



**Scottish
Ambulance
Service**

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Patient Group Direction PGD209

FOR THE ADMINISTRATION OR SUPPLY OF **CO-CODAMOL**

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
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Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

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1. Document Control Sheet

1.1 Key Information

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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	06/11/2024	Initial draft		N/A
0.2	30/01/2025	Removed 8/500mg presentation		No
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD003		Yes

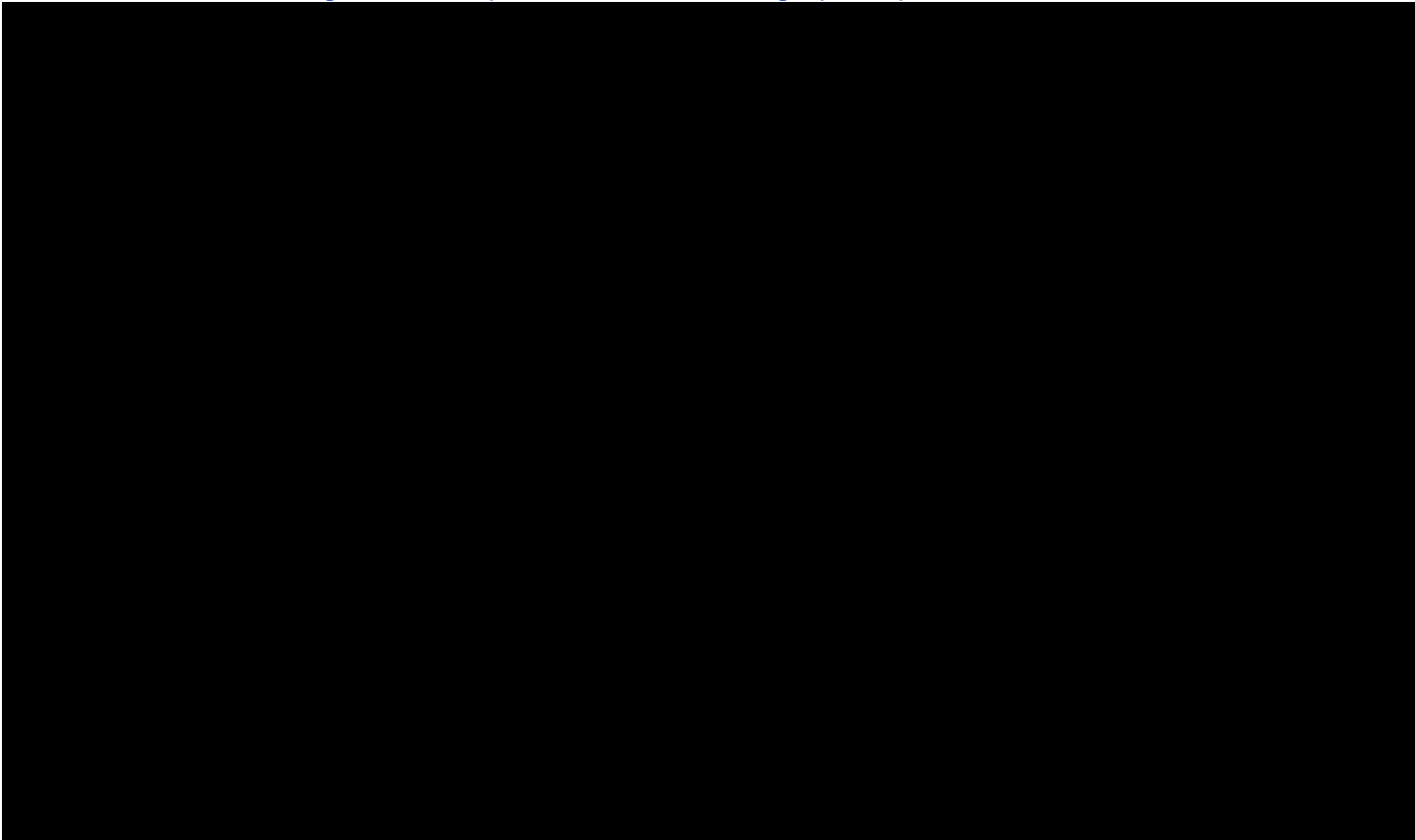
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	30/01/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	<p>Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board.</p> <p>Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses.</p> <p>Familiarisation with the use of Co-codamol, its indications, contra-indications and other details.</p>
Continuing training requirements	<p>The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” in this PGD.</p> <p>The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.</p>
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	Moderate to severe pain despite treatment with non-prescription medicines
Criteria for inclusion	<ul style="list-style-type: none"> Adults 16 years and over with the above condition / symptoms Appropriate safety-netting can be made Can be used in combination with other suitable analgesics as part of a balanced analgesic regimen
Criteria for exclusion	<ul style="list-style-type: none"> Children under 16 years of age Young people under 18 years of age who have undergone tonsillectomy / adenoidectomy for sleep apnoea Young people under 18 years of age with any respiratory function disorder or acute breathing condition Informed non-consent Known allergy to Codeine Phosphate, Paracetamol or any excipients or ingredients in the preparation, or to any other opioid medicine 3rd trimester of pregnancy or active labour Breastfeeding Known severe renal (eGFR <30 / CKD 4 or 5) or severe hepatic impairment Known alcohol dependency or current intoxication History of opioid dependency or misuse Respiratory depression or impairment from any cause including acute asthma attack or COPD Head injury or known / suspected raised intra-cranial pressure Within 14 days of biliary tract surgery Known CYP2D6 ultra rapid metabolisers Paralytic ileus or conditions which inhibit peristalsis Use of any Paracetamol or opioid-containing products (including topical or transdermal) within the last four hours, or the cumulative daily dose (<u>either</u> 240mg Codeine, Dihydrocodeine and/or Tramadol or 4g Paracetamol) already taken – note that the exclusion is administration to the patient, they may be supplied with Co-codamol tablets for later use Patients currently taking: <ul style="list-style-type: none"> Any MAOI (or use within past 14 days) Medicines containing Paracetamol Medicines containing Codeine or any other opioid – note that patients who are normally prescribed an opioid other than Codeine should not be supplied with Co-codamol even if their normal opioid has run out or is felt to be ineffective. Senior clinical guidance should be sought in such circumstances CNS depressing medicines Significantly unwell or injured patients requiring further assessment (blood tests, x-ray, etc.) or admission, although

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	a stat dose may be given prior to hospital referral if appropriate
Action if patient is excluded or declines treatment	Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to primary care or a community pharmacy. If necessary, consider referral or transfer to a suitable receiving unit.

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Co-codamol 15/500mg oral tablets or capsules Co-codamol 30/500mg oral tablets, caplets or capsules
Legal status	CD-5
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	By oral administration only – may be taken with or without a drink
Dose and frequency of administration	<p>Dose is the same for all strengths due to the Paracetamol content, count by number of tablets / caplets / capsules:</p> <p>1 or 2 tablets, caplets or capsules every 4-6 hours as required up to a maximum of 8 tablets in 24 hours.</p> <p>Patients weighing less than 50kg (7st 12lb) should take no more than one tablet / caplet / capsule at a time and a maximum of four tablets / caplets / capsules in 24 hours due to the Paracetamol content.</p>
Maximum dose and number of treatments	<p>As above. Supply should be for three days of treatment.</p> <p>If a patient has taken a lower strength of Co-codamol – more than 4 hours ago but within the past 24 hours – and is now being supplied with a higher strength, the maximum number of tablets / caplets / capsules is the same because of the Paracetamol content.</p> <p>Maximum supply of tablets is one whole box (normally up to 30 tablets, presentations may differ depending on supply).</p>

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in patients with:</p> <ul style="list-style-type: none">• Acute abdominal conditions• Adrenocortical insufficiency• Biliary tract disorders (recent surgery is in exclusions)• Cardiac arrhythmias• Convulsive disorders• Dehydration and malnutrition• Elderly patients (consider half dose)• History of mental health disorders or addiction• Hypotension• Hypothyroidism (consider half dose)• Inflammatory bowel disorders (e.g. Crohn's, Colitis)• Myasthenia gravis• Pregnancy (only use if essential)• Prostatic hypertrophy• Sleep apnoea• Urethral stenosis• In some parts of the world (in particular North America) Paracetamol is known as Acetaminophen – clinicians should be aware of this when treating patients who live or are visiting from overseas, or have recently returned from overseas having used medicines there
Drug interactions	<p>Because of the Paracetamol content, patients also taking a course of Flucloxacillin should be aware. The risk is greater in long-term use than with a normal antibiotic course and in patients with significant renal dysfunction. It is recommended that if they are both required, they are not taken together. Otherwise no significant interactions for the 3-day course covered by this PGD.</p>
Identification and management of adverse reactions	<p>Anaphylactic reactions to Codeine or Paracetamol are both extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Arrhythmias, Confusion, Constipation, Dizziness, Drowsiness, Dry mouth, Euphoric mood, Flushing, Hallucinations, Hyperhidrosis, Hypotension (in high doses), Miosis, Nausea, Skin reactions, Urinary retention, Vertigo, Visual impairment, Vomiting, Withdrawal effects (with long-term use).</p> <p>Uncommon: Dependence, Dysphoria, Seizure</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p>

Any adverse reactions, and action taken, are recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.

7. Patient Advice and Documentation

Patient advice (verbal and written)

- Explain treatment plan and gain consent
- Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated
- Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe
- Advise that Co-codamol, especially 30/500mg doses, may cause drowsiness and impair a patient's ability to drive or perform fine motor tasks. Driving, in particular, should be avoided at the start of treatment with any opioid or when a dose is increased
- Advise that any sedative effects of other medicines may be significantly increased when taken along with Co-codamol, in particular drugs for depression or other mental health issues, benzodiazepines, anti-emetics and antihistamines
- Advise that Paracetamol is highly dangerous in overdose
- Advise that the patient must not take any other Paracetamol or opioid-containing products; understand that patients may not be aware of what OTC medicines contain Paracetamol or what medicines are or contain opioids. These include:
 - other combination medicines such as Co-dydramol
 - branded medicines such as Alka-Seltzer, Anadin, Benylin, Calpol, Migraleve, Night Nurse, Nuromol, Solpadol, Sudafed, Codipar, Nurofen, Panadol, Solpadeine, Syndol, Tylex, Ultramol, Zapain, MST, MXL, Sevredol, Longtec and Shortec, Ixyldone, Myloxifin, Onexila, Oxeltra, Sofonac, Targinact, Brimisol, Tilodol, Zydol, Temgesic, Butrans, Palexia, Tadomon (refer them to the specific ingredients)
 - medicinal items such as Beechams or Lemsip drinks or similar
- Advised to be especially cautious regarding any medicines purchased overseas which may include Codeine (or other opioids), Paracetamol or Acetaminophen
- Advised to avoid alcohol while taking Co-codamol
- Advise that Codeine may cause constipation (see section below)
- Patients using an oral contraceptive should be informed that while Co-codamol does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy
- Advise to contact GP / nurse / pharmacist / out-of-hours service if side effects occur
- Advised to call 999 if any life-threatening side-effects occur
- It is not necessary to leave a copy of the manufacturer's Patient Information Leaflet if only administering a single dose, but the patient / carer may be signposted to an electronic copy on EMC if requested
- When provided with a supply of medications, patients should be given a copy of the manufacturer's Patient Information

	<p>Leaflet where available or signposted to an electronic copy if unavailable</p> <ul style="list-style-type: none"> Patients should be advised to maintain adequate hydration
Arrangements for referral to medical advice	Local arrangements apply
Additional facilities / supplies required	<p>Drinking water (if required).</p> <p>Consider the requirement to also supply Senna if the patient has a known history of opioid-related constipation. Refer to PGD235 for suitability.</p> <p>Co-codamol is available in other forms not covered by this PGD:</p> <ul style="list-style-type: none"> 12.8/500mg oral tablets (Solpadeine branded) <p>And for patients unable to swallow tablets:</p> <ul style="list-style-type: none"> 8/500mg, 15/500mg and 30/500mg effervescent tablets 30/500mg in 5ml oral suspension <p>If any of the above are required, refer to the patient's GP or a SAS prescriber.</p> <p>Co-codamol is available in 8/500mg tablets which can be purchased over-the-counter at a pharmacy, this strength is not covered by this PGD and is also considered too weak for prescribing.</p> <p>Note that SAS APs will normally carry only 30/500mg Co-codamol tablets but other forms are included in this PGD in case of supply issues.</p>
Monitoring	No specific monitoring required
Follow up	Patients should self-refer to their GP if they require analgesia of this strength beyond 3 days' treatment

Details of treatment records required

The ePR, or other patient record, must contain the following:

- Name of the HCP using this PGD
- Patient's name, address and date of birth. CHI number is also preferred
- Name of medication and expiry date
- Date and time of administration / supply
- Dose (and volume if liquid preparation), form and route (and site if parenteral) of administration
- If supplying medicine:
 - Dose and frequency to take
 - Number of items supplied
- That it is administered and/or supplied under this PGD and not prescribed or via an exemption

The ePR, or other patient record, must also contain:

- The patient's medical and medication history
- Medication and safety-netting / worsening advice given to the patient / carer

All records must be clear, legible and contemporaneous.

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

Co-codamol in BNF

[Co-codamol](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Co-codamol on EMC

[Co-codamol 15/500mg Tablets SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 15/500mg Tablets Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 15/500mg Capsules SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 15/500mg Capsules Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 30/500mg Tablets SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 30/500mg Tablets Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 30/500mg Capsules SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Co-codamol 30/500mg Capsules Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

BNF Treatment Summaries

[Analgesics](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Analgesics](#) | [Nurse Prescribers' Formulary](#) | [BNF](#) | [NICE](#)

[Pain, chronic](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summary/Summaries (CKS)

[Analgesia - mild-to-moderate pain](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Back pain - low \(without radiculopathy\)](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Shoulder pain](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Sprains and strains](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[CG173 Neuropathic pain in adults: Pharmacological management in non-specialist settings](#) | [Guidance](#) | [NICE](#)

[NG59 Low back pain and sciatica in over 16s: Assessment and management](#) | [Guidance](#) | [NICE](#)

[NG193 Chronic pain \(primary and secondary\) in over 16s: Assessment of all chronic pain and management of chronic primary pain](#) | [Guidance](#) | [NICE](#)

Other Useful Links

[Driving when taking strong painkillers](#) | [NHS inform](#)

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