

**Diazepam 2mgTablets**

**GG&C PGD ref no: 2023/2484**

**YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS  
PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT**

**Change history**

Date	Version number	Update
15/02/23	2	Inclusion & exclusion criteria changed from 16+ to 18+
	3	No changes

## Diazepam 2mg Tablets

<b>Clinical Condition</b>	
<b>Indication:</b>	Immediate treatment of severe anxiety, distress or psychomotor agitation when secondary to psychiatric disturbance.
<b>Inclusion criteria:</b>	<p>Patients aged 18 and over referred to the GGC Community Mental Health Acute Care Service (CMHACS) or the Mental Health Assessment Units.</p> <p>Presenting symptoms may include</p> <ul style="list-style-type: none"> <li>• Severe anxiety</li> <li>• Distress</li> <li>• Psychomotor agitation</li> </ul> <p>Consent: The patient's consent to treatment must be obtained and recorded prior to treatment.</p>
<b>Exclusion criteria:</b>	<ul style="list-style-type: none"> <li>• Patients aged under 18 years</li> <li>• Informed non-consent</li> <li>• Incapacity to make decisions about proposed treatment</li> <li>• Presenting with anxiety/agitation likely to be treatable by non-pharmacological means</li> <li>• Known to have a hypersensitivity to benzodiazepines and any other ingredients in diazepam tablets (see PIL)</li> <li>• Acute pulmonary insufficiency, respiratory depression</li> <li>• Unstable myasthenia gravis</li> <li>• Obstruction sleep apnoea</li> <li>• Known severe hepatic insufficiency</li> <li>• Known severe renal failure</li> <li>• Acute porphyria</li> <li>• Known pregnancy</li> <li>• Known breast feeding</li> <li>• Hyperkinesia</li> <li>• Patients already taking a prescribed benzodiazepines other than diazepam</li> <li>• Known current substance abuse</li> <li>• Current acute intoxication</li> <li>• Hereditary problems of galactose intolerance</li> </ul>
<b>Cautions/Need for further advice/Circumstances when further advice</b>	<p><b>Please refer to current BNF or SPC for full listing</b></p> <ul style="list-style-type: none"> <li>• Elderly patients</li> <li>• History of substance/alcohol misuse</li> </ul>

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<p><b>should be sought from the prescriber:</b></p>	<ul style="list-style-type: none"> <li>• Known concomitant alcohol use</li> <li>• Acute narrow-angle glaucoma</li> <li>• Organic brain changes, particularly arteriosclerosis</li> <li>• Patients planning pregnancy</li> <li>• Already prescribed diazepam</li> <li>• Patients who have recently undergone withdrawal from treatment from either benzodiazepine or non-benzodiazepine, anti-anxiety or hypnotic drugs and patients with known dependency</li> <li>• Patients with chronic pulmonary insufficiency</li> <li>• Patients with chronic hepatic disease (mild/moderate) or severe renal impairment will require reduced dosage (hypo-albuminaemia may predispose patient to higher incidence of sedative side effects)</li> <li>• Multiple potential interaction with diazepam exist – refer to Appendix 1 of the BNF for latest information on interactions/potentiation of effect</li> </ul>
<p><b>Action if patient declines or is excluded:</b></p>	<ul style="list-style-type: none"> <li>• Document on the patient’s EMIS mental health record</li> <li>• Discuss with patient the reasons for exclusion</li> <li>• Refer to prescriber for review if appropriate</li> </ul>
<p><b>Referral arrangements for further advice / cautions:</b></p>	<ul style="list-style-type: none"> <li>• Refer to prescriber for review if appropriate</li> </ul>

## Diazepam 2mg Tablets

Drug Details	
Name, form & strength of medicine:	Diazepam 2mg tablet
Route/Method of administration:	Oral
Dosage (include maximum dose if appropriate):	One tablet as required, to a maximum of four tablets in 24 hours
Frequency:	Minimum interval between doses 4 - 6 hours
Duration of treatment:	Up to 48 hours
Maximum or minimum treatment period:	48 hours
Quantity to supply/administer:	6 tablets
Supply, Administer or Both:	Both
▼ Additional Monitoring:*	No
Legal Category:	POM
Is the use outwith the SPC:**	No
Storage requirements:	Store under 25 <sup>0</sup> C

\* The black triangle symbol has now been replaced by European “additional monitoring” (▼)

\*\* Summary of Product Characteristics

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<b>Warnings including possible adverse reactions and management of these:</b>	<p>Common side effects include</p> <ul style="list-style-type: none"><li>• Drowsiness</li><li>• Dizziness</li><li>• Ataxia</li></ul> <p>Please refer to current BNF or SPC for full details</p> <p>Use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at <a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a></p>
<b>Advice to patient/carer including written information provided:</b>	<p>Explain treatment and course of action.</p> <p>Give patient a copy of relevant patient information leaflet, if appropriate. <a href="https://www.choiceandmedication.org/nhs24/">https://www.choiceandmedication.org/nhs24/</a></p> <p>Patients should be told to contact appropriate healthcare professional or their GP should they experience a suspected adverse drug reaction.</p> <p>If condition worsens or symptoms persist then seek further medical advice</p>
<b>Monitoring (if applicable):</b>	
<b>Follow up:</b>	<p>Inform GP of treatment</p> <p>Refer for medical review if appropriate</p>

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### Staff Characteristics

<b>Professional qualifications:</b>	Those registered health care professionals that are listed and approved in legislation as able to operate under patient group directions and have current registration.
<b>Specialist competencies or qualifications:</b>	<p>Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.</p> <p>Has undertaken appropriate training for working under PGDs for the supply and administration of medicines.</p>
<b>Continuing education &amp; training:</b>	<p>Maintains current knowledge of the clinical use of diazepam including side-effects, contra-indications, cautions, doses and interactions.</p> <p>The practitioner should 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.</p> <p>Up to date BLS training &amp; or MET</p>

### Referral Arrangements and Audit Trail

<b>Referral arrangements</b>	Patient is discussed and reviewed by CMHACS, MHAU staff or appropriate medical staff if applicable
<b>Records/audit trail:</b>	<p>Patient's name, address, date of birth and consent given;</p> <p>Contact details of GP (if registered);</p> <p>Diagnosis;</p> <p>Dose, form administered and batch details;</p> <p>Advice given to patient (including side effects);</p> <p>Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment;</p> <p>Details of any adverse drug reaction and actions taken including documentation in the patient's medical record;</p> <p>Referral arrangements (including self-care)</p>

<b>References/Resources and comments:</b>	<p>Notes:</p> <p>SPC – Summary of Product Characteristics <a href="https://www.medicines.org.uk/emc/">https://www.medicines.org.uk/emc/</a></p> <p>BNF – British National Formulary <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></p>
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This Patient Group Direction must be agreed to and signed by all healthcare professionals involved in its use. The original signed copy will be held at Pharmacy Services, Clarkston Court, 56 Busby Road, Glasgow. The PGD must be easily accessible in the clinical setting.

**Organisation:** NHS Greater Glasgow & Clyde

**Professionals drawing up PGD/Authors**

		<b>Designation and Contact Details</b>
*Name: Dr Una Graham   Signature: _____ Date: _____		Designation: Deputy Associate Medical Director  E-mail address: <a href="mailto:Una.Graham@ggc.scot.nhs.uk">Una.Graham@ggc.scot.nhs.uk</a>
Name: Lorraine Cribbin   Signature: _____ Date: _____		Designation: Interim Chief Nurse Adult Services  E-mail address: <a href="mailto:Lorraine.cribbin@ggc.scot.nhs.uk">Lorraine.cribbin@ggc.scot.nhs.uk</a>
Name: Andrew Walker   Signature: _____ Date: _____		Designation: Lead Clinical Pharmacist  E-mail address: <a href="mailto:Andrew.walker2@ggc.scot.nhs.uk">Andrew.walker2@ggc.scot.nhs.uk</a>
Name: _____  Signature: _____ Date: _____		Designation: _____  E-mail address: _____
Name: _____  Signature: _____ Date: _____		Designation: _____  E-mail address: _____

\* **Lead Author**

\*\* **Antimicrobial Pharmacist if appropriate**

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**AUTHORISATION:**

<b>NHSGG&amp;C PGD Sub-Committee of ADTC</b>		
<b>Chairman</b> in BLOCK CAPITALS	<b>Signature:</b>	<b>Date:</b>
<b>Dr Craig Harrow</b>		<b>23</b>

<b>NHSGG&amp;C PGD Sub-Committee of ADTC</b>		
<b>Lead Nurse, North Sector, NHS GG&amp;C</b> in BLOCK CAPITALS	<b>Signature:</b>	<b>Date:</b>
<b>John Carson</b>		<b>3</b>

<b>Pharmacist representative of PGD Sub-Committee of ADTC</b>		
<b>Name:</b> in BLOCK CAPITALS	<b>Signature:</b>	<b>Date:</b>
<b>Elaine Paton</b>		

<b>Antimicrobial use</b>		
If the PGD relates to an antimicrobial agent, the use must be supported by the NHS GG&C Antimicrobial Management Team (AMT). A member of this team must sign the PGD on behalf of the AMT.		
<b>Microbiology approval</b>	Name:	Designation:
	Signature:	Date:
(on behalf of NHS GG&C AMT)		



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**Local Authorisation:**

<b>Service Area for which PGD is applicable:</b>			
I authorise the supply/administer medicines in accordance with this PGD to patients cared for in this service area.			
<b>Lead Clinician for the service area (Doctor)</b>			
<b>Name:</b>	<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
<b>E-Mail contact address:</b>			

I agree that only fully competent, qualified and trained professionals are authorised to operate under the PGD. Records of nominated individuals will be kept for audit purposes.			
<b>Name (Lead Professional):</b>	<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
<b>E-Mail contact address:</b>			

<b>Description of Audit arrangements:</b>			
<b>Frequency of checks: (Generally annually)</b>		<b>Names of auditor(s):</b>	

**PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR  
 ACCOUNTABILITY.**

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply/administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Date

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Patient Group Direction Audit Form  
Form for the audit of compliance with PGD or PGDs

To ensure best practice all PGDs should be audited on a 6 monthly basis.

Name and post of Designated Lead person within each practice/clinic base:			
Location/Clinic Base:	Date of audit:		
<b>Tick as appropriate. If 'no', state action required</b>	<b>Y</b>	<b>N</b>	<b>Action</b>
Is the PGD or PGDs utilised within the clinical area?			
Has the PGD or PGDs been reviewed within the 2 year limit?			
Do the managers listed on the PGD or PGDs hold a current list of authorised staff?			
Are all staff authorised to work under the PGD or PGDs members of one of the health professions listed in the PGD?			
Do all staff meet the training requirements identified within the PGD?			
Are you confident that all medicines supplied or administered under the PGD or PGDs are stored according to the PGD where this is specified?			
Do the staff working under the PGD or PGDs have a copy of the PGD which has governance sign off and is in date and, available for reference at the time of consultation?			
Where the medicine requires refrigeration. (Delete if not required).			
Is there a designated person responsible for ensuring that the cold chain is maintained?			
Is there a record that the fridge temperature has been monitored to required levels?			
If there is regular and sustained reliance on PGDs for service provision has a Non Medical Prescribing approach been considered as an alternative? (Please note reasons for either a Y/N response).			

Name:	Date of audit:
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**Keep copies of completed audits alongside your PGD for local reference. Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.**