



Patient Group Direction PGD232
FOR THE ADMINISTRATION OR SUPPLY OF PREDNISOLONE

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.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD232 Prednisolone
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	27/11/2024	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

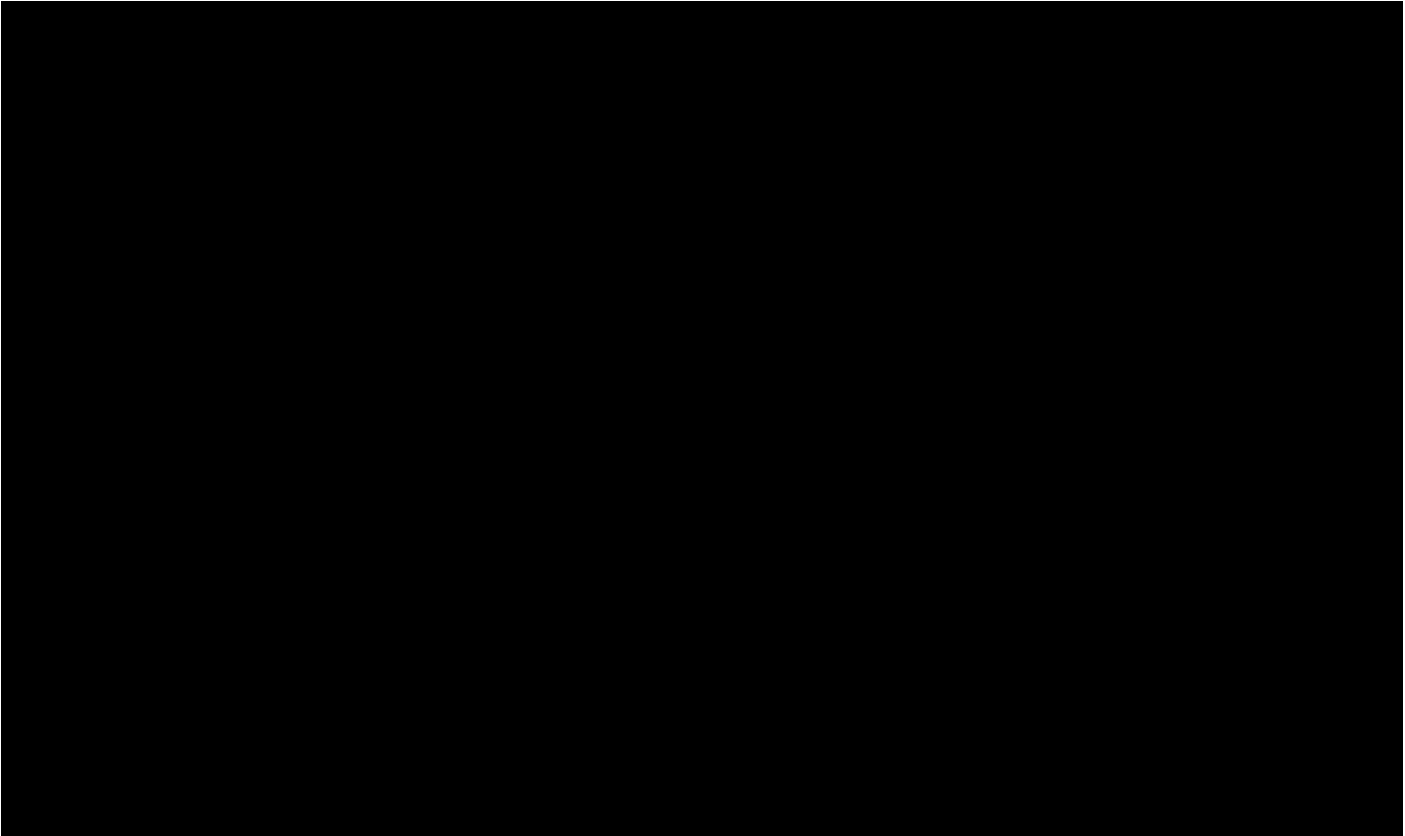
1.3 Approvals: This document requires the following approvals:

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

Qualifications required	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	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. Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses. Familiarisation with the use of Prednisolone, its indications, contra-indications and other details.
Continuing training requirements	The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” in this PGD. The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.
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	<ul style="list-style-type: none"> • Acute exacerbation of asthma • Acute exacerbation of chronic obstructive pulmonary disease (COPD)
Criteria for inclusion	<ul style="list-style-type: none"> • Adults 16 years and over • Appropriate safety-netting can be made (if being treated and discharged) • Mild to moderate acute exacerbation of asthma if not managed with inhalers alone • Acute severe or life-threatening asthma where a stat dose is required before transfer / admission to hospital and administration of tablets is practical • Mild to moderate exacerbation of COPD if increased breathlessness interferes with daily activities (for supply)* • Severe exacerbation of COPD where a stat dose is required before transfer / admission to hospital <p>* if infective exacerbation is suspected then <u>must</u> also be treated with an antibiotic, refer to PGD202 Amoxicillin or PGD213 Doxycycline for suitability</p>
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy or hypersensitivity to Prednisolone or any excipients or ingredients in the preparation • Use of oral corticosteroids in the past 7 days (exclusion for supply, stat dose can be given) • History of mood or behavioural changes associated with steroids • Ocular herpes simplex • Galactose intolerance, Lapp lactase deficiency or Glucose-galactose malabsorption • Systemic infection, if excluded from antibiotic PGDs • Patients currently taking: <ul style="list-style-type: none"> ○ Any other systemic corticosteroid ○ Amiodarone ○ Amisulpride ○ Antiretroviral drugs ○ Carbamazepine, Phenobarbital or Phenytoin ○ Clarithromycin or Erythromycin ○ Recent MMR or any live vaccine ○ Specialist cancer drugs • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission

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	Prednisolone 5mg tablets
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	<p>Oral administration only – may be taken with or without a drink. Ideally taken after breakfast when supplied but not essential.</p> <p>Tablets are very small but may be crushed and dissolved in a drink, yoghurt or soft food for patients who find swallowing them difficult.</p>
Dose and frequency of administration	<p>Exacerbations of Asthma – management: 40mg (eight tablets) once daily for 5 days</p> <p>Exacerbations of Asthma – stat dose: 40mg (eight tablets) once only</p> <p>Exacerbations of COPD – management: 30mg (six tablets) once daily for 5 days</p> <p>Exacerbations of COPD – stat dose: 30mg (six tablets) once only</p>
Maximum dose and number of treatments	<p>As above.</p> <p>Maximum supply is a 5-day course (40 or 30 tablets depending on condition being treated).</p> <p>Clinicians should be aware that Prednisolone is supplied in boxes of 28 tablets and they will require to supply the correct quantity as noted.</p>

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in:</p> <ul style="list-style-type: none"> • Congestive heart failure • Diabetes mellitus (including a family history of) • Diverticular disease or Diverticulitis • Duchenne's muscular dystrophy • Epilepsy • Glaucoma (including a family history of or susceptibility to) • History of steroid myopathy • History of tuberculosis • Hypertension • Hypothyroidism • Myasthenia gravis • Ocular herpes simplex • Osteoporosis • Peptic ulcer • Psychiatric reactions • Recent intestinal anastomoses • Recent myocardial infarction • Severe affective disorders • Severe renal or hepatic failure • Systemic sclerosis • Thromboembolic disorders • Ulcerative colitis • Untreated infections • Patients taking NSAIDs – short courses are normally okay • Patients taking Nicorandil • Patients taking vitamin K antagonist oral anticoagulants – they should discuss this Prednisolone use at their next INR check
Drug interactions	None relevant to doses and courses covered by this PGD, other than those in exclusions and cautions
Identification and management of adverse reactions	<p>Anaphylactic reactions to Prednisolone tablets are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Side-effects are more likely in courses longer than the 5 days covered by this PGD. Common or very common include: Anxiety, Abnormal behaviour, Abdominal pain, Altered mood, Cognitive impairment, Cushing's syndrome, Electrolyte imbalance, Fatigue, Fluid retention, GI discomfort, Headache, Hirsutism, Hypertension, Impaired healing, Increased infection risk, Menstrual cycle irregularities, Nausea, Osteoporosis, Peptic ulcer, Psychotic disorder, Skin reactions, Sleep disorder, Subcapsular cataract, Weight increase</p> <p>Uncommon:</p>

Adrenal suppression, Bone fractures, Diabetes control impairment, Eye disorders, Haemorrhage, Heart failure, Hyperhidrosis, Increased appetite, Leucocytosis, Metabolic alkalosis, Myopathy, Osteonecrosis, Pancreatitis, Papilloedema, Seizure, Thromboembolism, Tuberculosis reactivation, Vertigo

Rare or very rare:

Malaise, Tendon rupture

A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.

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)	<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 patients that Prednisolone may cause drowsiness and if affected they should not drive or operate heavy plant or machinery • Advise patients with diabetes to monitor their blood glucose levels closely when taking Prednisolone • Patients using an oral contraceptive should be informed that while Prednisolone does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy. Patients with an intra-uterine device or contraceptive coil should be advised that Prednisolone may reduce their effectiveness against pregnancy • Advise that the patient <u>must not</u> take any other systemic corticosteroid-containing products and that not all items are obvious that they contain one. Patients using topical, eye-drop or PR corticosteroids may continue to follow the normal regimen for such products • Advise to be especially cautious regarding any medicines purchased overseas which may include a corticosteroid • Advise to avoid contact with people with Chickenpox or Measles while taking Prednisolone, even if immunised • Advise to avoid eating liquorice while taking Prednisolone • 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 • 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 • 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>Prednisolone is also available in 5mg/5ml or 10mg/1ml oral solutions or 5mg soluble tablets for patients unable to swallow tablets, which are not covered by this PGD.</p>

	<p>If any of the above are required, refer to the patient's GP or a SAS prescriber but note that the solutions and soluble tablets represent very poor value for money. Prednisolone 5mg tablets can be crushed and taken with yoghurt or soft food or dissolved in a drink.</p> <p><u>A single dose</u> of oral Prednisolone may be given to children with a moderate to severe acute exacerbation of asthma between the ages of 12 months and 16 years in accordance with the guidance in the JRCALC app prior to hospital referral, they <u>cannot</u> be administered or supplied under this PGD.</p>
Monitoring	No specific monitoring required for 5 day course
Follow up	Follow-up, if required, should be via patient's own GP
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](#)

Prednisolone in BNF

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

Prednisolone on EMC

[Prednisolone 5mg Tablets SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Prednisolone 5mg Tablets Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

BNF Treatment Summaries

[Asthma, acute](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Chronic obstructive pulmonary disease](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Corticosteroids, general use](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Glucocorticoid therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Medical emergencies in the community](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summary/Summaries (CKS)

[Asthma: Acute exacerbation](#) | [Management](#) | [CKS](#) | [NICE](#)

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

[COPD: Acute exacerbation](#) | [Management](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG115 Chronic obstructive pulmonary disease in over 16s: Diagnosis and management](#) | [Guidance](#) | [NICE](#)

[NG237 Suspected acute respiratory infection in over 16s: Assessment at first presentation and initial management](#) | [Guidance](#) | [NICE](#)

[NG244 Asthma pathway \(BTS, NICE, SIGN\)](#) | [Guidance](#) | [NICE](#)

[NG245 Asthma: Diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\)](#) | [Guidance](#) | [NICE](#)

Other Useful Links

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

[Chronic obstructive pulmonary disease \(COPD\)](#) | [NHS inform](#)

Doc: PGD232 Prednisolone	Page 12 of 12	Author(s): [REDACTED]
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