PGD 0417

South Staffordshire & Shropshire Healthcare NHS
NHS Foundation Trust

Patient Group Direction

Administration of Tetracaine Gel (Ametop)

By Registered Nurses employed by South Staffordshire & Shropshire Healthcare Foundation NHS Trust

This Patient Group Direction for use in South Staffordshire & Shropshire Healthcare NHS Foundation Trust and is authorised by:			
Position of Signatory	**Name**	**Signed**	**Date**
Medical Director	Dr Abid Khan		
Chief Pharmacist	Cathy Riley		
Director of Quality & Clinical Development	Therèsa Moyes		
Director of Nursing	Alison Bussey		

The named below, being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust , working in the Community Children's Teams,, CAMHs and Community Eating Disorder Service for Children and Young People are authorised to administer tetracaine gel under this Patient Group Direction

Name	Job Title	Signed	Date

This Patient Group Direction is operational from June 2017. Review date: March 2019. Expires on 30th June 2019

This PGD replaces PGD 2215

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire & Shropshire HealthCare NHS Foundation Trust, within the Community Children's teams, are authorised to administer Tetracaine gel, as specified under this Patient Group direction, following demonstration of the competencies below:

Professional Responsibility / Competencies

1. The registered nurse will have undertaken appropriate training to carry out clinical assessment of patient that requires treatment according to the indications listed in the PGD

2. All nurses will have received training in the management and treatment of anaphylactic shock on an annual basis

3. Each nurse will keep a record in their professional portfolio of the updates attended during every 12 month period – This information will also form part of the team's annual training plan

4. The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management

5. Undertaken appropriate training and possess the competencies for working under PGDs for the supply and administration of medicines

6. All registered nurses details and signature must be entered on the PGD.

7. Following administration a record of the date, and dose of the medicine should be recorded in the clients records**,** and within the As Required section of the medicine card (if applicable), with PGD Number being inserted in place of prescriber's instructions

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For full product information, always refer to the latest SPC (Summary of Product Characteristics).

If the anaphylaxis is related to a medication, please remember to report to the CSM, via a Yellow Card Report (http://emc.medicines.org.uk)

Administration of	Tetracaine 4% Gel
Legal Classification	Pharmacy
Black Triangle?	No
Type	Topical Gel
Storage	Locked cupboard. Parents own supplies . Tubes are intended for single use only.
Condition to be treated	For local anaesthesia before venepuncture or venous cannulation
Inclusion Criteria	Children over 1 month* prior to venepuncture or venous cannulation **For premature babies: use of Ametop gel is not recommended before* 1 *month after the expected delivery date* (44 *weeks gestation).*
Exclusion Criteria	• Inflamed, traumatised, infected or highly vascular surface at application site • Application to mucous membranes or to the eyes or ears. • For bronchoscopy or cystoscopy • Patients with complete heart block • Hypersensitivity reaction to previous ester-type local anaesthetic (e.g. tetracaine) • Neonates and children under 1 month
Action if excluded or patient declines	Consider alternative pain relief or non therapeutic interventions
Reasons for seeking further advice from doctor	Previous local reaction to anaesthetic.
Administration Route	Topical
Dose	1.5 g tube; the contents expellable from 1 tube (approximately 1 gram) are sufficient to cover and anaesthetise an area of up to 30 sq. cm.(6x5cm). Smaller areas of anaesthetised skin may be adequate in infants and small children. <u>Child 1 month– 4 years</u> Apply contents up to one tube (or appropriate proportion) to site of venepuncture or venous cannulation and cover with occlusive dressing; remove gel and dressing after 30 minutes for

	venepuncture and after 45 minutes for venous cannulation <u>Child 5–18 years</u> Contents of max. 5 tubes applied at separate sites at a single time, child 1 month–5 years, contents of max. 1 tube applied at separate sites at a single time **The maximum cumulative dose in a 24 hour period should not exceed 2 tubes for children under 5 years of age.**
Administration Schedule	Single time
Warnings/Adverse Reactions	**Cautions:** impaired cardiac conduction, cardiovascular disease, hypovolaemia, shock, impaired respiratory function, epilepsy or mysasthenia gravis Tetracaine remains effective for 4–6 hours after a single application in most children. Tetracaine is rapidly absorbed from mucous membranes and should **never** be applied to inflamed, traumatised, or highly vascular surfaces. **Side Effects:** • Flushing of the skin due to widening of the small blood vessels (erythema) • Excessive fluid retention in the body tissues, resulting in swelling (oedema) • Itching (pruritis) • Sensitisation or allergic reaction • Blistering of the skin at site of application Hypersensitivity reactions may occur. **Important**. Rapid and extensive absorption may result in systemic side-effects involving the central nervous and cardiovascular systems **For full details see Summary of Product Characteristics** **Information for parents and carers (leaflet)** **www.medicinesforchildren.org.uk/tetracaine-gel-for-local-anaesthesia**
Advice/Management of Adverse Reactions &	In event of local adverse reaction; remove gel immediately, cleanse area under running water.

Follow-up Action	Effect should diminish in a few hours. In event of serious reaction inform medical practitioner so can be recorded on patient notes. Yellow Adverse Drug Reaction form (BNF) to be completed. Record all actions in care record
Records	The following should be recorded in the patient's notes: • Name of preparation • Dose given • Route of administration • Date and time given • Signature of person administering the medicine • Reason for administration and the administration also recorded in the As Required section of the prescription record (if applicable), with the PGD Number inserted in place of the prescriber's instructions.