Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare 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. Healthcare professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the administration of

Salbutamol CFC free aerosol inhaler 100 micrograms per actuation

for emergency treatment of acute exacerbation of asthma in patients from 2 years old and/or acute exacerbation of respiratory symptoms in adults

by registered dental hygienists and dental therapists

in Powys Teaching Health Board (PTHB) Dental Community Clinics

Version number: PGD 0150 B

Reference Number: PGD 0150 B
Valid from: 16/06/25
Review date: 16/12/27
Expiry date: 15/06/28

Change history

Version number	Change details	Date
PGD0150	Initial version	12/06/2019
PGD0150A	Review version to include minor formatting changes, safeguarding contacts.	13/06/22
PGD 0150B	Review in line with current reference sources (clinical changes throughout to reflect current reference sources). Title amended to clarify preparation of salbutamol. 'PGD adoption by provider' box removed, following confirmation that the PGD is only used by PTHB employees. Minor changes to format, and requirements listed in the **training and competency** section to promote consistency with other PTHB PGDs. The list of possible adverse effects commonly reported with salbutamol inhaler have been removed at the request of the service.	16/06/2025

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	6/4/2025
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	6/9/2025
Senior representative of professional group using the PGD **Dr Warren Tolley**	Lead Dentist for PTHB	Signed by: Warren Tolley 772F6B138CB0426...	6/16/2025
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	6/17/2025

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2**.

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires.

[1] This includes any relevant amendments to legislation.

Training and competency of registered health professionals

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered professional with the following body: • Dental hygienists and dental therapists registered with the General Dental Council (GDC) The registered health professional should have a current contract of employment with Powys Teaching Health Board (PTHB). Practitioners must also fulfil the Additional requirements listed below. Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Initial training and knowledge requirements	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training in: • The administration of Salbutamol CFC free aerosol inhaler 100 micrograms per actuation and knowledge of its uses, contraindications, adverse effects and storage requirements • The competencies to undertake clinical assessment of patients ensuring safe provision of the medicine listed in accordance with local policy. Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • must have undertaken and completed at least level 2 Safeguarding of Children, Young People and Vulnerable Adults, as applicable to the role • must be familiar with the product and alert to changes in the BNF and Summary of Product Characteristics • must have undertaken training appropriate to this PGD as required by local policy • must have received training and be competent in the recognition, management of, and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Basic Life Support (BLS) as appropriate to setting. • must have access to the PGD and associated online resources

	THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT. **THE DECISION TO ADMINISTER ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED HEALTH PROFESSIONAL WHO MUST ABIDE BY THE PGD AND ANY ASSOCIATED ORGANISATIONAL POLICIES.**
Competency assessment	• Evidence of ongoing PGD training to be submitted to Line Manager annually- this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. • Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency framework for health professionals using patient group directions. • Individuals operating under this PGD must be assessed as competent (see Appendix A) and complete a self-declaration of competency in their Personal Appraisal and Development Review (PADR) to operate under this PGD. The **personal development plan** (yellow) section of the PADR booklet (where relevant) should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning. • Evidence of training in BLS, anaphylaxis and safeguarding.
Ongoing training and competency	• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. • Updating at least every 2 years, or earlier in response to new local/national guidance, on the use of PGDs and salbutamol CFC free aerosol inhaler 100 micrograms per actuation. • Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, BLS, with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. • Compliance with all mandatory NHS training, including safeguarding at the level relevant to the role. • Evidence of ongoing/ refresher PGD training to be submitted to Line Manager annually. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

Clinical condition

Clinical condition or situation to which this PGD applies	• Emergency treatment of acute exacerbation of asthma (mild, moderate and severe) in patients aged 2 years and over (provided that reliance on it does not delay the introduction and use of regular inhaled corticosteroid therapy) or acute exacerbation of respiratory symptoms in adults (symptoms suggesting acute reversible airways obstruction in adults with known Chronic Obstructive Pulmonary Disease (COPD)) **It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Inclusion criteria	• Patient aged 2 years or over, with a previous diagnosis of asthma, requiring emergency treatment of acute (mild, moderate, or severe) asthma, assessed by the presence of any symptoms of asthma (also see NICE: Acute exacerbation of asthma and SIGN 158): ○ Increasing symptoms: for example, chest tightness, wheezing, coughing, difficulty breathing, variable expiratory airflow limitation ○ Use of accessory muscles of breathing ○ Inability to complete sentences in one breath, children too breathless to talk or feed ○ Cyanosis, drowsy, exhaustion, poor respiratory effort, confusion (may be a sign of hypoxia); oxygen saturation on air less than 92%; hypotension; 'silent chest', altered conscious level, arrhythmia OR • Adult patient with acute exacerbation of respiratory symptoms (symptoms suggesting acute reversible airways obstruction in adults with a known diagnosis of COPD) presenting with acute onset of a sustained worsening of symptoms beyond the patients' usual day-to-day variation - commonly reported symptoms include: ○ Worsening breathlessness ○ Increased cough ○ Increased sputum production and purulence ○ Change in sputum colour ○ Increased wheeze and chest tightness ○ Fever without an obvious source ○ Upper respiratory tract infection in the past 5 days ○ Increased respiratory rate or heart rate increase 20% above baseline ○ Reduced exercise tolerance

	○ Anke swelling ○ Increased fatigue ○ Impaired cognition **IMPORTANT: patients with severe or life-threatening asthma attacks may not appear distressed and may not display all of the symptoms. The presence of ANY symptom should alert the practitioner to act.** • Medical and drug history taken, no reason for exclusion • Informed consent, from the individual or a person legally able to act on their behalf, should be obtained prior to administration and recorded appropriately. Where a person lacks capacity, in accordance with the Mental Capacity Act 2005, a decision to treat may be made in the individual's best interests. Refer to PTHB Consent to Treatment and Examination Policy. The individual should be informed they are being treated using a PGD. **Consent to treatment** If the patient is unable to give consent due to a life-threatening situation, or if parent/carer is not present, salbutamol should be administered where treatment is judged to be in the best interests of the patient. **In the context of the clinical scenario described in this PGD the patient may not be able to make an informed choice nor consent to treatment. Therefore, the clinician should act in the best interests of the patient at all times and within their professional competency and code of conduct.** In case of any doubt, contact medical team or emergency services. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Exclusion criteria (Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Under 2 years of age • Known allergy or hypersensitivity to salbutamol and/or any ingredient of the medicine (see SPC www.medicines.org.uk for full list) Some brands may contain lactose. This may be relevant for patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption – check specific SPC if relevant and appropriate taking into account any emergency situation. • Must not be used to arrest uncomplicated premature labour or threatened abortion.

	• Conditions outside of the clinical situations criteria such as breathlessness caused by physical obstruction caused by a foreign body, heart failure or pneumothorax. Refer to sections "Action to be taken if patient is excluded" or "Action to be taken if patient declines treatment".

Cautions /reasons for seeking further advice from a prescriber	**NB.** Cautions listed are only for non-life-threatening situations. **Where a caution is present the practitioner should be aware of the possible effects of administration but should continue to administer where the benefit outweighs risk.** • Pregnancy and/or breast feeding: salbutamol may be used when clearly necessary when the expected benefit to the mother is likely to outweigh any potential risk • Hyperthyroidism • Thyrotoxicosis • Patients with underlying severe heart disease (eg. severe heart failure, ischaemic heart disease, or arrythmia) should be warned to seek medical advice if they experience chest pain or other symptoms of worsening heart disease • Patients with coronary insufficiency, hypertrophic obstructive cardiomyopathy, arterial hypertension, known tachyarrhythmias • Diabetes (risk of hyperglycaemia and ketoacidosis- requires blood glucose monitoring) • Hypokalaemia: Potentially serious hypokalaemia may result from beta-2 agonist therapy. Particular caution is advised in acute severe asthma or COPD as hypokalaemia may be potentiated by hypoxia and by concomittant treatment with xanthine derivatives, steroids, diuretics, laxatives and many other medicines. See BNF for list of other medicines which may contribute to hypokalaemia- serum potassium levels should be monitored in such situations. In severe asthma, plasma-potassium concentration should be monitored (risk of hypokalaemia). • Susceptibility to QT-interval prolongation • Hypertension and other cardiovascular diseases • Lactic acidosis has been reported after the use of high doses of salbutamol • As with other inhalation therapy, paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should be treated by discontinuing the salbutamol inhaler immediately, assessing the patient, and if necessary, a different fast-acting bronchodilator instituted for on-going use. Refer to BNF/SPC www.medicines.org.uk for complete information. Discuss with appropriate prescriber if the individual has multiple allergies, or any medical condition or medication of which the healthcare professional is unsure or uncertain- contact the local senior on call clinician for advice if required.

	All patients with acute exacerbation of asthma must be referred to a doctor/prescriber immediately for urgent assessment to ensure patient has a sufficient concomitant prescription of an inhaled corticosteroid. • If possible, check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. Refer to the Drug Interactions section. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to the Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads

Arrangements for referral for medical advice	• **Dial 999 and request urgent paramedic attendance in emergency.** • Consider the need for immediate transfer to hospital, in line with NICE CKS: Acute exacerbation of asthma, BTS/ SIGN 158 British Guideline on the Management of Asthma, or NICE CKS Acute exacerbation of chronic obstructive pulmonary disease, or NICE guideline NG115- COPD in over 16s: diagnosis and management • Call medical cover for advice, document the advice given and if possible, explain reasoning to patient/carer. • **NB. All patients with acute exacerbation of asthma must be referred to a doctor/prescriber immediately for urgent assessment and to ensure patient has a sufficient concomitant prescription of an inhaled corticosteroid.** • In addition, also inform the patients GP within 24 hours to enable review.
Action to be taken if patient excluded	**Salbutamol can be lifesaving.** • If the patient is excluded from treatment under this PGD, call 999 for emergency services/refer to Doctor without delay. • Explain reason to patient/carer and record reason.
Action to be taken if patient declines treatment	• If possible, explain consequences of refusing treatment and discuss alternative sources of treatment. • Document refusal and advice given in patient's record/Discharge Against Advice Form • Refer to a medical practitioner (or GP) without delay /follow local procedures as appropriate/ call 999 as appropriate. • Complete a Discharge Against Advice Form, if appropriate. • In the unlikley situation, if patient's carer/representative refuses treatment for the patient, the decision would be overridden by a *decision to treat* in the individual's best interests in accordance with the Mental Capacity Act 2005.

Details of the medicine

Name, form and strength of medicine	Salbutamol CFC free aerosol inhaler 100 micrograms per actuation. Salbutamol CFC free aerosol inhaler 100 micrograms via spacer device. NB. The Asthalin inhaler cannot be administered under this PGD as it cannot be used with any spacing device
Legal category	POM - Prescription only medicine
Off-label use	National guidelines and expert advice recommend that salbutamol is used as detailed within the indications and dose section, but this may differ from licensed product information. Salbutamol 100 microgram MDI is licensed in adults, adolescents and children aged 4 to 11 years. Use in children between 2 years and 4 years may be outside of the manufacturer's marketing authorisation but is consistent with advice in the BTS/SIGN asthma guideline. Use in children between 2 and 4 years old with bronchospasm associated with reversible obstructive airways disease has a safety profile comparable to that in children over 4 years, adolescents and adults. The maximum dose of salbutamol recommended in this PGD for acute asthma exceeds the dose recommended by the manufacturers, but is in line with BNF recommendations. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence. Medicines should be stored according to the conditions detailed in the Storage section in this document. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.

Route/method of administration	• By inhalation, preferably used with a large volume spacer device – see dose and frequency section below ○ Patients under 3 years old are likely to require a close-fitting face mask for use with the spacer. • Always shake inhaler before use.
Dose and frequency	Salbutamol 100 microgram/actuation inhaler. Each puff is equivalent to 100 micrograms of salbutamol. **<u>Children 2 years of age and over and adults with mild, moderate or severe asthma exacerbation:</u>** • Give ONE puff every 30-60 seconds via a large volume spacer, up to a maximum of 10 puffs. Each puff should be given one at a time and inhaled with five tidal breaths. • Monitor and reassess the clinical response for 15-30 minutes for all patients. Repeat every 10-20 minutes according to clinical response. Arrange urgent transfer to hospital if symptoms do not respond or are worsening at any time; if the response is poor, give further doses while awaiting hospital admission. **A prescriber or doctor must be contacted for all patients with asthma exacerbation.** **NB.** Children under 3 years of age are likely to require a close-fitting face mask connected to a mouthpiece of a spacer. **<u>Adult patient with acute exacerbation of respiratory symptoms (symptoms suggesting acute reversible airways obstruction in adults with a known diagnosis of COPD)</u>**: • For the relief of acute respiratory symptoms including bronchospasm, one puff (100 micrograms) may be administered as a single minimum starting dose. • This may be increased to two puffs if necessary. **In an emergency if the patient has their own salbutamol inhaler, healthcare providers may use it, providing they are familiar enough with the device to use it correctly and safely.**

Quantity to be administered	Administer doses as above from one salbutamol inhaler and spacer (if required).

Maximum or minimum treatment period	Total dose:
	• For asthma exacerbation:
	  ○ total dose: up to 10 puffs, each 100microgram puff is to be inhaled separately, repeat every 10–20 minutes if required (see dosage).
	  ○ duration of treatment: until stable or emergency services take over
	
	• For adult patients with acute exacerbation of respiratory symptoms (symptoms suggesting acute reversible airways obstruction in adults with a known diagnosis of COPD): two puffs only

Storage	• See product SPC for specific storage requirements • Store in a locked medicines cupboard • 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 • Any unused product or waste material should be disposed of in accordance with local requirements
Drug interactions	All concomitant medications should be checked for interactions, where possible. • Halogenic anaesthetics: Patients should be instructed to discontinue salbutamol at least 6 hours before an intended anaesthesia with halogenic anaesthetics, wherever possible. • Hypokalaemia occurring with β 2-agonist therapy may be exacerbated by treatment with xanthines, steroids, diuretics, long-term laxatives and many other medicines - see BNF for a list of these and see cautions for further details. Concomitant administration with amiodarone, amisulpride, aripiprazole, citalopram, erythromycin, fluconazole, haloperidol, moxifloxacin, ondansetron, quinine, sotalol, or tolterodine is predicted to cause hypokalaemia (potentially increasing the risk of torsade de pointes).

	• Monoamine oxidase inhibitors, tricyclic antidepressants, digoxin: risk of increased cardiovascular effects:
	  ○ Digoxin: Salbutamol is predicted to increase the risk of Digoxin toxicity when given with Digoxin. Manufacturer advises caution.
	  ○ Linezolid: Salbutamol is predicted to increase the risk of elevated blood pressure when given with Linezolid. Manufacturer advises avoid.
	  ○ Rasagiline is predicted to increase the risk of severe hypertension when given with Salbutamol. Manufacturer advises avoid.
	  ○ Safinamide is predicted to increase the risk of severe hypertension when given with Salbutamol. Manufacturer advises caution
	  ○ Selegiline is predicted to increase the risk of severe hypertension when given with Salbutamol. Manufacturer advises avoid.
	• Non-selective beta-blockers (such as propranolol) and salbutamol should not usually be prescribed together
	• Ipratropium — concomitant administration is predicted to increase the risk of glaucoma when given with ipratropium. The manufacturer makes no recommendation.
	This list is not comprehensive - a detailed list of drug interactions is available in the BNF and the individual product SPC, which is available from the electronic Medicines Compendium website www.medicines.org.uk. Where a clinically significant interaction is identified discuss with appropriate prescriber and document advice given.

Identification, management, and reporting of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF. Paradoxical bronchospasm may occur with an immediate increase in wheezing. In this situation the salbutamol should be discontinued immediately, and the patient assessed. Hypersensitivity reactions including angioedema, urticaria, bronchospasm, hypotension and collapse are very rare. In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available. In case of anaphylaxis: • Refer to adrenaline PGD 0017 and anaphylaxis procedure • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in patient notes • Ensure all patient records are marked **ALLERGIC TO SALBUTAMOL**. • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers. Report any suspected adverse reactions to the patients' doctor. Record all adverse drug reactions (ADRs) in the individual's medical record and the individual's GP should be informed. All significant adverse drug reactions should be reported via the Once for Wales Reporting System. Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication

	should be reported. Guidance on the yellow card system is available at the back of the BNF, or using the above link.
Records to be kept	Record consultation details as required by local procedures. In addition, record: • That valid informed patient consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. Record advice given and action taken, if patient excluded or declines treatment. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication history (noting any allergies and previous adverse events) and family history. • Examination finding/s where relevant. • Any reasons for exclusion, decline or referral, including actions taken, referral arrangements made, and advice given. • Any advice received from medical cover and advice given to patient / carer. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Name, form, strength, route and dose of drug administered. • Expiry date • Date and time of administration. • Printed name and signature of registered health professional responsible for administration. • Details of any adverse reactions and actions taken. • Any administration outside the terms of the product marketing authorisation • Record that medication was administered via PGD, record PGD title and version number. Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy.

	All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Patient information

Written/verbal information to be given to patient or carer	• Provide patient information leaflet (PIL)
	• If/when the situation allows, explain indications, contraindications, cautions and course of action. Give appropriate advice if medication is used off-label.
	• Inform individual of possible side effects and their management.
	• This medicine may cause dizziness – if the patient is affected, DO NOT drive or operate machinery.
	• Provide information as appropriate:
	  ○ information about asthma exacerbation, including the signs and symptoms
	  ○ information about the need for referral to a specialist allergy service and the referral process.

Follow-up advice to be given to patient or carer	• Advise patient/representative to:
	  ○ seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on-call service
	  ○ seek advice from asthma nurse or GP as soon as possible if any of the following apply:
	  ▪ using salbutamol regularly
	  ▪ if short-acting relief bronchodilator treatment becomes less effective
	  ▪ more inhalations than usual are required
	  ▪ if a previously effective dose of inhaled salbutamol fails to provide at least 3 hours relief
	  ▪ if individual takes an "as needed" short acting beta 2 agonist more than twice weekly
	• Bronchodilators should not be the only or main treatment in patients with asthma. **All patients with acute exacerbation of asthma must be referred to a doctor/prescriber immediately for urgent assessment to ensure patient has a sufficient concomitant prescription of an inhaled corticosteroid.**
	• Consider the need for immediate transfer to hospital, in line with NICE CKS: Acute exacerbation of asthma, BTS/ SIGN 158 British Guideline on the Management of Asthma, or NICE CKS Acute exacerbation of chronic obstructive

	pulmonary disease, or NICE guideline NG115- COPD in over 16s: diagnosis and management. • If appropriate, advise to monitor the peak flow readings with peak flow meter.

Key references

1. British National Formulary: British National Formulary (BNF) and British National Formulary for Children (BNFC) - accessed April 2025
2. Ventolin Evohaler 100mcg (100 micrograms of salbutamol (as Salbutamol Sulfate BP) per actuation), Glaxo Smith Kline UK
    a. Summary Product Characteristic, last updated 26/01/24
    b. PIL, last updated January 2025
3. Salamol CFC-Free Inhaler 100mcg (100 micrograms of salbutamol (as Salbutamol Sulfate BP) per actuation), Teva UK Ltd.
    a. Summary Product Characteristic, last updated 08/02/24
    b. PIL, last updated January 2024
4. Asthalin CFC-Free Salbutamol Inhaler 100mcg (100 micrograms of salbutamol (as sulfate) per actuation), Cipla EU Ltd.
    a. Summary Product Characteristic last updated 16/12/24
    b. PIL, last updated 10/2024
5. CKS: Scenario: acute exacerbation of asthma. Last revised January 2025
6. CKS: Scenario: Acute exacerbation of chronic obstructive pulmonary disease. Last revised February 2025
7. All Wales paediatric asthma management and prescribing guideline. AWMSG. June 2023 awttc.nhs.wales/files/guidelines-and-pils/all-wales-paediatric-asthma-management-and-prescribing-guideline-pdf/
8. All Wales Guideline for the Acute management of asthma and wheeze in children aged > 2 years. Accessed 30/04/25. Respiratory Health Implementation Group, Paediatric Respiratory Medicine, UHW, Cardiff
9. All Wales Adult Asthma Management and Prescribing guideline February 2024
10. BTS/ SIGN 158 British Guideline on the Management of Asthma. Updated July 2019
11. Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guideline [NG115], July 2019, available at: https://www.nice.org.uk/guidance/NG115
12. NICE QS25 Quality standard for asthma. Updated September 2018
13. MHRA drug safety update Short-acting beta 2 agonists (SABA) (salbutamol and terbutaline): reminder of the risks from overuse in asthma and to be aware of changes in the SABA prescribing guidelines 24/04/2025

Appendix A Staff accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.
The authorising manager must use the competency checklist (below).

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be requested for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in " comments	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.