

Patient Group Direction 2055 version 1.0

Administration of Benzylpenicillin by Registered Practitioners (Nurse or Paramedic) employed by Torbay and South Devon NHS Foundation Trust

Date of Introduction: June 2017

Review Date: May 2019

Developed By	Name	Signature	Date
Physician	Emergency Department Consultant		
Pharmacist			
Lead Professional	Senior Manager MIU Services / Nurse Consultant Emergency Care Unit		

Note: The Lead Professional is responsible for ensuring the co-ordination, composition, consultation, revision and distribution of the PGD to practitioners who will be using the PGD as well as ensuring that the PGD is no longer used if becomes out of date and once it has expired.

The Clinical Effectiveness Department will write to the Lead Professional approximately 4 months before the review date as a reminder that a review is required.

Ratified on behalf of: TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	
Medicines Management Committee Chair	
Signed:	
Name:	Clinical Director – Pharmacy and Prescribing
Date:	
Lead Officer	
Signed:	
Name:	Medical Director
Date:	

Objective To enable emergency nurse practitioners (including paramedics) in ED and in MIUs to provide effective management of meningococcal infection.

1. Clinical Condition

Definition of condition/situation

- 1st line antimicrobial choice for the treatment of meningococcal infection (meningitis or meningococcal septicaemia) pre-admission via 999 ambulance according to local protocol

Facilities required

- Benzylpenicillin 600mg (Penicillin G) injection, powder for reconstitution
- Resuscitation equipment
- See protocol

Criteria for inclusion

- Patients meeting the criteria as specified within the Trust protocol for suspected Meningococcal Infection (Meningitis and Meningococcal septicaemia) with no history of immediate allergic reaction to penicillin

Criteria for exclusion

- History of anaphylactic reaction to penicillins or to any component of the preparation used
- Cross allergy to other beta-lactam antibiotics

Action if excluded

- Document in patient's notes and refer to medical practitioner (or non-medical prescriber if appropriate).

Action if patient refuses medication

- Patient is made aware of the potential benefits of the medication.
- Document in patient's notes and refer to medical practitioner (or non-medical prescriber if appropriate).

2. Characteristics of Staff

Qualifications required Minor Injury Practitioner (nurse or paramedic) working in community MIU.
Emergency Nurse Practitioners (or paramedic) working in ED

Additional requirements

- Working knowledge of relevant Organisation Policies, including Medicines Policy and associated Standard Operating Procedures, Anaphylaxis Policy, Consent Policy and Injectable Medicines Policy and associated risk assessments where appropriate.
- Working knowledge of relevant Trust protocols
- Evidence of continuing professional development, (and any training and competence relevant to this PGD)
- Working knowledge of the NMC Standards for Medicines Management 2007, (updated 2010) www.nmc-uk.org and other relevant codes of professional practice.
Working knowledge of the HCPC Standards of Proficiency for Paramedics (September 2014), http://www.hpc-uk.org/assets/documents/1000051CStandards_of_Proficiency_paramedics.pdf and other relevant codes of professional practice.

3. Description of Treatment

Name of Medicine Administered	Benzylpenicillin 600mg (Penicillin G) injection, powder for reconstitution
Legal Class	POM (Prescription Only Medicine)
Storage	<ul style="list-style-type: none">▪ Store vials of powder for reconstitution below 25°C▪ Reconstitute immediately prior to administration
Dose to be used (including criteria for use of differing doses)	<p>Adults and children over 10 years of age = 1200mg</p> <p>Children 1-9 years old = 600mg</p> <p>Children under 1 year = 300mg</p>
Method or route of administration	<p>Intravenous (IV) injection or intramuscular (IM) injection (if intravenous route not possible)</p> <p>NB: The Displacement Value of 600mg Benzylpenicillin is 0.4ml</p> <p>Adults and children 10 years of age and over: Two 600mg vials. Intravenous: Reconstitute each 600mg vial with 4ml of water for injections. The contents of both vials should be withdrawn and further diluted to a final volume of 20ml. Once completely dissolved inject the resulting solution intravenously over at least 4-5 minutes.</p> <p>Intramuscular: Reconstitute each 600mg vial with 1.6ml water for injections and inject the resulting solution from each vial intramuscularly at separate sites.</p> <p>Children 1 – 9 years old: One 600mg vial. Intravenous: Reconstitute each 600mg vial with 4ml of water for injections. The contents of the vial should be withdrawn and further diluted to a final volume of 10ml. Once completely dissolved inject the resulting solution intravenously over at least 3-5 minutes.</p> <p>Intramuscular: Reconstitute each 600mg vial with 1.6ml water for injections and inject the resulting solution intramuscularly.</p> <p>Children under 1 year old: One 600mg vial. Intravenous: Reconstitute each 600mg vial with 3.6ml water for injections. Once completely dissolved inject 2ml (300mg) of the resulting solution intravenously over at least one minute.</p> <p>Intramuscular: Reconstitute each 600mg vial with 1.6ml water for injections. Once completely dissolved inject 1ml (300mg) intramuscularly.</p>
Total dose and number of times drug to be given. Details of supply (if supply made)	<ul style="list-style-type: none">▪ Single dose prior to transfer

Contra-indications	<p>See exclusion criteria</p> <ul style="list-style-type: none"> ▪ History of anaphylactic reaction to penicillins or to any component of the preparation used ▪ Cross allergy to other beta-lactam antibiotics
Cautions	<ul style="list-style-type: none"> ▪ History of non-immediate allergic reaction to penicillins or other beta-lactam antibiotics. ▪ Severe renal impairment. ▪ Breast-feeding – trace amounts of benzylpenicillin appear in breast milk which is only clinically significant if nursing infant is hypersensitive to penicillins.
Interactions	<ul style="list-style-type: none"> ▪ There are no black dot interactions but see the current BNF, appendix 1
Potential side-effects and adverse reactions	<ul style="list-style-type: none"> ▪ See the current BNF and SPC for all potential side effects; common side effects include: ▪ Anaphylaxis ▪ Angioedema ▪ Diarrhoea ▪ Fever ▪ Hypersensitivity reactions ▪ Joint pains ▪ Rash, urticarial
Management of potential side-effects and adverse reactions	<p>Unusual or life threatening reactions require immediate medical attention.</p> <ul style="list-style-type: none"> ▪ Document allergies and other ADRs clearly in notes and inform doctor/pharmacist/nurse for further reporting and action if required. ▪ If adverse effects are experienced, a 'Yellow Card' may be completed for the MHRA (www.mhra.gov.uk).
Advice and information to patient/carer including follow-up	<ul style="list-style-type: none"> ▪ Explain reason for urgent transfer to patient/carer
Specify method of recording supply /administration including audit trail	<p>The following will be recorded in the patient's records:</p> <ul style="list-style-type: none"> ▪ The diagnosis and treatment ▪ The dose administered ▪ The route of administration ▪ The frequency of administration and duration of treatment ▪ The time and date of administration ▪ The signature and name of the person supplying/administering the medication and phrase 'PGD' or if documenting in Symphony, an electronic signature recorded by the system is acceptable & endorse 'PGD'. <p>Document allergies and other adverse drug reactions clearly in patient records and inform the GP and other relevant practitioners/patient/carer for further reporting and action if required.</p> <p>Report any adverse drug reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) through the yellow card reporting system (www.mhra.gov.uk).</p>

4. Other Information

Follow up treatment: As per clinical protocol

Arrangements for medicine supply: Stock is available in MIUs & ED

Arrangements for medical referral: Medical referral should be made as detailed in the protocol

Lines of accountability:

- Individual nurses are accountable for their own practice under the code of professional conduct laid down by the NMC (Nursing and Midwifery Council 2002 – section 1).
- Individual paramedics are accountable for their own practice under the HCPC Standards of Proficiency for Paramedics (September 2014)
- Minor Injury Practitioners are accountable to the senior practitioner on duty and their line manager

5. Appendices

References used in the development of this PGD:

- Summary of Product characteristics (SPC); Benzylpenicillin sodium 600mg Powder for Injection (last updated on eMC 16/09/16) Accessed 07/03/17; <https://www.medicines.org.uk/emc> British National Formulary (BNF) (online) <https://www.medicinescomplete.com/mc/>
- British National Formulary for Children (online) <https://www.medicinescomplete.com/mc/>
- Medusa Injectable Medicines Guide; Intravenous Benzylpenicillin Sodium (published 07/11/14)
- Torbay and South Devon NHS Protocol; Clinical Protocol for the Assessment and Initial Management of suspected Meningococcal Disease and Bacterial Meningitis (August 2015)
- South and West Devon Joint Formulary [http://southwest.devonformularyguidance.nhs.uk/The Health Protection Agency Guidance for Primary Care \(Amended 05.04.12 Meningitis\): http://www.hpa.org.uk/web/hpawebfile/hpaweb_c/1194947389261](http://southwest.devonformularyguidance.nhs.uk/TheHealthProtectionAgencyGuidanceforPrimaryCare(Amended05.04.12Meningitis):http://www.hpa.org.uk/web/hpawebfile/hpaweb_c/1194947389261)

Audit details

- Periodic audit of compliance.
- Case note review of identified patients. We will ask nurses to identify patients they have given medication against PGD and review the appropriateness and documentation against the criteria.

Training

- **Medical treatment:** As per clinical protocol
- **Competency assessment:** Ongoing CPD – benchmarked competency assessment in clinical protocol.
- **Frequency of training / review process:** Ongoing review / supervision.

Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from the start of June 2017 and expires end of May 2019

Version History

Version	Date	Brief Summary of Change	Owner's Name
v 1.0	May 2017	Two year review of PGD undertaken. PGD put into new Trust PGD template	Torbay and South Devon NHS Foundation Trust

For more information on the status of this document, contact:	Medicines Governance Team Administrator Pharmacy Department Torbay Hospital tsdft.medicinesgovernance@nhs.net
Date of Issue	June 2017
Reference	PGD 2055 v 1.0 Benzylpenicillin
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Document title:	Benzylpenicillin		
Purpose of document:	Patient Group Direction		
Date of issue:	16 June 2017	Next review date:	31 May 2019
Version:	1	Last review date:	
Author:	Physician Pharmacist Lead Professional		
Directorate:	Organisation Wide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Medical Director Chair, Trust Medicines Management Committee		
Date approved:	15 June 2017		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

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Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
16 June 2017	1	New	Medical Director Chair, Trust Medicines Management Committee