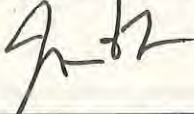
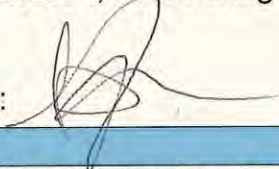
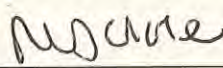


Administration**PATIENT GROUP DIRECTION (PGD) FOR****SODIUM CHLORIDE 0.9% INFUSION - AGE 10 AND OVER**

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

Clinical Condition	
Indication	Fluid replacement and for patients 10 years of age and older who are haemodynamically unstable and in danger of cardiovascular collapse.
Inclusion criteria	Urine volume less than 0.5ml/kg/hr External haemorrhage Patients who present with signs of haemodynamic instability; Peripheral cyanosis Reduced level of consciousness Hypotension - less than 90 mmHg systolic Tachycardia with heart rate more than 110 Capillary refill time (CRT) more than 2 seconds
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a doctor	Patients with severe cardiac failure / cardiogenic shock Patients who have any evidence of extravasation, pain, discomfort, swelling, phlebitis or reddening around the cannula site and re-cannulation has failed
Caution	Patients with pre-existing cardiac disease, impaired renal function or oedema – if unsure discuss with doctor or transfer to A & E as appropriate. If patient develops shortness of breath stop infusion and await medical/paramedical support
Action if patient declines or is excluded	Refer to doctor / transfer to A & E. Document accordingly
Drug Details	
Name, form & strength	Sodium Chloride Injection BP 0.9% for intravenous infusion
Legal status	Prescription Only Medicine (POM)
Route/Method	Intravenous infusion
Dosage	500ml over 5 – 10 minutes 200ml over 5 – 10 minutes for patients with suspected cardiac compromise
Duration of treatment	Single dose whilst waiting medical /paramedical support Where there is a delay in support arriving the dose may be repeated if after assessment the patient still needs IV fluid replacement
Quantity to administer	500ml
Side effects	Administration of large quantities may give rise to sodium accumulation, oedema and hyperchloraemic acidosis
Advice to patient/carer	Patients should be advised to inform nursing staff if they develop any shortness of breath or if the cannula becomes painful, swollen or dislodged. Advise to avoid pulling or tampering with the cannula.

Administration
PATIENT GROUP DIRECTION (PGD) FOR
SODIUM CHLORIDE 0.9% INFUSION - AGE 10 AND OVER

Staff Characteristics	
Professional qualifications	Registered nurses and paramedics
Specialist competencies or qualifications	As above after discussion and agreement with the MIU lead. Has completed the PGD online Open Learning Package and is therefore competent to supply and administer medicines under PGDs in this trust. Has a current UK Resuscitation Council ALS or ILS qualification
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), Diagnosis. Volume supplied, batch & expiry. 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)
References/Resources and comments	Current versions of Resuscitation Council Guidance & BNF
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature:  Date: 9/2/19
Lead Pharmacist	Dr Alex Johnson, Prescribing Support Pharmacist Signature:  Date: 10.7.19
Organisational Authorisation	
On behalf of Worcestershire Health and Care NHS Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 8/7/19

Administration

PATIENT GROUP DIRECTION (PGD) FOR

SODIUM CHLORIDE 0.9% INFUSION - AGE 10 AND OVER

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

