



**Patient Group Direction PGD233**  
**FOR THE ADMINISTRATION OR SUPPLY OF PROCHLORPERAZINE**

<b>Staff Grade:</b>	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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<b>Document Author(s) / Owner</b>	
<b>Version</b>	1.0
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<b>Division / Organisation Wide</b>	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.

## 1. Document Control Sheet

### 1.1 Key Information

<b>Title:</b>	Patient Group Direction PGD233 Prochlorperazine
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### 1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	03/12/2024	Initial draft		N/A
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD001a		Yes

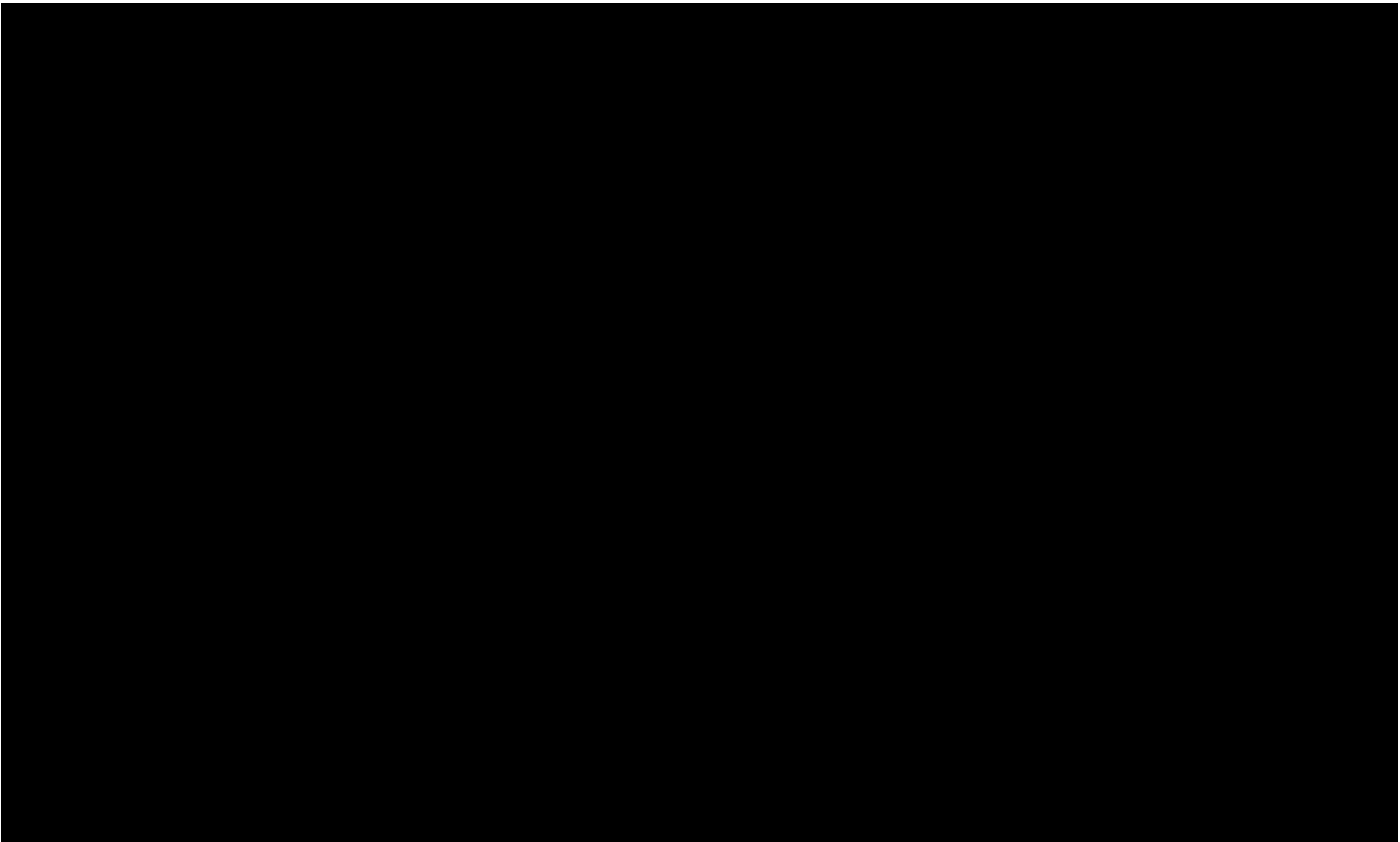
### 1.3 Approvals: This document requires the following approvals:

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

<b>Qualifications required</b>	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
<b>Specific or additional experience / training required</b>	<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 Prochlorperazine, its indications, contra-indications and other details.</p>
<b>Continuing training requirements</b>	<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>
<b>Other</b>	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

<b>Definition of condition / situation to be treated</b>	<p>Nausea and / or vomiting.</p> <p>Vertigo.</p>
<b>Criteria for inclusion</b>	<p>Adults 16 years and over with any of the above conditions / symptoms.</p> <p>Appropriate safety-netting can be made.</p>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• Children under 16 years of age</li> <li>• Informed non-consent</li> <li>• Known allergy to Prochlorperazine or any excipients or ingredients in the preparation</li> <li>• Known hypersensitivity to phenothiazines</li> <li>• Phaeochromocytoma</li> <li>• Patient under influence of alcohol or other non-medicinal CNS depressants</li> <li>• 3<sup>rd</sup> trimester of pregnancy</li> <li>• Hepatic impairment</li> <li>• Epilepsy</li> <li>• Existing blood dyscrasias</li> <li>• Myasthenia Gravis</li> <li>• Parkinson's disease</li> <li>• Prostatic hypertrophy</li> <li>• Narrow angle glaucoma</li> <li>• Cardiac diseases such as heart failure, MI, bradycardia or a history of ventricular arrhythmias</li> <li>• Patients taking: <ul style="list-style-type: none"> <li>○ Any CNS-depressing medication (e.g. benzodiazepines, sedating antihistamines, opioids)</li> <li>○ MAOIs</li> <li>○ Citalopram or Escitalopram</li> <li>○ Desferrioxamine</li> <li>○ Moxonidine</li> </ul> </li> <li>• Patients with conditions at risk of, or taking medicines known to prolong the Q-T interval: e.g. Amiodarone, Artemether with Lumefantrine (a malaria treatment), Arsenic trioxide, Atomoxetine (ADHD drug), Sotalol, Disopyramide, Dronedarone, Macrolide (*mycin) or Quinolone (*floxacin) antibiotics</li> <li>• Patients taking antipsychotic medications: e.g. Chlorpromazine, Trifluoperazine, Sulpiride, Amisulpride, Clozapine, Quetiapine, Olanzapine, Aripiprazole, Pimozide</li> <li>• Significantly unwell or injured patients requiring further assessment (blood tests, x-ray, etc.) or admission</li> </ul>

**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)

<b>Name, form(s) and strength(s) of medicine</b>	Prochlorperazine maleate 3mg buccal tablets Prochlorperazine mesilate 12.5mg / 1ml ampoule for injection
<b>Legal status</b>	<b>POM</b>
<b>Is the use outwith the SmPC?</b>	No
<b>Storage requirements</b>	Room temperature.  Ampoules must be stored out of direct sunlight.
<b>Route(s) / method(s) of administration</b>	Buccal tablets to dissolve in the upper lip buccal mucosa / gum-line only.  Injection by deep gluteal IM injection only.
<b>Dose and frequency of administration</b>	<b>For buccal tablets:</b> 3mg (one tablet) twice a day If severe then 6mg (two tablets) twice a day Maximum of 12mg (four tablets) in 24 hours  <b>For IM injection:</b> Single 12.5mg bolus
<b>Maximum dose and number of treatments</b>	As above.  Maximum supply of tablets is 10. Clinicians should be aware that this may not be the pack size in use and supply the appropriate number of tablets.  Injection ampoules must not be supplied to patients under this PGD. If an injection is administered tablets may then be supplied, if required, to begin no less than 6 hours after the injection.

## 6. Cautions and Identification & Management of Adverse Reactions

<b>Cautions</b>	<p>Should be used with caution in:</p> <ul style="list-style-type: none"><li>• Pregnancy – best practice is to give a single dose and refer patient to their GP / midwife</li><li>• Blood dyscrasias</li><li>• Diabetes (may raise blood glucose)</li><li>• Elderly or volume-depleted patients may be prone to postural hypotension</li><li>• Hypothyroidism</li><li>• Severe respiratory diseases</li></ul>
<b>Drug interactions</b>	<p>No significant interactions for short courses other than drugs listed in the exclusion criteria</p>
<b>Identification and management of adverse reactions</b>	<p>Anaphylactic reactions to Prochlorperazine are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Agitation, Amenorrhoea, Arrhythmias, Constipation, Dizziness, Drowsiness, Dry mouth, Erectile dysfunction, Fatigue, Galactorrhoea, Gynaecomastia, Hyperglycaemia, Hyperprolactinaemia, Hypersalivation, Hyponatraemia, Hypotension, Insomnia, Leucopenia, Movement disorders, Muscle rigidity, Neutropenia, Parkinsonism, Postural hypotension, Q-T interval prolongation, Rash, Seizure, Tremor, Urinary retention, Vomiting, Weight gain</p> <p>Uncommon: Agranulocytosis, Confusion, Embolism and thrombosis, Neuroleptic malignant syndrome</p> <p>Rare or very rare: Blood disorders (buccal only), Sudden death</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <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.</p>



## 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
- Tablets should be taken just after food, if food is tolerated
- Advise to permit the tablet to dissolve and that although it will probably not be felt after about 20 minutes, it could take 1-2 hours to dissolve completely; they should not eat or drink during this time
- Advise not to swallow the tablet – that it would not be harmful if they do but the medication would not be effective and that if they swallow the tablet they should not take another dose
- Advise that the patient must not take or use any other antiemetic medicines (including herbal and alternative medicines), or any medicines listed in the exclusion criteria above
- Advise to be especially cautious regarding any branded anti-sickness or nausea medicines or those purchased overseas
- Patients using an oral contraceptive should be informed that while Prochlorperazine does not affect it, if they have been vomiting this may reduce their protection from pregnancy
- Advise that Prochlorperazine may cause drowsiness and if affected patients should not drive or operate any heavy plant or machinery
- Advise to avoid alcohol and recreational drugs while taking Prochlorperazine
- Advise on the sick day rules due to the risk of dehydration caused by the vomiting, especially: ACE inhibitors (\*pril), ARBs (\*sartan), NSAIDs, Diuretics, and Metformin and SGLT2 inhibitors (\*flozin)
- Advise patients with diabetes to be especially vigilant with their blood glucose monitoring as Prochlorperazine may cause a rise
- Advise that using antacids or indigestion medications may reduce the effectiveness of Prochlorperazine
- Advise to contact GP / nurse / pharmacist / out-of-hours service if side effects occur
- Advise to call 999 if any life-threatening side-effects occur
- If given supply of buccal tablets, patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not. If only being administered single dose or injection it is not necessary to leave the PIL, but the patient may still be signposted to the electronic copy if required
- Patients should be advised to maintain adequate hydration

Arrangements for referral to medical advice	Local arrangements apply
Additional facilities / supplies required	<p><b>For buccal tablets:</b> None</p> <p><b>For IM injection:</b></p> <ul style="list-style-type: none"> <li>• 70% alcohol pre-injection swab</li> <li>• 1ml syringe</li> <li>• Blunt-fill filter needle</li> <li>• Hypodermic injection needle – recommended size 23G x 3016mm (blue)</li> <li>• Sharps disposal box</li> </ul> <p>Prochlorperazine is also available in 5mg oral tablets, these are not covered by this PGD. If any they are required, refer to the patient's GP or a SAS prescriber.</p> <p>Alternatives to Prochlorperazine for patients excluded from this PGD may include Chlorpromazine, Cinnarizine, Cyclizine, Domperidone, Metoclopramide, Ondansetron, and Promethazine. If any of these are required refer to the patient's GP or a SAS prescriber.</p>
Monitoring	No specific monitoring required
Follow up	Any follow-up required would be via patient's GP
Details of treatment records required	<p>The ePR, or other patient record, must contain the following:</p> <ul style="list-style-type: none"> <li>• Name of the HCP using this PGD</li> <li>• Patient's name, address and date of birth. CHI number is also preferred</li> <li>• Name of medication and expiry date</li> <li>• Date and time of administration / supply</li> <li>• Dose (and volume if liquid preparation), form and route (and site if parenteral) of administration</li> <li>• If supplying medicine: <ul style="list-style-type: none"> <li>◦ Dose and frequency to take</li> <li>◦ Number of items supplied</li> </ul> </li> <li>• That it is administered and/or supplied under this PGD and not prescribed or via an exemption</li> </ul> <p>The ePR, or other patient record, must also contain:</p> <ul style="list-style-type: none"> <li>• The patient's medical and medication history</li> <li>• Medication and safety-netting / worsening advice given to the patient / carer</li> </ul> <p>All records must be clear, legible and contemporaneous.</p>

## 8. References and Further Reading

### NICE Medicines Practice Guideline MPG2: Patient group directions

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

### Prochlorperazine in BNF

[Prochlorperazine](#) | [Drugs](#) | [BNF](#) | [NICE](#)

### Prochlorperazine on EMC

[Prochlorperazine 3mg Buccal Tablets SmPC \(medicines.org.uk\)](#)

[Prochlorperazine 3mg Buccal Tablets Patient Information Leaflet \(medicines.org.uk\)](#)

[Prochlorperazine 12.5mg in 1ml Ampoule for Injection SmPC \(medicines.org.uk\)](#)

[Prochlorperazine 12.5mg in 1ml Ampoule Patient Information Leaflet \(medicines.org.uk\)](#)

### BNF Treatment Summaries

[Nausea and labyrinth disorders](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

### NICE Clinical Knowledge Summary/Summaries (CKS)

[Nausea / vomiting in pregnancy](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

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

[Benign Paroxysmal Positional Vertigo](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

### NICE Clinical Guidelines

None relevant

### Other Useful Links

[Vertigo](#) | [NHS inform](#)

[Vomiting in Adults](#) | [NHS inform](#)

[Morning Sickness](#) | [Ready Steady Baby](#) | [NHS inform](#)

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