




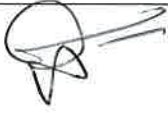
6-4-18 → J. YOUNG
A. KEASKIN
M. DAVIES

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
PREDNISOLONE
BY
REGISTERED HEALTHCARE PROFESSIONALS
IN
EMERGENCY DEPARTMENTS

CAY

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

Indication	Adults and children 2 years and over, presenting with acute asthma
Relevant National and Local Guidelines/Information sources	BTS/SIGN Guidance for Asthma 2014 BNF guidance (2014-2015), CHFT Asthma Care Bundle
Description of Patients included in treatment	<p>Patients presenting with signs of moderate, severe or life-threatening asthma</p> <p>Adults Moderate – increasing symptoms, no features of severe asthma, PEFR > 50%-75% best or predicted Acute severe – unable to complete sentences in one breath, resp. rate ≥ 25/min, heart rate ≥ 110/min, PEFR 33-50% best or predicted Life-threatening asthma – cyanosis, silent chest, exhaustion, arrhythmias, hypotension, altered conscious level, coma, feeble respiratory effort, peak flow <33% best or predicted, SpO₂ <92%, PaO₂ <8kPa, normal PaCO₂ (4.6-6.0 kPa)</p> <p>Children Moderate – able to talk, HR - 2-5yrs ≤ 140/min, 5-12yrs ≤ 125/min, >12yrs <110, Resp. Rate – 2-5yrs ≤ 40/min, 5-12yrs ≤ 30/min, >12yrs <25/min, PEFR >5yrs >50% predicted/best Acute Severe – unable to complete sentence in one breath, or too breathless to speak or feed, Heart Rate – 2-5yrs >140/min, >5yrs >125/min. Resp. Rate – 2-5yrs >40/min, >5yrs >30/min PEFR 33-50% best or predicted. SpO₂ <92% Life-threatening asthma – cyanosis, silent chest, poor respiratory effort, fatigue/exhaustion, agitation, confusion, coma, hypotension, PEFR <33% predicted/best (older children). SpO₂ <92%</p> <p>Any Life-Threatening asthma should be immediately managed by a senior A&E doctor</p>
Description of Patients excluded from treatment under the terms of this PGD	Known hypersensitivity to prednisolone
Action if excluded	Refer to ED doctor or Advanced Clinical Practitioner
Action if patient self excludes/declines	Refer to ED doctor or Advanced Clinical Practitioner

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3. TREATMENT

Name, form and strength of medicine	Prednisolone 5mg tablets Prednisolone 5mg/ml solution
Legal Status <i>GSL, P, POM</i>	POM
Dose	Prednisolone Child 2-5yrs – 20mgs Child 6-15yrs – 30mgs Adult - \geq 16yrs – 40mgs
Frequency of administration	Single Dose Only
Method and route of administration	Oral
Supporting facilities required	Full Resuscitation Capacity
Quantity to supply/administer	Single administration only
Duration of treatment	Single administration only
Potential side effects	Dyspepsia, other side effects unlikely from stat dose and more likely to be related to long term use.
Advice to patient/carers	Explain why the drug is being administered and inform of possible side effects 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	Referral back to GP/Respiratory Nurse Specialist as per asthma management plan
When to refer to doctor	All patients to be seen by a doctor or Advanced Clinical Practitioner

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Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Document in Electronic Patient Records in ED • Prescription as PGD • Name, dose and frequency of drug • Advice given, verbal or written • Signed and dated
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4. STAFF

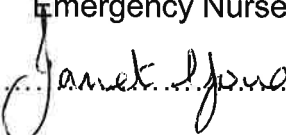

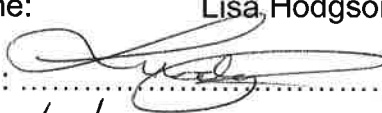

Professional Qualifications	Registered Nurse or Paramedic Current NMC or HCPC registration
Any Exceptions to above	Bank & Agency Staff
Specialist competencies, qualifications and experience	Trust PGD training (ED)
Continuing training & education	Update in line with clinical guideline

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