University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of Aspirin
By Senior Registered Nurses in Acute Stroke Unit

Documentation details

Reference no:	UHDB111
Version no:	3
Valid from:	31/10/2024
Review date:	30/04/2027
Expiry date:	30/10/2027

Change history

Version number	Change details	Date
1	Aspirin 300mg Orally or Rectally – change to exclusion criteria	July 2016
2	No clinical change – New UHDB format	2021
3	No clinical changes	October 2024

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD (or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Bev Rushton	Authorised health professional who can practice under a PGD.
Khadijah Iqbal	Stroke and Neurology Specialist Pharmacist
Tim England	Consultant

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed
n/a	n/a	n/a

2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
UHDB Acute Stroke Services
Limitations to authorisation
Nil beyond those outlined in section 3

Organisational Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held in Pharmacy**	**31/10/2024**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Senior Clinical Pharmacist from PGD working group	**Khadijah Iqbal**	**Signed copy held in Pharmacy**	**29/10/2024**
Lead Stroke Consultant *Doctor*	**Tim England**	**Signed copy held in Pharmacy**	**30/10/2024**
Registered Professional representing users of the PGD	**Beverley Rushton**	**Signed copy held in Pharmacy**	**31/10/2024**

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of Staff

Qualifications and professional registration	Registered Nurse Stroke Specialist Nurse Advanced Nurse Practitioner
Initial training	- Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Individual has read and understood full content of this PGD and signed authorisation (section 7) - Band 6 Registered nurses which regularly work in the hyper acute stroke unit.
Competency assessment	Approved drug assessment; the practitioner being assessed in practice by a person registered to prescribe; ie Medical Practitioner. Registered Nurse/Midwife with current NMC registration who is deemed competent by their line manager to undertake the clinical assessment of a patient leading to a diagnosis that requires treatment according to the indications listed in this PGD. The nurse must demonstrate an appropriate level of understanding and knowledge with regards to the medication, therapeutic use, side-effects, interactions, and storage and handling requirements. The nurse is expected to practice only within the bounds of their own competency, use their own clinical judgement and refer the patient to appropriate services as they see fit. 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 either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
On-going training and competency	It is the responsibility of the individual registered nurse to remain updated, with evidence of continued professional development. • Successful completion of the Trust Drug Assessment (compulsory). • ILS- Immediate Life Support (or Hospital Life Support + AED) • Stroke / TIA Assessment Training
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Acute Stroke / TIA
Criteria for inclusion	• Patients over 18 years with an Acute Stroke / Transient Ischaemic Attack, where Cerebral haemorrhage has been ruled out, in line with national guidelines.
Criteria for exclusion	• Patients on Warfarin • Patients on DOAC (Direct Oral Anticoagulant) • Pregnancy • Patients who have been thrombolysed • Patients with haemorrhage on CT brain scan • Patients with abnormal clotting, active peptic ulceration, haemophilia • Allergy to aspirin or any excipient contained in the product
Cautions including any relevant action to be taken	• Asthma • Concomitant use of drugs that increase risk of bleeding • Thyrotoxicosis • Severe hepatic disease • Renal impairment • Breast feeding
Action to be taken if the patient is excluded	• Refer to medical staff for review and prescribing of alternative agent if appropriate. • Record reasons for exclusion in patient notes • Advise patient on alternative treatment
Action to be taken if the patient or carer declines treatment	• Discuss with on-call physician • Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	Inpatient use only – Contact medical team on unit / on-call

5. Description of treatment

Name, strength & formulation of drug	Aspirin 300mg tablets (includes soluble) (Where no swallow present, use suppository) Aspirin 150mg and 300mg Suppositories

Legal category	GSL (Tablets) POM (Suppositories)
Route / method of administration	Orally or rectally, using suppository if the patient is dysphagic.
Indicate any off-label use (if relevant)	Indication is off-label but in accordance with BNF and national NICE guidance.
Dose and frequency of administration	• ONE 300mg dose only as soon as possible following CT scan results • Maximum of ONE dose to be given without a prescription.
Duration of treatment	Maximum of ONE dose
Quantity to be supplied (leave blank if PGD is administration ONLY)	N/A
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: • Do not store above 25°C. • Do not use after expiry date.
Drug interactions	If the patient is receiving any concomitant medication or treatment it is the responsibility of the person identified in 'Staff Group' to ensure that treatment with the drug detailed in this direction is appropriate. If in any doubt, advice should be sought and recorded before the drug is administered. Check all concurrent medication with the patient and in the current BNF before supplying. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment. **The following interactions have been identified and should be considered where it is known a patient is on the following medicines:** • Acetazolamide - for glaucoma, can result in severe acidosis and increased central nervous system toxicity. • Antacids - decrease the absorption of aspirin. • Metoclopramide and Domperidone - increased rate of absorption of aspirin. • Corticosteroids - can cause gastric ulcers and bleeding • Methotrexate - increase the risk of toxicity. • Nicorandil - increase risk of gastrointestinal perforation. • Quinolones (Ciprofloxacin) – increases risk of seizures. • Thiazide diuretics – increases risk of acute renal failure. • Warfarin / DOAC, Heparin - increased risk of bleeding. • Ciclosporin, Tacrolimus - may increase the nephrotoxic effect. • Ibuprofen/NSAIDs, Steroids - increase the risk of acute renal insufficiency and risk of ulcerations and gastrointestinal bleeding. • Probenecid - aspirin reverses the effect of this medicine.

	• Phenytoin or sodium valproate - aspirin decreases the binding of valproate to serum albumin, increasing free plasma concentrations. • Ototoxic medicine (Vancomycin) - potential for ototoxicity increased and hearing loss/deafness causing permanent damage. • Metamizole - may reduce the effect of aspirin on platelet aggregation.
Identification & management of adverse reactions	Consult medical advice if an adverse event occurs. Document in medical notes. All serious adverse reactions must be reported under the National yellow card system. **The following side effects are common:** • hypersensitivity (skin rashes, itching, wheezing, coughing or difficulty breathing) • nausea and vomiting • ringing in ears • Pain or discomfort in stomach or lower chest after eating. Monitor for sensitivity reactions, Bronchospasm, angioedema, skin rashes, increased risk of bleeding; gastrointestinal irritation, seek medical advice if any of these occur.
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	Monitor for sensitivity, Bronchospasm, angioedema, skin rashes, increased risk of bleeding; gastrointestinal irritation. Verbal advice on why drug administered, action of the drug and subsequent management of condition. For inpatient use only.

Records	Document that this has been done in the Stroke pathway document. For EPMA: Document the utilisation of the medicine under PGD by ordering the appropriate drug against the correct patient record in ePMA. Complete all mandated fields on the prescription form. Document the administration of the medicine in ePMA. Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following: • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable e.g. injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether supplied and/or administered via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous. If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.

6. Key references

Key references	British National Formulary. Electronic BNF https://bnf.nice.org.uk/ British Medical Association and Royal Pharmaceutical Society of Great Britain; London: Year MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/ National Prescribing Centre (2009): Patient Group Directions www.npc.co.uk/prescribers/resources/patient_group_directions.pdf Local guidelines National guidelines https://www.nice.org.uk/guidance/ng128/chapter/recommendations Electronic Medicines Compendium http://www.medicines.org.uk/

	NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

PGD Name [version]: Acute Stroke Unit – Aspirin [v3] **PGD ref:** UHDB111

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Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read MUST match this authorisation form.

Registered health professional

By signing this patient group direction you are indicating that

a) You agree to and understand all content and commit to only work within this framework.
b) You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
c) You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

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 / Assessor

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 University Hospitals of Derby & Burton NHS Foundation Trust 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 must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.