

Patient Group Direction
Administration of Adrenaline (Epinephrine) 1:1000 (1mg/ml) Injection
 By Registered Nurses and Midwives 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 Performance	Therèsa Moyes		
Director of Nursing	Allison Bussey		

The named below, being employees of South Staffordshire & Shropshire Healthcare NHS Foundation Trust are authorised to administer Adrenaline (Epinephrine) 1:1000, to patients, under this Patient Group Direction

Name	Job Title	Signed	Date

This Patient Group Direction is operational from: 1st October 2017
Review date: Aug 2019. Expires on 31st Oct 2019

Professional Responsibility

All registered nurses and non medical prescribers being employees of South Staffordshire HealthCare NHS Foundation Trust are authorised to administer Adrenaline 1:1000, 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 leading to diagnosis 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 (Nursing & Midwifery Council)
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, 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	Adrenaline (Epinephrine) 1:1000 (1mg/ml) injection
Legal Classification	POM
Black Triangle?	No
Type	Intramuscular injection
Storage	Protect from light. Store below 25°C
Condition to be treated	Emergency treatment of anaphylaxis or acute angio-neurotic oedema with airways obstruction, or acute allergic reactions.
Inclusion Criteria	<p>Any person with the following symptoms of anaphylaxis:</p> <p>Skin: Skin itchiness, pallor or flushing of skin, red or pale urticaria (weals) or angioedema (swelling of lips, face, neck & tongue)</p> <p>Respiratory: Cough, wheeze, stridor, or signs of respiratory distress (tachypnoea, cyanosis, rib recession)</p> <p>Cardiovascular: Tachycardia with weak/absent central pulse; hypotension- sustained</p> <p>Neurological: Sense of severe anxiety and distress; loss of consciousness- no improvement once supine or head down position</p> <p><i>Onset of anaphylaxis is usually within 5 minutes but could be up to 72 hours following exposure to allergen.</i></p> <p><u>N.B.: IF IN DOUBT ASSUME ANAPHYLAXIS AND TREAT</u></p>
Exclusion Criteria	Normal Contra-indications are not applicable in life threatening situations.
Action if excluded or patient declines	Exclusion – N/A Declines- N/A Record in notes
Reasons for seeking further advice from doctor	<p>Immediate action</p> <ul style="list-style-type: none"> • Send for additional health professional assistance • Seek medical assistance (Duty Doctor) if

	<p>possible- but do not delay treatment</p> <ul style="list-style-type: none"> • Send a responsible adult to dial 999 and state there is a case of suspected anaphylaxis (or do it yourself - if not). <p>Then:</p> <ul style="list-style-type: none"> • Stay with the patient at all times • Lie the patient down, ideally with legs raised (unless breathing difficulties) • Administer oxygen if available • If breathing stops, mouth to mouth/mask resuscitation should be performed <p>Even if patient appears to have made full recovery, send to hospital</p>
<p>Administration Route</p>	<p>Intramuscular injection - preferred site is the mid-point of the anterolateral aspect of the thigh. Adults: 0.5ml (0.5mg)</p>
<p>Dose of 1 : 1000 Adrenaline (ALWAYS CHECK STRENGTH)</p>	<p>Adrenaline IM dose – adults 0.5 mg IM (= 500 micrograms = 0.5 ml of 1:1000) adrenaline</p> <p>Adrenaline IM dose – children The scientific basis for the recommended doses is weak. The recommended doses are based on what is considered to be safe and practical to draw up and inject in an emergency. (The equivalent volume of 1:1000 adrenaline is shown in brackets):</p> <p>> 12 years: 500 micrograms IM (0.5 ml) i.e. same as adult dose (300 micrograms (0.3 ml) if child is small or pre-pubertal) > 6 – 12 years: 300 micrograms IM (0.3 ml) > 6 months – 6 years: 150 micrograms IM (0.15 ml) < 6 months: 150 micrograms IM (0.15 ml)</p> <p>Use suitable syringe for measuring small volume. Repeat the IM adrenaline dose if there is no improvement in the patient's condition. Further doses can be given at about 5-minute intervals according to the patient's response.</p> <p>Immediate resuscitation support must be available.</p>
<p>Administration Schedule</p>	<p>Dose may be repeated at 5 minute intervals, according to blood pressure, pulse and respiratory function, until improvement occurs. Further doses of adrenaline can be given if needed, until ambulance arrives.</p>

Warnings/Adverse Reactions	<p>Anxiety, tremor, dyspnoea, palpitations, tachycardia, cold extremities, dizziness, headache, nausea, vomiting, excessive sweating.</p> <p>For full details see Summary of Product Characteristics</p>
Advice/Management of Adverse Reactions & Follow-up Action	<ul style="list-style-type: none"> • Call an ambulance • Reassure the patient (if conscious) • Explain procedure and course of action to be taken i.e.: <ul style="list-style-type: none"> ○ Secure the airway ○ Restoration of Blood Pressure (lay the patient flat, raising the feet, unless respiratory distress increased) ○ Check central pulse – if weak, proceed with the administration of intramuscular adrenaline (Epinephrine) as recommended in “Administration Schedule” and “Dose” sections ○ and commence Cardio-Pulmonary Resuscitation if appropriate. <p>Even if patient appears to have made full recovery, send to hospital</p>
Use in pregnancy and lactation	<p>Usual warnings and precautions are relative as this product is intended for use in life-threatening situations.</p>
Records	<p>The following should be recorded in the patient’s records:</p> <ul style="list-style-type: none"> • Name & strength of preparation • Dose given • Route and site of administration • Date and time given • Signature of person administering the medicine <p><u>and</u> the administration also recorded in the As Required section of the medicine card, with the PGD Number inserted in place of the prescriber’s instructions.</p> <p>All medical discussions/advice should be recorded.</p>