



PATIENT GROUP DIRECTION (PGD)

ADRENALINE (EPINEPHRINE) INJECTION 300mcg “EPIPEN” pre-filled syringe

Version:	3.0
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Approved by:	Dr Gordon Morse. Medical Director
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TURNING POINT SUBSTANCE MISUSE SERVICES

PATIENT GROUP DIRECTION (PGD) FOR:

Drug: Adrenaline (Epinephrine) Injection 300mcg “Epipen”

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

Drug Details		
8.	Name, form and strength of medicine	Adrenaline (Epinephrine) 300mg (“Epipen” pre-filled syringe)
	Legal Category	Prescription only medicine (POM)
	Black Triangle Status	No
	Route / method of administration	Intramuscular injection (preferably midpoint of anterolateral aspect of thigh) of the entire contents of the prefilled syringe, according to the manufacturer’s instructions.
	Dosage	Adults 300 micrograms
	Frequency/Duration of Treatment	Prompt injection of adrenaline is of paramount importance when anaphylaxis is diagnosed 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.
	Total dose number to supply / administer	As necessary
9.	Side effects	<ul style="list-style-type: none"> • Anxiety, arrhythmias, headache, tremor, tachycardia, cold extremities, hypertension and pulmonary oedema, nausea, vomiting, excessive sweating, dyspnoea, restlessness, weakness and dizziness • Hyperglycaemia, urinary retention, glaucoma • Tissue necrosis at injection site • Refer to current BNF or Summary of Product Characteristics (SPC) for full list of side effect
10.	Reporting procedure of Adverse Reactions	<ul style="list-style-type: none"> • Any serious adverse reaction should be documented in the patient’s electronic records. The GP should also be informed. • 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. • 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 (www.yellowcard.gov.uk)
11.	Advice to patient / carer	<ul style="list-style-type: none"> • Reassure the patient • Explain treatment and course of action • Give the patient a copy of any relevant patient information leaflet

		<ul style="list-style-type: none"> • Discuss what caused the anaphylaxis and measures to avoid/manage such episodes again e.g. transfer to closest emergency unit as soon as possible • Call Emergency Ambulance 999
12.	Arrangements for follow up	Transfer to Hospital
Referral Arrangements and Audit Trail		
13.	Referral arrangements	All patients with anaphylaxis should be referred to a hospital for investigation and observation for delayed/biphasic reactions
14.	Record specific information for the supply/administration of medicines to include details for audit trail and significant events	<p>It is essential to record the following in the patient's electronic record:</p> <ul style="list-style-type: none"> • Patient's name/address/date of birth and consent • Indications for use • Advice given to patient/ carer to (include side effects) • Brand, batch number and expiry date of medicine • Name of medicine/ dose/ frequency and total number of doses administered • Signed and dated. (Where computer records are used health professional must have individual identifier to enable audit trail) • Document any adverse reactions • Record injection site, state technique used and note any complications • 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
Staff Characteristics		
Professional qualifications	Registered Nurse	
Specialist competencies or qualifications	<p>Knowledge of and competence in:</p> <ul style="list-style-type: none"> • Basic adult life support; • Recognition and treatment of anaphylaxis; 	
Continued education & training	<ul style="list-style-type: none"> • Annual Basic Adult Life Support training; • Turning Point approved training in the recognition and treatment of anaphylaxis ; • Training and experience in clinical assessment of the patient in order to ascertain suitability to receive the vaccination, according to indications listed in this PGD; • Turning Point approved training in the supply and administration of medicines under PGDs or the equivalent training in the general practice setting or other locally commissioned service; 	



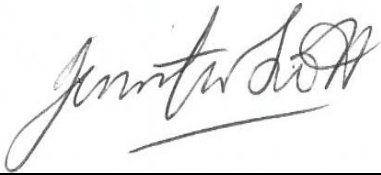

<p>Additional Requirements</p>	<ul style="list-style-type: none"> • Individual Continued Professional Development • There should be immediate access to Adrenaline 1:1000. • Training and competence in all aspects of drug administration including contraindications and the recognition and treatment of anaphylaxis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

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

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Individual Authorisation

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: 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 and agree to supply / administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Authorising Manager	Date

Please ensure a copy of this page is kept by the Line Manager.

Please return one copy to: The Clinical Lead of the service and one copy to c/o Dayella Stickland, The Substance Misuse Senior Clinical Team, Turning Point, Standon House, Mansell Street, London, E1 8AA