Rotherham Doncaster and South Humber NHS Foundation Trust

Patient Group Direction

For the Administration of Sodium Chloride 0.9% Injection As A Flush

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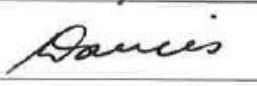
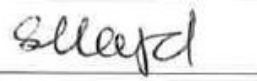
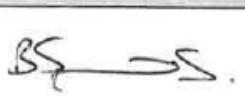
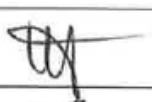
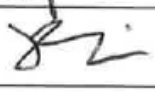
MANAGEMENT AND AUTHORISATION

PATIENT GROUP DIRECTIONS FOR ADMINISTRATION OF SODIUM CHLORIDE 0.9% INJECTION AS A FLUSH

Approved for use by RDASH NHS Foundation Trust:

NAME	TITLE	SIGNATURE	DATE
Dr Graeme Tosh	Medical Director		03/05/23
Stephen Davies	Chief Pharmacist		27/3/23
Sheila Lloyd	Director of Nursing		03/5/23

Version 4

NAME	TITLE	SIGNATURE	DATE
Barbara Symonds	Nurse Consultant Children's Care Group		12.4.23
Heidi Atkinson	Consultant nurse specialist		31/3/23
James Trim	Pharmacist		29/3/23

Committee Approval:

NAME	DATE
Medicines Management Committee	17/02/2023
Clinical Policy Review and Approvals Committee	06/03/2023

Date of Implementation	04/05/2023

Date of Review:	31/05/2026

1. INTRODUCTION

This Patient Group Direction (PGD) is in place to enable specifically authorised staff who have received specified, appropriate training and have been assessed as competent to administer sodium chloride 0.9% injection as a flush in accordance with the following protocol and guidance from the Nursing and Midwifery Council (NMC).

2. PURPOSE

This PGD authorises those employees of Rotherham Doncaster and South Humber (RDaSH) NHS Foundation Trust specified below to administer sodium chloride 0.9% injection as a flush as detailed within this document.

3. SCOPE

The contents of this PGD apply to staff who meet the following characteristics.

3.1 Characteristics of Staff

Qualifications Required - Registered Nurse

Additional Requirements

- Staff who are employed by RDaSH either directly or indirectly in performing a commissioned service.
- Knowledge of drugs as specified in the PGD and drug information leaflets and British National Formulary (BNF).

Continuing Training Requirements

- The nurse will undertake training as is required to gain competence and maintain this competence to enable them to undertake the clinical skill required.

The staff member will work to the PGD under supervision whilst they gain competence and confidence to practice independently. Authorised nurses must ensure that they regularly update themselves in line with Continuing Professional Development principles.

Additional requirements

- Abide by the Trust standards for clinical record keeping and will record that the patient group direction has been followed.
- The nurse will acknowledge any limitation in his/her knowledge and competence and decline any duties and responsibilities unless able to perform them in a safe and skilled manner.
- Each nurse is accountable for his/her own practice and for the education preparation of that practice including in-house training. When using this

PGD there is a requirement to maintain and improve professional knowledge and competence.

- The nurse has received training on an annual basis, and is competent in, and the recognition and treatment of anaphylaxis.
- The nurse will undertake on an annual basis community life support training

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1. Trusts Medicines Management Committee

The Trust Medicine Management Committee is responsible for the review and updating of the Patient Group Direction.

4.2. Service Managers for the Relevant Service

The Service Managers within the Trust Services are responsible for:

- Organising the provision of training to staff in relation to the administration of sodium chloride 0.9% injection as a flush within this PGD (Characteristics of staff).
- Monitoring staff compliance with the contents of this PGD as detailed in section 7.
- Investigating any non-compliance with the contents of this PGD.
- To hold an up to date register of all staff that are trained to administer sodium chloride 0.9% injection as a flush under this PGD. (See appendix 1)

4.3. Registered Authorised Staff acting to the PGD.

It is the responsibility of any member of staff who is authorised to administer sodium chloride 0.9% injection as a flush under this PGD to:

- Be familiar with and abide by the standards set out.
- Report any non- compliance with the content of this PGD.
- Report any adverse effects reported by the patient following the administration of sodium chloride 0.9% injection as a flush.
- Meet the continuing training requirements of the PGD, additionally to undertake annual update in the treatment of anaphylaxis and resuscitation.

5. PROCEDURE/ IMPLEMENTATION

5.1. General Guidance for the administration of sodium chloride 0.9% injection as a flush

This general guidance outlines good practice in the administration of sodium chloride 0.9% injection as a flush. The information provided should be used in conjunction with Product Characteristics or patient leaflet.

In agreeing to administer medication nurses assume professional accountability and should ensure that they keep up to date with all aspects of medicine administration.

5.2. Competence in the administration of sodium chloride 0.9% injection as a flush

Registered practitioners wishing to use this PGD must be able to demonstrate the following:

- Working knowledge of relevant Trust Policies, including the Safe and Secure Handling of Medicines Policy, associated Standard Operating Procedures, 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)

5.3. Storage of Drugs

- All proprietary medication has a predetermined shelf life, and an expiry date should be clearly marked on the outer packaging of the injections.
- Ensure that stock is properly rotated.
- Storage should be in locked cupboard, daily room temperature measurements undertaken via the central temperature monitoring.

6. TRAINING IMPLICATIONS

Registered Nurses administering medication will need to be familiar with the contents of this PGD and be able to demonstrate competence relevant to this PGD, along with any other individual or group with a responsibility for implementing the contents of this PGD.

7. MONITORING ARRANGEMENTS

Area for Monitoring	How	Who by	Reported to	Frequency
Clinical records	Audit	Senior Clinician	Service Manager	2 Yearly

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on this document's webpage.

8.1. Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, *'not just clinically but in terms of dignity and respect'.* Consequently, the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity, and respect, (when appropriate this should also include how same sex accommodation is provided).	**Indicate how this will be met** The patient's privacy and dignity will be maintained whilst undertaking the procedure. The procedure will be carried out in an appropriate room, privacy will be maintained. Dressing towels can be used to cover exposed areas if necessary. Family members who do not need to be present will be asked to go to another room if necessary.

8.2. Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individual's capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court. Therefore, the Trust is required to make sure that all staff working with individuals who use our service is familiar with the provisions within the Mental Capacity Act. For this reason, all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.	**Indicate how this will be achieved** All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)

9. LINKS TO ANY ASSOCIATED DOCUMENTS

Safe and Secure Handling of Medicines Manual

10. REFERENCES

- British National Formulary (BNF)
- SPC Sodium Chloride 0.9% w/v Solution for Injection. Last updated on the EMC 19/01/2023. Accessed 13/02/2023.

11. APPENDICES

- Appendix 1 - Name / signature sheet for staff authorised to act under this Patient Group Direction.
- Appendix 2 - Patient Group Direction for the administration of sodium chloride 0.9% injection as a flush.

Rotherham Doncaster and South Humber NHS Foundation Trust

APPENDIX 1

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF SODIUM CHLORIDE 0.9% INJECTION AS A FLUSH - VERSION 5

AUTHORISATION AND AGREEMENT FOR APPROVED PRACTITIONER

Authorisation is given for ..... to administer sodium chloride 0.9% injection as a flush to patients within the agreed patient group directions.

Description	Tick to indicate appropriate for use	Date
Sodium chloride 0.9% injection		

I ..... agree to act under the patient group directions for the administration of sodium chloride 0.9% injection as a flush.

I have received, read and fully understand the relevant patient group directions.

I agree to act as an approved practitioner within the terms of the Patient Group Directions to supply and / or administer accordingly.

In return, the Trust accepts vicarious liability for the approved practitioner acting under the terms of the patient group directions.

I understand that by agreeing to act as approved practitioner under the patient group directions I am adjusting my scope of professional practice and job description.

I understand that my acceptance of the adjustment to my role and job description has not been a compulsory requirement of the Trust.

Approved Practitioner

Name: (block capitals): .....

Signature: ..... Date: .....

Authorising Signature

Name: (block capitals): .....

Signature: ..... Date: .....

APPENDIX 2

Sodium Chloride 0.9% Injection

Clinical condition	a. To flush peripheral and central intravenous cannulae to maintain patency: • Following the insertion of intravenous cannulae • Before and after intravenous drug administration • When a cannula in situ is not in use b. To flush a Saf T cannula after administration of a bolus injection.
Inclusion criteria	• Patients who require insertion or re-siting of a peripheral intravenous cannula or who have a peripheral intravenous cannula in situ. • Patients receiving bolus subcutaneous doses via Saf T.
Exclusion Criteria	None known
Use in pregnancy or when the client is at risk of pregnancy	The solution is physiologically saline and may be used during pregnancy and lactation.
Action if excluded	Not applicable
Action if patient declines	• Refer to doctor or referring practitioner. • Document in electronic patient record and refer to doctor or referring practitioner
Description of Treatment	
Name of medicine	Sodium Chloride Injection BP 0.9% w/v
POM/P/GSL	POM
Dose / procedure	a. Intravenous flush Up to 5-10ml as a single dose for flushing: • At the time of cannulation • Before and after the administration of each intravenous medication • Up to twice a day to maintain cannula patency. b. 0.3ml as a single flush after the administration of each subcutaneous bolus injection via the Saf T cannula.
Route	Intravenous or subcutaneously
Storage	• There are no specific storage instructions
Adverse reaction	• Nausea

/ side effects	• Vomiting • Abdominal discomfort • Diarrhoea • See Summary of Product Characteristics
Follow up	• No patient follow-up required
Advice to patient carer	• Unusual or life-threatening reactions require immediate medical attention. • Patient to receive appropriate advice in accordance with the medicine prescribed or procedure / condition treated • Inform the patient of the reason for the flush and obtain consent.
Record	Document allergies and other adverse drug reactions clearly in patient records and inform the GP and any other relevant practitioners/patient/carer for further reporting and action if required Report any adverse drug reactions to the Medicines and Healthcare Products Regulatory Agency (MHRA) through the yellow card reporting System (www.mhra.gov.uk) The following will be recorded in the patient's records: • The dose administered. • Batch number and expiry date • The route of administration and site of administration where appropriate. • The frequency of administration and the duration of treatment • The time and date of administration • The signature and name of the person administering the medication.