Patient Group Direction for the Supply of Salbutamol Inhaler to patients receiving treatment from NHS Borders Emergency Department/Out of Hours/Minor Injury Units

This document authorises the supply or administration of Salbutamol Inhaler by Registered Nurses to patients who meet the criteria for inclusion under the terms of the document

The Registered Nurses seeking to supply Salbutamol Inhaler must ensure that all patients have been screened and meet the criteria before supply takes place

The purpose of this Patient Group Direction is to allow management of asthma in NHS Borders by Registered Nurses in the absence of medical support

PGD previously approved: November 2004

This direction was authorised on: November 2010

The direction will be reviewed by: November 2012

Clinician Responsible for Training and Review: Emergency Department Consultant

PGD Reviewed by: Jacques Kerr, Beverly Meins

Patient Group Direction for the administration of Salbutamol Inhaler without a prescription for a named individual by Registered Nurses employed by NHS Borders.

1. This Patient Group Direction relates to the following specific preparation:

Name of medicine, Strength, Formulation	Salbutamol CFC free Aerosol Inhaler 100 micrograms per actuation
Legal status	Prescription Only Medicine (POM)
Storage	Store below 30°C (86°F). Protect from frost and direct sunlight. As with most inhaled medications in aerosol canisters, the therapeutic effect of this medication may decrease when the canister is cold. The canister should not be broken, punctured or burnt, even when apparently empty.
Dose	1-2 puffs
Route/method	By inhalation
Frequency	4 times a day either regularly or as required
Total dose Quantity (Maximum/Minimum)	Maximum 4 times daily (8 puffs/800 micrograms daily) Maximum supply – 1 inhaler
Advice to Patients	❖ Advise on appropriate use with review of inhaler technique. ❖ Advise on the importance of always carrying the inhaler and/or obtaining repeat prescription in a timely manner. ❖ If asthmatic and using salbutamol regularly then recommend need for review by asthma nurse or doctor
Relevant Warnings	**Anaphylaxis** – to be treated as per the NHS Borders anaphylaxis protocol/PGD. Hypersensitivity reactions including paradoxical bronchospasm and urticaria May cause fine tremor (usually the hands) Nervous tension Headache Arrhythmias, palpitations, tachycardia Mouth and throat irritation

Follow up Arrangements	Patient should arrange for supply of regular inhaler through usual channels as soon as possible.

2. Clinical condition

Clinical Condition to be treated	Patient with a previous diagnosis of asthma who requires the use of a short acting bronchodilator.
Criteria for inclusion	❖ Patient with a previous diagnosis of asthma or COPD, requesting a supply of a Salbutamol inhaler, having run out of their regularly prescribed Salbutamol inhaler ❖ Patient unable to obtain an emergency supply from a local pharmacy. ❖ Patient must currently be prescribed Salbutamol inhaler by their GP. ❖ The nurse must be reasonably assured that the request is genuine.
Criteria for exclusion	❖ Patient did not satisfy the nurse of genuine need. ❖ Patient has not previously been prescribed Salbutamol inhaler. ❖ Patient does not have a previous diagnosis of asthma or COPD.
Action if excluded or declines	The patient must be referred to a doctor and the reason for referral should be documented. It is the responsibility of the staff using this PGD to ensure that treatment with this medication is appropriate. If in any doubt advice should be sought and recorded before the drug is administered.
Interactions with other medicaments and other forms of interaction	Salbutamol and non-selective beta-blocking drugs such as Propranolol should not normally be used together.
Referral	The patient may be referred to a doctor at any stage, if this is necessary, in the professional opinion of the nurse. Patients should be referred to a doctor if treatment proves to be ineffective in relieving the symptoms.

3. Records: As per department protocol

1. The following records should be kept (either paper or computer based)

The GP practice, clinic, hospital, and ward or department
The patient name and CHI number
The medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered
Drug batch number and expiry
The signature and printed name of the approved healthcare professional that supplied or administered the medicine
The patient group direction title and/or number
If patient met the inclusion criteria and if the exclusion criteria was assessed
Quantity supplied / received and current stock balance

2. Preparation, audit trail, data collection and reconciliation
Stock balances should be reconcilable with receipts, administration records and disposals on a patient by patient basis.

3. Storage
Store below 30°C (86°F). Protect from frost and direct sunlight. As with most inhaled medications in aerosol canisters, the therapeutic effect of this medication may decrease when the canister is cold. The canister should not be broken, punctured or burnt, even when apparently empty.

4. Professional Responsibility

- All Health Professionals will ensure they have the relevant training and are competent in all aspects of medication use, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate. For those involved in immunization, regular anaphylaxis updates are mandatory.
- Nurses will have due regard for the NMC Code of Professional Conduct, standards for conduct, performance and ethics (2008) and NMC Standards for Medicines Management (2008)

5. References

- British National Formulary (BNF) current edition http://bnf.org/bnf/index.htm
- Borders Joint Formulary (BJF) http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1
- SPC Ventolin Evohaler www.medicines.org.uk

Patient Group Direction for provision and/or administration of Salbutamol Inhaler by health professionals employed by NHS Borders

This Patient Group Direction is approved for use by the under-signed :			
Job Title	**Name**	**Signed**	**Date**
Senior Doctor/Dentist for relevant clinical area	Ross Cameron		
NHS Borders Director of Pharmacy	Alison Wilson		
NHS Borders Senior Health Professional for Clinical Area	Isabel Swan		

PGD AUTHORISED ON ……. /……. /…….. BY NHS BORDERS ADTC/CHAIRPERSON

Signed by ADTC CHAIRPERSON: ……..
Name: ……

The Health Professionals named below, being employees of NHS Borders based at the Emergency Department/Out of Hours/Minor Incident Units are authorised to provide and/or administer this medication under this Patient Group Direction and agree to provide and/or administer this medication in accordance with this Patient Group Direction

Name of Health Professional	Job Title	Signed	Date