This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Administration of Salbutamol by registered Paramedics and Nurses for the management of the acute presentation of uncontrolled asthma

BrisDoc Healthcare Services

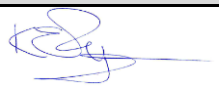
Version Number 1.1

Change History	
Version and Date	**Change details**
Version 1.1 September 2022	Inclusion and exclusion criteria Inclusion Adults and children aged ≥ 2 years presenting with an acute episode of uncontrolled asthma, who are unresponsive to conventional therapy or in whom no conventional therapy has yet been tried i.e. requiring emergency treatment
Version 1.1 September 2023	Reviewed – no changes – Review and expiry dates updated

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor	Medical Director		15.12.22
Senior pharmacist	Lead Pharmacist		15.12.22
Senior representative of professional group using the PGD	Director of Nursing, Allied Health Professionals and Governance		15.12.22
Person signing on behalf of authorising body	Medical Director		15.12.22

1. Characteristics of staff

Qualifications and professional registration	Professional registration with HCPC as a Paramedic. Professional registration with NMC as a Nurse or Midwife. Current contract of employment with BrisDoc healthcare Services as non-prescribing registered clinician.
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate training as defined by the employing organisation and successfully completed the competencies to undertake clinical assessment of the individual leading to diagnosis of the conditions listed. They must be competent to recognise and manage unintended but expected side effects including such as anaphylaxis.
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 senior individual responsible for authorising individuals to act under the PGD and further training provided as required.
Ongoing training and competency	Organisation PGD or medication training as required by employing Trust/organisation. Annual anaphylaxis and resuscitation training. Completion and submission of Continuous Professional Development (CPD) as required by HCPC or NMC.
The decision to administer any medication rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies and Criteria for Inclusion	Adults and children aged ≥ 2 years presenting with an acute episode of uncontrolled asthma, who are unresponsive to conventional therapy or in whom no conventional therapy has yet been tried i.e. requiring emergency treatment
Criteria for exclusion	Exclusion Hypersensitivity to salbutamol or any other ingredient
Cautions including any relevant action to be taken	**Where a caution is present the practitioner should be aware of the possible effects of administration but should continue to administer where the benefit outweighs risk. Contact the local senior on call clinician for advice on the below if required.** • Administer salbutamol ideally via oxygen driven nebuliser • If patient deteriorates or fails to respond arrange for immediate emergency hospital transfer • If patient stabilises and improves seek further advice and guidance from GP or on-site duty doctor • In cases of life-threatening asthma in children of 2 years and over, (signs include cyanosis, silent chest or poor respiratory effort, fatigue or exhaustion, agitation or reduced level of consciousness and in older children a peak flow of less than 33% of predicted of best) arrange for immediate emergency hospital admission. Nebulised high-dose salbutamol, ideally oxygen driven, should be administered whilst waiting for ambulance transfer. Further advice and assistance from GP or on-site duty doctor should also be sought. • Ambulance staff should be fully advised of the situation and any treatment administered Document details in patient's clinical records
Action to be taken if the individual is excluded	• In children under 2 years seek further medical guidance from GP or on-site duty doctor giving supplemental oxygen if available Document details in patient's clinical records
Arrangements for referral for medical advice	Refer directly to ED if emergency treatment is required.

3. Description of treatment

Name, strength & formulation of drug	Salbutamol: 2.5mg/2.5ml and 5mg/2.5ml solutions for inhalation via a nebuliser 100mcg metered dose inhaler (MDI) via a spacer device
Legal category	POM
Route / method of administration	**Nebuliser solution:** Inhalation undiluted over 5-10 minutes via a facemask or mouthpiece from an oxygen-driven nebuliser in a well ventilated room. **MDI using a spacer device:** This route is the preferred option in children over 2years and adults with mild to moderate asthma. Inhalers should be actuated into the spacer in individual puffs and inhaled immediately by tidal breathing.
Dose and frequency of administration	**Nebulised salbutamol:** Adults: 5mg by nebulisation Children: 2.5 - 5 mg by nebulisation **Salbutamol MDI (100mcg per puff) using spacer device:** Adults: 4 – 10 puffs each inhaled separately via spacer device, dose repeated every 10-20 minutes if necessary. Children: 4 - 6 puffs - dose can be repeated every 10-20 mins according to clinical response to a maximum of 10 puffs. Administer via a spacer device or connect face mask to mouthpiece if < 3 yrs. ***If response is poor arrange hospital admission***
Duration of treatment	Single episode of care.
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website or BNF: www.medicines.org.uk https://bnf.nice.org.uk/
Identification & management of adverse reactions	Paradoxical bronchospasm: potentially as with any inhalation therapy. Solutions with a non-neutral pH may rarely cause this. Discontinue the preparation immediately and give oxygen, if available. **Common side effects** • Headaches • Small increase in heart rate. • After high doses, fine tremor of the skeletal muscle (especially the hand) **Uncommon side effects** • Mouth and throat irritation. • Transient muscle cramps **Rare side effects** • Peripheral vasodilatation • Hypokalaemia **Very rare side effects** • Cardiac arrhythmias, usually in susceptible patients. • Hypersensitivity reactions including angioedema, urticaria, bronchospasm, hypotension and collapse;

	• Hyperactivity in children • Paradoxical bronchospasm For all other side effects not relevant in this emergency situation, refer to SPCs and current BNF.
Management of and reporting procedure for adverse reactions	• The practitioner acting under this PGD must ensure that all necessary drugs and equipment are available for immediate treatment should a hypersensitivity reaction occur and must be trained to manage anaphylaxis and be prepared to support ventilation including immediate availability of equipment to support airway management and ventilation. • Healthcare professionals and indiviudals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk • Record all ADRs in the clinical record. • Report via organisation incident policy.
Advice / follow up treatment	If the individual is not transferred to hospital inform the individual/parent/carer of possible side effects and their management. The individual/parent/carer should be advised to seek medical advice in the event of an adverse reaction.
Special considerations / additional information	Nil
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Records	Record: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of practitioner • name of medication administered • date of administration • dose, form and route of administration • quantity administered • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • if treatment did not proceed under this PGD record reason/s why and actions taken • supplied via Patient Group Direction (PGD) All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

4. Key references

Key references (accessed December 2019)	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • Reference guide to consent for examination or treatment https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • JRCALC guideline https://www.jrcalc.org.uk/ • Resuscitation Council (UK) www.resus.org.uk • Safety in Lactation https://www.sps.nhs.uk/articles/safety-in-lactation-drugs-used-in-status-epilepticus/

Appendix A - Registered health professional authorisation sheet

PGD Name/Version: Salbutamol V1.1 Valid from: 15.12.2022 Expiry: 15.12.25

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it.

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

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 BrisDoc Healthcare Services 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 should be retained to serve as a record of those registered health professionals authorised to work under this PGD. Practice and application must be compliant with the medicines management policy.