



## **PATIENT GROUP DIRECTION (PGD)**

### **ADRENALINE (EPINEPHRINE) INJECTION 1:1000 - 1mg/1ml**

Version:	3.0
Name of Originator/Author:	Dr Jenny Scott, Lead Pharmacist
Date issued:	November 2014
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## TURNING POINT SUBSTANCE MISUSE SERVICES

### PATIENT GROUP DIRECTION (PGD) FOR:

## PATIENT GROUP DIRECTION (PGD) 3.0 FOR

**Drug:** Adrenaline (Epinephrine) Injection 1:1000 - 1mg/1ml

**Condition:** Anaphylaxis (a severe allergic reaction)

**Professional Group:** Registered Nurses

**You must be Authorised by Name, Under the Current Version of this PGD before you attempt to work according to it.**

Clinical Condition		
1.	<b>Define condition / indication</b>	Anaphylaxis (a severe allergic reaction)
2.	<b>Inclusion criteria</b>	Compatible history of severe allergic-type reaction with respiratory difficulty and/or hypotension especially if skin changes present.
3.	<b>Exclusion criteria</b>	Acute anaphylactic reaction to adrenaline None other as this is a life threatening situation
4.	<b>Cautions / Need for further advice</b>	<ul style="list-style-type: none"><li>• Caution for the following conditions (although decision to treat may not change in an emergency situation):</li><li>• Hyperthyroidism</li><li>• Arrhythmias</li><li>• Diabetes Mellitus</li><li>• Pregnancy</li><li>• Heart disease</li><li>• Cerebrovascular disease</li><li>• Hypertension</li><li>• Pheochromocytoma</li><li>• Narrow angle glaucoma</li><li>• Potential drug interactions with:</li><li>• <b>Tricyclic antidepressants can be potentially dangerous – use half the usual dose of adrenaline in these patients</b></li><li>• Non selective beta-blockers e.g. Propanolol – may cause severe hypertension and bradycardia</li><li>• General anaesthetics (inhalational) – can sensitise myocardium resulting in arrhythmias</li><li>• Cocaine – can sensitise the heart to adrenaline</li></ul>

5.	<b>Action if excluded</b>	Refer to emergency services
6.	<b>Action if patient declines</b>	Refer to emergency services
7.	<b>When further Medical Advice should be sought</b>	As soon as aware of anaphylaxis, or if in doubt about diagnosis.
<b>Drug Details</b>		
8.	<b>Name, form and strength of medicine</b>	Adrenaline (Epinephrine) 1:1000 - (1mg/ml)
	<b>Legal Category</b>	Prescription only medicine (POM)
	<b>Black Triangle Status</b>	No
	<b>Route / method of administration</b>	Intramuscular injection (preferably midpoint of anterolateral aspect of thigh)
	<b>Dosage</b>	Adults 0.5ml (500 micrograms)
	<b>Frequency/Duration of Treatment</b>	<b>Prompt injection of adrenaline is of paramount importance when anaphylaxis is diagnosed</b> Administer the adrenaline as stated on the dosage chart above. The dose may be repeated several times if necessary at 5-minute intervals, according to blood pressure, pulse & respiratory function until improvement occurs.
	<b>Total dose number to supply / administer</b>	As necessary
9.	<b>Side effects</b>	<ul style="list-style-type: none"> <li>• Anxiety, arrhythmias, headache, tremor, tachycardia, cold extremities, hypertension and pulmonary oedema, nausea, vomiting, excessive sweating, dyspnoea, restlessness, weakness and dizziness</li> <li>• Hyperglycaemia, urinary retention, glaucoma</li> <li>• Tissue necrosis at injection site</li> <li>• Refer to current BNF or Summary of Product Characteristics (SPC) for full list of side effect</li> </ul>
10.	<b>Reporting procedure of Adverse Reactions</b>	<ul style="list-style-type: none"> <li>• Any serious adverse reaction should be documented in the patient's electronic records. The GP should also be informed.</li> <li>• Any serious adverse reaction to the medicine supplied / administered under this PGD should be documented in the patient's electronic treatment record. The Clinical Lead or his/her deputy should also be informed.</li> <li>• Any adverse events that may be attributable to the medicine supplied / administered under this PGD should be reported to the MHRA using the "Yellow Card" system <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a></li> </ul>

<b>11.</b>	<b>Advice to patient / carer</b>	<ul style="list-style-type: none"> <li>• Reassure the patient</li> <li>• Explain treatment and course of action</li> <li>• Give the patient a copy of any relevant patient information leaflet</li> <li>• Discuss what caused the anaphylaxis and measures to avoid/manage such episodes again e.g. transfer to closest emergency unit as soon as possible</li> <li>• Call Emergency Ambulance 999</li> </ul>
<b>12.</b>	<b>Arrangements for follow up</b>	Transfer to hospital

### Referral Arrangements and Audit Trail

<b>13.</b>	<b>Referral arrangements</b>	All patients with anaphylaxis should be referred to a hospital for investigation and observation for delayed/biphasic reactions
<b>14.</b>	<b>Record specific information for the supply/administration of medicines to include details for audit trail and significant events</b>	<p>It is essential to record the following in the patient's electronic record:</p> <ul style="list-style-type: none"> <li>• Patient's name/address/date of birth and consent</li> <li>• Indications for use</li> <li>• Advice given to patient/ carer to (include side effects)</li> <li>• Brand, batch number and expiry date of medicine</li> <li>• Name of medicine/ dose/ frequency and total number of doses administered</li> <li>• Signed and dated. (Where computer records are used health professional must have individual identifier to enable audit trail)</li> <li>• Document any adverse reactions</li> <li>• Record injection site, state technique used and note any complications</li> <li>• All significant events/ incidents/ near misses occurring in relation to the supply/ administration of a medicine under this PGD must be reported to the Clinical Governance Team via Datix</li> </ul>

### Staff Characteristics

<b>Professional qualifications</b>	Registered Nurse
<b>Specialist competencies or qualifications</b>	<p>Knowledge of and competence in:</p> <ul style="list-style-type: none"> <li>• Basic adult life support;</li> <li>• Recognition and treatment of anaphylaxis;</li> </ul>
<b>Continued education &amp; training</b>	<ul style="list-style-type: none"> <li>• Annual Basic Adult Life Support training;</li> <li>• Turning Point approved training in the recognition and treatment of anaphylaxis ;</li> <li>• Training and experience in clinical assessment of the patient in order to ascertain suitability to receive the</li> </ul>

	<p>vaccination, according to indications listed in this PGD;</p> <ul style="list-style-type: none"> <li>• Turning Point approved training in the supply and administration of medicines under PGDs or the equivalent training in the general practice setting or other Somerset PCT commissioned service;</li> <li>• Individual Continued Professional Development</li> </ul>
<b>Additional Requirements</b>	<ul style="list-style-type: none"> <li>• There should be immediate access to Adrenaline 1:1000.</li> <li>• Training and competence in all aspects of drug administration including contraindications and the recognition and treatment of anaphylaxis</li> <li>• Annual Basic Adult Life Support Training</li> <li>• Paediatric Life Support, where Adrenaline may be administered to children under 16 years</li> <li>• Adrenaline anaphylaxis kit available during procedure</li> <li>• The healthcare professional must be willing to be professionally accountable for his work and be working within his/ her competence</li> <li>• The healthcare professional has undertaken Turning Point approved training in the supply of medicines under PGDs or equivalent training</li> </ul>
<b>References / Resources and comments</b>	<ul style="list-style-type: none"> <li>• Current edition of <i>British National Formulary</i> (BNF).</li> <li>• Current edition of the <i>BNF for children</i></li> <li>• Department of Health (2006) <i>Immunisation against infectious disease</i>. (The Green Book), London, Department of Health</li> <li>• NHS Executive (2000) <i>Patient Group Directions [England only]</i>. Health Service Circular HSC 2000/026. (Available at <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>).</li> <li>• Nursing &amp; Midwifery Council (2008) <i>Standards of Conduct, Performance and Ethics for Nurses and Midwives</i>. (Available at <a href="http://www.nmc-uk.org">www.nmc-uk.org</a>)</li> <li>• Resuscitation Council (UK) (2008) <i>Emergency treatment of anaphylactic reactions. Guidelines for healthcare providers</i> London, Resuscitation Council (UK)</li> <li>• Royal Pharmaceutical Society of Great Britain (2005) <i>The Safe &amp; Secure Handling of Medicines: A Team Approach</i>. London, RPSGB. (A revision of the Duthie Report 1988) (Available at <a href="http://www.rpsgb.org.uk">www.rpsgb.org.uk</a>)</li> <li>• Summary of Product Characteristics (SPC) (Available at <a href="http://www.medicines.org.uk">www.medicines.org.uk</a>)</li> <li>• Turning Point Incident Reporting Policy</li> <li>• Turning Point Safe and Secure Handling of Medicines policy</li> <li>• Turning Point consent policy</li> </ul>

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**Drug:** Adrenaline (Epinephrine) Injection 1:1000 - 1mg/1ml





**Condition:** Anaphylaxis (a severe allergic reaction)

**Professional Group:** Registered Nurses

This patient group direction must be agreed to and signed by all health care professionals involved in its use. Turning Point should hold the original signed copy. The PGD must be easily accessible in the clinical setting

**Organisation**

**TURNING POINT**

Authorisation	Signature	Date
<b>Medical Director</b>		10/11/14
<b>Director of Substance Misuse</b>		10/11/14
<b>Lead Pharmacist</b>		10/11/14
<b>On behalf of Risk and Assurance</b>		10/11/14

**Director of Public Health approval for local use is required:**

**Name:**

**Employing Organisation:**

**Signature:**

**Date:**

**It is good practice to pass PGDs to local CCGs for their information, but not a legal requirement for them to approve them before use. Services are encouraged to share PGDs with local CCG Medicines Management Teams:**

**Local CCG name:**

**CCG Reviewer details:**

**Name:**

**Designation:**

**Signature:**

**Date:**

