

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Department of Dermatology

Patient Group Direction (PGD) for the administration and supply of Dithranol Pomade RVI by nursing staff

1. Clinical Condition

Clinical Condition	Treatment of Scalp Psoriasis
Maturity of patient	Adult and Paediatric(all ages)
Criteria for inclusion	All patients with scalp psoriasis that have dark coloured hair
Criteria for exclusion	Fair coloured hair patients. Patients sensitive to Dithranol or any other ingredient of the Pomade
Action if excluded	Patient should be referred back to referring doctor
Action if patient declines treatment	Document patients refusal in the patients medical notes and refer patient back to referring doctor
Circumstances when further advice should be sought	If there are any adverse reactions to the treatment seek advice from referring doctor

2. Characteristics of staff

Class of health care professional to whom PGD applies	Named Nurse
Qualifications required	Qualified as a first level registered nurse working within Dermatology
Additional requirements	The qualified nurse must have worked within the Dermatology Department for a minimum of one year
Continuing training requirements	Attend courses relating to dermatology and a commitment to continuing updating of skills in discipline area Adhere to NMC recommendations on professional development, scope of practice and conduct

3. Description of Treatment

Name of Medicine	Dithranol Pomade
Class of Medicine	Antipsoriatic agent
Legal Status	Dithranol Pomade of 0.2%, 0.4%, 0.6% is a pharmacy only medication (P)
Medicine licensed for clinical condition stated in PGD	Not a licensed product but is indicated for the use stated in this PGD
Route of Administration	Applied topically to the scalp lesions
Pharmaceutical form and strength	Pomade application containing 0.2%, 0.4% or 0.6% of Dithranol. The pomade also contains salicylic acid emulsifying wax and liquid paraffin
Dose	Applied to scalp lesions The minimum strength of dithranol pomade necessary to control the symptoms should be used therefore the treatment commences with 0.2% Dithranol Pomade
Frequency of administration	Once a day
Total amount to be supplied	One 100g jar
Maximum period over which medicine should be administered	Applied until there is an improvement in the scalp Patient assessed daily by named nurse
Common adverse effects	<ul style="list-style-type: none"> • Staining of fair hair and skin • Staining of bedding, some plastics and enamel • Burning sensation of the skin • Local irritation i.e. intolerance of Dithranol redness of surrounding skin
Drug Interactions	None Known

3. Treatment Continued

Action if patient experiences an adverse effect	Remove Dithranol Pomade from the scalp by washing the hair immediately with Polytar liquid. If staining of the scalp occurs Tar Pomade should be used instead Refer the patient to the referring doctor and record any adverse effects in patients notes
Prescription to be supplied to patient	Prescription to be supplied from stock . Date and patients name to be recorded on item and recorded in patients notes. Information/ instruction sheet also to be given to patient

4. Patient Information

Written / Verbal advice to the patient	During demonstration and treatment the patient is encouraged to participate and is shown how to apply the pomade topically. The pomade can be washed off the following morning or left insitu for a couple of days. The minimum strength of Dithranol Pomade necessary to control the symptoms should be used therefore the treatment commences with 0.2% Dithranol Pomade. The patient is given verbal and written information regarding their condition and telephone numbers of the Psoriasis Lead nurse and the Psoriasis Association
Records to be kept	Record all details in the patients nursing kardex and retain copies of all medication supplied. A detailed discharge summary should be written in the patient's notes and a discharge sheet stating attendance and treatment given completed The referring doctor should be given the patient's notes and follow up appointments made
Audit	Practice to be reviewed each year

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