Hmas
Hardcore Medical &
Ambulance Services Ltd.

This patient group direction (PGD) must only be used by those who have been named and authorised by Hardcore Medical & Ambulance Services Ltd. to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction
for the administration of

Chlorphenamine Injection 10mg in 1ml

for conditions or situations of patients
in the care of Hardcore Medical & Ambulance Services Ltd.

Valid From:_____ Valid To:_____

Version number: 1.1

Change History

Version Number	Change Details	Date
1.1	Initial publication	01/01/2018

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Patient Group Direction Development & Authorisation

Name	Job Title & Organisation	Signature	Date
Richard Chaplain	Operations Director - HMAS		
Emma Chaplain	Clinical Director - HMAS		
Dr Palbha Jain	Clinical Supervisor - HMAS		
Alex Morris	Pharmacist - HMAS		

Training and Competency of Registered Health Professionals

	Requirements of Staff Working Under the PGD
Qualifications and professional registration	**Intramuscular** HMAS Clinical Grade 4 or above that has a current service contract with HMAS. Qualsafe Level 3 award in the "Administration of Life Saving Medication" **Intravenous** Healthcare Professional
Initial Training	Successful completion of specified training may include: • training in the use of PGDs • 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	• Competencies to be monitored by Clinical Director • Recording of competencies via My skills app • Annual Safe Handling of Medicines workbook.
Ongoing Training and Competency	• Annual PGD refresher module • Annual medicines management maths test • Annual mandatory training with HMAS, including anaphylaxis and BLS • Ongoing monitoring and audits by Clinical Director • Recording of CPD on my skills app which is countersigned by a clinical supervisor.

Clinical Condition	
Clinical Condition or Situation to Which This PGD Applies	Severe anaphylactic reactions (when indicated, should follow initial treatment with IM adrenaline). Symptomatic allergic reactions falling short of anaphylaxis but causing patient distress e.g. severe itching.
Inclusion Criteria	Adults and children 12 months of age and over presenting with an allergic condition responsive to antihistamines.
Exclusion Criteria	• Known hypersensitivity. • Children less than 1 year of age. • Pregnancy or breastfeeding • Severe liver disease
Cautions	• Use in caution with hypotension, epilepsy, glaucoma, prostatic hypertrophy, urinary retention, severe hypertension, cardiovascular disease, respiratory disease, hepatic impairment and pyloroduodenal obstruction • Elderly and children, as they are prone to neurological anticholinergic effects; confusion & paradoxical excitation • Can effect ability to drive and use machinery due to drowsiness, dizziness, psychomotor impairment & blurred vision • Patients who have taken alcohol, hypnotics or anxiolytics; may have increased sedative effects (consider non-drowsy antihistamine – refer to medical team) • Patients taking OTC medicine as some cough and cold remedies contain antihistamines.
Arrangements for referral for medical advice	Referral to onsite Clinical Supervisor or Healthcare Professional. In the absence consider NHS 111 or 999.
Action to be taken if patient excluded	Consider urgent transfer to Emergency Department.
Action to be taken if patient declines treatment	Document advice given and arrange immediate hospital admission/ transfer to the emergency department.

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Details of the Medicine	
Name, form and strength of medicine	• Chlorphenamine injection 10mg in 1ml.
Legal Category	Prescription Only Medicine - (POM) Schedule 19 Exemption applicable. (IM)
Route/Method of Administration	Intravenous slow over 1 minute or if unable to gain IV access, give... Intramuscular injection. Dilute if necessary with water for injection 0.9% sodium chloride to enable more accurate dosing.
Dose and Frequency	**Age** / **Dose** / **Volume** Adult & child over 12 years / 10mg / 1ml Child aged 6–11 years / 5 mg / 0.5 ml Child aged 1–5 years / 2.5mg / 0.25ml
Quantity to be Administered	PGD for administration only. Quantity to be administered as above dosages.
Maximum or Minimum Treatment Period	Single dose only followed by transfer to hospital.
Adverse Effects	Very common (>10%); sedation, somnolence. Common side effects (1 - 10%); disturbance in attention, abnormal coordination, dizziness, headache, blurred vision, nausea, dry mouth, fatigue. Elderly and children are more susceptible to neurological anticholinergic effects and paradoxical excitation

Details of the Medicine	
Records To Be Kept.	PRF must be competed for each patient and it should include all the following information : • patient inclusion or exclusion from PGD date and time of supply and/or administration patient details, such as name, date of birth, allergies, previous adverse events and how the patient met the criteria of the PGD • details of medicine, such as name, strength, dose, frequency, quantity, route and site (if by injection)of administration • batch number and expiry date • a statement that supply or administration is by using a PGD • name and signature of the health professional supplying or administering the medicine

Details of the Medicine	
Records To Be Kept Cont.	• relevant information that was provided to the patient or their carer• whether patient consent to treatment was obtained must be recorded (note there are certain regulatory standards that must be followed, eg, NMC record keeping standards, so make sure these standards can be met): • patient inclusion or exclusion from PGD • date and time of supply and/or administration • patient details, such as name, date of birth, allergies, previous adverse events and how the patient met the criteria of the PGD • details of medicine, such as name, strength, dose, frequency, quantity, route and site (if by injection) of administration • batch number and expiry date for vaccines, blood-derived products and other medicines if recommended by relevant national guidance • a statement that supply or administration is by using a PGD • name and signature (which may be an electronic signature) of the health professional supplying or administering the medicine • relevant information that was provided to the patient or their carer

Patient Information	
Written information to be given to patient or carer	• Advice on side-effects particularly drowsiness. • Warn not to operate machinery if affected by drowsiness, dizziness, blurred vision or psychomotor impairment. • Advise older patients that that the medicine can cause confusion. • Sedation affects can be increased if taken with alcohol, hypnotics, anxiolytics or some OTC medicines. Avoid alcohol.
Follow-up advice to be given to patient or carer	As above.

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Appendix A1

HMAS Staff's Agreement to Practice

Chlorphenamine 10mg in 1ml Intramuscular

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY. IT IS THE RESPONSIBILITY OF EACH PERSON NAMED TO PRACTICE ONLY WITHIN THE BOUNDS OF THEIR OWN COMPETENCE.

I have read and understood the patient group direction and agree to administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Staff Member	Signature	Authorising Manager	Date

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Appendix A2

HMAS Staff's Agreement to Practice

Chlorphenamine 10mg in 1ml Intravenous

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I have read and understood the patient group direction and agree to administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Staff Member	Signature	Authorising Manager	Date