

PATIENT GROUP DIRECTION (PGD)

**Administration of Diazepam Rectubes
By Registered UHDB Staff in UHDB community hospital services**

Documentation details

Reference no:	UHDB198
Version no:	1
Valid from:	16/08/2022
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Expiry date:	15/08/2025

Change history

Version number	Change details	Date
1	New template – Extended for all UHDB staff on any site	16/02/2022

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
James Hooley	Medicines Safety Officer (Pharmacist)
Core Adult PGD list maintained by Medicines Safety Group.	Note: No PGD working group convened as this PGD has been developed previously with nursing and medical input.

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>Adult PGD for use in all UHDB community hospital services (wards or clinics).</p> <p>Training and authorisation can be considered for all UHDB staff providing UHDB services (includes UHDB staff/services undertaken on non-UHDB premises)</p>
Limitations to authorisation
<p>This PGD is intended for use only where medical or prescribing staff are not immediately available and is therefore targeted specifically at community hospital areas which may not have 24/7 medical cover.</p>

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Chief Pharmacist or Deputy	Matt Prior	Signed copy held in Pharmacy	16/08/2022

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Medicines Safety Officer (pharmacist) <i>Clinical Pharmacist from PGD working group</i>	James Hooley	Signed copy held in Pharmacy	13/07/2022
 <i>Medical Director or Deputy</i>	Dr James Crampton	Signed copy held in Pharmacy	02/08/2022
 <i>Chief Nurse or Deputy</i>	Mr Garry Marsh	Signed copy held in Pharmacy	10/08/2022
 <i>Deputy CD Accountable Officer (CDs only)</i>	James Hooley	Signed copy held in Pharmacy	13/07/2022

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	All Divisions, Adult Areas within community hospital services , 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	<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
Competency assessment	<p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</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 the 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><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	Acute epileptic seizures
Criteria for inclusion	<ul style="list-style-type: none"> For an adult with acute epileptic seizures lasting more than 5 minutes or whose maintenance of airway is at risk due to convulsions. Patients over 16 years presenting with the above symptoms.
Criteria for exclusion	<ul style="list-style-type: none"> Previous sensitivity or intolerance to the drug or any ingredient Patients under 16 years old Patients with acute lung disorders or breathing difficulties. Muscle weakness. Myasthenia gravis. Sleep apnoea syndrome Acute porphyria Severe hepatic insufficiency
Cautions including any relevant action to be taken	Complex partial status epilepticus or repeated partial seizures with normal consciousness and complete recovery between seizures - seek senior medical advice before treatment unless administering due to compromised airway.
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> Record reasons for exclusion in patient notes Advise patient on alternative treatment Refer to medical staff or prescriber for review if available Dial 999 if seizure lasts more than 5 minutes
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> Document advice given Advise patient on alternative treatment Refer to medical staff as soon as possible. Dial 999 if seizure lasts more than 5 minutes
Arrangements for referral for medical advice	Follow your local medical emergency procedures (e.g. 2222 / 3333 / 999 procedures) Discuss with on call medical cover service. If seizure continues, inform Emergency Department and transfer patient.

5. Description of treatment

Name, strength & formulation of drug	Diazepam 10mg Rectal Tubes
Legal category	POM
Route / method of administration	Rectal
Indicate any off-label use (if relevant)	n/a
Dose and frequency of administration	<ul style="list-style-type: none"> Insert the contents of ONE tube (10mg) into the rectum If seizure continues 10 minutes after first dose was administered: Repeat 10mg dose once.

Duration of treatment	<p>If seizure continues 10 minutes after first dose was administered:</p> <ul style="list-style-type: none"> • Administer the 2nd dose as above • Ring 999 (if not already done so) as patient requires transfer for emergency care and additional pharmacological measures.
Quantity to be supplied (leave blank if PGD is administration ONLY)	n/a
Storage	<p>Stock must be securely stored according to UHDB CD policy:</p> <ul style="list-style-type: none"> • Do not store above 25°C. • Store in the original package in order to protect from light.
Drug interactions	<p>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:</p> <ul style="list-style-type: none"> • Enhanced anti-hypertensive effect with many Antihypertensives, vasodilators& diuretics. BP monitoring is advised. • There are a number of interactions with other psychotropic and epilepsy medications listed in the BNF and SPC; however these should <u>not</u> prevent or delay emergency treatment at the doses stated for the specific indications within this PGD. <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
Identification & management of adverse reactions	<p>Common or very common</p> <p>Alertness decreased; anxiety; ataxia (more common in elderly); confusion (more common in elderly); dizziness; drowsiness; dysarthria; fatigue; headache; hypotension; mood altered; muscle weakness; nausea; respiratory depression (particularly with high dose and intravenous use); sleep disorders; tremor; vision disorders; withdrawal syndrome.</p> <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
Management of and reporting procedure for adverse reactions	<ul style="list-style-type: none"> • 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. <p>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.</p>
Written information to be given to patient or carer	<p>Not appropriate in advance of treatment. The package insert can be provided (or printed from www.medicines.org.uk) may be supplied if the patient has questions following recovery.</p>

Patient advice / follow up treatment	<p>Refer to epilepsy nurse or neurology for further advice as soon as available.</p>
Records	<p>For inpatients, the record of administration must be documented in the ePMA system or medicines chart used in your area.</p> <p>For other areas, an ePMA system should be used if in-use in your area as this will ensure all legal criteria are fulfilled and auditable.</p> <p>Otherwise, records can be made in the medical notes or within the patient pathway (e.g. in daycase or triage where a pathway booklet is in use) but must include the legal requirements below.</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> via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records).</p> <p>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"> • <i>Electronic Medicines Compendium</i> http://www.medicines.org.uk/ • <i>Electronic BNF</i> https://bnf.nice.org.uk/ • <i>UHDB. Clinical Guideline: Recommendations for Treatment of Tonic-Clonic seizure and Status Epilepticus on King's Lodge. Feb 2022. (access via Koha)</i> • <i>UHDB. Clinical Guideline: Status epilepticus in adults. July 2021 (accessed via Koha 16/02/22)</i>
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7. Registered health professional authorisation sheet

PGD Name [version]: Community Hospitals - Diazepam Rectal tubes [v1.0]
PGD ref: UHDB198

Valid from: **Expiry date:**

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.