

6-4-18



J. YOUNG

A. KEASKIN





CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DAVIES

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF
GLYCERYL TRINITRATE TABLETS

BY
REGISTERED HEALTH PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAK

1. PGD AUTHORISATION

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		23/3/18
Executive Director of Nursing	Brendan Brown		28/3/18
Medical Director	David Birkenhead		28/3/18
Chairman of Medicines Management Committee	Anu Rajgopal		29/3/18

Date of Patient Group Direction: March 2018

If revision please tick box ☒

Valid Until: March 2020

Review Date: September 2019

Approved by the Trust Medicine Management Committee on: 24TH MAY 2018

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2. CLINICAL CONDITION

Indication	Patients who present with a history of chest pain suggestive of Acute Coronary Syndrome (ACS)
Relevant National and Local Guidelines/Information sources	Calderdale and Huddersfield Foundation Trust ACS guidelines NICE Guideline 126 – Management of Stable Angina (2012)
Description of Patients included in treatment	Refer to ACS guidelines/BNF <ul style="list-style-type: none"> History of chest pain Previous AMI with chest pain Symptoms of ACS – pain, nausea, sweating, dizziness, pale
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> Known hypersensitivity to nitrates Hypotension (systolic blood pressure <90) Hypovolaemia Known aortic/mitral stenosis Known hypertrophic obstructive cardiomyopathy
Action if excluded	Refer to doctor or Advanced Clinical Practitioner
Action if patient self excludes/declines	Refer to doctor or Advanced Clinical Practitioner

3. TREATMENT

Name, form and strength of medicine	Glyceryl Trinitrate Tablets
Legal Status <i>GSL, P, POM</i>	P
Dose	500mcg
Frequency of administration	Single dose only
Method and route of administration	Sub-lingual
Supporting facilities required	Resuscitation Facilities
Quantity to supply/administer	Single dose only
Duration of treatment	NA
Potential side effects	<ul style="list-style-type: none"> Dizziness may occur associated with hypotension Headaches

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Advice to patient/carers	Explain why the drug is being administered and inform of possible side effects such as headache and dizziness, and ask patient to inform staff of any change in their condition
Managing & Reporting Adverse Events	<ul style="list-style-type: none"> • All suspected adverse drug reactions occurring after treatment following this PGD must be reported to a senior medical practitioner responsible for the area in which the direction is in use. • The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure • All serious adverse drug reactions should be reported to the MHRA / CSM using the Yellow Card System. Yellow cards and guidance on its use are available at the back of the BNF or at www.yellowcard.gov.uk
Follow up	To be seen as planned in ED
When to refer to doctor	All patients to be seen by ED clinician
Treatment record Specify method of recording supply/administration sufficient for audit trail	Record details in Electronic Patient Record State dose and time of administration, advice given – verbal or written Sign and Date

4. STAFF

Professional Qualifications	Registered Nurse or Registered Paramedic Current NMC or HCPC Registration
Any Exceptions to above	Bank and Agency Staff
Specialist competencies, qualifications and experience	Trust PGD Training Programme (ED)
Continuing training & education	Completion of above

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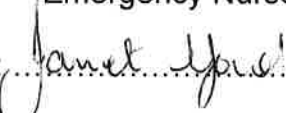



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5. MANAGEMENT AND MONITORING

Records to be kept for Audit Purposes	STORAGE AND RETRIEVAL Pharmacy will retain the original signed version of the PGDs <ul style="list-style-type: none"> • Adult – 8 years • Children (under 18 years) <i>As the requirement is until child is 25 years old or for eight years after child's death and PGDs are not child specific – this would be indefinitely</i> (at least a minimum of 43 years) Division/Author is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
Date of writing	March 2018
Name of manager holding record of names of those authorised to work under this PGD	Louise Croxall – Matron, ED

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Names of all authors of PGD (to include a Dr or Dentist)	Print Name: Janet Youd Title: Emergency Nurse Consultant Signature:  Date: 20/3/18 Print Name: Dr Mark Davies Title: Emergency Medicine Consultant Signature:  Date: 20/3/18
Lead Pharmacist involved in preparation of PGD	Print Name: Lisa Hodgson Signature:  Date: 23/3/18
Approval of Clinical Director	Print Name: Mark Davies Signature:  Date: 20/3/18

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This Patient Group Direction is to be read and agreed and this Authorisation and Record of Agreement signed by all Health Professionals who will administer and/or supply treatment using it. It is the responsibility of each professional to practice only within the bounds of their own competence

A copy of the Patient Group Direction and the original, signed Record of Agreement must be held together by the Ward/Departmental Manager/Community Team Leader.

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing to work under it within my Professional Code of Practice/Conduct.'

Name of Health Professional	Designation e.g. RGN	Signature of Health Professional	Signature of Ward/Departmental/Area Manager	Date