Acute and Primary Care Patient Group Direction

Supply/Administration of: (DRUG NAME)

Publication date:

**NB A separate process exists for immunisation & community pharmacy PGDs**

Version history

|  |  |  |
| --- | --- | --- |
| Version | Date | Summary of changes |
| 1.0 |  |  |
|  |  |  |

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# Authorisation

## PGD for administration/supply of:

The qualified health professionals who may administer/supply DRUG NAME under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the marketing authorisation holder’s summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Lanarkshire governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of this medicine has to be by the same practitioner who has assessed the patient under the PGD. Staff seeking to supply/ administer DRUG NAME must ensure that all patients have been assessed and meet the criteria before supplying/administering the drug.

The purpose of this PGD is to help patients ensure that they have ready access to a quality assured service which provides a timely, consistent and appropriate service in NHS Lanarkshire.

**This PGD has been produced for NHS Lanarkshire** **by:**

**PRINT NAME SIGNATURE DATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Author** |  |  |  |
| **Doctor/Dentist** |  |  |  |
| **Pharmacist** |  |  |  |
| **Relevant healthcare professional** |  |  |  |

*Please note; the above Lead Author may be the same individual as one of the other 3 named producers of the PGD*.

**This PGD has been assessed and is approved as having followed the agreed development process and is fit for purpose. Approved on behalf of NHS Lanarkshire** **by:**

**PRINT NAME SIGNATURE DATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS Lanarkshire Executive Medical Director / Clinical Governance Lead** |  |  |  |
| **NHS Lanarkshire Director of Pharmacy** |  |  |  |
| ****Executive Director of NMAHPs**** |  |  |  |

**Date Approved: Effective From:**

**Review Date: EXPIRY DATE:**

# Clinical Situation

|  |  |
| --- | --- |
| Category | Description |
| **Indication** |  |
| **Inclusion criteria** |  |
| **Exclusion criteria** |  |
| **Cautions/need for further advice/ circumstances when further advice should be sought or relevant action taken** |  |
| **Action if excluded** |  |
| **Action if patient declines** |  |

# 

# Description of Treatment

|  |  |
| --- | --- |
| Category | Description |
| **Name of medicine** |  |
| **Form/strength** |  |
| **Route of administration** |  |
| **Dosage and frequency** |  |
| **Duration** |  |
| **Quantity to supply/administer** |  |
| **▼ black triangle medicines** |  |
| **Legal category** |  |
| **Is the use out with the SPC?** |  |
| **Storage requirements** |  |
| **Additional information** |  |

# Adverse Reactions

|  |  |
| --- | --- |
| Category | Description |
| **Warnings including possible adverse reactions and management of these** |  |
| **Reporting procedure for adverse reactions** |  |
| **Advice to patient or carer including written information** |  |

# Characteristics of Staff Authorised Under the PGD

|  |  |
| --- | --- |
| Category | Description |
| **Professional qualifications** |  |
| **Specialist competencies or qualifications** |  |

# Audit Trail

|  |  |
| --- | --- |
| Name | Description |
| **Record/audit trail** |  |

# Management of PGD

|  |  |
| --- | --- |
| Drug Name |  |
| PGD number |  |
| Version Number |  |

|  |  |  |
| --- | --- | --- |
| Clinical Specialty or Directorate/Division | Base | Locality/HCSP/Ward/Department |
|  |  |  |

##### **The Registered Healthcare Practitioner** who administers/supplies the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The registered healthcare practitioner is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

##### **The Team Leader/Charge Nurse/Line Manager** who assesses the registered healthcare practitioner as competent to administer/supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to- date record of such registered healthcare practitioners.

**The Service Manager or Locality Manager** of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

### Note to authorising managers

This Patient Group Direction is to be read, agreed to and signed by all registered practitioners it applies to. Authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I agree to supply DRUG NAME only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which supply or administration of the medicine will take place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Professional | Registration No: | Designation | Signature | Date |
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This list must be reviewed and updated on an ongoing basis and resigned on an annual basis and as staff change. Expired versions must be removed and retained on file for a period of 8 years or 25 years for PGDs relating to children.

I agree that the professionals listed above are authorised to supply/administer medicines in accordance with this PGD to patients cared for in this service area.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Responsible Officer | Designation | Signature | Date |
|  |  |  |  |

# Additional References

|  |  |
| --- | --- |
| Name | Description |
| **Additional references** | Practitioners operating the PGD must be familiar with: |