University Hospitals of Derby and Burton NHS Foundation Trust

PROTOCOL

Administration of Citric Acid 3.2% Bladder Washout (Suby-G®) By Registered Nurses in Ward 3 (Kings Lodge) at FNCH

Documentation details

Reference no:	UHDB174
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
1.	New template	February 2022

Glossary

Abbreviation	Definition

1. Protocol template development (Protocol Working Group)

Protocol Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who will work under a Protocol (or manages the staff who do). If this is a review of existing Protocol, replace previous names with the individuals involved for this version

Name	Designation
Dr Uditha Jayatunga	Rehabilitation Consultant
Maradel Rahman	Senior Sister
James Hooley	Pharmacist - Clinical Governance & Medicines Safety

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 Protocol is not valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this Protocol for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Ward 3 (Kings Lodge) Florence Nightingale Community Hospital
Limitations to authorisation
This organisation does not authorise the use of this PGD by staff not employed by UHDB
Agreed rationale for protocol use in place of a PGD (Patient Group Direction)
This is a medical device and not a pharmaceutical product and as such is not covered by PGD legislation. Medical devices do not need to be prescribed under legislation. However, at UHDB, devices which are used as an alternative or adjunct to other medication pathways are generally prescribed (this may include items such as certain bladder washouts, some eye drops or even inert parenteral products). Therefore any pathway where these devices are administered or supplied without a prescription, requires a governance framework equivalent to a PGD processs, to ensure best clinical practice is promoted. This PROTOCOL has been approved to support nursing staff to be authorised to deliver this treatment, to appropriately assessed patients, when prescribers are unavailable.

Organisational Authorisation			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held by Pharmacy**	**21/04/2022**

Additional signatories			
Role	**Name**	**Sign**	**Date**
Pharmacist – Clinical Governance & Med Safety *Clinical Pharmacist from Protocol working group*	James Hooley	**Signed copy held by Pharmacy**	**21/04/2022**
Rehabilitation Consultant *Doctor*	Dr Uditha Jayatunga	**Signed copy held by Pharmacy**	**06/04/2022**
Senior Sister *Registered Professional representing users of the PROTOCOL*	Maradel Rahman	**Signed copy held by Pharmacy**	**06/04/2022**

Local enquiries regarding the use of this PROTOCOL may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a healthcare worker authorisation sheet. Individual healthcare workers must be authorised by name to work to this PROTOCOL.

3. Characteristics of staff

Qualifications and professional registration	Registered Nurse with a current NMC registration
Initial training	- Individual has read and understood full content of this Protocol and signed authorisation (section 7) - Completion of Medicines Management Drug Assessment
Competency assessment	Individuals operating under this Protocol are personally responsible for ensuring they remain up to date with the use of all medicines included in the Protocol - if any training needs are identified these should be discussed with the either authorising manager (section 7) or the manager within the Protocol working group (section 1) so that further training can be provided as required.
Ongoing training and competency	Annual Medicines Safety Training (essential to role) Review/repeat initial training above when this Protocol is revised
The decision to administer or supply any medication rests with the individual healthcare worker operating under this protocol who must abide by the protocol and any associated organisation policies.	

4. Clinical condition or situation to which this Protocol applies

Clinical condition or situation to which this Protocol applies	Maintain catheter patency and acidification when urine pH is 6.8 or higher
Criteria for inclusion	• Urine pH higher than 6.8 • Patients over 16 years presenting with the above symptoms
Criteria for exclusion	• Previous sensitivity or intolerance to the drug or any ingredient • pH less than 6.8 patients under 16 years old
Cautions including any relevant action to be taken	Check pH of urine first Check for bladder spasms – If noted, inform medical team. If patient continues to have catheter blockages, consider changing the catheter. If it leads to bladder spasms or significant discomfort, document it, and seek medical opinion to discuss alternatives.
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment
Action to be taken if the patient or carer declines treatment	• Document refusal, action taken and advice given in nursing documentation • Refer to medical staff if appropriate
Arrangements for referral for medical advice	Not applicable as inpatient use only

5. Description of treatment

Name, strength & formulation of drug	Citric Acid 3.23% bladder washout (Suby-G®)
Legal category	Medical Device
Route / method of administration	Aseptic instillation via urethral or supra pubic catheter
Indicate any unlicensed or off-label use (if relevant)	*n/a*
Dose and frequency of administration	• 100ml
Duration of treatment	Maximum of ONE dose only to be given without a prescription
Quantity to be supplied (leave blank if protocol 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 at room temperature or as per conditions in the package insert.

Drug interactions	There are no documented interactions.
Identification & management of adverse reactions	The following side effects are most common: • Slight irritation and even temporary pain • burning sensation • spasms of the bladder
Management of and reporting procedure for adverse reactions	• Healthcare workers 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	Monitor for sensitivity reactions Verbal advice on why drug administered, action of the drug and subsequent management of condition May cause some patients to experience slight irritation and even temporary pain, a burning sensation, or spasms of the bladder (desire to urinate). In these cases the application should be carried out less frequently, or alternated with an application of Sodium Chloride 0.9% Encourage the patient to drink fluids, repeated blockages may indicate that the catheter needs changing
Records	Either the system holding the record, or the healthcare practitioner working under the Protocol, 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 via Protocol 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 Protocol should also be in the clinical area for audit purposes

6. Key references

Key references	• Uro-Tainer® Twin SUBY G (bbraun.co.uk) Accessed 05/04/2022

7. Registered health professional authorisation sheet

Protocol [version]: Citric Acid 3.2% Bladder Washout (Suby-G®) [v1.0]
Protocol ref: UHDB174

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 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 protocol.

The decision to administer or supply any medication rests with the individual healthcare worker operating under this protocol who must abide by the protocol and any associated organisation policies.

I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it.

Name	Designation	Signature	Date

Authorising manager / Assessor

I confirm that those named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named healthcare workers who have signed the Protocol to work under it.

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of healthcare workers to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the Protocol is in-use to serve as a record of those authorised to work under this Protocol.