

**Patient Group Direction
 Administration of Oxygen**
 By Registered Nurses employed as 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 Performance	Therèsa Moyes		
Director of Nursing	Alison Bussey		

**The named below, being employees of South Staffordshire & Shropshire
 Healthcare NHS Foundation Trust are authorised to administer oxygen, to
 patients, under this Patient Group Direction**

Name	Job Title	Signed	Date

**This Patient Group Direction is operational from 1st April 2017. Review
 date: Feb 2019. Expires on 30th April 2019.**

This PGD replaces PGD 1715

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust are authorised to administer Oxygen as specified under this Patient Group direction following demonstration of the competencies below;

Professional Responsibility / Competencies

- 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
- All nurses will have received training in the management and treatment of anaphylactic shock on an annual basis
- 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
- The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards for Medicines Management (Nursing & Midwifery Council)
- Undertaken appropriate training and possess the competencies for working under PGDs for the administration of medicines
- All registered nurses details and signature must be entered on the PGD
- 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, with PGD Number being inserted in place of prescriber's instructions

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>)

Supply/Administration of	Oxygen-medical gas
Legal Classification	GSL
Black Triangle?	No
Type	Inhalation
Storage	Cylinder - stored at room temperature, away from naked flames, in a clinical room or other safe area
Condition to be treated	To treat or prevent hypoxia/hypoxaemia, in an emergency situation
Inclusion Criteria	<p>Patients presenting with:</p> <ul style="list-style-type: none"> • Hypoxia from any cause • Cardiac or respiratory arrest • Respiratory distress or compromise (including chronic obstructive pulmonary disease [COPD]) • Sudden or unexplained loss of consciousness / neurological deficit • Circulatory compromise • Cardiac chest pain or insufficiency • Significant trauma including head injury • Epileptic seizure • Severe haemorrhage • Airway obstruction • Collapse • Coma
Exclusion Criteria	Paraquat poisoning
Action if excluded or patient declines	Refer to supervising doctor/receiving hospital. Document findings and action taken in patient's record.
Reasons for seeking further advice from doctor	<ul style="list-style-type: none"> • Conditions where hypercapnic (type II) respiratory failure is a possibility in patients with a raised PaCO₂ level with or without hypoxia including: <ul style="list-style-type: none"> ○ COPD (especially "blue bloaters" with heart failure) ○ Cystic fibrosis with airway obstruction ○ Severe asthma • It is important to take into account the following when delivering oxygen therapy: <ul style="list-style-type: none"> ○ Flow rate

	<ul style="list-style-type: none"> ○ Mask and delivery system ○ Patient monitoring and response (clinical condition, use of pulse oximetry and arterial blood gas measurements) ● Fire hazard
Administration Route	Inhalation nose and mouth via oxygen mask
Dose	<p>ALL emergency situations:</p> <p>Use of 100% oxygen from a reservoir (non-rebreathing) mask.</p>
Administration Schedule	According to response or client is transferred to A & E. Dosage administration depends on client's condition and oxygen saturation levels.
Warnings/Adverse Reactions	<p>Prolonged inhalation may cause dry mouth, coughing and fatigue. Side effects may be minimised by administering humidified oxygen where possible.</p> <p>Use the Yellow Card System to report adverse drug reactions directly to the CSM. Yellow Cards and guidance on its use are available at the back of the BNF.</p>
Advice/Management of Adverse Reactions & Follow-up Action	<ul style="list-style-type: none"> ● Explain why oxygen is being used and its effects ● Give the patient/carer verbal instructions on how to use the mask, mouthpiece or delivery device ● Advise on dangers of smoking and other potential sources of ignition <p>Follow up in hospital or by general medical team: Arterial blood gas measurements should be made as soon as possible. The inspired oxygen concentration at the time of blood gas sampling should be noted and recorded. Blood gas measurements need to be repeated after changes in oxygen therapy.</p> <p>Monitor patient's response as per local protocols for the condition being treated.</p> <p>Ensure oxygen supply is replenished.</p>
Use in pregnancy and lactation	N/A
Records	The following should be recorded in the patient's

	<p>records:</p> <ul style="list-style-type: none">• Name of preparation• Concentration/flow rate given• Date and time given• Signature of person administering the medicine <p><u>and</u> the administration also recorded in the medicine card/electronic prescribing & medicines administration record, with the PGD Number recorded as authorisation.</p>
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