

6-4-18

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J. YOUNG

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO ADMINISTER MEDICINES UNDER:

A. KEASKIN

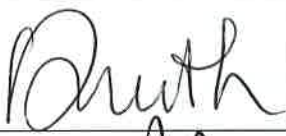
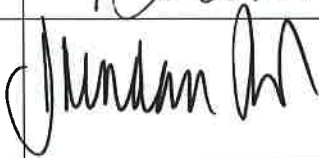


M. DAVIES

**PATIENT GROUP DIRECTION FOR THE SUPPLY AND ADMINISTRATION OF
 ADSORBED DIPHTHERIA (low dose), TETANUS and POLIOMYELITIS (inactivated)
 VACCINE**

**BY
 REGISTERED HEALTH PROFESSIONALS
 IN
 EMERGENCY DEPARTMENTS**

CAY

1. PGD AUTHORISATION

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		28/3/18
Executive Director of Nursing	Brendan Brown		28/03/18
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

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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 with clean and tetanus-prone wound or burn
Relevant National and Local Guidelines/Information sources	Licensed accepted practice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148506/Green-Book-Chapter-30-dh_103982.pdf
Description of Patients included in treatment	<p>Patients 10 years of age and over.</p> <p>Refer to chart below for immunisation recommendations for clean and tetanus-prone wounds.</p> <p>Tetanus- prone wounds include:</p> <ul style="list-style-type: none"> • wounds or burns that require surgical intervention that is delayed for more than six hours • wounds or burns that show a significant degree of devitalised tissue or a puncture-type injury, particularly where there has been contact with soil or manure • wounds containing foreign bodies • compound fractures • wounds or burns in patients who have systemic sepsis <p>Immunosuppressed patients should be managed as if they were incompletely immunised</p>
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> • Patients suffering from acute febrile illness, except in the presence of a tetanus-prone wound. • Immunisation should not be given to an individual who has had an anaphylactic reaction to a previous dose of a tetanus containing vaccine or to neomycin, streptomycin or polymyxin B (which may be present in trace amounts). • Patients who are fully immunised (see treatment guidelines)
Action if excluded	Refer to doctor or Advanced Clinical Practitioner
Action if patient self excludes/declines	Refer to doctor or Advanced Clinical Practitioner

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3. TREATMENT

Name, form and strength of medicine	Adsorbed diphtheria (low dose), tetanus and poliomyelitis (inactivated) vaccine for children over 10 years and adults (Revaxis)
Legal Status <i>GSL, P, POM</i>	POM
Dose	0.5ml
Frequency of administration	Immediate dose if required (see chart).
Method and route of administration	IM injection
Supporting facilities required	Resuscitation facilities, including access to Adrenaline
Quantity to supply/administer	One injection
Duration of treatment	One dose only – further doses to complete the immunisation schedule to be given by GP or practice nurse if required
Potential side effects	<ul style="list-style-type: none"> Local reactions such as pain, redness and swelling around injection site may occur and persist for several days. General reactions, which are uncommon, include headache, vertigo, nausea, malaise, lethargy, myalgia and pyrexia. Acute anaphylactic reactions and urticaria may occasionally occur and rarely peripheral neuropathy and Guillain Barre syndrome
Advice to patient/carers	<ul style="list-style-type: none"> Local reactions such as pain, redness and swelling around injection site may occur and persist for several days General reactions, which are uncommon, include headache, malaise, lethargy, myalgia and pyrexia. Give advice on temperature control, keep cool and take paracetamol if appropriate. Acute anaphylactic reactions and urticaria may occasionally occur and rarely peripheral neuropathy. Give patient information leaflet

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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
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Immunisation Recommendations For Clean And Tetanus-Prone Wounds			
Immunisation Status	Clean wound	Tetanus Prone Wound (see definition above)	
	Vaccine	Vaccine	Human tetanus immunoglobulin (separate PGD)
Fully immunised ie has received a total of 5 doses of tetanus vaccine at appropriate intervals	None required	None required	High risk - ie heavy contamination with material likely to contain tetanus spores (eg stable manure) and/or extensive devitalised tissue.
Primary immunisation complete, Boosters incomplete but up to date	None required (unless next dose due soon and convenient to give now)	None required (unless next dose due soon and convenient to give now)	Only if risk especially high (see above)
Primary immunisation incomplete or boosters not up to date	A reinforcing dose of vaccine and further doses as required to complete the recommended schedule (to ensure future immunity)	A reinforcing dose of vaccine and further doses as required to complete the recommended schedule (to ensure future immunity)	Yes: one dose of human tetanus immunoglobulin in a different site
Not immunised or immunisation status not known or uncertain	An immediate dose of vaccine followed, if records confirm this is needed, by completion of a full 5 dose course of vaccine to ensure future immunity	An immediate dose of vaccine followed, if records confirm this is needed, by completion of a full 5 dose course of vaccine to ensure future immunity	Yes: one dose of human tetanus immunoglobulin in a different site

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Follow up	As per attached guidelines
When to refer to doctor	Any exclusions from treatment
Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Electronic Patient Record • Name and dose of vaccine • Follow up advice, verbal and written • Batch number and expiry date of vaccine • Signed and dated

4. STAFF

Professional Qualifications	Registered Nurse or Registered Paramedic Current NMC or HCPC Registration
Any Exceptions to above	Bank and Agency Nurses
Specialist competencies, qualifications and experience	Emergency Nurse Practitioner Programme (ED) or Advanced Clinical Practitioner Programme (inc. Trainees) Trust PGD training
Continuing training & education	Update in line with changing clinical guidelines

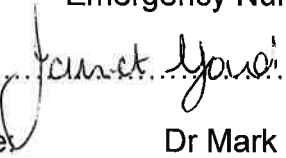
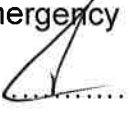
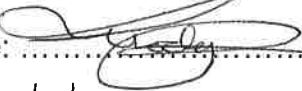

5. MANAGEMENT AND MONITORING

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: 21/3/18
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: 21/3/18

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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