

PATIENT GROUP DIRECTION (PGD)

Administration of

SILVER NITRATE 95% APPLICATORS

By Clinical Nurse Specialist in colposcopy/hysteroscopy clinic at
Royal Derby Hospital

Documentation details

| | |
|---------------|------------|
| Reference no: | UHDB156 |
| Version no: | 1 |
| Valid from: | 21/04/2022 |
| Review date: | 21/10/2024 |
| Expiry date: | 20/04/2025 |

Change history

| Version number | Change details | Date |
|----------------|----------------|---------|
| V1 | New template | 23/3/22 |
| | | |
| | | |

Glossary

| Abbreviation | Definition |
|--------------|-------------------------------------------------------|
| BSSCP | British Society for Colposcopy and Cervical Pathology |
| | |
| | |

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 O Tamizian | Lead Colposcopist |
| Miss S Kolhe | Lead Hysteroscopist |
| Mrs G Lowe | Lead Nurse Colposcopist |
| Mr D Casayuran | Nurse Hysteroscopist |
| S Dumbleton | Women and Children's Lead 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 | | |

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 |
|--------------------------------------------------------------------------------------------------------------------|
| Colposcopy and Hysteroscopy Department within Gynaecology Out-patients department at Royal Derby Hospital |
| Limitations to authorisation |
| The professionals to which this protocol applies are the clinical nurse specialist in colposcopy and hysteroscopy. |

| Organisational Authorisation (legal requirement). | | | |
|---------------------------------------------------|--------------|------------------------------|------------|
| Role | Name | Sign | Date |
| Medicines Safety Officer | James Hooley | Signed copy held by Pharmacy | 21/04/2022 |

| Additional signatories (required as per legislation and locally agreed policy) | | | |
|---------------------------------------------------------------------------------------|------------------|-------------------------------------|-------------|
| Role | Name | Sign | Date |
| Women's and Children's Lead Pharmacist | Susi Dumbleton | Signed copy held by Pharmacy | 29/03/2022 |
| Lead Colposcopist | Onnig Tamizian | Signed copy held by Pharmacy | 24/03/2022 |
| Lead Hysteroscopist | Shilpa Kolhe | Signed copy held by Pharmacy | 21/04/2022 |
| Clinical nurse Specialist in colposcopy | Gaynor Lowe | Signed copy held by Pharmacy | 25/03/2022 |
| Clinical nurse Specialist in hysteroscopy | Dennis Casayuran | Signed copy held by Pharmacy | 24/03/2022 |

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 nurse with a current NMC registration |
| Initial training | <ul style="list-style-type: none"> • 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 • Trained according to the British Society for Colposcopy and Cervical Pathology guidelines or has completed nurse hysteroscopist 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. • |
| Competency assessment | <p>Approved drug assessment</p> <p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</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> |
| Ongoing training and competency | <p>Annual Medicines Safety Training (essential to role)</p> <p>Review/repeat initial training above when this PGD is revised</p> <p>It is the responsibility of the individual registered nurse to remain updated, with evidence of continued professional development in relation to colposcopy services including annual mandatory training in CPR/life support/anaphylaxis competences, with evidence of updates as required.</p> |
| <p><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></p> | |

4. Clinical condition or situation to which this PGD applies

| | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical condition or situation to which this PGD applies | Used during a Colposcopy / Hysteroscopy. It is applied to the cervix post cervical biopsy to stem bleeding, if bleeding occurs, second line to ferric subsulphate (Monsel's) solution. |
| Criteria for inclusion | Patients over 16 years requiring a colposcopy and hysteroscopy |
| Criteria for exclusion | Previous sensitivity or intolerance to silver nitrate; patients under 16 years |
| Cautions including any relevant action to be taken | None |
| Action to be taken if the patient is excluded | Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion in patient case notes. |
| Action to be taken if the patient or carer declines treatment | Document refusal, action taken and advice given in nursing documentation and refer to medical staff if appropriate. |
| Arrangements for referral for medical advice | Colposcopy and Hysteroscopy clinics are undertaken under consultant lead and the nurse specialist may contact them directly for support. |

5. Description of treatment

| | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name, strength & formulation of drug | Silver Nitrate 95% applicators |
| Legal category | P |
| Route / method of administration | Topical |
| Indicate any off-label use (if relevant) | Best practice advice given by BSCCP is used for this PGD and may vary from the manufacturer's summary of product characteristics. |
| Dose and frequency of administration | Usually two applicators at a time to stem the bleeding but more may be required accordingly. |
| Duration of treatment | Throughout duration of procedure. |
| 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: Store in Colposcopy Suite Cupboard (locked medicines cupboard) |
| Drug interactions | There are no known interactions with silver nitrate. |

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adverse reactions | <ul style="list-style-type: none"> The product is caustic and may cause chemical burns, therefore should be used only as second line to Monsel's solution. Systemic allergic reactions. |
| Management of and reporting procedure for adverse reactions | <ul style="list-style-type: none"> Consult medical advice if an adverse event occurs. 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 | <p>Not applicable</p> |
| Patient advice / follow up treatment | <ul style="list-style-type: none"> Monitor for sensitivity reactions. The individual/carer should be advised to seek medical advice in the event of an adverse reaction. Counsel patient on risks / side-effects; Verbal advice on why drug administered, action of the drug and subsequent management of condition; avoid coitus for 48 hours. |
| Records | <p>The Clinical nurse specialist working under the PGD, must capture/document all of the following in the patient case notes and IT system:</p> <ul style="list-style-type: none"> 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 <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records).</p> <p>All records should be clear, legible and contemporaneous.</p> |

6. Key references

| | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Key references | <ul style="list-style-type: none">• <i>Avoca Caustic Applicator 95% w/w Cutaneous Stick, Summary of Product Characteristics,</i> https://mhraproducts4853.blob.core.windows.net/docs/1972db2203545b9427ddefa02ae34132fb693032 accessed 25/01/22.• <i>Avoca Caustic Applicator 95% w/w Cutaneous Stick, Patient Information Leaflet</i> Avoca PIL (windows.net) accessed 25/01/22• <i>Electronic BNF</i> https://bnf.nice.org.uk/• <i>NICE Medicines practice guideline “Patient Group Directions”</i> https://www.nice.org.uk/guidance/mpg2• <i>British Society for Colposcopy and Cervical Pathology; Colposcopy Practice Statement, 2017,</i> https://www.bsccp.org.uk/assets/file/uploads/resources/BSCCP_Local_Anaesthetic_Statement_09.05.17.pdf, accessed 25/01/22 |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Registered health professional authorisation sheet

**PGD Name [version]: Colposcopy/Hysteroscopy Gynae Outpatient –
Silver Nitrate Applicators - [v1]**

PGD ref: UHDB156

Valid from: 21/04/2022

Expiry date: 20/04/2025

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.

| 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.