

PATIENT GROUP DIRECTION (PGD)

**Administration of Sodium Chloride 0.9% sachets, 25 ml (sterile)
By Registered Nurses and Midwives on the Neonatal Units at UHDB**

Documentation details

Reference no:	UHDB102
Version no:	V2
Valid from:	07/11/2024
Review date:	07/05/2027
Expiry date:	06/11/2027

Change history

Version number	Change details	Date
1	New individual template, Sodium Chloride added	March 2021
2	Reviewed - No changes	August 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
Dr Balasubramaniam	Consultant
Lisa Taylor	Advanced Pharmacist
Vicki Baldwin	Neonatal Matron
Sally Shipley	Clinical Nurse Educator

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

Royal Derby Hospital Neonatal Intensive Care Unit (NICU)
Queens Hospital Burton Neonatal Unit (NNU)

Limitations to authorisation

Organisational Authorisation (legal requirement).

Role	Name	Sign	Date
Medicines Safety Officer (Pharmacist) <i>Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)</i>	James Hooley	Signed copy held by Pharmacy	07/11/2024

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Advanced Pharmacist – W&C <i>Clinical Pharmacist from PGD working group</i>	Lisa Taylor	Signed copy held by Pharmacy	13/09/2024
Consultant Paediatrician /Neonatologist <i>Doctor</i>	Dr Balasubramaniam	Signed copy held by Pharmacy	05/11/2024
Matron, NICU <i>Registered Professional representing users of the PGD</i>	Vicki Baldwin	Signed copy held by Pharmacy	04/10/2024

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	<ul style="list-style-type: none"> - NMC Registered Nurse - NMC Registered Midwife
Initial training	<ul style="list-style-type: none"> - 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) - 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	<p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</p> <p>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.</p>
Ongoing training and competency	<p>Staff operating under the PGD must be compliant with medications management training for Paediatrics.</p>
<p><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></p>	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Cleansing/irrigation of eyes
Criteria for inclusion	Inpatients on the neonatal unit requiring the above care
Criteria for exclusion	Previous sensitivity or intolerance to drug or any ingredient
Cautions including any relevant action to be taken	Must reflect local and/or national clinical guidelines or policies where available.
Action to be taken if the patient is excluded	Record reasons for exclusion in patient notes Refer to medical staff for review and prescribing of alternative agent if appropriate. Document reason for exclusion.
Action to be taken if the patient or carer declines treatment	Document advice given Refer to medical staff for review
Arrangements for referral for medical advice	Seek medical review from Tier 2 medic if there are any concerns re: infection.

5. Description of treatment

Name, strength & formulation of drug	Sodium Chloride 0.9% Sachets, 25 ml (Sterile)
Legal category	P: Pharmacy
Route / method of administration	Topical – Use enough of the sodium chloride 0.9% sachet to dampen gauze squares. Use individual gauze swabs to wipe from inner corner of eye to outer corner.
Indicate any off-label use (if relevant)	As above
Dose and frequency of administration	X 1 Sachet for application. Once opened, use immediately. Discard any unused portion.
Duration of treatment	As appropriate – seek medical advice

Quantity to be supplied (leave blank if PGD is administration ONLY)	
Storage	Stored at room temperature. Use once only and then dispose.
Drug interactions	No interactions reported
Identification & management of adverse reactions	
Management of and reporting procedure for adverse reactions	<ul style="list-style-type: none"> • 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	Monitor for sensitivity reactions. Verbal advice on why drug administered action of the drug and subsequent management of condition.
Patient advice / follow up treatment	As arranged/required by physician.

Records	<p>Administration of Sodium Chloride 0.9% for the above indication must be documented on the 'Once Only' portion of the drug chart (RDH) or as a nursing note on Meditech (QHB).</p> <p>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:</p> <ul style="list-style-type: none"> • 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 <u>supplied and/or administered</u> via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records).</p> <p>All records should be clear, legible and contemporaneous.</p>
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6. Key references

Key references	<p>https://bnfc.nice.org.uk/drug/sodium-chloride.html BNFC - Sodium Chloride</p>
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7. Registered health professional authorisation sheet

PGD Name [version]: Sodium Chloride sachets by registered nurses and midwives

[v2.0] PGD ref: UHDB102

Valid from: 07/11/2024

Expiry date: 06/11/2027

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

- You agree to and understand all content and commit to only work within this framework.
- You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
- 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.