University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of ASPIRIN 300MG TABLET

By Registered Nurses, Emergency Nurse Practitioners (ENP), Emergency Care Practitioners (ECP) and Emergency Physiotherapy Practitioners (EPP) In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals

Documentation details

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Change history

Version number	Change details	Date
1	New UHDB Format	25/04/2023

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
Dr Venkat Thungala	Doctor
James Kerr	Pharmacist
Alannah Davies	Representative of RNMHP Group

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
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
Nil

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 in Pharmacy**	**26/05/2023**

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 in Pharmacy**	**04/05/2023**
Consultant *Doctor*	Dr. Venkat Thungala	**Signed copy held in Pharmacy**	**23/05/2023**
Interim Matron Acute Medicine QHB *Registered Professional representing users of the PGD*	Danielle Murphy	**Signed copy held in Pharmacy**	**26/04/2023**

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.
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 - Deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD and Trust clinical guidelines .
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 the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	- Annual Medicines Safety Training (essential to role) - Review/repeat initial training above when this PGD is revised - The registered healthcare practitioner will ensure Anaphylaxis/CPR training is kept updated yearly. - The registered healthcare professional must actively take part in CPD and annual individual performance reviews. - Regular training and updating in safeguarding children and vulnerable adults as per 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	• For emergency use with patients presenting with chest pain, suspected myocardial infarction or unstable angina.
Criteria for inclusion	• Any patient over the age of 16
Criteria for exclusion	• Known hypersensitivity to aspirin, other ingredients in the product, other salicylates or non-steroidal anti-inflammatory drugs. • Nasal polyps associated with asthma (high risk of severe sensitivity reactions). • Active peptic ulceration or a past history of ulceration or dyspepsia. • Haemophilia or other haemorrhagic disorder (including thrombocytopenia) as there is an increased risk of bleeding. • Concurrent anticoagulant therapy should be avoided. • Severe hepatic impairment • Severe renal impairment • Severe cardiac failure • Third trimester of pregnancy • Methotrexate used at doses >15mg/week • Children under 16 years old
Cautions including any relevant action to be taken	• Dial (9) 999 for emergency transfer or call 2222 for resuscitation team • Immediate resuscitation support must be available • Continuous monitoring as soon as posisble (Pulse, blood pressure, ECG, pulse oximetry)
Action to be taken if the patient is excluded	• ***N/A***
Action to be taken if the patient or carer declines treatment	• Discuss urgent need for treatment • Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	• Dial 9 999 immediately for urgent transfer to emergency department from MIU

5. Description of treatment

Name, strength & formulation of drug	**Aspirin** 300mg Oral tablet
Legal category	POM
Route / method of administration	**Oral** Can be chewed or dissolved with water and taken immediately
Indicate any off-label use (if relevant)	*None*
Dose and frequency of administration	Single dose 300mg ORAL tablet
Duration of treatment	STAT
Quantity to be supplied (leave blank if PGD is administration ONLY)	*n/a*
Storage	Store below 25°C and protect from light. Do not refrigerate or freeze. Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: *Available from the electronic Medicines Compendium website accessed:* https://www.medicines.org.uk/emc/product/3673 *On 06/11/21.*
Drug interactions	• **Methotrexate** (used at doses >15mg/week) - The combined drugs, methotrexate and acetylsalicylic acid, enhance haematological toxicity of methotrexate due to the decreased renal clearance of methotrexate by acetylsalicylic acid. Therefore, the concomitant use of methotrexate (at doses >15 mg/week) with acetylsalicylic acid is contraindicated. • **Analgesics** - avoid concomitant administration of other salicylates or other NSAIDs (including topical formulations) as increased risk of side effects. • **Alkalizers of urine** (eg antacids, citrates) - increased excretion of aspirin. • **Metoclopramide and domperidone** - increased rate of absorption of aspirin. • **Mifepristone** - avoid aspirin until 8-12 days after mifepristone. • **Ototoxic medicine (eg vancomycin)** - potential for ototoxicity increased. Hearing loss may occur and may progress to deafness even after discontinuation of the medication. Effects may be reversible but are usually permanent. • **Laboratory investigations** - aspirin may interfere with some laboratory tests such as urine 5-hydroxyindoleacetic acid determinations and copper sulfate urine sugar tests.

	• **Calcium-channel blockers** – reduced hypotensive effects, increased antiplatelet effect which rarely results in pro-longed bleeding time. • **Varicella vaccine** - Vaccine recipients should avoid use of salicylates for 6 weeks after vaccination with varicella vaccine as Reye's syndrome has been reported following use of salicylates during wild-type varicella infection. • **Ginkgo Biloba** – possible increase in risk of bleeding.
Adverse reactions	• May precipitate bronchospasm • Gastrointestinal irritation • Gastrointestinal haemorrhage (occasionally major) • Other types of haemorrhage possible i.e. sub-conjunctival • Hypersensitivity reactions have been reported
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	• Reassure patient • Dial 9 999 for urgent transfer to acute hospital setting for further treatment and observation • Monitor BP, ECG, CPR, Pulse oximetry • If required, commence CPR • Document administration of aspirin in transfer notes and MAR
Records	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: Available at:* https://www.medicines.org.uk/emc/product/11864/smpc *Accessed 6/11/21* • *Electronic BNF, Available at:* https://bnf.nice.org.uk/drug/aspirin.html#indicationsAndDoses . *Accessed 6/11/21* • *NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2* • *https://medusa.wales.nhs.uk*

7. Registered health professional authorisation sheet

PGD Name [version]: Emergency Department, Ambulatory Care QHB and MIU SJCH and SRP – Aspirin 300mg tablet [v1]
PGD ref: UHDB244

Valid from: 26/05/2023 **Expiry date: 25/05/2026**

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.