

Document Type:		Standard Operating Procedure	
Reference Number : 2676	Version Number: 1	Next Review Date: 15 January 2024	
Title:	Venepuncture for Children in the Community (Including Supply and Administration of Topical Anaesthetic Cream)		
Document Author:	Lead Pharmacist – Child and Family Health Devon Children’s Community Nurse		
Applicability:	<p>This procedure covers the arrangements for the legal supply of topical anaesthetic cream (EMLA cream) and supports safe and appropriate use of product prior to venopuncture for children under the care of CCN teams.</p> <p>All CCN clinicians (Non-medical prescribers and registered nurses) responsible for prescribing and supplying EMLA cream for use prior to venopuncture must work in accordance with this document.</p>		

Introduction & Background

Children and young people are referred to the Children’s Community Nursing service for clinical tests by General Practitioners and Consultants responsible for their care. Where venepuncture is required a topical anaesthetic cream (EMLA® cream) may be administered prior to the procedure in order to minimise discomfort and any associated distress that may otherwise occur.

Where possible, the referring prescriber should provide a prescription for EMLA® cream and required dressings (as specified on the Child Blood test referral form- [appendix 1](#)).

However it is recognised that there may be circumstances where a prescription is not provided, and after speaking with the parents/ guardians may be clear that administration of EMLA cream prior to venepuncture would be preferable to support clinical care.

In these circumstances, the nurse arranging the appointment should either;

- 1) Contact the child’s GP to arrange for a prescription to be sent to a pharmacy for collection/ delivery to the family, OR
- 2) Supply EMLA cream and dressings from stock in accordance with this procedure.

Supply of EMLA cream and dressings by Community Nursing team:

EMLA 5% cream is classified as a ‘Pharmacy’ (P) medicine in accordance with the Medicine Act 1968. Supply of this medicine by the CCN team must be in accordance with prescription or Patient Group Direction.

Independent nurse non-medical prescribers work as part of the CCN team, therefore, where required, EMLA will be prescribed for the child on an individual basis to enable the legal supply of medication.

Pre-labelled packs of EMLA 5% cream for supply will be held securely by the team in accordance with the TSD Medicine Policy. The stock list will be reviewed by the Team Manager and pharmacist annually.

Procedure

Following referral, where it is identified that an individual child requires administration of EMLA cream prior to venepuncture the team will ensure that this is made available.

Ideally a prescription should be provided by the referring doctor- and the team will liaise with the GP or hospital specialist to request this if not already provided. However, in circumstances where the urgency of the appointment makes timely supply via this route difficult, the team may supply EMLA cream in accordance with this procedure.

Registered nurse responsible for arranging the appointment will complete a Venepuncture Careplan for the child/ young person ([Appendix 2](#))

The Care plan will record whether local anaesthetic cream and dressings have been supplied by the referring clinician OR whether supply by CCN team is required.

Where supply by team is required, a prescription request for EMLA cream will be sent to CCN team Non-medical Prescriber (NMP). This will be achieved by sending a copy of the care plan to the NMP with a request to prescribe EMLA for the individual child/ young person.

NMP to review request, indication and possible contra-indications/ cautions for use in individual child.

Where appropriate to prescribe, the NMP will complete the CFHD Prescription for EMLA cream ([Appendix 3](#)) to authorise the supply of EMLA cream and provide directions for its use. This must include

- ✓ Quantity to supply (Number of 5g tubes and dressings)
- ✓ Directions for use- quantity of cream to use per site and duration of time for which it should be applied
- ✓ Any specific cautions / considerations for use in named child that need to be communicated to the parents/ guardians (i.e. shorter application time for individuals with atopic dermatitis).
- ✓ Information provided (verbally and in writing) to the parents/ guardians of the child/ young person to ensure safe and appropriate use of EMLA cream.

NMP to return the Care Plan and Prescription to the nurse responsible for the appointment.

The registered nurse responsible for the appointment will ensure the timely supply of EMLA cream & dressings to the child's parents/ guardians. The following will be completed:

- ✓ Required number of EMLA cream pre-labelled packs to be selected from stock and expiry date checked.
- ✓ Complete the pre-labelled pack with the Child's name (print name) and date of supply and directions for use.

Pre-packs of EMLA cream will be supplied as stock for the CCN team. The following directions will be included on the pre-pack for completion prior to supply:

Apply _____ of cream in a mound to the area(s) of skin for injection / blood test one hour before the procedure. Do not rub in. Cover with film dressing provided. Follow instructions on written information supplied.

- ✓ Print information leaflet to accompany the supply of cream and dressings ([Appendix 4](#)). Include any additional information specific to use for the child as specified by the prescriber.
- ✓ Arrange the timely delivery of EMLA cream and dressings to ensure availability for administration by parents/ guardians prior to appointment. (If delivery not possible, this must be posted in a padded envelope via '1st class signed for' post. A return address for the team must be included on the reverse of the envelope. Check and confirm the postal address with the parent/ guardian prior to sending).
- ✓ Complete the 'supply' section on the Prescription & Record of supply ([Appendix 3](#))
- ✓ Check stock level of EMLA cream remaining and re-order when stock level falls below 2 packs.

[Appendix 1 – Child Blood Test Referral Form](#)

[Appendix 2 – Individual Care Plan for Venepuncture](#)

[Appendix 3 – Prescription & Record of Supply – EMLA™ 5% Cream](#)

[Appendix 4 – A guide to applying EMLA Cream](#)

APPENDIX 1

CHILD BLOOD TEST REFERRAL FORM

CHILD'S NAME:		NHS NUMBER:	
ADDRESS:		DATE OF BIRTH:	
		GENDER:	
		HOME TELEPHONE:	
		MOBILE TELEPHONE:	
EMAIL:			
REGISTERED GP / CONSULTANT NAME:		NAME OF GUARDIAN:	
		RELATIONSHIP:	
GP PRACTICE / HOSPITAL		GP/CONSULTANT TELEPHONE NUMBER:	
DATE OF REFERRAL:		REFERRING CLINICIAN:	
BLOOD TEST REQUIRED:		DATE TEST DUE:	
		REGULAR TEST REQUIRED? Y/N (State frequency)	
REASON FOR TEST / RELEVANT CLINICAL HISTORY:			
ANY IMPORTANT INFORMATION e.g. SAFEGUARDING / LONE WORKING RISK			

N.B: (VENOUS SAMPLES only) Please supply guardian with blood form and relevant labels. Please supply guardian with a prescription for EMLA™5% Cream 2x5g tube & 4x transparent film dressings (6x7cm) if required

Please email or send 1st Class to:

CCN REFERRAL CO-ORDINATOR
Single point of access
Unit 1A Capital Court
Bittern Road
Exeter
EX2 7FW

Email to : cfhd.devonspa@nhs.net **Telephone contact:** 03300 245321

APPENDIX 2 : Individual Care Plan for Venepuncture

Name:			
Date of Birth:		NHS Number/ Unique Identifier:	
Team:			

Individual Care Plan for Venepuncture

Nursing Need / Problem: Blood test required			
Objective / Aim: To take bloods according to local/national policy			
Care by Nurse Prior to appointment: <ul style="list-style-type: none"> Confirm whether supply of EMLA/ Ametop provided by referring clinician Arrange prescription via GP or NMP Arrange supply if appropriate During appointment: <ul style="list-style-type: none"> Risk assess Identify the patient Prepare the patient and rationale Check referral form for tests requested and any special requirements Prepare equipment Wash hands Select and prepare suitable vein Wear gloves Apply tourniquet Cleanse with alcohol swab if needed Secure vein and perform venepuncture Collect blood using suitable needle size for vein size, etc Invert blood bottles once full Release tourniquet and remove needle disposing safely into sharps container Apply pressure to puncture site and plaster if necessary Remove gloves <p><i>Follow local policies and procedures for the safe transportation of blood samples to destination</i></p>		Care by Parent / Carer <ul style="list-style-type: none"> Apply Emla™/Ametop™/ cream no longer than one hour before appointment according to patient information leaflet issued by Prescriber. Ensure patient has a drink and something to eat and is warm Remove EMLA®/Ametop®/ cream at appropriate time prior to procedure Comfort and reassure patient whilst bloods being taken Observe puncture site for signs of bleeding and apply pressure if needed Observe for any local reaction to EMLA/ Ametop cream and highlight to nurse during/ after appointment. (Parent/ carer or nurse to report allergic reaction using Yellowcard if appropriate) 	
Equipment Required: Sharps bin, gloves, tray, alcohol swab, appropriate size butterfly needle, gauze, tourniquet, plaster, blood bottles, blood form.			
Training Needs: Ensure staff keep up to date by regular practice and/or yearly updates			
Review Date: On going			
Informed consent gained for the above actions and objectives		Yes / No	
If No has informed consent been gained for alternative agreed treatment		Yes / No	
If no clearly document in evaluation and explain potential consequences for the child and document action taken			
Signature:		Date:	Time:
Print Name:			
Designation:			
Evaluation:			

APPENDIX 3 : PRESCRIPTION & RECORD OF SUPPLY EMLA™ 5% Cream

Name:					
DOB:				NHS Number	
Address:					
Allergies/ sensitivities:					
Drug:		EMLA® 5% Cream (5g tube)			
Dose:		Route:		Quantity:	
		<i>Topical</i> <i>(dorsum of hand or anterior cubital fossa)</i>			
Directions/ Additional information:		Apply _____ of cream in a mound to injection / blood test site(s) one hour before the procedure and cover with film dressing provided. Refer to written information supplied. ADD specific directions for child here: Also supply _____ Transparent Film dressings (6x7cm)			
Prescribers signature:			Date:		
Print Name:			NMP IP No.		
Supplied by:			Date:		
Print name:					
Method of delivery: <i>(*delete as applicable)</i>		*Member of CCN team to deliver to home address *Post to home address			
		Date of delivery/ posting (1 st class signed for):			

Drug:		EMLA® 5% Cream (5g tube)			
Dose:		Route:		Quantity:	
		<i>Topical</i> <i>(dorsum of hand or anterior cubital fossa)</i>			
Directions/ Additional information:		Apply _____ of the cream in a mound to injection / blood test site(s) one hour before the procedure and cover with film dressing provided. Refer to written information supplied. ADD specific directions for child here: Also supply _____ Transparent Film dressings (6x7cm)			
Prescribers signature:			Date:		
Print Name:			NMP IP No.		
Supplied by:			Date:		
Print name:					
Method of delivery: <i>(*delete as applicable)</i>		*Member of CCN team to deliver to home address *Post to home address			
		Date of delivery/ posting (1 st class signed for):			

Once complete upload Care Plan to individual's electronic patient records.

APPENDIX 4- INFORMATION PARENTS/ GUARDIANS –

INFORMATION & INSTRUCTIONS FOR USE (EMLA CREAM & DRESSINGS) PRIOR TO BLOOD TEST - [Linked to Patient Information Leaflet 25684 – A Guide to Applying EMLA Cream](#)

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2676		
Document title:	Venepuncture for Children in the Community (including supply and administration of topical anaesthetic cream)		
Purpose of document:	Ensure legal supply of topical anaesthetic cream (EMLA cream) and support safe and appropriate use prior to venopuncture for children under the care of CCN teams.		
Date of issue:	15 January 2021	Next review date:	15 January 2024
Version:	1	Last review date:	
Author:	Lead Pharmacist Children's Community Nurse		
Directorate:	Child Health		
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:	Ratification recommended by by CFHD Medicine Optimisation Forum for ratification by TSD Chief Pharmacist Clinical Director – Pharmacy and Prescribing TSDFT		
Date approved:	11 January 2021		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
15 January 2021	1	New document. Developed in collaboration with (Clinical Manager and Children's Community Nurse)	CFHD Medicine Optimisation Forum for ratification by TSD Chief Pharmacist Clinical Director – Pharmacy and Prescribing TSDFT

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>		Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	

Validated by (line manager)		Signature	
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Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.