

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

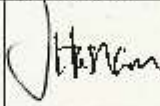


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**PATIENT GROUP DIRECTION (PGD)
FOR GYNAECOLOGY OUPATIENT CLINIC**

PGD NUMBER	65
PGD NAME	Gynaecology Outpatient Clinic
LEGAL CATEGORY	See individual medication pages
AREA IN WHICH THIS PGD APPLIES	Gynaecology Outpatients
PROFESSIONALS TO WHICH THIS PGD APPLIES	Registered Professionals
SITES	Derby

TRUST AUTHORISATION

Authorisation of this PGD has been conferred by University of Derby & Burton NHS Foundation Trust Medicines Safety Group (MSG).

NAME	TITLE	SIGNATURE	DATE
Jane Haslam	Head of Midwifery/Divisional Nurse		13/12/19
Anish Ball	Lead Consultant/ Clinical Director for Maternity, Gynaecology and GUM business unit		14/1/20
James Hooley	Medicines Safety Officer		6/12/19

Gynaecology Outpatient Clinic Preparation

Date Reviewed: Sept 2019
Date Approved: December 2019
Review Date: 30/11/2022

Gynaecology Outpatient Clinic

Preparation

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Date Reviewed: Sept 2019

Valid from the date of final signature above

Review Date: 13/01/2023

Extended to: 31 March 2023 (agreed at PGD Governance January 2023)

Extended to 30 June 2023 (agreed by MSO 30 March 2023)

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NAME	TITLE	SIGNATURE	DATE
Jane Haslam	Head of Midwifery/Divisional Nurse		
Anish Bali	Lead Consultant/ Clinical Director for Maternity, Gynaecology and GUM business unit		
James Hooley	Medicines Safety Officer		

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AUTHORS

Author	Position	Date
Lead Author Deanne Carr & James Hooley (in consultation with acute pain team)	Senior Sister, Gynaecology	04/03/2013
Directorate/ Senior Clinical Pharmacist Name James Hooley	Divisional Lead Pharmacist, Surgical Services	04/03/2013
Lead Doctor (Consultant) Name Mr Bali	Consultant Gynaecologist	25/7/13
Others eg microbiologist Name		

The professionals named above have agreed the content of the PGD and ensured that the following policies and procedures have been adhered to in its development:

- Derby Teaching Hospitals NHS Foundation Trust Medicines Code
- Derby Teaching Hospitals NHS Foundation Trust Formulary
- Derby Teaching Hospitals NHS Foundation Trust guidance notes for the development of Patient Group Directions

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REVIEWERS		
Reviewer	Position	Date
Lead Reviewer Name Nicola Smith	Must be an authorised health professional who can practice under a PGD.	September 2019
Directorate/Senior Clinical Pharmacist Name Suzanne Smith	Divisional Lead Pharmacist – Surgery, W&C	September 2019
Lead Doctor (Consultant) Anish Bali	A doctor for the speciality must be consulted during the review of the PGD from the outset and throughout the whole process. This person will give support to the use of a PGD over prescribing.	September 2019

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Gynaecology Outpatient Clinic Preparation

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Date Reviewed: Sept 2019

Date Approved: 14 January 2020

Review Date: 13 January 2023

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CHANGE HISTORY

Changes Reference	Change details	Date
1.	Reviewer details updated	September 2017
2.	Entonox – update to exclusion criteria	September 2017
3.	Entonox – update to cautions/need for further advice	September 2017
4.	Entonox – update to specialist considerations	September 2017
5.	Ibuprofen – update to exclusion criteria	September 2017
6.	Ibuprofen – update to cautions	September 2017
7.	Ibuprofen – update to patients receiving concurrent medication	September 2017
8.	Addition of Phosphate enema to facilitate supply via pre-assessment	September 2019

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**MEDICINE DETAILS
ENTONOX**

Indication	Short term painful procedures e.g. dressing changes, removal of packs, sutures and drains, changing and removing clothing, altering the position of the patient during procedures, for physiotherapy and if pain during invasive procedures e.g. catheterisation, sigmoidoscopy. Analgesia during labour. Outpatient hysteroscopy.
Inclusion Criteria	Patients 16 years and over presenting with the above symptoms
Exclusion Criteria	Previous sensitivity or intolerance to Entonox, head injuries with impaired consciousness, artificial, traumatic or spontaneous pneumothorax, air embolus, emphysema, gross abdominal distension , alcohol/drug intoxication, decompression sickness; patients under 16 years old. Lacking capacity to consent to PGD
Cautions/Need For Further Advice	First 16 weeks of pregnancy – refer to medical staff. Sedated/intoxicated patients (or administration of opioid or sedative prior to use of entonox– refer to medical staff. Learning difficulties – if there is a chance that the patient may not understand instructions. Known drug interactions (seek advice from a pharmacist): <ul style="list-style-type: none"> • Methotrexate • Blood pressure medication: alfuzosin, ACE inhibitors (drugs ending in 'pril') or A2RBs (drugs ending in 'artan') • MAOIs (isocarboxazid, phenelzine, tranylcypromine)
Action if Patient Declines	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate
Action if Patient is Excluded	Refer to medical staff for review and prescribing of alternative pain relief. Document in the patient's notes.

Name, form & strength of medicine	Entonox (50% Nitrous oxide & 50% Oxygen)
Legal Status	POM
Route/Method	Self-administered inhalation via a demand valve through a dedicated mask or mouthpiece
Dosage/Frequency	To be administered as required
Maximum Dose	As required during short-term procedure (refer to guidelines for use)
Duration of Treatment	Commence approx 1 minute (minimum 5-10 breaths) prior to the procedure and discontinue immediately after.
Side Effects	Nausea is not uncommon. (NB/ Infrequent use for short term procedures is not associated with megaloblastic anaemia; this only requires haematological monitoring in patients who receive continuously for 24 hours, or more frequently than every 4 days).
Advice to	Driving, use of machinery and other psycho-motor activities should not

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Patient/Carer	be undertaken until 30mins have elapsed following Entonox analgesia and the patient is assessed as fit to do so; counsel the patient that they are unable to receive Entonox therapy at home; Verbal advice on why drug administered, action of the drug and subsequent management of condition; monitor for sensitivity reactions.
Advice to Staff <i>(Identifying and managing adverse conditions)</i>	Consult medical advice if an adverse event occurs. Document in medical notes. All serious adverse reactions must be reported under the National yellow card system.
Specialist Considerations that should be given to patients receiving concurrent medication	If the patient is receiving any concomitant medication or treatment it is the responsibility of the person identified in "Staff Group" to ensure that treatment with the drug detailed in this direction is appropriate. Check that Opioid analgesics or sedatives have not been administered within 4 hours of the procedure. Check that no anaesthetics have been administered. Check all concurrent medication with the patient and in the current BNF before supplying – see list of known interactions in Cautions box above. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment. If in any doubt advice should be sought and recorded before the drug is administered.
Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen.
Arrangements for referral for Medical Advice	They would be present throughout procedure, if not there would be several doctors rostered and present in department. Otherwise would bleep the SHO or Reg on call for gynae.
Follow Up	None Required
Record	Medicines Optimisation Group have confirmed that for outpatient or daycase areas the documentation of drugs under PGD can be entered directly in the medical notes or daycase pathway. Record the drug, duration and "administered under PGD", sign and print name (person identified in "staff group" above) For EPMA (when available) : Document the utilisation of the medicine under PGD by ordering the appropriate drug order item on ePMA. Document the administration of the medicine.

STAFF CHARACTERISTICS

Qualifications and Competencies	Adult outpatient areas, registered professional with current professional registration operating within their usual scope of practice
Continuing	It is the responsibility of the individual registered nurse to remain

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Professional Development (CPD)	updated, with evidence of continued professional development
Additional local training	Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines As detailed by the Acute Pain Team and in accordance with the UHDB guidelines for the administration of Entonox to Adults. Has undertaken appropriate training for the setting up of and use of Entonox cylinders.
Assessment	Approved drug assessment

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**MEDICINE DETAILS
IBUPROFEN 400MG (SINGLE DOSE)**

Indication	Mild to moderate pain including dysmenorrhoea. Pain or inflammation following outpatient procedures.
Inclusion Criteria	Adult patients presenting as above.
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient; hypersensitivity to Aspirin or other NSAIDs; history of asthma (unless previously tolerated NSAIDs); pregnancy; poor renal function; active or previous peptic ulcer; history of upper gastrointestinal bleeding or perforation related to previous NSAID therapy, renal transplant patients currently taking immunosuppressants, e.g. ciclosporin or tacrolimus; currently taking Lithium or Methotrexate (excretion reduced therefore risk of toxicity); known hepatic, renal or cardiac failure. Cannot swallow, are nil by mouth, or have difficulty swallowing food or drink. Are awaiting a swallow reflex test; Lacking capacity to consent to PGD; undiagnosed medical symptoms; reservations/concerns by patient about side effects of the treatment. Patients already taking regular NSAIDs.
Cautions/Need For Further Advice	See exclusions above. If patient is breastfeeding and infant is not term and healthy, seek specialist advice (doctor or pharmacist)
Action if Patient Declines	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate
Action if Patient is Excluded	Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.

Name, form & strength of medicine	Ibuprofen tablet 400mg
Legal Status	P
Route/Method	Oral tablet
Dosage/Frequency	400mg as a single dose
Maximum Dose	400mg
Duration of Treatment	Single dose only
Side Effects	GI disturbance (discomfort, nausea, diarrhoea) and occasionally bleeding or ulceration; hypersensitivity including rash, angioedema and bronchospasm, headache, dizziness, nervousness, depression, drowsiness, insomnia, vertigo, hearing disturbance, photosensitivity and haematuria; blood pressure increase or fluid retention.
Advice to Patient/Carer	Verbal advice on why drug administered, action of the drug and subsequent management of condition; monitor for sensitivity reactions.
Advice to Staff (Identifying and managing adverse conditions)	Consult medical advice if an adverse event occurs. Document in medical notes. All serious adverse reactions must be reported under the National yellow card system.

Gynaecology Outpatient Clinic

Preparation

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<i>Specialist Considerations that should be given to patients receiving concurrent medication</i>	<p>If the patient is receiving any concomitant medication or treatment it is the responsibility of the person identified in "Staff Group" to ensure that treatment with the drug detailed in this direction is appropriate. Check all concurrent medication with the patient and in the current BNF before supplying. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment. If in any doubt advice should be sought and recorded before the drug is administered.</p> <p>Known drug interactions (seek advice from a pharmacist):</p> <ul style="list-style-type: none"> • Mifamurtide (treatment for osteosarcoma) • Quinolone antibiotics (e.g. ciprofloxacin) • Nephrotoxic drugs (including other NSAIDs, many drugs for high blood pressure or drugs to prevent transplant rejection) • Drugs which cause GI irritation (including steroids, SSRIs such as citalopram) • Anticoagulants such as warfarin, enoxaparin and any of the DOACs (apixaban, dabigatran, edoxaban, rivaroxaban) • Lithium • Methotrexate • Antifungal drugs e.g. voriconazole
<i>Additional facilities, equipment and supplies required to be present in the clinical area</i>	None.
<i>Arrangements for referral for Medical Advice</i>	There would be several doctors present in department. Otherwise would bleep the SHO or Reg on call for gynae.
Follow Up	None Required
Record	<p>Medicines Optimisation Group have confirmed that for outpatient or daycase areas the documentation of drugs under PGD can be entered directly in the medical notes or daycase pathway. Record the drug, dose and "administered under PGD", sign and print name (person identified in "staff group" above)</p> <p>For EPMA (when available) : Document the utilisation of the medicine under PGD by ordering the appropriate drug order item on ePMA. Document the administration of the medicine.</p>

STAFF CHARACTERISTICS

Qualifications and Competencies	Adult outpatient areas, registered professional with current professional registration operating within their usual scope of practice
Continuing Professional	It is the responsibility of the individual registered nurse and midwife to remain updated, with evidence of continued professional development

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Development (CPD)	
Additional local training	Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines As detailed by the Acute Pain Team
Assessment	Approved drug assessment

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<p>MEDICINE DETAILS PHOSPHATE ENEMA (STANDARD)</p>
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Indication	Patients attending pre-operative assessment clinic who are listed for complex joint consultant surgery for endometriosis
Inclusion Criteria	Patients over 16 years presenting for the above surgery
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient; patients under 16 years old; known to have had recent low bowel resection e.g. anterior resection; known to have or are suspected to have bowel obstruction or have increased colonic absorptive capacity; known to have rectal fissure, inflammatory or ulcerative bowel conditions; known to have blood or mucus in stools; patients on a restricted salt diet or who have a low plasma sodium level; known to have hyperphosphataemia; history of abuse; informal consent not given by patient; pregnancy.
Cautions/Need For Further Advice	Elderly and debilitated; electrolyte disturbance, congestive cardiac failure; ascites, uncontrolled hypotension. Maintain adequate hydration.
Action if Patient Declines	Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate.
Action if Patient is Excluded	Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.

Name, form & strength of medicine	Phosphate Enema (Standard)
Legal Status	P
Route/Method	Rectal
Dosage/Frequency	Contents of ONE enema rectally as a single dose to be administered on the morning of surgery Administer at room temperature or warmed in water before use.
Maximum Dose	Maximum of ONE dose to be given without a prescription
Duration of Treatment	Maximum of ONE dose to be given without a prescription.
Side Effects	Local irritation, electrolyte disturbance.
Advice to Patient/Carer	Remove protective shield from rectal tip before use. The enema should take between 2 and 5 minutes to work and may cause diarrhoea in the short term. Nursing staff should be informed when bowel movements occur. The patient should also be encouraged to take a minimum 30mls of fluid per kg body weight unless medically contraindicated and increase the fibre in their diets. Monitor for sensitivity reactions; Verbal advice on why drug administered, action of the drug and subsequent management of condition.
Advice to Staff (<i>Identifying and managing adverse</i>)	Consult medical advice if an adverse event occurs. Document in medical notes. All serious adverse reactions must be reported under the National yellow card system.

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conditions)	
Specialist Considerations that should be given to patients receiving concurrent medication	If the patient is receiving any concomitant medication or treatment it is the responsibility of the person identified in "Staff Group" 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 supplying. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment.
Additional facilities, equipment and supplies required to be present in the clinical area	Patients should be advised to make sure that they are within easy access of a toilet prior to the treatment being administered. The patient should be assessed as to whether assistance may be necessary to reach toilet facilities. Lubricating gel.
Arrangements for referral for Medical Advice	If there is no return of solution after the enema has been administered, or if rectal bleeding is noticed, patients should be referral to a doctor on admission
Follow Up	Nil
Record	Nursing staff issuing supply from pre-operative assessment should record supply on the front of the theatre checklist. Staff on admission should record the time of administration and result next to this entry. For EPMA (when available) : Document the utilisation of the medicine under PGD by ordering the appropriate drug order item on ePMA. Document the administration of the medicine.

STAFF CHARACTERISTICS

Qualifications and Competencies	Registered professional with current professional registration operating within their usual scope of practice
Continuing Professional Development (CPD)	It is the responsibility of the individual registered nurse to remain updated, with evidence of continued professional development
Additional local training	Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines
Assessment	Approved drug assessment

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RECORDS

Records	<p>The following must all be recorded:</p> <ul style="list-style-type: none"> - name of the health professional providing treatment - patient identifiers - details of the medicine provided - date the medicine is supplied or administered - patient consent or refusal - patient inclusion or exclusion from PGD - information given to the patient, batch number and expiry date must also be recorded for immunisations, vaccinations and blood derived products such as immunoglobins - state any other agreed records to be kept for audit purposes <p>For EPMA: Document the utilisation of the medicine under PGD by ordering the appropriate drug order item against the correct patient record in iCM. Complete all mandated fields on the prescription form, identified by a blue star. Document the administration of the medicine in the worklist manager.</p>
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REFERENCES

References	<p>BOC Entonox Guidance http://www.entonox.co.uk/en/discover_entonox/administration/index.shtml</p> <p>DHFT. Guidelines for the administration of Entonox to Adults. DHFT intranet https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=eeb1387b06058661f520fd4c244d9319</p> <p>BMA/RPS. British National Formulary (online). Accessed 06/12/2019</p>
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<p>This Patient Group Direction must be agreed to and signed by all healthcare professional involved in its use. The Pharmacy Department will hold the original signed copy. An electronic version of the PGD will be available via the Trust intranet.</p>
