

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## Patient Group Direction

for the administration of

# Aspirin 300mg soluble tablet

by registered **Nurse** for

**Patients over 16 years of age with suspected myocardial infarction or acute coronary syndrome awaiting transfer to Accident and Emergency Department (A&E)**

If aspirin is given before arrival at hospital a note saying that it has been given should be sent with the patient

Version Aspirin PGD 2015 v1

### Change history

Version number	Change details	Date
February 2015	Reviewed to <ul style="list-style-type: none"> <li>• NICE Good Practice Guidance on Patient Group Directions and the Competency framework for healthcare professionals using Patient Group</li> <li>• BNF September 2014-March 2015</li> <li>• Summaries of Product Characteristics SPCs in the Electronic Medicines Compendium eMC</li> </ul>	11/02/2015

Reference Number: Aspirin PGD 2015 v1

Valid from: 1<sup>st</sup> March 2015

Expiry date: 28<sup>th</sup> February 2017

## PGD Development

	Name	Job title	Organisation
Lead author	Caroline Crouch	Medicines management Pharmacist	North West CSU
Lead doctor (or dentist)			
Lead pharmacist	Helen Stubbs	Senior Pharmacist	North West CSU
Representative of other professional group using PGD			

## PGD Signatories

PGD signatories - Aspirin 300mg soluble tablet	
Lead Doctor	Name: Dr Saket Jalan Position: CCG Prescribing Lead Signature: _____ Date: _____
Lead Pharmacist	Name: Steve Riley Position: Senior Prescribing Adviser Signature: _____ Date: _____
Lead Nurse	Name: Sue Smith Position: Lead Nurse Quality and Patient Safety Signature: _____ Date: _____

## PGD Authorisation

Organisational Authorisation by	Name: Lorna Quigley Position: Director of Quality and Patient Safety Signature: _____ Date: _____
Optional local Signatory	Name: _____ Position: _____ Signature: _____ Date: _____

## Training and competency of registered health professionals

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	Registered Nurse having valid registration with the Nursing and Midwifery Council (NMC) and working within Wirral CCG Unplanned Care Services and GP Practices The nurse will have due regard for the NMC Code of Conduct, Scope of Professional Practice and Standards of Administration for nurses
Initial training	<ul style="list-style-type: none"> <li>Received training to undertake supply and administration of medicines under Patient Group Directions.</li> <li>Received specific training in the use of this PGD</li> <li>The nurse should have achieved the competency levels specified in the NICE Competency Framework for Health Professionals using Patient Group Directions</li> </ul>
Competency assessment	Maintenance of own level of updating with evidence of continued professional development (PREP requirements)
Ongoing training and competency	<ul style="list-style-type: none"> <li>Annual update on resuscitation skills and the management of anaphylaxis in the community.</li> <li>Able to provide evidence of continued professional development i.e. meeting Post-Registration Education &amp; Practice (PREP) requirements</li> </ul>

## Clinical condition

<b>Clinical condition or situation to which this PGD applies</b>	<p>Patients presenting with suspected acute myocardial infarction or acute coronary syndrome awaiting transfer to A&amp;E</p> <p><b>This Patient Group Direction should only be used where there is no medical practitioner or nurse prescriber available to assess and treat the patient</b></p> <p><b>This is a medical emergency dial 999 for an ambulance</b></p>
<b>Inclusion criteria</b>	<p>Patients presenting with severe central chest pain and other associated features of myocardial infarction or acute coronary syndrome who are adults over 16 years old with valid consent</p>
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• Children under 16 years of age</li> <li>• No valid consent</li> <li>• Haemophilia and other bleeding disorders</li> <li>• Severe hepatic disease</li> <li>• Active peptic ulceration or recent history of gastro-intestinal bleed</li> <li>• Breast feeding or pregnant women</li> <li>• Known hypersensitivity to aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) e.g. asthma attacks precipitated</li> <li>• Current treatment with anticoagulants eg warfarin, heparin,</li> <li>• Has already been given an extra dose of aspirin 300mg for current episode (e.g. by other first contact service)</li> <li>• Has received other thrombolytic drugs within the last 24 hours</li> </ul>
<b>Cautions (including any relevant action to be taken)</b>	<ul style="list-style-type: none"> <li>• Patients already taking aspirin (except low dose 75mg)</li> <li>• History of bronchospasm, asthma, renal or hepatic impairment</li> <li>• Uncontrolled hypertension</li> <li>• Previous history of haemorrhagic stroke</li> <li>• Patients prescribed potentially interacting medication</li> </ul>
<b>Arrangements for referral for medical advice</b>	<p>Immediate transfer to Accident and Emergency Arrowe Park Hospital.</p> <p>Suspected life threatening condition needing appropriate treatment as soon as possible</p>
<b>Action to be taken if patient excluded or declines treatment</b>	<p>If the patient is excluded or declines refer patient to Accident and Emergency Department (A&amp;E) or medical practitioner immediately</p> <p>Document action or refusal in patient's record.</p>

## Details of the medicine

<b>Name, form and strength of medicine</b>	Aspirin 300mg soluble tablets
<b>Legal category</b>	P
<b>Black triangle</b>	No
<b>Indicate any <u>off-label use</u> (if relevant)</b>	N/A
<b>Route</b>	One Aspirin 300mg tablet to be dissolved in water (or chewed) and swallowed immediately. If chewed, give patient a little water to drink.
<b>Dose and frequency</b>	Single dose
<b>Quantity to be administered</b>	300mg as a single dose
<b>Maximum or minimum treatment period</b>	One dose only
<b>Adverse effects</b>	<p>May cause nausea and vomiting</p> <p>Other side effects include: Hypersensitivity reactions bronchospasm and gastric haemorrhage</p> <p>This list is not exhaustive – refer to current BNF for a complete list.</p> <p>All suspected adverse reactions occurring in individuals of any age following administration should be documented and reported to the Medicines Healthcare products Regulatory Agency (MHRA) via yellow card system. <a href="https://yellowcard.mhra.gov.uk">https://yellowcard.mhra.gov.uk</a></p> <p>The GP should also be informed and an incident form completed.</p>
<b>Records to be kept</b>	<p>Record fully in Trust, clinical record / GP records and as required in parent held records</p> <ul style="list-style-type: none"> <li>• Patient's name and date of birth</li> <li>• Treatment given including dose and route of administration</li> <li>• Frequency of administration and duration of treatment</li> <li>• Date and time given</li> <li>• Brand, batch and expiry date of any products used</li> <li>• Signature and name of the person administering the medication</li> <li>• Consent obtained</li> <li>• Advice given</li> <li>• State PGD has been followed and record treatment plan in patient's notes</li> <li>• An electronic or manual record of all individuals receiving immunisation under this PGD should be kept for audit purposes.</li> </ul>

Reference Number: Aspirin PGD 2015 v1

 Valid from: 1<sup>st</sup> March 2015

 Expiry date: 28<sup>th</sup> February 2017

	If the patient consents, details of the consultation should be sent to their GP.
--	--

## Patient information

<b>Information to be given to patient or carer</b>	Importance of immediate transfer to Accident and Emergency Department, Arrowe Park Hospital and the need for appropriate treatment as soon as possible  Importance of passing on the note saying that a dose of Aspirin 300mg has already been administered to a member of the A&E team
--	---

## Appendices

### Appendix A Key references

1. BNF September 2014-March 2015.
2. NICE CG94 Unstable angina and NSTEMI: The early management of unstable angina and non-ST-segment-elevation myocardial infarction  
<http://www.nice.org.uk/guidance/cg94/chapter/key-priorities-for-implementation>
3. NICE Good Practice Guidance on Patient Group Directions and the Competency framework for healthcare professionals using Patient Group  
<http://www.nice.org.uk/mpc/goodpracticeguidance/GPG2.jsp>

## Appendix B

### Health professionals' agreement to provide Aspirin 300mg soluble tablet to patients with suspected myocardial infarction or acute coronary syndrome awaiting transfer to Accident and Emergency Department (A&E)

<b>Practitioner</b>	I have read and understood the Patient Group Direction and agree to supply and/or administer this medicine only in accordance with this PGD
Name	
Signature	
Date	

<b>Senior Representative (Clinical)</b>	I give authorisation on behalf of the Wirral CCG, including the Unplanned Care Service, for the named Health Care Professional who has signed this PGD to administer the medication as prescribed within this direction.
Name	
Signature	
Date	