University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of DEXAMETHASONE oral solution

By Registered Nurses, Emergency Nurse Practitioners (ENP), Emergency Care Practitioners (ECP) and Emergency Physiotherapy Practitioners (EPP) In Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

Documentation details

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Change history

Version number	Change details	Date
1	Dexamethasone	19/10/2022

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD, or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Dr Thungala	Doctor
James Kerr	Pharmacist
Alannah Davies	Representative of RNMHP Group
Julie Vanes	Paediatric Pharmacist

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed
n/a	n/a	n/a

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
Nil

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer & Deputy CD Accountable Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held by Pharmacy**	**29/11/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Divisional Pharmacist - Medicine *Clinical Pharmacist from PGD working group*	**James Kerr**	**Signed copy held by Pharmacy**	**16/11/2022**
Consultant *Doctor*	**Dr. Thungala**	**Signed copy held by Pharmacy**	**29/11/2022**
Senior Sister/ ENP *Registered Professional representing users of the PGD*	**Alannah Davies**	**Signed copy held by Pharmacy**	**24/10/2022**

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of staff

Qualifications and professional registration	Registered professional with current professional registration operating within their usual scope of practice. Must be a profession permitted by current legislation to practice under a patient group direction.
Initial training	- Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Individual has read and understood full content of this PGD and signed authorisation (section 7) - Completion of Medicines Management Drug Assessment - Deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD and Trust clinical guidelines for: a)
Competency assessment	Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	- Annual Medicines Safety Training (essential to role) - Review/repeat initial training above when this PGD is revised - The registered healthcare practitioner will ensure Anaphylaxis/CPR training is kept updated yearly. - The registered healthcare professional must actively take part in CPD and annual individual performance reviews. -Regular training and updating in safeguarding children and vulnerable adults as per trust policy
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Severe Croup or Mild Croup which may cause complications
Criteria for inclusion	• Child aged 3 months to 6 years old presenting with croup
Criteria for exclusion	• Children under 3 months old • Epiglottitis • Foreign body aspiration • Acute bacterial pneumonia • Immunocompromised status • Steroid therapy in last 2 weeks • Upper airway abnormality or children with pre-existing narrowing of upper airways (e.g. Subglottic stenosis), children with Downs syndrome who are prone to severe croup as admission is often required • Adrenal suppression • Diabetes • Systemic infection or fungal infection – unless specific anti-infective therapy is employed • Hypersensitivity to dexamethasone or any of the excipients listed in the SPC/or product packaging • Hereditary fructose intolerance • Stomach/duodenal ulcer • Infection with tropical worms • Children over the age of 7
Cautions including any relevant action to be taken	• *Continuous monitoring required* • *If no improvement after 1 hour post dosage, refer to A&E*
Action to be taken if the patient is excluded	• ***Refer to a Doctor (e.g. GP or A&E) for urgent further assessment***
Action to be taken if the patient or carer declines treatment	• Discuss need for treatment • Document advice given • Advise patient on alternative treatment • Refer to a Doctor for further assessment due to risk of worsening respiratory problems
Arrangements for referral for medical advice	• Refer to paediatrician or A&E, dependant on stability of patient, patient may need ambulance transfer to A&E, Dial 9 999 immediately for urgent transfer to emergency department from MIU

5. Description of treatment

Name, strength & formulation of drug	Dexamethasone Oral Solution
Legal category	POM
Route / method of administration	**PO** **Oral solution**
Indicate any off-label use (if relevant)	None
Dose and frequency of administration	**150 micrograms/kg for 1 dose** BNF Online accessed at: https://bnf.nice.org.uk/drug/dexamethasone.html
Duration of treatment	STAT (once only)
Quantity to be supplied (leave blank if PGD is administration ONLY)	n/a
Storage	Store below 25°C and protect from light. Do not refrigerate or freeze. The storage at temperatures higher than 25°C could lead to precipitation inside the solution. Do not use the product if solid particles are observed inside the solution. Open bottles to be used for 90 days only, if product in the bottle after this time,it should be discarded following UHDB policy. Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: *Available from the electronic Medicines Compendium website accessed:* https://www.medicines.org.uk/emc/product/3351/smpc *On 14/12/21.*
Drug interactions	***If the child is on other medication/treatment for other conditions please check BNF for interactions. Although steroids can interact with some medications, this is unlikely to be significant with a single STAT dose.*** • *Online BNF available at: https://www.medicinescomplete.com/#/content/bnfc/_866237360_interactions*
Adverse reactions	**Whilst prolonged or regular use of steroid carries a risk of adverse reactions or side effects, this is unlikely to be significant with a single STAT dose.** **Possible side effects:** **Common or very common**

	• Anxiety; behaviour abnormal; cataract subcapsular; cognitive impairment; Cushing's syndrome; electrolyte imbalance; fatigue; fluid retention; gastrointestinal discomfort; growth retardation; headache; healing impaired; hirsutism; hypertension; increased risk of infection; menstrual cycle irregularities; mood altered; nausea; osteoporosis; peptic ulcer; psychotic disorder; skin reactions; sleep disorders; weight increased **Uncommon** • Adrenal suppression; alkalosis hypokalaemic; appetite increased; bone fractures; diabetic control impaired; eye disorders; glaucoma; haemorrhage; heart failure; hyperhidrosis; leucocytosis; myopathy; osteonecrosis; pancreatitis; papilloedema; seizure; thromboembolism; tuberculosis reactivation; vertigo; vision blurred **Rare or very rare** • Malaise; tendon rupture **Frequency not known** • Chorioretinopathy; intracranial pressure increased with papilloedema (usually after withdrawal); telangiectasia • If Anaphylaxis occurs treat as per local emergency protocols and transfer to A&E via 999 if appropriate to area.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use. • If Anaphylaxis occurs treat as per local emergency protocols and transfer to A&E via 999 if appropriate to area.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product or print from medicines.org.uk
Patient advice / follow up treatment	• Reassure patient and parent • Advised croup is self-limiting and symptoms usually resolve within 48 hours, occasionally 1 week. Resolution of croup symptoms is usually followed by symptoms of upper respiratory tract infection. • Encourage oral fluid intake. • Croup is usually a viral illness and antibiotics are not effective. • Advised parents/carers to seek urgent medical advice is there is progression from mild to moderate or severe airway obstruction(i.e. stridor at rest or increased effort of breathing, or if child shows evidence of sepsis (pale, very high fever,

	tachycardia) as this could mean there is an alternative diagnosis. • Advise parents to call for an emergency ambulance if the child becomes: - Cyanosed (pale, blue or grey, blue lips) - Unusually sleepy or non-responsive - Struggling to breathe (e.g. intercostal, subcostal recession or tracheal tug, nasal flaring) - Increased agitation causing child to not be able to breathe properly and unable to be settled down - Unable to swallow or abnormal drooling In MIU if child is not responding to treatment or deteriorating, dial 9-999 for urgent transfer to A&E.
Records	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable e.g. injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether supplied and/or administered and that this was done via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous. If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.

6. Key references

Key references	• *Electronic Medicines Compendium: Available at:* https://www.medicines.org.uk/emc/product/3351/smpc *Accessed 14/12/21* • *Electronic BNF, Available at:* https://bnf.nice.org.uk/drug/dexamethasone.html *Accessed 14/12/21 Accessed 14/12/21* • *NICE guidelines for Croup https://cks.nice.org.uk/topics/croup/ Accessed 14/12/21* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* • *https://medusa.wales.nhs.uk*

7. Registered health professional authorisation sheet

PGD Name [version]: MIU – SRP SJH DEXAMETHASONE oral solution
PGD ref:UHDB205 [v1]
Valid from: 29/11/2022 Expiry date: 28/11/2025

Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read MUST match this authorisation form.

Registered health professional
By signing this patient group direction you are indicating that

a) You agree to and understand all content and commit to only work within this framework.
b) You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
c) You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

Patient group directions do not remove inherent professional obligations or accountability.
It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager / Assessor

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.