

## Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

GLYCERYL TRINITRATE 400 MICROGRAMS METERED DOSE SPRAY

**YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT**

<b>Clinical Condition</b>	
<b>Indication</b>	For the relief of chest pain in patients visiting an MIU unit whilst waiting for an ambulance
<b>Inclusion criteria</b>	Aged 18 years and over
<b>Exclusion criteria</b> If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Age under 18 years Hypersensitivity to nitrates Hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis Glaucoma Angina caused by hypertrophic obstructive cardiomyopathy
<b>Cautions – Seek further advice from doctor before proceeding and document advice</b>	Pregnant and/or breast feeding Concomitant administration of phosphodiesterase inhibitors used for the treatment of erectile dysfunction (eg. sildenafil and others) or pulmonary arterial hypertension
<b>Further Information</b>	Any lack of effect may be an indicator of early myocardial infarction. Contains ethanol.
<b>Action if patient declines or is excluded</b>	Refer to doctor. Await ambulance.
<b>Drug Details</b>	
<b>Name, form &amp; strength of medicine</b>	Glyceryl Trinitrate 400mcg Metered Dose Spray
<b>Legal status</b>	P
<b>Route/Method</b>	Sub-lingual
<b>Dosage / frequency</b>	One, two or three sprays under the tongue.
<b>Duration of treatment</b>	Single dose (as described above) However, if pain is not relieved after 15 minutes and ambulance has still not arrived then up to 3 further sprays may be used.
<b>Quantity to supply</b>	1 original pack
<b>Side effects</b>	Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. Hypotension may be corrected by elevation of the legs to promote venous return.
<b>Advice to patient/carers</b>	Patient should be seated. Hold spray vertically with the valve head uppermost. The dose should be sprayed <u>under the tongue</u> and the mouth should be closed immediately after each dose. The spray should not be inhaled.

Date approved; September 2017 Expiry date: September 2019

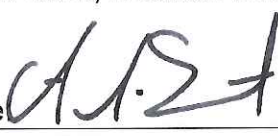
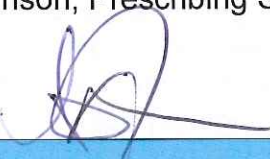
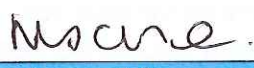
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Staff Characteristics	
<b>Professional qualifications</b>	Nurses on the NMC Register
<b>Specialist competencies or qualifications</b>	A registered nurse, after discussion and agreement with the service/departmental lead. Has undertaken training in and attended annual updates on and is therefore competent to supply and administer medicines under PGDs Is trained in the management of minor illness & anaphylaxis
<b>Continuing education &amp; training</b>	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
<b>Records/audit trail</b>	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis. Dose and form supplied. Advice given to patient (including side effects). Signature/name of staff who supplied the medication. Details of any adverse drug reaction and actions taken including documentation in the patient's medical record. Referral arrangements (including self-care)
<b>References/Resources and comments</b>	Current version of SPC & BNF Supply patient with manufacturer's patient information leaflet
Clinical Authorisation	
<b>Lead Doctor</b>	Dr Andrew Sant, Medical Director  Signature:  Date: 25/9/17
<b>Lead Pharmacist</b>	Dr Alex Johnson, Prescribing Support Pharmacist  Signature:  Date: 27.9.17
Organisational Authorisation	
<b>On behalf of Worcestershire Health and Care NHS Trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 25/9/17.
Patient Group Direction Peer Reviewed by	
MIU Snr Nurses	

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**Individual Authorisation**

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

**It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date

