University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Metoclopramide injection By Registered Midwives in the Maternity Unit at Queens Hospital, Burton

Documentation details

Reference no:	UHDB 118
Version no:	3
Valid from:	28/06/2022
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Expiry date:	27/06/2025

Change history

Version number	Change details	Date
2	Exclusion criteria - Parkinsons disease added Reasons for referral- Epilepsy removed – is already in section 11 Porphyria and depression removed – no longer listed in SPC or BNF Patients aged 15 to 19 added Dosage- Dose for under 18 years changed from 100-150mcg/kg to set 5mg as per SPC Drug interactions - SSRIs and Tetrabenazine removed. Neuromuscular blockers and Prilocaine added Warnings / potential ADRs -Updated according to BNF / SPC Additional information- Keep ampoules in box added. Breastfeeding advice added	May 2018
3	Dose change to 10mg due to PGD only being valid for over 15yrs and over 60kg Training requirements updated Side effects updated	July 2021

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
Mandy Jones	Inpatient Midwifery Matron / Registered Midwife
Julie Vanes	Senior Pharmacist Medicines Safety
Dr Mathangi Thangavelu	Consultant obstetrician

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
Registered Midwives in the Maternity Unit at Queens Hospital, Burton
Limitations to authorisation

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	**James Hooley**	**Signed copy held by Pharmacy**	**28/06/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Senior pharmacist *Clinical Pharmacist from PGD working group*	**Julie Vanes**	**Signed copy held by Pharmacy**	**17/05/2022**
Consultant Obstetrician, Associate Clinical Director *Doctor*	**Mathangi Thangavelu**	**Signed copy held by Pharmacy**	**31/05/2022**
In-patient Midwifery Matron, UHDB *Registered Professional representing users of the PGD*	**Mandy Jones**	**Signed copy held by Pharmacy**	**31/05/2022**
CD Accountable Officer (CDs only)			

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	• NMC registered midwife
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
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
Ongoing training and competency	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 either the authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required. Annual update for anaphylaxis.
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	For use in conjunction with analgesia in labour, to counteract nausea/vomiting
Criteria for inclusion	• Nausea or vomiting in pregnant women receiving IM analgesia for pain relief in labour. • Pregnant women greater than 60kg • Patients over 15 years of age • Consent gained – if under 16 years consider requirements for consent.
Criteria for exclusion	- *Hypersensitivity to any of the ingredients* - *Epilepsy* - *GI obstruction, perforation or haemorrhage* - *Phaechromacytoma* - *Parkinsons Disease*
Cautions including any relevant action to be taken	- *Hepatic or renal impairment. (dose reduction recommended)* - *Asthma* - *Bradycardia and cardiac conduction abnormalities* - *Patients aged 15 to 19 (increased risk of extrapyramidal symptoms)* - *Uncorrected electrolyte imbalances (Consider U&E's if dehydration suspected)* *Although the manufacturer recommends not using Metoclopramide whilst breastfeeding and it is excreted in breast milk at a low level, the 3 doses in this PGD are not likely to be detectable in the breastfed infant.*
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Contact Dr to prescribe appropriate dose or alternative treatment
Action to be taken if the patient or carer declines treatment	• Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	Bleep doctor on call for maternity.

5. Description of treatment

Name, strength & formulation of drug	Metoclopramide Hydrochloride Injection 10mg/ 2ml
Legal category	Prescription-only medicine (POM).
Route / method of administration	Intra Muscular injection

Indicate any off-label use (if relevant)	-
Dose and frequency of administration	10mg every 8 hours. Maximum of 3 doses.
Duration of treatment	Duration of labour only. Maximum of 24 hours.
Quantity to be supplied (leave blank if PGD is administration ONLY)	-
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Do not store above 30°C. Do not store ampoules out of the box – must be protected from light. www.medicines.org.uk
Drug interactions	*The following interactions have been identified and should be considered where it is known a patient is on the following medicines:* • ***Neuroleptics including phenothiazines,*** • ***SSRIs – increased risk of serotonin symdrome and increased levels of metoclopramide*** • ***Levodopa, bromocriptine or pergolide (see exclusions section 11)*** • ***Muscle relaxants including Suxamethonium, Mivacurium*** • ***Prilocaine – increased risk of methaemoglobinaemia*** A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Identification & management of adverse reactions	**Identification of adverse reactions:** **The following side effects are common or very common:** Asthenia; depression; diarrhoea; drowsiness; hypotension; menstrual cycle irregularities; movement disorders; parkinsonism **Less commonly** Arrhythmias; hallucination; hyperprolactinaemia and decreased level of consciousness can occur as side effects **Rarely** Confusion; galactorrhoea and seizure can occur. **Other side effects of unknown Frequency include** Atrioventricular block; blood disorders; cardiac arrest; Hypersensitivity reactions including rashes, tongue swelling, anaphylaxis,gynaecomastia; hypertension; neuroleptic malignant syndrome; QT interval prolongation; methaemoglobinaemia (more severe in G6PD deficiency),shock; syncope and tremor **Side effects of unknown frequency with parenteral use**

	anxiety; dizziness; dyspnoea; oedema; skin reactions; visual impairment **Side-effects, further information** Metoclopramide can induce acute dystonic reactions involving facial and skeletal muscle spasms and oculogyric crises. These dystonic effects are more common in the young (especially girls and young women) and the very old; they usually occur shortly after starting treatment with metoclopramide and subside within 24 hours of stopping it. Injection of an antiparkinsonian drug such as procyclidine will abort dystonic attacks. **Management of adverse reactions** • Instigate the resuscitation or anaphylaxis policies as required for immediate response to a deteriorating or collapsed patient • Request medical review where an adverse reaction is suspected A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• Serious or unusual adverse reactions that could conceivably be attributable to the drug should be reported to a Doctor. • 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.
Written information to be given to patient or carer	If patient requesting written information offer patient information leaflet (PIL) provided with the product. (Can also be downloaded from www.medicines.org.uk)
Patient advice / follow up treatment	Inform the individual/carer of possible side effects and their management. The individual/carer should be advised to seek medical advice in the event of an adverse reaction.
Records	System being used to record the PGD. - ePMA (Electronic Prescribing system) integral to V6 Meditech UHDB

	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 via Patient Group Direction (PGD) • *Circumstances if consent to treatment was not obtained* 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	• *Search Results - (emc) (medicines.org.uk) Electronic Medicines Compendium* • *Electronic BNF METOCLOPRAMIDE HYDROCHLORIDE | Drug | BNF content published by NICE* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* • *https://medusa.wales.nhs.uk* • *The Neonatal Formulary 8th Edition, Dr Sean Ainsworth (Oxford University Press 2020).*

7. Registered health professional authorisation sheet

PGD Name [version]: Maternity QHB - Metoclopramide PGD [3]ref: UHDB 118
Valid from: 28/06/2022 Expiry date: 27/06/2025

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.