

Administration**PATIENT GROUP DIRECTION (PGD) FOR:****HIGH FLOW OXYGEN FOR CHILDREN/YOUNG PERSONS UNDER 18**

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

Clinical Condition	
Indication	To treat or prevent hypoxia/hypoxaemia
Inclusion criteria	Children presenting with: Hypoxia from any cause Cardiac or respiratory arrest Respiratory distress or compromise Sudden or unexplained loss of consciousness/ neurological deficit Circulatory compromise Airway obstruction Collapse or unwell and collapse anticipated
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Paraquat poisoning
Cautions - Seek further advice from doctor before proceeding and document advice	Fire hazard Remove free flowing oxygen when defibrillators are in use – burns have been reported.
Further information	
Action if patient declines or is excluded	Refer to supervising doctor or A & E. Document refusal or action taken in patient's records


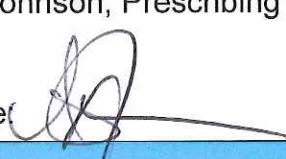

Drug Details	
Name, form & strength of medicine	Oxygen gas
Legal status	GSL
Route/Method	In cases of child/young person who is still breathing, oxygen is given via either a paediatric or adult size non re-breathe mask with reservoir. In cases of child/young person who is not breathing, oxygen is given via a pocket mask, or paediatric or adult size bag-valve mask device.
Dosage	Give 100% oxygen
Frequency	Continuous - to maintain oxygen saturations at 94-98% until urgent assessment performed by doctor or paramedic.
Quantity to administer	Flow rate 15 L/minute

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Side effects	Prolonged inhalation may cause dry mouth, coughing and fatigue.
Advice to patient/carer	If appropriate explain why oxygen is being used and its effects If appropriate give the child/carer verbal instructions on how to use the mask
Follow up	Monitor ABCDEs and oxygen saturations, refer patient for urgent follow up with Doctor or transfer to A & E. If oxygen therapy is to continue, it must be prescribed.

Staff Characteristics	
Professional qualifications	Any member of health care staff who has attended the training listed below
Specialist competencies or qualifications	Has undertaken current training in Paediatric BLS including an airway skills station, or paediatric ILS training or EPLS training. Is competent to work under PGDs
Continuing education & training	The practitioner should be aware of any change to the recommendations for the product listed.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis, Advice given to patient (including side effects), Signature/name of staff who administered or 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)
References/Resources and comments	Current Edition of European Paediatric Life Support Manual. UK Resuscitation Council.
Clinical Authorisation	
Lead Doctor	Dr Andrew Sant, Medical Director Signature:  Date: 27/11/17
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature:  Date: 30.11.17
Organisational Authorisation	
On behalf of the organisation	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 23/11/17
Patient Group Direction Peer Reviewed by	
Philip Bell, Senior Resuscitation Officer	

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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

