University Hospitals of Derby and Burton
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Prednisolone for Children & Adults

By Registered Emergency Nurse Practitioners (ENP) and Emergency Care Practitioners (ECP) in Emergency Department at QHB and Minor Injury Units at SRP & SJ

Documentation details

Reference no:	UHDB289
Version no:	1
Valid from:	03/01/2024
Review date:	03/07/2026
Expiry date:	02/01/2027

Change history

Version number	Change details	Date
4	Use of new UHDB template	30/08/2023

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
Venkat Thungala	Consultant Emergency Medicine
James Kerr	Divisional Pharmacist
Nadine Watson	Emergency Nurse Practitioner

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
Emergency Department at Queens Hospital Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
This organisation does not authorise the use of this PGD by ENPs or ECPs outside of this role or clinical area.

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicine Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held by Pharmacy**	**03/01/2024**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Divisional Lead Pharmacist *Clinical Pharmacist from PGD working group*	**James Kerr**	**Signed copy held by Pharmacy**	**01/12/2023**
Lead ED Consultant *Doctor*	**Venkat Thungala**	**Signed copy held by Pharmacy**	**07/12/2023**
Senior ENP *Registered Professional representing users of the PGD*	**Nadine Watson**	**Signed copy held by Pharmacy**	**11/12/2023**

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 including core PGD training. • Individual has read and understood full content of this PGD and signed authorisation (section 7) • Completion of Medicines Management Drug Assessment • Anaphylaxis training as part of annual life support training
Competency assessment	ENP/ECPs operating under this PGD are personally responsible for ensuring they remain up to date with the need for, and use of, prednisolone tablets. If any training needs are identified, these should be discussed with the authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required. ENPs/ECPs operating under this PGD must have been assessed as competent and authorised to practise (by senior signature) included on the Registered Health Professional Authorisation Sheet (section 7) Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
On-going training and competency	• Annual Medicines Safety Training (essential to role) • Organisation PGD eLearning • Review/repeat initial training above when this PGD is revised • Up to date mandatory training including anaphylaxis. • Any staff found to be using this PGD incorrectly will need to re-attend the above training.
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	Children and adults who are known asthmatics, whose PEFR has not risen to >80% of predicted/previous best 15-30 minutes after nebulised with salbutamol and/or ipratropium bromide (see BTS/SIGN guidelines)

Criteria for inclusion	• Inadequate response to initial dose of bronchodilator
	• Any other feature of acute asthma attack
	  ○ Unable to complete sentences.
	  ○ Respiratory rate >25/min
	  ○ Heart rate >110/min

Criteria for exclusion	Patients under 16years of age whose PEFR has improved but remains 60-80% of best result
Cautions including any relevant action to be taken	• May reduce/enhance effects of anticoagulants. • May worsen control of diabetes or impaired glucose tolerance. • May worsen hypertension or congestive heart failure. • Active peptic ulcer. • Known renal or hepatic impairment. • Pregnancy and breastfeeding A detailed list of cautions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Action to be taken if the patient is excluded	• Discuss with ED Doctor and consider prescribing an alternative medication. • Discuss with the patient and advise alternative treatment. • Document in patient's notes the reason for exclusion and actions taken.
Action to be taken if the patient or carer declines treatment	• Explain to the patient the importance of treatment. • Offer alternative intervention/treatment. • Document in medical notes the reason for refusal, action taken, advice given. • Escalate to ED doctor and consider prescribing an alternative medication/treatment if needed.
Arrangements for referral for medical advice	Refer to ED Consultant or Medical team consultant on duty. Follow local emergency procedure; call 2222/3333/999 in the event of adverse reaction / anaphylaxis / cardiac arrest.

5. Description of treatment

Name, strength & formulation of drug	Prednisolone 5mg tablets
Legal category	Prescription-only Medicine (POM)

Route / method of administration	Oral NB: If patient is unable to swallow the oral tablets, they are easily dispersed in a small volume of water before administration
Indicate any off-label use (if relevant)	Only to be used within the licensed indications
Dose and frequency of administration	**Child under 2 years - 10mg** **Child 2 - 5 years - 20mg** **Child >5years - 30-40mg** **Adult - 40-50mg** *Source: Sign 158 British guideline on the management of asthma (British Thoracic society, 2019)*
Duration of treatment	Single STAT dose
Quantity to be supplied (leave blank if PGD is administration ONLY)	n/a
Storage	Stocks must be stored in a lockable medicine cupboard/trolley specifically reserve for such purpose according to UHDB Medicine policy and in conditions in line with SPC. • Do not store above 25 ºC room temperature. • Store in the original package.
Drug interactions	There are no known side effects from a short course of oral steroids in the management of and acute exacerbation of asthma. Although steroids can interact with some medicines, this is unlikely to be significant with a single STAT dose. The following interactions have been identified and should be considered where it is known a patient is on the following medicines: • The absorption of prednisolone may be reduced by large doses of some antacids such as magnesium trisilicate or aluminium hydroxide • Glucocorticoids may increase blood glucose levels. Patients with diabetes mellitus receiving concurrent insulin and/or oral hypoglycaemic agents may require dosage adjustments of such therapy. • Carbamazepine, phenobarbital, phenytoin, and primidone accelerate metabolism of corticosteroids and may reduce their effect. • Risk of hypokalaemia may be increased with amphotericin, therefore concomitant use with corticosteroids should be avoided unless corticosteroids are required to control reactions; ketoconazole inhibits metabolism of methylprednisolone and possibly other corticosteroids.

	• Increased toxicity of digoxin if hypokalaemia occurs with corticosteroids. • antivirals such as ritonavir which can be used to treat HIV infection • Increased risk of hypokalaemia if high doses of corticosteroids given with high doses of bambuterol, fenoteral, formoteral, ritodrine, salbutamol, salmeterol and terbutaline. • Patients on warfarin should make a note in their yellow book/card of when the STAT dose was received, especially if the course is continued by a GP, as longer courses of steroids may affect INR. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or BNF Online
Adverse reactions	There are no known side effects from a short course of oral steroids in management of acute exacerbation of asthma. The following side effects are common following a regular/prolonged use of oral corticosteroids; • GI Disturbances • Osteoporosis • Cushingoid features • Thinning of the skin • Hypertension • Raised blood glucose Increased susceptibility to infection • Adrenal suppression • Anxiety, abnormal behaviour Hypersensitivity reactions including rashes and anaphylaxis can be fatal. A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or BNF online
Management of and reporting procedure for adverse reactions	If adverse reactions suspected/occurs: • Assess patient using ABCDE and provide medical intervention appropriately. • Hypersensitivity reactions including anaphylaxis should be treated as an emergency. Skin reaction may indicate allergy or a more serious skin reaction. • Refer to ED or Medical Consultant immediately. • Use the MHRA Yellow Card scheme to report any suspected adverse reactions. Go to: https://yellowcard.mhra.gov.uk • Document on patient's medical notes • Complete incident report via UHDB Trust incident management system (Datix)
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	• Verbal advice on why drug is administered, action of the drug and subsequent management of the condition. • Inform the patient of the possible side effect and their management. To monitor any sensitivity reaction. • Advice the patient to seek medical advice immediately in the event of an adverse reaction.
Records	Record the following information on ePMA (Electronic Prescribing system) 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 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 https://www.medicines.org.uk/emc/product/2427/smpc# accessed online 30/08/2023 • Electronic BNF https://bnf.nice.org.uk/drugs/prednisolone/ updated 03 February 2022 accessed online 30/08/23 • British thoracic society Guidelines on the management of Asthma (2021) https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/ Accessed online 24/08/23 • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

PGD Name [version]: QHB, SRP & SJH - ED & MIU - Prednisolone [v1]
PGD ref: UHDB 289
Valid from: 03/01/2024 Expiry date: 02/01/2027

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.