



PATIENT GROUP DIRECTION (PGD) FOR			
PGD 60 (S)	EMLA CREAM 5%		
	(LIDOCAINE 2.5% AND PRILOCAINE		
	2.5%)	POM	
	TO BE USED AS TOPICAL LOCAL ANAESTHETIC		
	PRIOR TO VASECTOMY		

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD
BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

## PROFESSIONAL(S) TO WHICH THIS PGD APPLIES:

Nursing and Midwifery Council (NMC) Registered Nurses working in Integrated Sexual Health Services (ISHS)

CLINICAL CONDITION				
Indication	Topical local anaesthetic for genital skin to be used prior to injection of local anaesthetic pre-vasectomy procedure.			
Inclusion Criteria	Prior to procedure requiring topical local anaesthetic.			
	Known hypersensitivity to local anaesthetic or any of the ingredients in EMLA Cream.			
<b>Exclusion Criteria</b>	Atopic dermatitis at site of application			
	Inflamed or broken skin at the site of application			
	If client known to have methemoglobinemia seek advice from a non-medical prescriber or a doctor.			
	EMLA may interact with:			
	Anti-arrhythmics, increased myocardial depression			
	Antipsychotics, increased risk of ventricular arrhythmias when lidocaine given with antipsychotics that increase the QT interval			
Cautions	Betablockers, increased myocardial depression when given with betablockers and increased risk of lidocaine toxicity when given with propanolol			
	In general, given the small exposure of prilocaine and lidocaine from a single 5g dose of EMLA, pharmacokinetic interactions are not of clinical significance.			
	See eBNF and/or SPC for full list of drug interactions prior to use.			
Action if patient	If a patient is excluded or declines treatment, document in patient's records.			
declines or is excluded	Procedure may be performed without topical local anaesthetic.			

PGD No 60 (S)

Drug Name: Emla cream for Vasectomy (Adult)

Version: 5





DRUG DETAILS				
Name, Form & Strength of Medicine	EMLA Cream 5% (lidocaine 2.5% and Prilocaine 2.5%) 5g tubes			
Route/Method	Apply or advise client to apply topically in a mound to the scrotal skin and cover with the occlusive dressing as per the vasectomy booklet diagram/written instructions supplied by the clinic.			
Off-Label Use	Not applicable. Treatment is within the marketing authorisation.			
Dosage/Frequency	5g tube – apply whole amount 1 hour before the appointment time under an occlusive dressing			
Quantity	One tube [5g]			
Total Daily Dose	5g cream application			
Duration of Treatment	Single treatment - apply 1 hour prior to vasectomy procedure as directed			
Advice to Patient/Carer	Side effects include administration site reactions such as transient paleness, redness, oedema, itching, burning sensation and localised lesions.  If side effects become troublesome or do not resolve within 48 hours then medical advice should be obtained from vasectomy service or alternatively from GP.			
Advice to Staff	<ul> <li>Explain treatment and side effects.</li> <li>Do not rub cream in.</li> <li>Do not spread cream.</li> <li>Occlusive dressing to be left in place for up to 1 hour prior to procedure.</li> <li>Self-check correct product, dose selected and check expiry date.</li> <li>Safeguarding: Where there are any safeguarding concerns refer to local policies for safeguarding adults and children and/or seek advice from the safeguarding lead/team in the organisation. Document the concern and outcome in the healthcare record.</li> <li>DCHS: Safeguarding adults and children policies on DCHS share point.</li> <li>DCHS Safeguarding Team: 01773 850000.</li> </ul>			
Record	All details should be recorded in the notes.  Patient's name, address, date of birth.  Assessment of competency to consent (including Gillick competency)  Consent obtained and documented as per <a href="DCHS Consent Policy">DCHS Consent Policy</a> Allergy  Confirm history and family history checked  Current illness/medication			

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PGD followed
Drug, brand, form and dose
Batch and expiry details
Practitioner's identifier
<ul> <li>Advice given to client (including side effects, contraception etc.)</li> </ul>
Referral arrangements (including self-care)
Any other relevant details of consultation
Entries should be written in black ink and dated, timed and signed or recorded electronically if applicable.

REFERRAL ARRANGEMENTS AND AUDIT TRAIL		
Referral Arrangements  The practitioner is expected to use their clinical judgement and refer patients to an appropriate senior or medical doctor for advice and management as they see fit.		
Records/Audit Trail	Document in client's record	

CHARACTERISTICS OF STAFF			
Qualifications	A registered nurse working within ISHS who is deemed competent by their clinical line manager and authorised by their professional lead to undertake the clinical assessment of a patients leading to the identification of those suitable for management under this PGD.		
	Has undertaken the local training programme on the process, responsibilities and scope of PGDs.		
	Has undertaken local training based on the use of this PGD		
Additional Local	Has undertaken training in recognition of and treatment of anaphylaxis including basic life support in the last year		
Training	Has undertaken training in recognition of the management of patients requesting a vasectomy (male sterilisation procedure).		
	Has undertaken Safeguarding Adults Level 2 in the last 3 years.		
	The nurse should be aware of any change to the recommendations for the medicines listed.		
Continuing Training & Education	It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of individual scope of practice.		

ADDITIONAL INFORMATION		
References	British National Formulary <a href="http://www.bnf.org">http://www.bnf.org</a>	
References	2. Summary of product characteristics <a href="http://emc.medicines.org.uk">http://emc.medicines.org.uk</a>	

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Approved Date: April 2022 Review Date: September 2024

Expiry Date: 31 March 2025

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Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.  However, in the event of an inadvertent or unavoidable deviation of temperature follow the <a href="Temperature Monitoring of Medicines Storage Rooms SOP">Temperature Monitoring of Medicines Storage Rooms SOP</a> .		
Drug Interactions	Comprehensive lists of drug interactions are not described in each PGD, only the most significant are listed.  A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website:  www.medicines.org.uk or the eBNF www.bnf.org.		
Identification & Management of Adverse Reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website:  www.medicines.org.uk and eBNF www.bnf.org		
Management of and Reporting Procedure for Adverse Reactions	<ul> <li>Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></li> <li>Record all adverse drug reactions (ADRs) in the individual's medical record</li> <li>Report any adverse reactions via DCHS incident policy.</li> </ul>		

THIS PGD WAS REVIEWED BY:		
Name	Position	
Sharon Boden	Quality and Training Lead Integrated Sexual Health Services	
Debby Railton	Advanced Pharmacist	

REVIEW		
Comments	Name	Position
March 2022		
<ul><li>Minor rewording</li><li>Removal of pharmacokinetically interacting</li></ul>	Sharon Boden	Quality Manager ISHS
medicines given clinical insignificance and minimal systemic exposure to lidocaine and prilocaine from single 5g EMLA dose	Ben Dorward	Advanced Pharmacist





# PATIENT GROUP DIRECTION AUTHORISATION

PGD approved by PGD Working Group on 24 March 2022

This PGD is authorised for use on behalf of DCHS by the following signatories.

Position of signatory	Name	Signature	Date
Deputy Chief Nurse	Jo Hunter		14/04/2022
Head of Medicines Management	Kate Needham	LAlbed	14/04/2022
Medical Director	Dr Ben Pearson	Benleavon.	14/04/2022
Vasectomy Lead	Dr Andrea Watson		14/04/2022
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## PRACTITIONER AUTHORISATION SHEET

**PGD**: 60(S) Emla Cream (Adult) for Vasectomy

Version & Expiry Date: v5, Expiry: 31 March 2025

#### **Practitioner**

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs 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.

# **Authorising manager**

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Derbyshire Community Health Services 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 practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet must be retained to serve as a record of those practitioners authorised to work under this PGD.

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