

## PATIENT GROUP DIRECTION (PGD)

**Administration of SODIUM CHLORIDE 0.9% MINIMS/IRRIGATION  
 By Registered Practitioners working at University in Hospitals of Derby  
 and Burton**

### Documentation details

Reference no:	UHDB212
Version no:	1
Valid from:	09/11/2022
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Expiry date:	08/11/2025

### Change history

Version number	Change details	Date
1.0	New UHDB format	06/10/22

### 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
Mr James Tildsley	Consultant Ophthalmologist
Suzanne Smith	Divisional Lead Pharmacist
Judith Murad	Registered Nurse

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 sites and in clinics operated by UHDB staff at peripheral sites
Limitations to authorisation
Nil additional

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medicines Safety Officer	James Hooley	Signed copy held by Pharmacy	09/11/2022

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Pharmacist	Suzanne Smith	Signed copy held by Pharmacy	<b>27/10/2022</b>
Consultant Ophthalmologist	James Tildsley	Signed copy held by Pharmacy	<b>06/09/2022</b>
Senior Sister Outpatients	Paramjit Kaur	Signed copy held by Pharmacy	<b>03/11/2022</b>

Local enquiries regarding the use of this PGD may be directed to [UHDB.PGDgovernance@nhs.net](mailto: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

<b>Qualifications and professional registration</b>	<ul style="list-style-type: none"> <li>- Qualified NMC Registered Nurse</li> <li>- HCPC Registered Orthoptist</li> <li>- Health Care Professionals (who can legally operate under PGDs) who have undergone additional training to administer drug outlined in this PGD and been assessed as competent.</li> </ul>
<b>Initial training</b>	<ul style="list-style-type: none"> <li>- Completion of all Essential-to-role training as outlined in the UHDB PGD policy.</li> <li>- Individual has read and understood full content of this PGD and signed authorisation (section 7)</li> <li>- Completion of Medicines Management Drug Assessment</li> <li>- The registered Healthcare Professional will undertake training and will ensure he/she is competent in all aspects of this treatment.</li> </ul>
<b>Competency assessment</b>	<p>Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></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 authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.</p>
<b>Ongoing training and competency</b>	<p>Annual Medicines Safety Training (essential to role)</p> <p>Review/repeat initial training above when this PGD is revised</p>
<p><b><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></b></p>	

#### 4. Clinical condition or situation to which this PGD applies

<b>Clinical condition or situation to which this PGD applies</b>	Irrigation following chemical splashes and body fluid splashes; removal of loose foreign bodies
<b>Criteria for inclusion</b>	Patients presenting with the above symptoms
<b>Criteria for exclusion</b>	Previous sensitivity or intolerance to the product or any ingredient.
<b>Cautions including any relevant action to be taken</b>	None
<b>Action to be taken if the patient is excluded</b>	<ul style="list-style-type: none"> <li>• Record reasons for exclusion in patient notes</li> <li>• Inform doctor if appropriate</li> <li>• Advise patient on alternative treatment</li> </ul>
<b>Action to be taken if the patient or carer declines treatment</b>	<ul style="list-style-type: none"> <li>• Document advice given</li> <li>• Advise patient on alternative treatment</li> <li>• Inform doctor if appropriate</li> </ul>
<b>Arrangements for referral for medical advice</b>	<p>Inform doctor or suitably qualified specialist in ophthalmology. Discuss potential consequences/referrals/records to be kept. The practitioner is expected to use their own clinical judgement and refer patients to OOHs GP / A&amp;E / Minor Injuries Unit / Walk-in Centre as they see fit.</p> <p>Provide appropriate details e.g. Eye casualty opening times</p>

#### 5. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Sodium Chloride 0.9% Minims/Irrigation
<b>Legal category</b>	POM
<b>Route / method of administration</b>	Instilled to the eye(s) or used as irrigation
<b>Indicate any off-label use (if relevant)</b>	NA
<b>Dose and frequency of administration</b>	One drop to 500ml as required Maximum of THREE irrigations per affected eye without a prescription
<b>Duration of treatment</b>	As above
<b>Quantity to be supplied (leave blank if PGD is</b>	N/A

<b>administration ONLY)</b>	
<b>Storage</b>	<p>Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below:</p> <p>Store below 25°C. Do not freeze. Protect from light.</p>
<b>Drug interactions</b>	<p><i>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:</i></p> <ul style="list-style-type: none"> <li>• None known</li> </ul> <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></p>
<b>Adverse reactions</b>	<p>The following side effects are common:</p> <ul style="list-style-type: none"> <li>• No noticeable side-effects</li> </ul> <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a></p>
<b>Management of and reporting procedure for adverse reactions</b>	<ul style="list-style-type: none"> <li>• 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: <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></li> <li>• Record all adverse drug reactions (ADRs) in the patient's medical record.</li> <li>• 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.</li> <li>• <b>Anaphylaxis/Emergency treatment at Derby and main Queens site:</b></li> <li>• Call the crash team via switchboard</li> <li>• <b>Anaphylaxis/Emergency treatment (at all other sites):</b></li> <li>• Call 999</li> <li>• Summon help</li> <li>• Maintain airway</li> <li>• CPR</li> <li>• Follow trust resuscitation guidelines</li> </ul>
<b>Written information to be given to patient or carer</b>	<p>None routinely required for administration in department. May give copy of marketing authorisation holder's patient information leaflet (PIL) which can be obtained from <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> if required</p>
<b>Patient advice / follow up treatment</b>	<ul style="list-style-type: none"> <li>• Monitor for sensitivity reactions; Verbal advice on why drug administered, action of the drug and subsequent management of condition</li> </ul>

	<ul style="list-style-type: none"> <li>• The individual/carer should be advised to seek medical advice in the event of an adverse reaction.</li> <li>• Verbal information should be given on the reason for drug administration, action of the drug, and subsequent management of the condition.</li> </ul>
<b>Records</b>	<p>Document using the system in place for your clinical area which may include: ePMA; patient notes; Treatment card; Eye casualty card; Ophthalmic care pathway.</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"> <li>• name of individual, address, date of birth and GP with whom the individual is registered (if relevant)</li> <li>• name of registered health professional</li> <li>• name of medication supplied/administered</li> <li>• date of supply/administration</li> <li>• dose, form and route of supply/administration</li> <li>• quantity supplied/administered</li> <li>• batch number and expiry date (if applicable e.g. injections and implants)</li> <li>• advice given, including advice given if excluded or declines treatment</li> <li>• details of any adverse drug reactions and actions taken</li> <li>• Confirm whether <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD)</li> </ul> <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

<b>Key references</b>	<ul style="list-style-type: none"> <li>• <i>Electronic Medicines Compendium</i> <a href="https://www.medicines.org.uk/SmPC/MinimsSaline0.9%w/vEyeDrops">Minims Saline 0.9% w/v Eye Drops Solution - Summary of Product Characteristics (SmPC) - (emc)</a> (<a href="https://www.medicines.org.uk">medicines.org.uk</a>)</li> <li>• <i>Electronic BNF</i> <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></li> <li>• <i>NICE Medicines practice guideline "Patient Group Directions"</i> <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></li> </ul>
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**7. Registered health professional authorisation sheet**

**PGD Name [version]: Core - SODIUM CHLORIDE 0.9% MINIMS/IRRIGATION [v1.0]**  
**PGD ref: UHDB212**

**Valid from: 09/11/2022                      Expiry date: 08/11/2025**

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.

<b>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.</b>			
Name	Designation	Signature	Date

**Authorising manager / Assessor**

<b>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 &amp; Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.</b>			
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.