University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Paracetamol IV Infusion By Registered Nurses and Healthcare Professionals in the Emergency Department at Royal Derby Hospital

Documentation details

Reference no:	UHDB267
Version no:	1.1
Valid from:	29/11/2023
Review date:	29/05/2026
Expiry date:	28/11/2026

Change history

Version number	Change details	Date
1	New UHDB format	15/6/23
1.1	Changes to training requirements	Oct 2023

Glossary

Abbreviation	Definition
UHDB	University Hospitals of Derby and Burton NHS Foundation Trust
ED	Emergency Department
RDH	Royal Derby Hospital
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
James Cawtheray	ED Charge Nurse
Dr. Gareth Hughes	ED Consultant
James Kerr	Divisional 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	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
All UHDB Registered Nurses and healthcare professionals legally able to work under a PGD working within the RDH ED, providing UHDB services within the RDH ED. This is a PGD and can be implemented in adult services where training and resources have been allocated by senior staff to do so (see policy and limitations below if in doubt).
Limitations to authorisation
Note that this is for use in the RDH ED and is not transferable to other clinical areas within UHDB.

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**	**29/11/2023**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Divisional Pharmacist *Clinical Pharmacist from PGD working group*	**James Kerr**	**Signed copy held by Pharmacy**	**10/11/2023**
ED Consultant *Doctor*	**Dr. Gareth Hughes**	**Signed copy held by Pharmacy**	**14/11/2023**
ED Charge Nurse *Registered Professional representing users of the PGD*	**James Cawtheray**	**Signed copy held by Pharmacy**	**21/11/2023**

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 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. All Registered Nurses must have a NMC Registration and active Pin Number.
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 - Completion of the UHDB Infusion Therapy Study Day and online learning modules
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 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. Must be competency in delivering safe IV therapy in line with the trust policy.
Ongoing training and competency	Annual Medicines Safety Training (essential to role) Review/repeat initial training above when this PGD is revised Completed the IV update in line with the UHDB trust policy
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	Moderate to severe pain, pyrexia and discomfort, AND unable to take paracetamol orally.
Criteria for inclusion	• Over the age of 16 and presenting with the above symptoms • Has a weight greater then 50kg • Has a patent IV cannula in situ
Criteria for exclusion	• Pain or pyrexia in the absence of known cause or diagnosis • Previous sensitivity or intolerance to the drug or any ingredient; • Patient under 50kg – refer to prescriber. • Patients under 16 years old • Severe hepatic impairment • Patient taking imatinib (used for haematological conditions) - refer to prescriber • Alcoholic liver disease • Patients who have taken any product containing Paracetamol within the previous 4 hours (or where timing of previous dosing cannot be confirmed). • Has a blood pressure with a systolic below 80mmHg • Known Renal Impairment • Unable to consent to PGD
Cautions including any relevant action to be taken	• Record all exclusion criteria • Advise patient on alternative treatment • Refer to the medical staff on alternative prescription
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Document all advice given
Action to be taken if the patient or carer declines treatment	• Document advice given • Advise patient on alternative treatment • Advise of benefits of the treatment
Arrangements for referral for medical advice	Immediate medical advice should be sought in the event of an overdose, even if patient feels well, because of the risk of delayed & serious liver damage. Contact your on call Registrar on #6264 or clinic medical team in the area in the first instance. In the event of anaphylaxis/cardiac arrest when you should follow your local medical emergency procedures (e.g. 2222 / 3333 procedures) Activate the emergency buzzer and arrange immidate transfer to Resus.

5. Description of treatment

Name, strength & formulation of drug	Paracetamol 1g in 100ml for intravenous infusion
Legal category	POM

Route / method of administration	Intravenous
Indicate any off-label use (if relevant)	n/a
Dose and frequency of administration	Paracetamol 1g in 100ml of 0.9% normal saline. Given over 15 minutes. Minimum 4 hour interval between doses of oral or IV paracetamol containing products.
Duration of treatment	Administration of up to three does to be given via PGD during an Emergency Department Episode any further to be prescribed by Medical Team
Quantity to be supplied (leave blank if PGD is administration ONLY)	*n/a*
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: • Out of direct sunlight • Below 25°C
Drug interactions	• Imatinib – refer to prescriber – see exclusion criteria • Check other analgesia, especially patients on compound analgesic preparations which may contain paracetamol; Check that the patient has not already received the maximum daily dose of paracetamol (see 'Dose & Frequency section above) and has not had a dose of Paracetamol within the last four hours; • Warfarin, phenindione & acenocoumarol: prolonged use of Paracetamol may enhance anticoagulant effects – see cautions section above. • A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Adverse reactions	Adverse effects of paracetamol are rare but hypersensitivity including skin rash may occur. There have been reports of blood dyscrasias including thrombocytopenia, neutropenia, pancytopenia, leukopenia and agranulocytosis but these were not necessarily causality-linked to paracetamol. Very rare cases of serious skin reactions have been reported. 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	• 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	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Monitor for sensitivity reactions; Verbal advice on why drug administered, action of the drug and subsequent management of condition; not to take more than max recommended dose in 24 hours (see 'Dose & Frequency section above); not to take any other medicines/over-the-counter products containing Paracetamol; report effectiveness or any untoward effects to nursing staff if still within the hospital or discuss with a community pharmacist.
Records	At time of this PGD publication: A record of the administration should be documented on the CasCard of the patient. If the patient does not have a CasCard then administration should be recorded in the clinical notes. If the CasCard is in pharmacy then it should be recorded in the clinical notes and then transcribed on to the CasCard at the earliest opportunity. Following transition of department to ePMA: If PGD medication has been administered via ePMA then this should be recorded at time of administration. 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 and that this was done via Patient Group Direction (PGD) 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	• *Electronic Medicines Compendium http://www.medicines.org.uk/* • *Electronic BNF https://bnf.nice.org.uk/ accessed 18/01/2023* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 accessed 18/01/2023* • *https://medusa.wales.nhs.uk accessed 18/01/2023*

7. Registered health professional authorisation sheet

PGD Name [version]: RDH - ED - Paracetamol (IV) [v1.1] PGD ref: UHDB267

Valid from: 29/11/2023 Expiry date: 28/11/2026

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.