff member is required to sign that they have read and understood the PGD and completed the appropriate training for the following -



PGD Diazepam  
APPROVED MARCH 2



PGD Promethazine  
APPROVED March 20.



PGD Zopiclone  
APPROVED March 20.

The lead clinician and lead professional nurse must sign each of the PGDs to provide that local authorisation.

Each PGD will include frequency of audit and who is responsible within each team.

**Preparation for supply of medicines**

Ensure equipment required is prepared and ready for use where appropriate. This includes the following:

- PGD
- Adequate supply of medicines within the PGD
- Medicine trolley/cupboard keys
- Signage as per NHSGCC No Interruptions Policy



No interruptions  
sign.pdf

- Current BNF or from within the MyPsych App

**Checking Patient Group Direction**

Read the appropriate PGD to ensure the nurse is clear on the:

- Drug to be supplied through PGD
- Criteria for use
- Exclusion criteria
- Dose
- Number of doses for supply
- Medicine form i.e. tablet
- Dose times
- Allergies

## Procedure

- The Patient should be seen in an environment free from interruptions and distractions in line with NHSGGC No Interruptions Policy where possible
- Consider and confirm inclusion criteria for use of the PGD through relevant checklist
- Access EMIS and CLINICAL PORTAL to ensure exclusion criteria is not met
- Ensure consideration is given to highlighted contraindications
- Staff must then check the identity of the patient and check for allergies
- Check patient's vital signs if required
- Discuss use of PGD with patient and confirming inclusion or exclusion criteria
- Confirm prescribed medication with the patient
- Confirm other medicines have not already been supplied
- Check pre pack to ensure correct dose and number of doses supplied correspond with the PGD
- The patient's name should then be written on the pre-pack medication box.
- Ensure adequate verbal and written information around safe self-administration and storage is provided and that patient understands same
- The nurse must then record the issuing of the pre pack medicine supply on EMIS using the template available. The entry on EMIS should reflect both the medicine supply given, and the information supplied around safe administration and storage. Update the PGD Reconciliation Form to reflect the stock issued.
- Ensure where possible a follow up appointment is given to the patient and is in line with PGD requirements
- Ensure communication is sent to patients GP and RMO if applicable. A letter should be completed on Winvoice Pro and sent to the GP, this will also generate the letter to be uploaded to EMIS. Teams may wish to have agreed draft template letters for each PGD available on their shared drive for easy completion.
- PGD stock can be ordered when required however delivery will only be once per week, this is usually a Thursday or Friday. Staff should therefore ensure stock is checked following every administration and ordered thereafter *based on appropriate minimum and maximum stock levels*.
- Daily reconciliation of stock should be undertaken by two registered staff, one of whom could be a student nurse assessed as competent, accountability remains with the registrant.
- The stock quantities should reflect what teams actually use. Staff should order an initial stock then alter depending on usage.
- Store the medication in a locked cupboard and the key in a secure area. Consider ordering a key safe for the PGD supply cupboard.
- Staff should complete the PGD Medicines Key Log for removal and return of the key.



PGD Medicines Key  
Log July 22.pdf