This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Diclofenac

Legal status (GSL, P or POM on exemption list, or PGD)	▪ POM - midwife may administer as medicine is on midwives exemptions list
Patient group	Postnatal women.
Clinical indication	Postnatal analgesia in accordance with local guideline.
Pharmacology (Onset and duration of action where appropriate)	Diclofenac is a nonsteroidal agent with marked analgesic/anti-inflammatory properties. It is an inhibitor of prostaglandin synthetase. Onset of action within 1 hour and may last for about 8 hours.
Pharmaceutical form, strength, route of administration	Suppository: 25mg, 50mg or 100mg. For rectal administration. Tablets: 25mg, 50mg. For oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	Rectal 75-150mg daily in divided doses. Oral 25-50mg 3 times a day, preferably after food. Maximum daily dose, by any route, is 150mg in 24 hours. Supply by midwife for postnatal women only – 1 TTO pack in accordance with local guideline.
Contra-indications/exclusion criteria	▪ known hypersensitivity to any component of the medicine ▪ history of or active peptic ulcer disease ▪ known allergy or hypersensitivity to diclofenac or to any of its excipients, aspirin, or other NSAIDs ▪ pregnancy (3rd trimester) ▪ women with severe hepatic or renal failure, heart failure, pre-eclampsia, porphyria, cerebrovascular disease, ischaemic heart disease or peripheral arterial disease. ▪ in ulcerative or acute inflammatory conditions of the anus, rectum (proctitis) and sigmoid colon
Cautions and action that will be taken if a caution applies	▪ gastrointestinal disease, asthma, history of renal or hepatic impairment, , , SLE, , hypertension (including pregnancy induced hypertension), coagulation defects, bleeding diathesis and haematological abnormalities or oedema ▪ may mask signs and symptoms of infection ▪ check for and document any allergies ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record

Diclofenac	
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ Interactions include the following (note list is non-exhautive): anticoagulants ▪ aspirin and other antiplatelet drugs ▪ antihypertensives ▪ corticosteroids ▪ ciclosporin ▪ digoxin and other cardiac glycosides ▪ diuretics ▪ erlotinib ▪ lithium ▪ methotrexate ▪ other NSAIDs ▪ phenytoin ▪ quinolone antibiotics (eg ciprofloxacin) ▪ SSRI antidepressants ▪ sulphonylureas ▪ tacrolimus ▪ venlafaxine ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record

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Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected	▪ *hypersensitivity: anaphylaxis, bronchospasm, hypotension, vasculitis, pneumonitis* ▪ *gastrointestinal: nausea, vomiting, diarrhoea, constipation, abdominal cramps, dyspepsia, flatulence, anorexia, haematemesis, melaena, severe gastric pain, gastro-intestinal ulcers with or without bleeding or perforation, aphthous stomatitis, glossitis, oesophageal lesions, haemorrhagic colitis, exacerbation of ulcerative colitis or Crohn's proctocolitis, colonic damage, stricture formation, pancreatits, exacerbation of haemorrhoids and local irritation* ▪ *cardiovascular: palpitations, chest pain, hypertension, congestive heart failure, oedema, myocardial infarction.* ▪ *renal: acute renal insufficiency, haematuria, proteinuria, interstitial nephritis, nephrotic syndrome, papillary necrosis* ▪ *hepatic: abnormal liver function tests, hepatitis, jaundice* ▪ *CNS: headache, dizziness, vertigo, drowsiness, tiredness, sensational disturbances, paraesthesia, memory disturbances, disorientation, insomnia, irritability, convulsions, depression, anxiety, nightmares, tremor, psychotic reactions, aseptic meningitis, confusion and hallucinations* ▪ *haematological: thrombocytopenia, leucopenia, haemolytic anaemia and other blood dyscrasias* ▪ *eye: blurred vision, diplopia and optic neuritis* ▪ *ENT: impaired hearing, tinnitus, taste disturbance* ▪ *skin: rashes, skin eruptions, urticaria, bullous eruptions, eczema, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (acute toxic epidermolysis), erythroderma (exfoliative dermatitis), loss of hair, photosensitivity reactions, purpura* ▪ *on labour* — *N/A* ▪ *on the neonate* — *N/A* ▪ *on breast feeding* — *only small amounts in breast milk unlikely to have an effect* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ symptoms include headache, nausea, vomiting, epigastric pain, gastrointestinal bleeding, rarely diarrhoea, disorientation, excitation, coma, drowsiness, tinnitus, fainting, occasionally convulsions ▪ in significant poisoning acute renal failure and liver damage are possible ▪ immediate assessment/treatment is essential - refer to medical staff ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record

Diclofenac	
Additional advice and information	▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ supply the manufacturer's patient information leaflet ▪ sequence of administering a suppository with further pain control by use of oral analgesics should be in accordance with local guidelines
Patient monitoring arrangements during and after treatment and follow-up required	Monitor for symptom relief and adverse effects.
Particular storage requirements	-

References

1. SPC for Diclofenac Sodium 50mg Gastro-Resistant Tablets, Dexcel Pharma text revision 16.12.2019, accessed 16.12.19 www.medicines.org.uk
2. http://www.bnf.org