 Department of Health Government of Nunavut		Medical Directives and Delegation	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Diclofenac diethylamine 1.16% topical gel Medical Directive		Pharmacy	09-019-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
May 20, 2021	May 20, 2023	n/a	5
APPLIES TO:			
Community Health Nurses			

1. BACKGROUND:

The Department of Health (Health) is committed to providing Nunavummiut with treatment options that align with research and best practices.

Community Health Nurses (CHN) in Nunavut work in an expanded role, utilizing medical directives, policies, protocols, First Nations and Inuit Health Branch (FNIHB) Clinical Practice Guidelines (CPG) and FNIHB Clinical Care Pathways (CCP) in conjunction with the Nunavut Formulary to diagnose and treat medical conditions.

The FNIHB Adult CPGs for the Musculoskeletal System (Chapter 7) recommend oral non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of many conditions. Diclofenac topical gel is indicated for the relief of pain associated with recent (acute), localized muscle or joint injuries such as sprains, strains, or sports injuries (e.g., sprain of ankle, strain of shoulder or back muscles). This is typically as an adjunct to other measures such as rest for the relief of discomfort associated with such injuries. This medical directive provides an authorizing mechanism for CHNs to dispense diclofenac topical gel 1.16% (Voltaren Emulgel), a topical NSAID, as an alternative to oral NSAIDs for conditions listed below in 5.1 in accordance with the Nunavut Formulary.

2. MEDICAL DIRECTIVE:

- 2.1 CHNs may dispense topical diclofenac 1.16% gel for clients 16 years of age and older for up to 7 days for the muscle and joint injuries listed in 5.1. If treatment is required beyond 7 days, a physician or nurse practitioner must be consulted.
- 2.2 The recommended dosage is to apply 2 to 4 g of gel to the affected area 3 or 4 times daily. It should be rubbed gently into the skin and the hands should be washed after application. The amount needed depends on the size of the painful area: 2 to 4 g of gel is sufficient to treat an area of about 400-800 cm². Note: 1 g = strip approximately 2 cm long.
- 2.3 Topical diclofenac gel will never be used in combination with an oral NSAID due to potential for increased risk of adverse events and no evidence for increased efficacy.

3. RECIPIENT CLIENTS:

- 3.1 Clients aged 16 and over in Community Health Centre settings.

4. AUTHORIZED IMPLEMENTERS:

- 4.1 Community Health Nurses or Supervisors of Community Health Programs who possess the knowledge, skill, and judgment to do so. The implementer is required to demonstrate competency to implement this medical directive through the standard orientation process.
- 4.2 Sub-delegation is not permitted to another healthcare provider or staff.

5. INDICATIONS AND CONTRAINDICATIONS:

- 5.1 Conditions in the Adult FNIHB CPGs which advise the use of oral NSAIDs for which topical diclofenac gel may be substituted:
 - Acromioclavicular (AC) Type I Joint Injuries
 - Adhesive Capsulitis (Frozen Shoulder)
 - Ankle Sprain
 - Epicondylitis: Lateral (Tennis Elbow) and Medial (Golfer's Elbow)
 - Knee Injury (Ligamentous and Meniscal)
 - Low Back Pain
 - Neck Pain
 - Shoulder Impingement Syndrome (Rotator Cuff Tendonitis)
 - Shoulder Tendinopathy and Bursitis
 - Osteoarthritis
- 5.2 Topical diclofenac gel will not be dispensed to clients under the age of 16.
- 5.3 Topical diclofenac gel will not be dispensed by a CHN to a client presenting with conditions other than those listed in 5.1.

6. DEFINITIONS:

NSAID: Non-steroidal anti-inflammatory drug.

Acute pain: Pain of less than 3 months' duration, often associated with injury including trauma; surgery; musculoskeletal injuries such as strains, sprains, and over-use injuries; or soft tissue injuries such as muscle soreness or cramps (Wiffen & Xia, 2020).

Nurse: Refers to Community Health Nurse or Supervisor of Community Health Programs.

7. PROCEDURE:

- 7.1 The nurse conducts a comprehensive history and physical assessment, including documentation of allergies.
- 7.2 The nurse is responsible for determining if the conditions of this directive have been met before enacting it. The nurse will refer to the FNIHB CPGs to determine a diagnosis and treatment plan. If the condition is not listed in the FNIHB CPGs, the nurse will consult a Nurse Practitioner or Physician for diagnostic and treatment advice.
- 7.3 If the nurse has determined the client has a condition listed in the FNIHB CPGs, they will reference section 5.1 of this medical directive to determine if the topical diclofenac gel can be provided as a treatment option.
- 7.4 The CHN will dispense topical diclofenac gel, in accordance with the most current Nunavut Formulary and Community Health Nursing Policy 09-005-00: Dispensing Medications, when it is safe to do so based on the client's medical history.
- 7.5 The CHN will document on a medication label the following information and affix it to the tube of topical diclofenac gel:
 - Client's name
 - Date medication was dispensed
 - Pharmaceutical agent name and strength
 - Dose, frequency, duration, and amount dispensed

- Application instruction – note where to apply
- Initials of the CHN dispensing the medication

7.6 When dispensing topical diclofenac gel, the CHN will ensure client teaching is completed. This must include:

- The gel is not to be applied near mucous membranes or on broken skin. It is not to be covered with tight or occlusive dressing. Heating devices (e.g., hot water bottle, heating pad) are not to be placed on the skin after applying the gel.
- Local reactions (redness and itching) are the most common adverse effects and are generally mild and transient. Less commonly, photosensitivity, discolouration, desquamation, and bullous or vesicular eruptions can occur. Although only 6% of the topical dose is absorbed, systemic adverse effects can occur.

8. DOCUMENTATION:

8.1 At minimum, the following must be documented in the client's health record:

- i. The client's history and physical assessment findings.
- ii. Reason for enacting this medical directive including clinical findings and differential diagnoses. The nurse must cite the medical directive name along with the CPG used to enact this medical directive.
- iii. The medication name, strength, dose, route, frequency, duration, amount dispensed, and site the client was directed to apply the medication to, as well as medication teaching completed with the client.

9. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Community Health Nursing Manual:	09-006-00	Administering or Dispensing Pharmaceuticals - Documentation
Community Health Nursing Manual:	09-005-00	Dispensing Medications
Community Health Nursing Manual:	09-001-00	Documentation of Allergies
Community Health Nursing Manual:	09-002-00	RN Initiated Drug Therapy
Community Health Nursing Manual:	09-011-00	Labelling Pharmaceutical Agents
Community Health Nursing Manual:	07-001-00	Community Health Nursing
Community Health Nursing Manual:	07-031-00	CHN Expanded Role: Diagnosing, initiating lab and x-ray tests and initiating drug treatment
Community Health Nursing Manual:	06-008-00	Documentation Standard


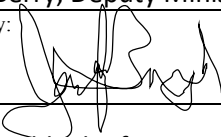
APPENDIX A: Decision-Making Model for Performing Additional Functions and Transferred Functions

10. REFERENCES:

1. Diclofenac. Lexicomp Database.
2. Voltaren Emulgel (diclofenac diethylamine gel 1.16%) product monograph. GlaxoSmithKline Consumer Healthcare Inc; 2020 Mar 4.
3. Topicals for Pain Relief. Pharmacist's Letter Resource #360402, April 2020.
4. Canadian Agency for Drugs and Technologies in Health (CADTH). Topical NSAIDs versus opioids for acute musculoskeletal pain: a review. January 2017.
5. Derry S, Moore RA, Gaskell H, et al. Topical NSAIDs for acute musculoskeletal pain in adults. Cochrane Database Syst Rev 2015;(6):CD007402.
6. Wiffen PJ, Xia J. Systematic review of topical diclofenac for the treatment of acute and

chronic musculoskeletal pain. *Current Medical Research and Opinion* 2020; 36(4): 637-650.

11. APPROVALS:

Approved By: 	Date: May 20, 2021
Jennifer Berry, Deputy Minister – Department of Health	
Approved By: 	Date: May 20, 2021
Jenifer Bujold, Chief Nursing Officer	
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Dr. Francois de Wet, Medical Chief of Staff, on behalf of the Medical Advisory Committee	