




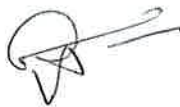
6-4-18 → J. YOUD  
A. KEASKIN  
M. DAVIES

**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**  
**LIDOCAINE (LIGNOCAINE) 1% INJECTION**  
**BY**  
**REGISTERED HEALTH PROFESSIONALS**  
**IN**  
**EMERGENCY DEPARTMENTS**

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**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		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**

<b>Indication</b>	Patients who require local anaesthesia prior to wound management, suturing, or incision and drainage.
<b>Relevant National and Local Guidelines/Information sources</b>	Licensed use
<b>Description of Patients included in treatment</b>	Any patient who requires local anaesthetic prior to interventions
<b>Description of Patients excluded from treatment under the terms of this PGD</b>	<ul style="list-style-type: none"> <li>• Certain types of heart disease, particularly those affecting cardiac conduction</li> <li>• Previous hypersensitivity to local anaesthetics</li> <li>• Previous infection in the area around the injection.</li> <li>• A history of renal or liver impairment</li> <li>• Potentially serious drug Interactions</li> </ul>
<b>Action if excluded</b>	Refer to doctor or Advanced Clinical Practitioner
<b>Action if patient self excludes/declines</b>	Refer to doctor or Advanced Clinical Practitioner

**3. TREATMENT**

<b>Name, form and strength of medicine</b>	Lidocaine (Lignocaine) 1% injection
<b>Legal Status <i>GSL, P, POM</i></b>	POM
<b>Dose</b>	Incremental subcutaneous doses up to 3mg/kgs to a maximum 200mg. 1% solution contains 10mg/ml lidocaine. 2% solution contains 20mg/ml lidocaine.
<b>Frequency of administration</b>	Once Only
<b>Method and route of administration</b>	Subcutaneous
<b>Supporting facilities required</b>	Full resuscitation capacity available
<b>Quantity to supply/administer</b>	Sufficient to achieve local anaesthesia – NB maximum dose
<b>Duration of treatment</b>	Once only

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<b>Potential side effects</b>	<ul style="list-style-type: none"> <li>• Allergic reactions ranging from rashes to severe (normally immediate) hypersensitivity reactions.</li> <li>• Syncope (needle phobia)</li> <li>• Sleepiness, dizziness, vertigo, blurred vision, mood changes, confusion, trembling, tingling, temperature fluctuation and stomach upset. ( occasional occurrence normally only as a result of I/V administration)</li> <li>• Convulsions, impaired consciousness, fall in blood pressure, abnormal heart rate and shock. (very occasional occurrence normally only as a result of I/V administration)</li> </ul>
<b>Advice to patient/carer</b>	<p>You should not receive this medicine if you have:-</p> <ul style="list-style-type: none"> <li>• Certain types of heart disease, particularly those affecting cardiac conduction</li> <li>• Previous hypersensitivity to local anaesthetics</li> <li>• Previous infection in the area around the injection.</li> <li>• A history of renal or liver impairment</li> <li>• Lidocaine can interact with some medicines. What medication are you taking?</li> </ul>
<b>Managing &amp; Reporting Adverse Events</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure</li> <li>• 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 <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a></li> </ul>
<b>Follow up</b>	As required by clinical condition
<b>When to refer to doctor</b>	Any reaction to medication
<b>Treatment record Specify method of recording supply/administration sufficient for audit trail</b>	<ul style="list-style-type: none"> <li>• Document in Electronic Patient Record in ED</li> <li>• Prescription</li> <li>• Name , dose, and frequency of drug</li> <li>• Advice given, verbal or written</li> <li>• Signed and dated</li> </ul>

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**4. STAFF**

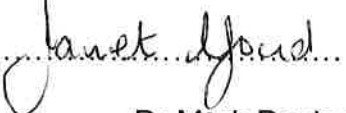

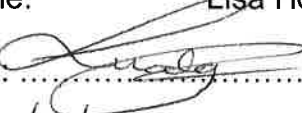

<b>Professional Qualifications</b>	Registered Nurse or Registered Paramedic Current NMC or HCPC Registration
<b>Any Exceptions to above</b>	Bank and Agency Staff
<b>Specialist competencies, qualifications and experience</b>	Trust PGD Training Programme (ED)
<b>Continuing training &amp; education</b>	Update in line with clinical guidance

**5. MANAGEMENT AND MONITORING**

<b>Records to be kept for Audit Purposes</b>	<b>STORAGE AND RETRIEVAL</b> <b>Pharmacy</b> will retain the original signed version of the PGDs <ul style="list-style-type: none"> <li>• Adult – 8 years</li> <li>• 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)</li> </ul> <b>Division/Author</b> is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
<b>Date of writing</b>	March 2018
<b>Name of manager holding record of names of those authorised to work under this PGD</b>	Louise Croxall – Matron, ED

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<b>Names of all authors of PGD (to include a Dr or Dentist)</b>	<p>Print Name: Janet Youd</p> <p>Title: Emergency Nurse Consultant</p> <p>Signature:  Date: 20/3/18</p> <p>Print Name: Dr Mark Davies</p> <p>Title: Emergency Medicine Consultant</p> <p>Signature:  Date: 21/3/18</p>
<b>Lead Pharmacist involved in preparation of PGD</b>	<p>Print Name: Lisa Hodgson</p> <p>Signature: </p> <p>Date: 23/3/18</p>
<b>Approval of Clinical Director</b>	<p>Print Name: Mark Davies</p> <p>Signature: </p> <p>Date: 21/3/18</p>

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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