Administration
PATIENT GROUP DIRECTION (PGD) FOR

TETANUS IMMUNOGLOBULIN INJECTION 250 UNITS

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

Clinical Condition	
Indication	Passive immunity against tetanus for tetanus-prone wounds for patients presenting in MIU
Inclusion criteria	Patients with tetanus prone wounds dependant on immunisation status: For **clean wound** (eg clean cut), then tetanus immunoglobulin need not be given irrespective of vaccination history If the patient is immunocompetent, has completed their primary tetanus immunisations (3 doses each 1 month apart)) and has had 0, 1 or 2 boosters so that they are fully up to date with their tetanus immunisations based on their age (ie: has had the correct number of tetanus doses at the appropriate intervals) then tetanus immunoglobulin is only required if the wound is tetanus prone **AND** high risk (see below). For all other patients (eg: unvaccinated/incomplete/uncertain immunisations and/or immunocompromised patients), tetanus immunoglobulin will be required for all tetanus-prone wounds. A **tetanus prone wound** is: 1. Any wound or burn that requires surgical intervention that is delayed for more than six hours. 2. Wounds or burns in patients with systemic sepsis. 3. Any wound or burn at any interval after injury that shows one or more of the following characteristics: I) A significant degree of devitalised tissue II) Puncture type injury, particularly where there has been contact with soil or manure III) Wounds containing foreign bodies IV) Compound Fractures A ***high risk*** **tetanus-prone wound** is a tetanus prone wound (as above) which has heavy contamination with material likely to contain tetanus spores and/or extensive devitalised tissue. Injecting drug users who may be at risk from tetanus-contaminated illicit drugs, especially when they have sites of focal infection such as skin abscesses that may promote growth of anaerobic organisms.
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Previous reaction to immunoglobulin.

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Seek further advice and document advice and action	If immunoglobulin is used, consideration should be given to also administering or providing antibacterial prophylaxis - discuss with doctor. Discuss with doctor if patient is pregnant
Action if patient declines or is excluded	Specialist advice must be sought on the particular circumstances. The risk to the individual of not being treated must be taken into account. Document advice given and action taken. Inform or refer to GP as appropriate.
Drug Details	
Name, form & strength of medicine	Tetanus immunoglobulin of human origin (HTIG) injection 250iu in an ampoule (volumes may differ but will be stated)
Legal status	Prescription Only Medicine (POM)
Route/Method	By slow intramuscular injection. The immunoglobulin can be administered via the deep subcutaneous route only where there is a bleeding disorder. Not suitable for intravenous use (risk of shock) When administered with a reinforcing dose of vaccine use separate sites. Volumes may vary and where larger volumes are needed (>2ml for children & >5ml for adults) the dose should be split between different sites.
Dosage	*250 unit immunoglobulin:* Less than 24 hours since injury *500 unit immunoglobulin:* Greater than 24 hours since injury Heavily contaminated wound e.g. with horse manure Following burns
Frequency	One dose
Side effects	Occasional side effects include fever, and chills. Provide manufacturers patient information leaflet. If there are any concerns about adverse effects to the vaccination to contact their clinic, GP, out of hours centre, MIU or A & E.
Advice to patient/carer	Advice about completion of tetanus vaccine course to fulfil 5 doses overall. Advise not to have live vaccines for three months (or 5 months in the case of measles vaccine)

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Staff Characteristics	
Professional qualifications	Nurses on the NMC Register
Specialist competencies or qualifications	Has a working knowledge of AND access to, the Department of Health website 'Immunisation against infectious diseases' Is trained as an Emergency Nurse Practitioner and working in a minor injuries unit Has undertaken appropriate training for working under PGDs for the supply and administration of medicines Has undertaken training in the management of anaphylaxis
Continuing education & training	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	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Dose administered, batch details and expiry Sites of administration if the vaccine is also administered Advice given to patient (including side effects) Signature/name of staff who administered the medication Details of any adverse drug reaction and actions taken including documentation in the patient's medical record.
References/Resources and comments	Current version of Immunisation against Infectious Diseases and updates. Department of Health website (Green Book): Summary of Product Characteristics. BNF.
Clinical Authorisation	
Lead Doctor	Dr Andrew Sant, Medical Director Signature: A J S Date: 12/10/17
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature: Date: 11 Oct 17
Organisational Authorisation	
On behalf of WHCT	Michelle Clarke, Director of Nursing & Quality Signature: Michelle Clarke Date: 12/10/17
Patient Group Direction Peer Reviewed by	
Senior Nurses MIU	

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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