



**Scottish
Ambulance
Service**

Working in Partnership with Universities



Patient Group Direction PGD227
FOR THE ADMINISTRATION OR SUPPLY OF OMEPRAZOLE

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	
Version	1.0
Issue Date	28/03/2025
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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

Title:	Patient Group Direction PGD227 Omeprazole
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	21/11/2024	Initial draft		N/A
0.2	30/01/2025	Minor change to wording for gastro-protection		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 PGD001a		Yes

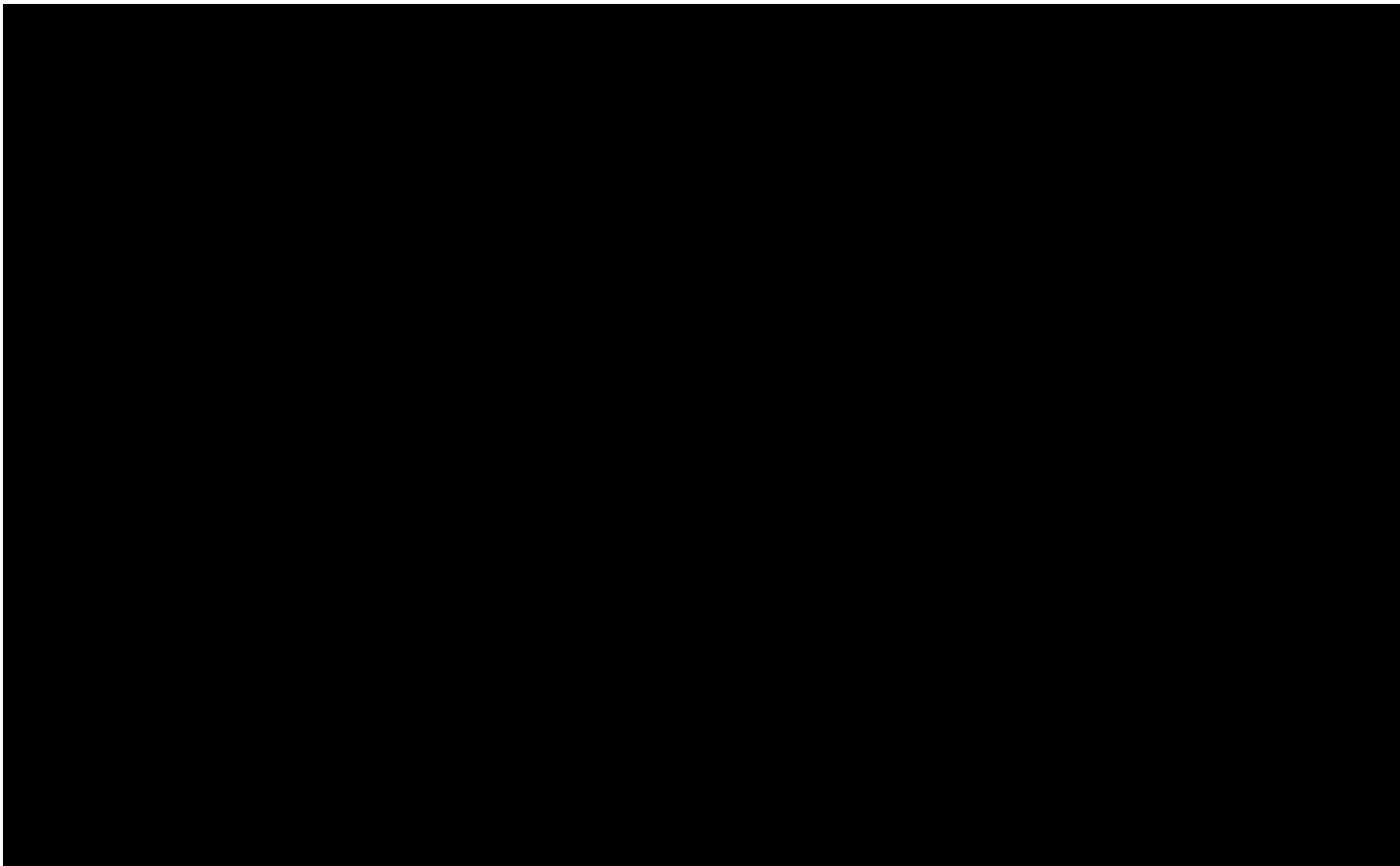
1.3 Approvals: This document requires the following approvals:

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

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 Omeprazole, 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	<p>Symptomatic relief of mild to moderate acute dyspepsia and gastro-oesophageal reflux disease (GORD)</p> <p>Gastro-protection for patients with a moderate risk of adverse GI events from:</p> <ul style="list-style-type: none"> • Diclofenac supplied in accordance with PGD212 • Ibuprofen supplied in accordance with PGD219 • Naproxen supplied in accordance with PGD224
Criteria for inclusion	<p>Adults 16 years and over with, or at risk of, any of the above conditions / symptoms, including:</p> <ul style="list-style-type: none"> • Known gastro-oesophageal reflux disease (GORD) • Acid reflux • Heartburn • Indigestion • Reflux oesophagitis • Gastro-intestinal ulceration <p>Appropriate safety-netting can be made.</p>
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy or hypersensitivity to Omeprazole or any excipients or ingredients in the preparation • Active vomiting, diarrhoea or fever • Known intestinal obstruction • Patients where it's not possible to exclude cardiac aetiology • Ineffective use, in the current episode, of any other proton pump inhibitor • Patients with galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption • Patients taking: <ul style="list-style-type: none"> ○ Atazanavir, Nelfinavir or Rilpivirine ○ Belumosudil ○ Belzufitan ○ Citalopram or Escitalopram ○ Dasatinib, Gefitinib, Neratinib, Pemigatinib ○ Mavacamten ○ Methotrexate • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission
Action if patient is excluded or declines treatment	<p>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.</p>

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Omeprazole 20mg gastro-resistant capsules Omeprazole 20mg gastro-resistant tablets
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Oral administration only – may be taken with or without a drink
Dose and frequency of administration	All indications listed in this PGD: 20mg (one capsule / tablet) once daily for up to 7 days
Maximum dose and number of treatments	As above. Maximum supply is one full box (seven capsules / tablets). For reflux oesophagitis, patients may require treatment for 4 weeks, supply 7 capsules / tablets only and refer them to their GP for ongoing treatment.

6. Cautions and Identification & Management of Adverse Reactions

Cautions	No significant cautions for use within this PGD. Longer term use carries some risk of susceptibility to GI infections, reduction of vitamin B ₁₂ absorption and osteoporosis, especially in the elderly.
Drug interactions	No significant interactions other than those listed in exclusions
Identification and management of adverse reactions	<p>Anaphylactic reactions to Omeprazole are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Abdominal pain, Constipation, Diarrhoea, Dizziness, Dry mouth, GI disorders, Headache, Insomnia, Nausea, Skin reactions, Vomiting</p> <p>Uncommon: Arthralgia, Bone fractures, Confusion, Depression, Drowsiness, Leucopenia, Malaise, Myalgia, Paraesthesia, Peripheral oedema, Thrombocytopenia, Vertigo, Vision disorders</p> <p>Rare or very rare: Aggression, Agitation, Agranulocytosis, Alopecia, Altered taste, Bronchospasm, GI candidiasis, Gynaecomastia, Hallucination, Hepatic disorders, Hyperhidrosis, Hyponatraemia, Muscle weakness, Nephritis tubulointerstitial, Pancytopenia, Photosensitivity reaction, Severe cutaneous adverse reactions (SCARs), Stomatitis</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)	<ul style="list-style-type: none"> • 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 the patient <u>must not</u> take any other products containing proton pump inhibitors – and that not all items are obvious that they contain a PPI. These include: <ul style="list-style-type: none"> ○ Esomeprazole, Lansoprazole, Pantoprazole, Rabeprazole ○ Branded medicines such as Emuzol, Gardium, Nexium control, Vimovo, Losec, Mezzopram, Pyrocalm, Zoton, Protium, Pariet, or some store or pharmacy-branded indigestion or heartburn relief products (refer them to the specific ingredients) • Advise to be especially cautious regarding any medicines purchased overseas which may include a PPI • Advise if also using Gaviscon, Rennies (or any similar antacid) to manage symptoms, Omeprazole should be taken either 2 hours before or 2 hours after it • Patients using an oral contraceptive should be informed that while Omeprazole does not affect it directly, if they have the side effect of vomiting or diarrhoea then that may reduce their protection from pregnancy • Omeprazole is safe to use in pregnancy and when breastfeeding • 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 • Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not • 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>Omeprazole is available in other forms not covered by this PGD:</p> <ul style="list-style-type: none"> • 10mg and 40mg gastro-resistant capsules and tablets <p>And for patients unable to swallow capsules / tablets:</p> <ul style="list-style-type: none"> • 10mg, 20mg and 40mg dispersible gastro-resistant tablets • 1mg/1ml, 10mg/5ml and 20mg/5ml oral suspension* • 10mg/15ml and 20mg/15ml oral solution* <p>If any of the above are required refer to the patient's GP or a SAS prescriber. Be aware that the oral suspensions and</p>

	<p>solutions are very expensive and may not be appropriate for SAS prescribing.</p> <p>Alternatives to Omeprazole for patients excluded from this PGD may include Esomeprazole, Lansoprazole, Pantoprazole, and Rabeprazole, or Cimetidine, Famotidine, Nizatidine, and Ranitidine. If any of these are required refer to the patient's GP or a SAS prescriber.</p>
Monitoring	No specific monitoring required
Follow up	Follow-up via a patient's own GP is recommended to investigate the source of the symptoms being treated
Details of treatment records required	<p>The ePR, or other patient record, must contain the following:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 <p>The ePR, or other patient record, must also contain:</p> <ul style="list-style-type: none"> • The patient's medical and medication history • Medication and safety-netting / worsening advice given to the patient / carer <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](#)

Omeprazole in BNF

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

Omeprazole on EMC

[Omeprazole 20mg Gastro-resistant Capsules SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Omeprazole 20mg Gastro-resistant Capsules Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Omeprazole 20mg Gastro-resistant Tablets SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Omeprazole 20mg Gastro-resistant Tablets Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

BNF Treatment Summaries

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

[Gastro-oesophageal reflux disease](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Proton pump inhibitors](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summary/Summaries (CKS)

[Dyspepsia - Pregnancy-associated](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Dyspepsia - Proven functional](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Dyspepsia - Proven GORD](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Dyspepsia - Unidentified cause](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[CG184 Gastro-oesophageal reflux disease and dyspepsia in adults: Investigation and management](#) | [Guidance](#) | [NICE](#)

[NG1 Gastro-oesophageal reflux disease in children and young people: Diagnosis and management](#) | [Guidance](#) | [NICE](#)

Other Useful Links

[Farting](#) | [NHS Inform](#)

[Gastroesophageal reflux disease](#) | [NHS Inform](#)

[Indigestion](#) | [NHS Inform](#)

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