University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Sucrose 24% Oral Solution By Registered Nurses, Midwives and Radiographers in Paediatrics at UHDB

Documentation details

Reference no:	UHDB125
Version no:	1
Valid from:	01/11/2021
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Expiry date:	31/10/2024

Change history

Version number	Change details	Date
1	New individual template, Sucrose 24% added	March 2021

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
Nigel Ruggins	Consultant neonatologist / paediatrician
Harriet Hughes	Advanced Pharmacist
Rachel Cook	Clinical Nurse Educator

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

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
UHDB Paediatrics / NICU
Limitations to authorisation

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**	01/11/2021

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Advanced Pharmacist – W&C *Clinical Pharmacist from PGD working group*	Harriet Hughes	**Signed copy held in Pharmacy**	12/10/2021
Consultant Paediatrician /Neonatologist *Doctor*	Nigel Ruggins	**Signed copy held in Pharmacy**	06/10/2021
Matron, NICU *Registered Professional representing users of the PGD*	Lynn Slade	**Signed copy held in Pharmacy**	05/10/2021

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	- NMC Registered Nurse - NMC Registered Midwife - Registered Radiographer
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) - Training which enables the practitioner to make a clinical assessment in order to establish the need and supply the medicine according to the PGD.
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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
Ongoing training and competency	Staff operating under the PGD must be compliant with medications management training for Paediatrics.
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	Analgesia for children and neonates, undergoing intravenous cannulation, scans or blood sampling.
Criteria for inclusion	• Consent gained from parent
Criteria for exclusion	• Consent not gained • Babies over 4 months of age • Sucrose should not be given to babies who are not on established feeds unless clinically stable • Known swallowing difficulties • Infants with oesophageal atresia/tracheoesophageal fistula • Intolerance to fructose or sucrose • Infants who are Paralysed • Allergic to corn or corn products • Hyperglycaemia • Infants of diabetic mothers • Suspected or confirmed necrotising enterocolitis • Babies of opiate dependent mothers • Glucose-galactose malabsorption • Muscle relaxed neonates • Critically ill infants receiving appropriate IV analgesia • Gastrointestinal abnormalities
Cautions including any relevant action to be taken	• Must reflect local and/or national clinical guidelines or policies where available. Sucrose monograph available on koha.
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes
Action to be taken if the patient or carer declines treatment	• Document advice given
Arrangements for referral for medical advice	Contact medical team on NICU or paediatric ward

5. Description of treatment

Name, strength & formulation of drug	Sucrose 24% oral solution in 2 ml containers
Legal category	Sucrose is a non-medicinal product
Route / method of administration	Administer 1-2 minutes prior to the procedure/painful stimulus. Can be administered through using a pacifier or directly dripped (one drop at a time) onto the tongue from the vial, or by using an oral syringe.
Indicate any off-label use (if relevant)	N/A

<table>
<tr><td>Dose and frequency of administration</td><td>
<table>
<tr><th>Corrected Gestational age</th><th>Initial Dose</th><th>Incremental doses</th><th>Max total dose</th></tr>
<tr><td><31 + 6</td><td>0.05-0.1 ml</td><td>0.05-0.1 ml</td><td>0.4 ml</td></tr>
<tr><td>32 weeks – 36+6 weeks</td><td>0.2 ml</td><td>0.2 ml</td><td>1 ml</td></tr>
<tr><td>>37 weeks</td><td>0.2 ml</td><td>0.2 ml</td><td>2 ml</td></tr>
</table>
</td></tr>
<tr><td>Duration of treatment</td><td>Sucrose can be administered up to 6-8 times within a 24 hour period in full term infants.</td></tr>
<tr><td>Quantity to be supplied (leave blank if PGD is administration ONLY)</td><td>n/a Administration only</td></tr>
<tr><td>Storage</td><td>Stock must be securely stored according to UHDB medicines policy at room temperature. Do not use after expiry date stated on the carton and the vial. This solution is a single use only preparation; do not store and re-use open container. Discard residual solution.</td></tr>
<tr><td>Drug interactions</td><td>No interactions reported</td></tr>
<tr><td>Identification & management of adverse reactions</td><td>The following side effects have been reported:
• Coughing
• Choking
• Gagging
• Transient oxygen desaturation

If any of the side effects (above) occur, discontinue administration immediately, complete a set of observations and escalate for review by nurse in charge. If observations are outside of normal parameters seek medical review from Tier 2 medic or above.</td></tr>
<tr><td>Management of and reporting procedure for adverse reactions</td><td>• 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.</td></tr>
<tr><td>Written information to be given to patient or carer</td><td>https://www.inspiration-healthcare.com/downloads/instructions-for-use-158.pdf</td></tr>
<tr><td>Patient advice / follow up treatment</td><td>N/A</td></tr>
<tr><td>Records</td><td>For inpatients on the neonatal units at UHDB, the administration of Sucrose under the PGD must be documented in the allocated space for Sucrose on the drug prescription chart (RDH) or as a nursing note on Meditech (QHB).

Either the system holding the record, or the healthcare practitioner</td></tr>
</table>

	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 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.

6. Key references

Key references	*Algopedol Sucrose 24% Instructions for Use https://www.inspiration-healthcare.com/downloads/instructions-for-use-158.pdf* *Sucrose 24% Monograph UHDB https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=0d66c28e4f6cbdfd0c53a66260d38449*

7. Registered health professional authorisation sheet

PGD Name [version]: Paediatrics and NICU - Sucrose 24% Oral Solution [v1]
PGD ref: UHDB125
Valid from: 01/11/2021 Expiry date: 31/10/2024

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.