

PATIENT GROUP DIRECTION (PGD)

Administration of ETHYL CHLORIDE SPRAY By Registered Nurses in Paediatrics at UHDB

Documentation details

Reference no:	UHDB282
Version no:	1
Valid from:	30/10/2023
Review date:	30/04/2026
Expiry date:	29/10/2026

Change history

Version number	Change details	Date
1	New UHDB format	26/10/2023

Glossary

Abbreviation	Definition
RDH	Royal Derby Hospital
QHB	Queen's Hospital Burton
CED	Children's Accident and Emergency
EPMA	Electronic Prescribing and Medicines Administration



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, <u>replace</u> previous names with the individuals involved for this version

Name	Designation
Sophie Gilmore	Senior Clinical Nurse Educator
Joanna Hurcombe	Advanced 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	

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 Nurses working in Paediatric Areas at RDH and QHB (Ward areas both sites, Children's Outpatients, Children's Emergency Department at RDH, Paediatric Assessment Unit at QHB) and in ED at QHB

Limitations to authorisation

n/a

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medicines Safety Officer	James Hooley	Signed copy held by Pharmacy	30/10/2023
Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)			

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Paediatric Pharmacist	Joanna Hurcombe	Signed copy held by Pharmacy	26/10/2023
Clinical Pharmacist from PGD working group			
Clinical Lead	Anthony Choules	Signed copy held by	26/10/2023
Doctor		Pharmacy	
Lead Nurse	Gillian Campbell	Signed copy held by Pharmacy	30/10/2023
Registered Professional representing users of the PGD			

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 Nurses working in Paediatric Areas at RDH and QHB (Ward areas both sites, Children's Outpatient, Children's Emergency Department at RDH, Paediatric Assessment Unit at QHB) and in ED at QHB.
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 <u>NICE Competency Framework for health</u> <u>professionals using patient group directions</u> 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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
Ongoing training and competency	Knowledge of NICE anaphylaxis guidance
	medication rests with the individual registered health de by the PGD and any associated organisation policies.



Clinical condition or situation to which this PGD applies	Local anaesthesia prior to venepuncture		
Criteria for inclusion	Children and young people requiring local anaesthesia for venepuncture		
Criteria for exclusion	Under six months of age Open Wounds Do not use on wounds, broken skin, eczema or other skin disorders Do not spray on mucous membranes, near the face or eyes History of allergic reaction to ethyl chloride spray or any of its excipients		
Cautions including any relevant action to be taken	Only use in well ventilated spaces		
Action to be taken if the patient is excluded	 Refer to medical team Record reasons for exclusion in patient notes Advise patient on alternative treatment 		
Action to be taken if the patient or carer declines treatment	 Refer to medical team Document advice given Advise patient on alternative treatment 		
Arrangements for referral for medical advice	 On the wards, bleep on call paediatric registrar to discuss and document discussion. In Outpatients, liaise with the referring Consultant/medical team In CED at RDH, PAU or A & E at QHB, liaise with the medical team 		

4. Clinical condition or situation to which this PGD applies

5. Description of treatment

Name, strength & formulation of drug	Ethyl Chloride local anaesthetic spray
Legal category	Medical Device
Route / method of administration	Topical spray
Indicate any off-label use (if relevant)	n/a
Dose and frequency of administration	Brief spray until thin snow film forms Clean skin before spraying
Duration of treatment	As required during short-term procedure. Do not spray for more than 10 seconds or repeat application on the same area of skin

Quantity to be supplied (leave blank if PGD is administration ONLY)	n/a - administration PGD only		
Storage	Flammable liquid, to be stored appropriately ie under 25C, locked cupboard. Glass container handle with care. Stock must be securely stored according to UHDB medicines policy.		
Drug interactions	None listed. Avoid spraying on to areas of the skin which have had other topical medicines recently applied. Avoid spraying on, or immediately around, transdermal patches.		
Identification & management of adverse reactions	Extremely flammable Repeated exposure may cause skin dryness or cracking Do not overcool skin by prolonged spraying – frost bite may occur		
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: <u>https://yellowcard.mhra.gov.uk</u> Record all adverse drug reactions (ADRs) in the patient's medical record detailing the action taken. 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	None required		
Patient advice / follow up treatment	Application feels very cold. 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	 Document administration using a PGD on EPMA. date and time of administration details of medicine, such as name, strength, dose, frequency, quantity, route and site of administration an annotation that administration is by using a PGD name and signature (which may be an electronic signature) of the health professional supplying or administering the medicine relevant information that was provided to the patient or their carer effect of receiving Ethyl Chloride circumstances if consent to treatment was not obtained 		



6. Key references

 Key references Electronic Medicines Compendium <u>http://www.medicines.</u> Electronic BNFc <u>https://bnfc.nice.org.uk/</u> NICE Medicines practice guideline "Patient Group Direction <u>https://www.nice.org.uk/guidance/mpg2</u> 	
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7. Registered health professional authorisation sheet

PGD Name [version]: Paediatrics - Ethyl Chloride [v1] PGD ref: UHDB288

Valid from: 30/10/2023 Expiry date: 29/10/2026

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.

Valid from: 30/10/2023