6-4-18 → J. WOOD A. KEASKIN M. DAVIES

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH PROFESSIONALS TO ADMINISTER MEDICINES UNDER:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF HUMAN TETANUS IMMUNOGLOBULIN 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		28/03/18
Medical Director	David Birkenhead	D. 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	For prevention of tetanus in patients, with a tetanus-prone wound as per recommendations in the chart below Patients who are allergic to tetanus containing vaccines **N.B. Active immunisation with tetanus vaccine should be started simultaneously at a separate injection site unless active immunisation is contraindicated**
Relevant National and Local Guidelines/Information sources	Recommended treatment within these parameters 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	Adults and children 1yr and above Refer to chart below for immunisation recommendations for clean and tetanus-prone wounds. Tetanus- prone wounds include: • 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. Immunosuppressed patients should be managed as if they were incompletely immunised
Description of Patients excluded from treatment under the terms of this PGD	Anaphylactic or severe local or general reaction to a previous dose of human immunoglobulin
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	Human Tetanus Immunoglobulin Injection 250 units/vial (volume stated on the vial)
Legal Status *GSL, P, POM*	POM

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Dose	• 250 units • 500 units if more than 24 hours have elapsed since injury or there is a risk of heavy contamination or following burns.
Frequency of administration	As a single dose See 'follow up' below for patients who require further doses
Method and route of administration	Slow intramuscular injection If a large volume (> 2mL for children or > 5 mL for adults) is required, it is recommended to administer this in divided doses at different sites
Supporting facilities required	Full resuscitation capacity available

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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 immunoglobin (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 immunoglobin 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 immunoglobin in a different site

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Quantity to supply/administer	• 250 units (volume as stated on the vial) • 500 units if more than 24 hours have elapsed since injury or there is a risk of heavy contamination or following burns.
Duration of treatment	One dose only in A&E
Potential side effects	• Pain and discomfort at the site of administration • Occasionally fever • Cutaneous reactions • Chills
Advice to patient/carer	Patients should be told that some local reactions may occur. Pain and discomfort at the site of administration
Managing & Reporting Adverse Events	• 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	• Patients with antibody deficiency syndrome (such as dys-hypo- or agammaglobulinaemia) or with a reduced capacity of antibody formation (after radiotherapy, steroid treatment, burns, etc) should receive another dose of tetanus immunoglobulin 3-4 weeks after the first dose as a prophylaxis against the delayed onset of tetanus. This may be given by their GP or practice nurse. • Patient must also complete their course of tetanus vaccines if appropriate.
When to refer to doctor	Any reaction to medication
Treatment record Specify method of recording supply/administration sufficient for audit trail	• Document in Electronic Patient Record in ED • Prescription as PGD • Name , dose, and frequency of drug, batch number • Advice given, verbal or written • Signed and dated

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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 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 • Adult – 8 years • Children (under 18 years) *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** (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: Janet Youd 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