Symptomatic Relief Policy

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Responsible Lead Executive Director:	**Executive Director NMAHPs**
Development & Approval Group or Team	**Area Drugs and Therapeutic Committee**
Endorsing Body:	**Area Drugs and Therapeutic Committee**
Governance or Assurance Committee	**Healthcare Quality and Improvement Committee**
Implementation Date:	**November 2022**
Version Number:	**5**
Review Date:	**April 2025**
Responsible Person	

CONTENTS

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/ Authors	• Director NMAHP Practice Development • Head of Pharmacy, Wishaw General Hospital • Senior Nurse, Medicine, Wishaw General Hospital • Practice Development Practitioner : Role Development
Consultation Process/ Stakeholders:	• Chief Nurses: Acute & Primary care • Senior Nurses • Pharmacists • Area Drugs and Therapeutic Committee
Distribution:	• Senior Charge nurses and Team Leaders

CHANGE RECORD			
Date	**Author**	**Change**	**Version No.**
19.11.15	M. Russell	Review, revise and update of policy in line with contemporary professional structures and practice.	1
May 18	Risk department	GDPR statement added into section 3 and updated name of Data Protection Act.	2
Dec 18	Practice Development and Pharmacy	Review, revise and update of policy in line with contemporary professional structures and practice. Removal of Factor 50 sun cream as prophylactic rather than symptomatic.	3
April 19	Pharmacy	Alignment of product choices with the NHSL Joint Adult Formulary, as per ADTC request.	4
April 22	P. Brankin	Review, revise and update of policy.	5

1. INTRODUCTION

All medicines must be prescribed by an authorised prescriber before they are administered to a patient. For some patients, it is appropriate to prescribe a number of "as required" medicines, and when that is the case, a "Symptomatic Relief Policy" as described below may be the most effective route.

2. AIM, PURPOSE AND OUTCOMES

The Symptomatic Relief Policy facilitates the administration of a restricted range of medicines to patients, by Registered Nursing and Midwifery staff, from an agreed list of products in order to relieve specified symptoms.

The policy stipulates the maximum number of doses of each medicine that can be administered within a defined time period before review by medical staff or a prescriber**.** Should the patient's condition persist beyond that stated in the individual drug monograph then a member of medical staff or a prescriber must be notified and the patient examined. Should a patient need more frequent dosing of a particular medicine, this should then be individually prescribed.

The policy does not replace the diagnosis and treatment of medical conditions by medical staff or a prescriber and is not intended to treat long-standing/chronic conditions.

The medicines contained in this policy may be administered to patients by Registered Nursing and Midwifery staff, providing that the criteria within each monograph are met.

The Symptomatic Relief Policy does not contain complete prescribing information. Staff are referred to the current online edition of the British National Formulary (BNF) and Summary of Product Characteristics (SPC) for further information.

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

The policy will benefit patients who are thirteen years old or over, are not a pregnant or breastfeeding woman and who have no contraindications or known sensitivities to any of the medicines covered by the Symptomatic Relief Policy.

The Symptomatic Relief Policy **does not apply** to children of twelve years of age and under, or to pregnant or breastfeeding women.

The patient can be excluded if he/she has any contraindication to any of the medicines listed in the Symptomatic Relief Policy, or the policy can be used with those medicines excluded. In this situation the policy can still be applied but with those medicines excluded.

The patient should be excluded if he/she is unable to communicate relevant symptoms listed above.

Patients who decline to be included on the Symptomatic Relief Policy

If a patient is excluded from the Symptomatic Relief Policy or declines to be included on the Policy, he/she must have all medication individually prescribed on their medicines prescription form.

3.2 Who are the Stakeholders

- Registered NMAHP practitioners
- Pharmacy staff
- Medical staff
- Patients

"NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at https://www.nhslanarkshire.scot.nhs.uk/data-protection-notice/ or ask a member of staff for a copy of our Data Protection Notice."

4. PRINCIPAL CONTENT

The Symptomatic Relief Policy facilitates the administration of a restricted range of medicines to patients, by Registered Nursing and Midwifery staff, from an agreed list of products in order to relieve specified symptoms. It is acknowledged that the introduction of HEPMA may reduce the need for application of this policy in some clinical areas.

The policy stipulates the minimum interval and the maximum number of doses of each medicine that can be administered before medical review**.** Should the patient's condition persist beyond that stated in the individual drug monograph, or give rise to clinical concern, then a member of medical staff or a prescriber must be notified and the patient examined. Should a patient need more frequent dosing of a particular medicine, this should then be individually prescribed.

The policy does not replace the diagnosis and treatment of medical conditions by medical or suitably qualified staff and is not intended to treat long-standing/chronic conditions.

The medicines contained in this policy may be administered to patients by Registered Nursing or Midwifery staff, providing the criteria contained in this policy are met.

Clinical Indications to which the policy applies.	
Pain	Sore Throat
Pyrexia	Maintaining the patency of an indwelling urinary catheter
Dyspepsia	Anal irritation/haemorrhoids
Constipation	Ear Wax
Cough	Dry Eyes

Medicines covered within this policy are identified in Appendix 1

Using the Symptomatic Relief Policy

1. Administration must be in accordance with the current NHS Lanarkshire Code of Practice for medicines governance.

   https://nhslguidelines.scot.nhs.uk/medicines-guidance/medicine-updates-code-of-practice-safe-prescribing/

2. The individual patient is identified by the Registered Nurse or Midwife as being a suitable candidate for the policy.

3. Within the Acute Operating Division this should be documented in the patient's Lanarkshire Medicine Prescription Form using the section on the back page of the form i.e. 'Nurse/Midwife Administration by Protocol – Authorised Nurse/Midwife only'.

Administration of Medicines via Symptomatic Relief Policy

The Registered Nurse/Midwife may only administer in the ward/team or department where they normally work and only when deemed competent by the Senior Charge Nurse/Team Leader. The Senior Charge Nurse/Team Leader is required to assess their competency based (using the declaration form in Appendix 2) on their knowledge of the policy content and awareness of the patient's diagnosis.

1. The patient must be thirteen years of age or over and must not be pregnant or breastfeeding.

2. A Registered Nurse/Midwife whose competence has been agreed and recorded with their ward/team or Department Senior Charge Nurse/Team Leader may administer medicines from the policy. (Appendix 2)

3. The Registered Nurse/Midwife must be certain of the identity of the patient to whom the medicine is being administered and ensure their practise upholds the Nursing and Midwifery Council (NMC) regulatory Code of Professional Standards of practice and behaviour for nurses, midwives and nursing associates" (NMC, 2018) [1]'.

4. The Nurse/Midwife must identify the appropriate medicine for administration and ensure that a dose of the medicine has not already been administered by checking:

    a. That it has not been prescribed and administered 'as required' or as a regular medication.

    b. It has not been prescribed and administered in the once only section.

    c. The administration record to ensure that if this drug has already been administered to the patient via this policy and that the maximum dose has not been exceeded.

    d. That the medicine is not contraindicated by any acutely prescribed medicines related to the condition undergoing treatment.

5. The Nurse/Midwife checks the monograph and administers and records the medicines administration as per guidelines

6. The maximum number of doses stated in each drug monograph must not be exceeded. If symptoms persist beyond the recommended time parameters as stated in each monograph, an appropriate medical practitioner must be consulted.

7. Any nurse/midwife unsure of the appropriateness of administering from the Symptomatic Relief Policy should refrain from doing so and consult with a more experienced nursing, midwifery or medical colleague.

Record Keeping for the Symptomatic Relief Policy

The Nurse/Midwife will record the administration of the medicine on the prescription form in the normal way i.e. back page of the medicines chart booklet on the Lanarkshire Medicine Prescription Form or Medicines Administration.

5. ROLES AND RESPONSIBILITIES

Senior Charge Nurse/Midwife/Team leader is responsible for:

- Ensuring that registered nursing/midwifery staff are aware of the Symptomatic Relief Policy
- Ensuring that the policy is used appropriately within their clinical area
- Ensuring that registered nursing / midwifery staff are reviewed and assessed as competent to utilise the Symptomatic Relief policy as per Appendix 2
- Review practice and address areas of concern or requiring improvement

Registered Nurse / Midwife is responsible for:

- Understanding the contents of the policy and implications relating to the NMC Code (2018) and complete the self declaration in Appendix 2
- Applying the policy where indicated.
- Working within the scope of the policy and utilise the monographs effectively
- Ensuring that their practice is current and evidence based.
- Record any suspected adverse drug effects in the Care Record, inform Medical Staff or a prescriber immediately and complete a Yellow card.

Pharmacy staff are responsible for:

- Ensuring the safe supply of products listed in the Symptomatic Relief Policy to clinical areas
- Reviewing and monitoring the use of the policy as part of regular audit and governance processes.

Professional Accountability

Each Registered Nurse and Midwife is accountable for the maintenance and development of their professional knowledge and competence. Staff who make use of the Symptomatic Relief Policy must exercise independent judgement and assert their professional expertise to preserve safety.

6. RESOURCE IMPLICATIONS

There are no direct additional resource implications identified in the development or implementation of this policy.

7. COMMUNICATION PLAN

The Symptomatic Relief Policy will be communicated through the:

- Safety Brief mechanism
- Staff Brief
- Computer screen display banners
- Discussion at morning site safety huddles or equivalent
- Site daily newsletters or equivalent
- Professional nursing/midwifery and other forums.

8. QUALITY IMPROVEMENT – Monitoring and Review

This policy will be reviewed every 3 years or more frequently should internal or external influences direct.

9. EQUALITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA √

A completed copy has been sent to hina.sheikh@lanarkshire.scot.nhs.uk (tick box)

10. SUMMARY or FREQUENTLY ASKED QUESTIONS (FAQs)

N/A

11. REFERENCES

- Code of Practice for Medicines' Governance https://nhslguidelines.scot.nhs.uk/medicines-guidance/medicine-updates-code-of-practice-safe-prescribing/

- Electronic British National Formulary https://www.medicinescomplete.com

- Nursing and Midwifery Council (2018) "The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing associates" https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf (accessed on 12th Nov 2018)

- NHS Lanarkshire Joint Adult Formulary https://nhslguidelines.scot.nhs.uk/medicines-guidance/joint-adult-formulary/

Appendix 1: Medicines included within the Symptomatic Relief Policy

Paracetamol Tablets 500mg

Indication	Mild to moderate pain Pyrexia (Give 2 tablets and advise medical staff)
Method of Use / Adult Dose	1g (2 tablets) to be administered orally **except if the patient weighs less than 50kg.**
Frequency of Administration	Every 4-6 hours
Maximum number of doses that can be administered with authority of the "Symptomatic Relief Policy" prescription	4 doses in 24 hours
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/ Drug Data Sheets

Paracetamol Suppositories 500mg *Only to be used when patient is unable to take orally*

Indication	Mild to moderate pain. Pyrexia (Give 2 Suppositories and advise medical staff).
Method of Use/Adult Dose	1g (2 x 500mg suppositories) to be inserted into the rectum in accordance with the Nursing Procedure for the administration of Suppositories, **except if the patient weighs less than 50kg.**
Frequency of Administration	Every 4-6 hours
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	4 doses in 24 hours
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug Data Sheets

Peptac® Liquid

Indication	Gastro-oesophageal reflux such as acid regurgitation, heartburn, indigestion occurring due to the reflux of stomach contents.
Method of Use/Adult Dose	10ml – 20ml to be administered orally.
Frequency of Administration	As required after meals and at bedtime.
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	Up to 4 doses in 24 hours.
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug Data sheets.

SYMPTOMATIC RELIEF POLICY

Senna Tablet /Senna Syrup

Indication	1st line treatment Stimulant laxative for constipation
Method of Use/Adult Dose	Two x 7.5 mg tablets **or** 10ml of syrup to be administered orally.
Frequency of Administration	Single dose at bedtime
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	One dose If no outcome then use glycerol suppositories next evening.
Precautions/Contraindications , Side effects & Drug Interactions	Before administering: Be aware of patient's normal bowel function. Be sure that the patient is constipated and that the constipation is not secondary to an underlying undiagnosed complaint. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern. Please refer to current eBNF/Drug Data Sheets.

Macrogol 3350 Oral

Indication	1st line treatment. Osmotic laxative for constipation.
Method of Use/Adult Dose	**Macrogol 3350 oral powder** (full strength sachets): 1 sachet to be administered orally.
Frequency of Administration	**Macrogol 3350 oral powder** (full strength sachets): 1-3 sachets daily in divided doses.
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	**Macrogol 3350 oral powder** (full strength sachets): 3 sachets daily in divided doses for 2-3 days.
Precautions/Contraindications , Side effects & Drug Interactions	Before administering: Be aware of patient's normal bowel function. Be sure that the patient is constipated and that the constipation is not secondary to an underlying undiagnosed complaint. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern. (moved from the box above). Please refer to current BNF/Drug Data Sheets.

SYMPTOMATIC RELIEF POLICY

Lactulose Oral Solution

Indication	1st line treatment. Osmotic laxative for constipation.
Method of Use/Adult Dose	**Lactulose:** 15mls to be administered orally.
Frequency of Administration	**Lactulose:** Twice daily
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	**Lactulose:** Twice daily for 2-3 days.
Precautions/Contraindications , Side effects & Drug Interactions	Before administering: Be aware of patient's normal bowel function. Be sure that the patient is constipated and that the constipation is not secondary to an underlying undiagnosed complaint. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern. (moved from the box above) Please refer to current BNF/Drug Data sheet.

Glycerine Suppositories 4g

Indication	2nd line treatment if no result from Senna product. Mild rectal stimulant laxative used to relieve constipation.
Method of Use/Adult Dose	Dose for adults is one suppository as required for the relief of constipation. Moisten the tip of the suppository with water prior to insertion in the rectum (see Nursing Procedures for the administration of suppositories). If bowels do not move within 24hrs use Sodium Citrate Micro-enema the next evening.
Frequency of Administration	Once
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	1 suppository
Precautions/Contraindications , Side effects & Drug Interactions	Before administering: Be aware of patient's normal bowel function. Be sure that the patient is constipated and that the constipation is not secondary to an underlying undiagnosed complaint. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern. (moved from the box above) Please refer to current BNF/Drug Data sheet.

Sodium Citrate Micro-enema

Indication	3rd line treatment if patient has no result from suppository. To be used when senna/oral osmotic laxative/ glycerol suppository are known to be ineffective or not appropriate.
Method of Use/Adult Dose	Lubricate the nozzle with a drop of the contents, insert full length of the nozzle into the rectum and squeeze the tube until the total contents have been administered. Contents of one enema to be administered. If there is no effect within 24hrs of administration, **seek medical advice**.
Frequency of Administration	Once
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription	One enema
Precautions/Contraindications , Side effects & Drug Interactions	Before administering: Be aware of patient's normal bowel function. Be sure that the patient is constipated and that the constipation is not secondary to an underlying undiagnosed complaint. Constipation can be defined as the passage of hard stools less frequently than the patient's own normal pattern. (Moved from above section) Please refer to current eBNF/Drug Data sheets.

Sugar Free Simple Linctus or Simple Linctus

Indication	To soothe a cough
Method of Use/Adult Dose	5ml to be administered orally up to four times daily if required.
Frequency of Administration	3 to 4 times daily
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	4 doses in 24 hours
Precautions/Contraindications, Side effects & Drug Interactions	Please refer to Current eBNF/Drug Data sheets.

Benzydamine 0.15% w/v Mouthwash or Oromucosal Spray

Indication	For the temporary relief of sore throats
Method of Use/Adult Dose	**Mouthwash:** 15mls to be used as an oral rinse or gargle. May be diluted with and equal volume of water if stinging occurs. **Oromucosal Spray:** 4-8 sprays to the back of the throat.
Frequency of Administration	**Mouthwash:** Rinse or gargle 15mls every 1.5 to 3 hours as required. **Oromucosal Spray:** 4-8 sprays to the back of throat every 1.5 to 3 hours.
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	One dose every 1.5 to 3 hours as required for a maximum of 7 days.
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug Data sheets.

Anusol Cream

Indication	Symptomatic relief associated with minor anorectal conditions e.g. haemorrhoids, pruritus
Method of Use/Adult Dose	For rectal use only. Thoroughly cleanse the affected area, dry gently and apply the cream. For internal conditions use the rectal nozzle provided. Clean the nozzle thoroughly after each use. Ensure the tube is clearly labelled with the patient's name and date of opening. In cold temperatures it may be difficult to squeeze the cream out of the tube. If this occurs warm the tube in the hand or dip it in warm water taking care not to overheat the cream.
Frequency of Administration	To be applied to the affected area at night, in the morning and after each evacuation until the
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	4 doses in 24 hours.
Precautions/Contraindications, Side effects & Drug Interactions	Please refer to current eBNF/Drug Data sheets.

Olive Oil Ear Drops

Indication	Symptomatic relief associated with excessive or impacted wax in the ear. First line treatment if the ear canal is occluded with wax causing hearing loss, tinnitus, vertigo or pain.
Method of Use/Adult Dose	2-3 drops instilled into the affected ear. After instillation lie for five minutes with the affected ear uppermost.
Frequency of Administration	Twice a day.
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	One dose twice a day for a maximum of 4 days.
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug data sheet.

Hypromellose Eye drops 0.3% w/v

Indication	As a lubricant and artificial tear in dry eye and other ocular irritation syndromes associated with deficient tear or mucous secretion.
Method of Use/Adult Dose	One or two drops as required into the conjunctival sac.
Frequency of Administration	As required to relieve symptoms.
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	Use for up to 3 days or until patient can be reviewed by medical staff.
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug Data sheets.

Sodium Bicarbonate 5% Ear Drop Solution

Indication	2nd line treatment for symptomatic relief associated with excessive or impacted wax in the ear.
Method of Use/Adult Dose	Read OTC product instructions, No SPC available
Frequency of Administration	Twice a day
Maximum number of doses that can be administered with authority of "Symptomatic Relief Policy" prescription.	OTC product, No SPC available. May need to reduce dose if Olive oil has been tried first
Precautions/Contraindications , Side effects & Drug Interactions	Please refer to current eBNF/Drug data sheet. May cause dry ear.

Appendix 2

Symptomatic Relief Policy Competency statement

Staff member

I, the undersigned have demonstrated the necessary knowledge, skills, attitudes, values and abilities to be deemed competent in the administration of medicines within the Symptomatic Relief Policy. I acknowledge that ongoing development and maintenance of competence is my responsibility and this will be evidenced in my practice portfolio.

Signed……..Print name…….Date……..

Supervisor

I the undersigned have observed the knowledge, skills, attitudes, values and abilities of …….. to be deemed competent in the administration of medicines within the Symptomatic Relief Policy.

Signed……..Print name…….Date……..

SYMPTOMATIC RELIEF POLICY

SUMMARY OF SYMPTOMATIC RELIEF POLICY

1. AIM, PURPOSE AND OUTCOMES

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3. PRINCIPLE CONTENT

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The policy does not replace the diagnosis and treatment of medical conditions by medical or suitably qualified staff and is not intended to treat long-standing/chronic conditions.
The medicines contained in this policy may be administered to patients by Registered Nursing or Midwifery staff, providing the criteria contained in this policy are met.

For further information regarding the implementation of this policy contact the relevant Senior Nurse/Midwife.

For further information regarding the products contained within this policy contact Pharmacy.