# Administration
## PATIENT GROUP DIRECTION (PGD) FOR
## LIDOCAINE 1% INJECTION

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

| **Clinical Condition** | |
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| **Indication** | **For local anaesthesia** |
| **Inclusion criteria** | Patients requiring surface analgesia for etonogestrel 68mg implant insertion and removal |
| **Exclusion criteria**<br>If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber | Previous allergic reactions to local anaesthetics<br>People with porphyria<br>Hypovolaemia (e.g. through fluid loss)<br>Known impaired cardiac conduction.<br>Bradycardia (Pulse rate less than 60 beats per minute).<br>Pregnancy<br>Impaired renal or hepatic function |
| **Cautions - Seek further advice from doctor before proceeding and document advice** | Dose used must take into account the patient's age, weight, physique, clinical condition, the degree of vascularity of the area involved and the duration of the administration.<br>Great care must be taken to avoid accidental intra-venous injection<br>Be aware of other injections of 1% lidocaine that the patient may have received the same day e.g for another procedure or at the dentist.<br>Maximum arterial plasma concentrations occur within 10-25 minutes therefore patients should be observed for 30 minutes following injection.<br>Check for onset of adequate anaesthesia before commencing procedure. |
| **Action if patient declines or is excluded** | Refer to doctor if patient cannot be treated under PGD<br>Document refusal or action taken in patient's records |
| **Drug Details** | |
| **Name, form & strength** | Lidocaine hydrochloride 1% injection 2ml |
| **Legal status** | Prescription Only Medicine (POM) |
| **Route/Method** | Local tissue infiltration |
| **Dosage** | As required to maintain local anaesthesia |
| **Frequency** | See above. Maximum recommended dose for lidocaine is 200mgs in a 24 hour period.<br>This is the equivalent of 20mls of 1% lidocaine. |
| **Quantity to administer** | 0.5 – 2.5mls |
| **Side effects** | Rarely confusion, respiratory depression, convulsions, bradycardia. |
| **Advice to patient/carer** | Advise patient full anaesthesia may remain for up to 90 minutes<br>Normal sensation may take several hours to return fully.<br>Any other procedure within previous 24h needing local anaesthetic – if so please notify staff. |

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| **Staff Characteristics** | |
| **Professional qualifications** | Nurses on the NMC Register |
| **Specialist competencies or qualifications** | Is trained in the insertion of etonogestrel 68mg implant<br>Has undertaken training in the management of anaphylaxis<br>Has undertaken appropriate training for working under PGDs for the supply and administration of medicines |
| **Continuing education & training** | 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. |
| **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.<br>Advice given to patient (including side effects)<br>Signature/name of staff who administered the injection<br>Details of any adverse drug reaction and actions taken including documentation in the patient's medical record<br>Complete departmental PGD usage log form |
| **References/Resources and comments** | SPC – Summary of Product Characteristics<br>BNF – British National Formulary |
| **Clinical Authorisation** | |
| **Lead Doctor** | Dr John Devapriam, Medical Director<br>Signature: Date: 27/9/18 |
| **Lead Pharmacist** | Dr Alex Johnson, Prescribing Support Pharmacist<br>Signature: Date: 26.9.18 |
| **Organisational Authorisation** | |
| **On behalf of the organisation** | Michelle Clarke, Director of Nursing & Quality<br>Signature: Date: 27/9/18. |

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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 |
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