This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

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

Dihydrocodeine (PGD)

Legal status (GSL, P or POM on exemption list, or PGD)	▪ POM - Midwife may supply/administer in accordance with a PGD **Controlled Drug (CD)**
Clinical indication:	In patients with painful uterine contractions in either ▪ the latent or early induction phase of labour or ▪ postnatal patients in accordance with local guidelines.
Inclusion criteria (Patient Group):	Moderate to severe pain assessed in accordance with local guideline.
Exclusion criteria:	Known hypersensitivity to dihydrocodeine or excipients. Head injury, raised intra-cranial pressure, acute respiratory depression, obstructive airways disease, paralytic ileus, or acute alcoholism. As dihydrocodeine may cause the release of histamine, it should not be given during an asthma attack. Breastfeeding patients if their baby has respiratory symptoms.
Cautions/Need for further advice/Circumstances when further advice should be sought from the doctor:	▪ respiratory problems including asthma, hepatic and renal impairment, hypotension, biliary tract disorders, pancreatitis, obstructive bowel disorders, constipation, myasthenia gravis, hypothyroidism, known opiate abuser, convulsive disorders, adrenocortical insufficiency, inflammatory bowel disorders, shock, or urethral stenosis. ▪ tolerance to analgesic effects may develop upon repeated administration ▪ check and document any allergies ▪ check and document past medical and drug history and current medication intake to ascertain potential for overdose ▪ if a caution applies consult with a doctor /GP before administration or supply

Dihydrocodeine (PGD)	
Potential adverse reactions:	▪ *side effects (if an adverse reaction is suspected or occurs, the patient must be referred to a doctor)* ▪ *the most common adverse drug reactions seen during therapy are constipation, nausea, vomiting, headache and vertigo* ▪ *occasional adverse reactions are urinary retention, abdominal pain, hypotension, paraesthesia, confusion, hallucinations and rash with or without pruritus, ureteric or biliary spasm, dry mouth, mood changes, blurred vision, sweating, decreased libido, flushing, abdominal pain, dizziness, hallucinations, paralytic ileus, respiratory depression, drowsiness and urinary retention.* *on labour* — *N/A* *on the neonate* — *N/A* *on breast feeding* — *excreted in breast milk but no harmful effects anticipated with short-term use (see contra-indication)* *if a serious adverse reaction is suspected please report to the MHRA via the Yellow Card Scheme via http://yellowcard.mhra.gov.uk/*
Action if patient declines or is excluded:	▪ refer to doctor/GP ▪ document in maternity record
Referral arrangements for further advice/cautions:	▪ in accordance with local guidelines
Medicine Details	
Pharmacology	Dihydrocodeine is a semi-synthetic narcotic analgesic, which acts on opioid receptors in the brain to reduce the perception of pain and improve the psychological reaction to pain by reducing the associated anxiety. Onset of action within 1 to 2 hours and may last for 4-6 hours.
Name, form & strength of medicine:	Tablet contains dihydrocodeine tartrate 30mg.
Route/Method of administration:	For oral administration.
Dosage (include maximum dose if appropriate):	Antenatal – 30mg once only Postnatal - 30mg 4 to 6 hourly as required depending on pain score. Do not exceed 180mg in 24 hour period.
Frequency:	Antenatal – single dose Postnatal - 4 to 6 hourly as required depending on pain score.
Duration of treatment:	In accordance with local guidelines.
Maximum or minimum treatment period:	In accordance with local guidelines.

Dihydrocodeine (PGD)	
Quantity to supply/administer:	Antenatal – 1 tablet Postnatal a maximum of TTO of 30 tablets
▼Black Triangle Medicine:*	N/A
Is the use outwith the SPC:**	No
Storage requirements and product details	Store in a cool dry place protected from light - below 25º C.
*The black triangle symbol (▼) identifies newly licensed medicines that are monitored intensively by the MHRA/CSM ** Summary of Product Characteristics	
Warnings including possible adverse reactions and management of these:	Monoamine oxidase inhibitors or use within last 2 weeks. May cause respiratory depression and sedation with other central nervous system depressants, including sedatives or hypnotics, phenothiazines, other tranquillisers, sodium oxybate and alcohol. ▪ if there is a drug interaction, consult with a doctor/GP before administration or supply ▪ document consultation in maternity record ▪ consult current BNF for latest information on interactions
Overdose:	▪ symptoms include drowsiness/ sleepiness that can progress to stupor and coma - reduced respiratory and cardiac rate, pin point pupil, fall in BP, muscle weakness, cold, clammy skin, hallucinations and convulsions. ▪ poor cardiovascular and respiratory failure can progress to deepening coma **- r**espiratory and cardiovascular depression is of most concern ▪ immediate assessment/ treatment is essential - refer to doctor/GP ▪ management should be in accordance with established treatment guidelines or see BNF overdose section ▪ in the event of overdose for further advice contact National Poisons Centre 0344 892 0111
Advice to patient/carer including written information provided:	▪ advise patient that dihydrocodeine may cause drowsiness and, if affected, patient should not drive or operate machinery ▪ may cause constipation; advise additional fluids and give dietary advice ▪ advise patient to contact doctor/GP if condition worsens or symptoms persist ▪ give manufacturer's patient information leaflet if requested by the patient
Monitoring (if applicable):	If inpatient, monitor pain scores regularly.
Follow up:	Monitor both mother and baby for signs of side-effects.
References 1. SPC for Dihydrocodeine Tablets BP 30mg Accord text revision 8.7.2019 Accessed 16.12.2019 www.medicines.org.uk 2. http://www.bnf.org	