

**Patient Group Direction 2099** version 1.0

**Administration of Aspirin 300mg Dispersible Tablet by Registered Practitioners (Nurse or Paramedic) employed by Torbay and South Devon NHS Foundation Trust**

**(Community Hospital MIUs only)**

**Date of Introduction: July 2017**

**Review Date: June 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of the PGD to practitioners who will be using the PGD as well as ensuring that the PGD is no longer used if becomes out of date and once it has expired.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.

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

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**Objective** To provide emergency treatment for patients presenting with sudden onset chest pain.

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## 1. Clinical Condition

**Definition of condition/situation** Emergency treatment for patients presenting with a history of sudden onset chest pain (non-traumatic), which is thought to be of cardiac origin, according to relevant Trust protocols.

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**Facilities required**

- Resuscitation equipment
- See protocol

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**Criteria for inclusion**

- Patients 16 years of age and over presenting with symptoms of acute chest pain as described in the relevant Trust protocol for the management of patients with chest pain.
- Patients already taking Aspirin 75mg daily or Clopidogrel can be given a dose of Aspirin 300mg in acute chest pain.

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**Criteria for exclusion**

- Hypersensitivity/allergy to aspirin or other non-steroidal anti-inflammatory drug (NSAID)
- Active or suspected gastro-intestinal ulcers or bleeding
- Pregnancy (3<sup>rd</sup> trimester)

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**Action if excluded**

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

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**Action if patient refuses medication**

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

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## 2. Characteristics of Staff

**Qualifications required** Minor Injury Practitioner (nurse or paramedic) working in community MIU.

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**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](http://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](http://www.hpc-uk.org/assets/documents/1000051CStandards_of_Proficiency_paramedics.pdf) and other relevant codes of professional practice

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### 3. Description of Treatment

**Name of Medicine Administered**

Aspirin dispersible tablet 300mg.

**Legal Class**

GSL (General Sales List) and P (Pharmacy) medicine (if greater than 30 tablets pack size)

**Storage**

Store below 25°C in a dry place and protect from light.

**Dose to be used (including criteria for use of differing doses)**

300 mg to be taken immediately, including patients who may have already taken a daily dose of prophylactic aspirin (aspirin 75mg).

**Method or route of administration**

Oral

**Total dose and number of times drug to be given. Details of supply (if supply made)**

- Administer one single 300mg dispersible tablet.
- Dispersed in water and drink immediately

**Contra-indications**

- See exclusion criteria

**Cautions**

- If patient is taking any other medications consult BNF Appendix 1 for any potential interactions.
- Aspirin/NSAID intolerance
- Aspirin/NSAID-naïve asthma patients
- Increased risk of bleeding with Warfarin - low risk after single administration
- History of gastro-intestinal ulceration
- Coagulation defects. Increased risk of bleeding when Aspirin given with SSRI antidepressants or Venlafaxine
- Aspirin increases the risk of toxicity from Methotrexate
- Breastfeeding.

**Interactions**

- See current BNF, appendix 1

**Potential side-effects and adverse reactions**

- May cause nausea and vomiting.
- Rarely, hypersensitivity reactions can occur, such as angio-oedema, anaphylaxis and shock. In these cases, immediate medical attention should be sought.
- More common adverse reactions include increased bleeding tendencies, dyspepsia and dyspnoea.
- This list is not exhaustive – please refer to current BNF for a complete list.

**Management of potential side-effects and adverse reactions**

- Hypersensitivity reactions require immediate medical attention.
- All suspected adverse drug reactions should be documented and reported to the patients GP, and if appropriate, the MHRA via the yellow card system (<https://yellowcard.mhra.gov.uk/>).
- There is no reason to suggest that aspirin affects a patient's ability to drive or use machinery.

**Advice and information to patient/carer including follow-up**

Inform patient, carer and relevant health workers that aspirin has been administered and if possible side effects including:

- Gastrointestinal – bleeding, ulceration, dyspepsia
- Hypersensitivity – bronchospasm, skin rash, angioedema

Unusual or life threatening reactions require immediate medical attention.

**Specify method of recording supply /administration including audit trail**

Documentation of administration and supply should be in the patients clinical notes and include:

- Patient name and hospital number
- Presenting complaint and assessment
- Administration details – drug name, strength, dose and route
- Date and time of administration
- Registered nurse or paramedic signature and print name
- Endorse 'PGD'

If documenting in Symphony, an electronic signature recorded by the system is acceptable.

Document allergies and other adverse drug reactions clearly in patient records.

Report any adverse drug reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) through the yellow card reporting system ([www.mhra.gov.uk](http://www.mhra.gov.uk)).

**4. Other Information**

**Follow up treatment:** N/A

**Arrangements for medicine supply:** MIU stock

**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.
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**5. Appendices****References used in the development of this PGD:**

- NICE guideline: chest pain of recent origin (March 2010)
  - British National Formulary 72 (March 2017)
  - NHS Devon clinical guideline for the management of chest pain of recent onset (non traumatic) 2010
  - Aspirin 300mg <http://www.medicines.org.uk/emc/medicine/23311> (accessed 28th June 2017)
  - Martindale 39<sup>th</sup> edition 2017
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**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.
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**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.
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Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from the start of March 2017 and expires end of February 2019

### Version History

Version	Date	Brief Summary of Change	Owner's Name
v 1.0	July 2017	Two year review of PGD carried out and transferred to the Trust's new 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 <a href="mailto:tsdft.medicinesgovernance@nhs.net">tsdft.medicinesgovernance@nhs.net</a>
<b>Date of Issue</b>	<b>July 2017</b>
Reference	PGD 2099 v 1.0 Aspirin 300mg Dispersible Tablets
Path	Medicines Governance/PGDs/MIUs/PGD2099 v 1.0 Aspirin Jul17-Jun19



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<b>Ref No:</b>	2099		
<b>Document title:</b>	Aspirin 300 mg Dispersible Tablet		
<b>Purpose of document:</b>	Patient Group Direction		
<b>Date of issue:</b>	10 August 2017	<b>Next review date:</b>	30 June 2019
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Emergency Department Consultant		
<b>Directorate:</b>	Community		
<b>Equality Impact:</b>	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		
<b>Committee(s) approving the document:</b>	Chair, Trust Medicines Management Committee Medical Director		
<b>Date approved:</b>	8 August 2017		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

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**Document Amendment History**

<b>Date</b>	<b>Version no.</b>	<b>Amendment summary</b>	<b>Ratified by:</b>
10 August 2017	1	New	Chair, Trust Medicines Management Committee Medical Director