

**Administration****PATIENT GROUP DIRECTION (PGD) FOR****LIDOCAINE 1% INJECTION FOR USE WITH MIDLINE**

**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 local anaesthesia to assist the insertion or removal of Central Venous Access Devices (CVADs) by nurses in the IV Therapy Team.
<b>Inclusion criteria</b>	Patients 18 years and over requiring local anaesthesia for the insertion or removal of a CVAD
<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 Weight less than 40Kg Previous allergic reactions to local anaesthetics Hypovolaemia (e.g. through fluid loss) Known impaired cardiac conduction, heart block
<b>Cautions - Seek further advice from doctor before proceeding and document advice</b>	Third trimester of pregnancy
<b>Further information</b>	Dose used must take into account the patient's age, weight, physique, clinical condition. Great care must be taken to avoid accidental intra-venous injection There are no clinically significant interactions expected if administered as stated
<b>Action if patient declines or is excluded</b>	Refer to doctor. Proceed without anaesthesia. Explain consequences to patient and document in notes.


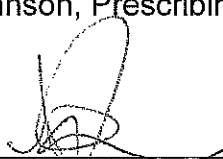

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<b>Drug Details</b>	
<b>Name, form &amp; strength of medicine</b>	Lidocaine hydrochloride 1% injection 1ml (10mg)
<b>Legal status</b>	Prescription Only Medicine (POM)
<b>Route/Method</b>	Sub-cutaneous injection
<b>Dosage</b>	As required to maintain local anaesthesia. Usually 2-20mg titrated by 2- 5mg each increment up to a maximum of 20mg in total.
<b>Frequency</b>	Single administration
<b>Quantity to administer</b>	Max 20mg
<b>Side effects</b>	Whilst unlikely when given subcutaneously, the following are potential adverse effects: confusion, respiratory depression, convulsions; hypotension, bradycardia. In the event of side effects, refer to doctor and monitor and record vital signs, use oxygen therapy and airway management as appropriate.
<b>Follow up</b>	Advise as appropriate

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<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Nurses on the NMC Register
<b>Specialist competencies or qualifications</b>	A registered nurse, who is a member of the IV therapy team and who has undertaken appropriate training for working under PGDs for the supply and/or administration of medicines and in the management of anaphylaxis
<b>Continuing education &amp; training</b>	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
<b>Referral Arrangements and Audit Trail</b>	
<b>Records/audit trail</b>	Patient's name, address, date of birth, Contact details of GP (if registered), Treatment 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 (CareNotes), Referral arrangements (including self-care).
<b>References/Resources and comments</b>	Current versions of SPC – Summary of Product Characteristics & BNF – British National Formulary
<b>Clinical Authorisation</b>	
<b>Lead Doctor</b>	Dr John Devapriam, Medical Director  Signature:  Date: 28/7/18
<b>Lead Pharmacist</b>	Dr Alex Johnson, Prescribing Support Pharmacist  Signature:  Date: 11/7/18
<b>Organisational Authorisation</b>	
<b>On behalf of Worcestershire Health and Care NHS Trust</b>	Michelle Clarke, Director of Nursing & Quality  Signature:  Date: 5/7/18
<b>Patient Group Direction Peer Reviewed by</b>	
Rebecca Lloyd	Lead IV Therapy Nurse

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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.

<b>Name of Professional</b>	<b>Signature</b>	<b>Authorising Manager</b>	<b>Date</b>