

6-4-18 →

J. YOUNG

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





A. KEASKIN

M. DAVIES

PATIENT GROUP DIRECTION FOR THE SUPPLY OF
DOXYCYCLINE
BY
REGISTERED HEALTH PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAYL

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 ☒

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	<ul style="list-style-type: none"> • Patients with human or animal bites, which break the surface of the skin, especially near joints or tendons, and who are allergic to Penicillin. • To be supplied in conjunction with Metronidazole • In accordance with Trust Antibiotic Guidelines.
Relevant National and Local Guidelines/Information sources	Licensed use
Description of Patients included in treatment	<ul style="list-style-type: none"> • Adults • Children 12yrs of age and over
Description of Patients excluded from treatment under the terms of this PGD	<ul style="list-style-type: none"> • Patients already taking Warfarin or other anticoagulants • Breast feeding and pregnancy • Hepatic impairment • Patients with porphyria • Known Doxycycline allergy/sensitivity
Action if excluded	Refer to doctor, Advanced Clinical Practitioner or consider other antibiotics
Action if patient self excludes/declines	Refer to doctor, Advanced Clinical Practitioner or consider other antibiotics

3. TREATMENT

Name, form and strength of medicine	Doxycycline
Legal Status <i>GSL, P, POM</i>	POM
Dose	100mgs tablet
Frequency of administration	BD
Method and route of administration	Oral
Supporting facilities required	Full resuscitation capacity available
Quantity to supply/administer	14 tablets
Duration of treatment	7 days
Potential side effects	Nausea and vomiting, diarrhoea, dysphagia, oesophageal irritation, dry mouth, flushing, anxiety, and tinnitus.

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Advice to patient/carer	<ul style="list-style-type: none"> • Advise patient to swallow whole with plenty of water during meals while sitting or standing. • Patient to take at regular intervals and to complete the whole course • Advise patient not to take indigestion remedies, or medicines containing iron or zinc at the same time of day. • May reduce efficacy of combined oral contraceptives • Avoid exposure of skin to direct sunlight or sun lamps.
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	As required by clinical condition
When to refer to doctor	Any reaction to medication or exacerbation of symptoms
Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Electronic Patient record in ED • Prescription • Name , dose, and frequency of drug, • Volume/ quantity supplied • Advice given, verbal or written • Signed and dated

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	Emergency Nurse Practitioner Programme (ED) or Advanced Clinical Practitioner Programme (inc. Trainees) Trust PGD training
Continuing training & education	Update in line with clinical guidance

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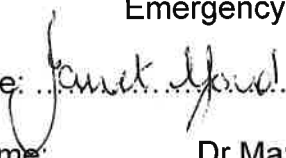

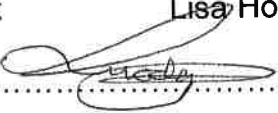

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5. MANAGEMENT AND MONITORING

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: 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