

PATIENT GROUP DIRECTION (PGD)

Administration of HEPARIN SODIUM 10units per ml (50units in 5ml) INJECTION by
CVAD-trained registered nurses in paediatrics at UHDB

Documentation details

Reference no:	UHDB145
Version no:	2
Valid from:	03/02/2022
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Change history

Version number	Change details	Date
2	No changes to current PGD- review and renewal	23.12.21

Glossary

Abbreviation	Definition
PICC	Peripherally inserted Central Catheter
CVAD	Central venous access device.
IV	Intravenous

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
Natalie Parkin / Nicky Brett	Specialist and lead specialist nurses KITE team
Susie Dumbleton	Advanced Pharmacist
Dr Gisela Robinson	Consultant Paediatrician

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		

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
<p>This PGD applies to:</p> <ul style="list-style-type: none"> • The KITE team Registered Nurses who have had their IV, ANTT and CVAD training and observational sign offs. • In-patient registered nurses who have had their IV, ANTT and CVAD training and Observational sign offs.
Limitations to authorisation
<p>This PGD does not include Birmingham patients as their policy for flushing/ locking lines is different therefore to consult their own individual policy for this. Non-registered staff are prohibited to access CVADs</p>

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medicine safety officer <i>Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)</i>	James Hooley	Signed copy held in Pharmacy	03/02/2022

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Advanced pharmacist <i>Clinical Pharmacist from PGD working group</i>	Susi Dumbleton	Signed copy held in Pharmacy	25/01/2022
Consultant Paediatrician <i>Doctor</i>	Dr Gisela Robinson	Signed copy held in Pharmacy	28/01/2022
Specialist nurse KITE team <i>Registered Professional representing users of the PGD</i>	Nicky Brett	Signed copy held in Pharmacy	28/01/2021

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 nurse to access CVADs the nurse must have completed: IV, ANTT and CVAD training packages,
Initial training	<ul style="list-style-type: none"> - 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 - IV training package - CVAD package - ANTT training
Competency assessment	<p>Direct observations of accessing CVADs, as per training package.</p> <p>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 authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.</p>
Ongoing training and competency	<p>Annual Medicines Safety Training (essential to role)</p> <p>Review/repeat initial training above when this PGD is revised.</p> <p>Staff have to attend their updates for IVs and CVADs and ANTT as per learning management system (My Learning Passport).</p> <p>It is the responsibility of the registered nurse to remain updated, with evidence of continued professional development.</p>
<p><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></p>	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	<ul style="list-style-type: none"> For children who fall under the Derby/ Nottingham/ Leicester umbrella who have a CVAD that needs caring for and/or treatment through/ blood sampling. Maintenance of patency of double or single lumen Hickman/Broviac lines, long lines and PICC lines when they are not going to be accessed again for 8 hours or more.
Criteria for inclusion	<ul style="list-style-type: none"> Patients under 18 years with a single or double lumen Hickman line/broviac line, long line or PICC line
Criteria for exclusion	<ul style="list-style-type: none"> Previous sensitivity or intolerance to the drug or any ingredient Patients with abnormal clotting Patients whose clinical lead team is based anywhere other than Derby, Leicester or Nottingham. Children with triple lumen lines and/or any other central line that is not included. For fluid restricted children, children under one year and for premature infants please seek medical advice and see cautions below.
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> Caution should be exercised in patients with known hypersensitivity to heparins. Rigorous aseptic technique should be observed at all times in its use. Repeated flushing of a catheter device with heparin may result in a systemic anticoagulant effect. <p>Before using this PGD for children who are fluid restricted you will need to seek advice from their consultant* as to whether this is appropriate for the individual.</p> <p>For children under the age of one year and premature infants who may have one of the stated CVADs you will also need to seek advice from their consultant* as to whether this PGD will be suitable for their weight.</p> <p>If the patient is receiving any concomitant medication or treatment it is the responsibility of the person working under this PGD to ensure that treatment with the drug detailed in this direction is appropriate. If in any doubt advice should be sought and recorded before the drug is administered. Check all concurrent medication with the patient and in the current BNF before administering. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment.</p> <p><i>* Any decision to proceed under PGD remains the responsibility of the person working under the PGD legislation. If in doubt about clinical suitability following discussion with a consultant (or other professionals), then request a prescription.</i></p>
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> For fluid restricted children, children under the age of one year and premature infants see cautions above. For children with triple lumen Hickman lines consult the hospital which this was originally inserted (usually Birmingham Children's Hospital), and for any other line that is not stated

	<p>within this PGD to consult relevant policy.</p> <ul style="list-style-type: none"> Refer to medical staff for review and prescribing of alternative agent if appropriate. In all cases document reason for exclusion
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> Document refusal, action taken, and advice given in nursing documentation. Refer to patient's consultant to gain further advice.
Arrangements for referral for medical advice	Parent or guardian should contact the KITE team or their child's clinical lead team.

5. Description of treatment

Name, strength & formulation of drug	Heparin sodium 10units per ml (50units in 5ml)
Legal category	POM
Route / method of administration	Intravenous via CVAD
Indicate any off-label use (if relevant)	Not applicable
Dose and frequency of administration	<p>2.5ml per lumen maximum 8 hourly. Maximum total dose 5ml (2.5ml per lumen)</p> <p>Only use sodium chloride as a lock if the line is used more than every 8 hours.</p>
Duration of treatment	Maximum of three doses without prescription if an inpatient. As required if being administered by KITE team
Quantity to be supplied (leave blank if PGD is administration ONLY)	Not Applicable- PGD administration only.
Storage	<p>Do not store above 25°C</p> <p>Store in the original package</p>
Drug interactions	<p>Interaction with other medicinal products and other forms of interaction</p> <p>When an indwelling device is used for repeated withdrawal of blood samples for laboratory analyses and the presence of heparin or saline is likely to interfere with or alter results of the desired blood tests, the in situ heparin flush solution should be cleared from the device by aspirating and discarding a volume of solution equivalent to that of the indwelling venepuncture device before the desired blood sample is taken.</p> <p>Refer to a doctor if the patient is taking any medication that may interact with the intended treatment</p>
Adverse reactions	Thrombocytopenia; haemorrhage; sensitivity reactions
Management of and reporting procedure for	<ul style="list-style-type: none"> Consult a medic or seek medical advice if an adverse event occurs & document in SystemOne or medical record.

adverse reactions	<ul style="list-style-type: none"> All serious adverse reactions must be reported under the National yellow card system.
Written information to be given to patient or carer	Manufacturer's patient information leaflet, as needed.
Patient advice / follow up treatment	<p>Verbal advice on why the drug was administered, the action of the drug and subsequent management of the condition.</p> <p>If the line was to come unclamped at home, a parent or guardian would need to alert the KITE team or their clinical lead team as it would need flushing and locking within that 24hour period.</p>
Records	<p>KITE team administration: Document amount administered and additional information, as below, on SystemOne database.</p> <p>In-patient administration: Document amount administered and additional information, as below, in Nursing documentation and appropriate section of treatment card or ePMA. A second check should be obtained from a qualified healthcare practitioner before administration.</p> <p>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:</p> <ul style="list-style-type: none"> 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 <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous.</p> <p>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.</p>

6. Key references

Key references	<ul style="list-style-type: none">• https://www.medicines.org.uk/emc/product/1661/smpc accessed 31/12/2021• https://www.medicines.org.uk/emc/product/1661/pil accessed 31/12/21• Information taken also from previous PGD.
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7. Registered health professional authorisation sheet

PGD Name [version]: Heparin 10unit per ml (50units in 5ml) [v2.0] PGD ref: UHDB145

Valid from: 03/02/2022

Expiry date: 02/02/2025

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.