



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

This Patient Group Direction (PGD) must only be used by registered nurses 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

Administration of

flumazenil 100 micrograms/ml solution for injection

by registered nurses with specialist endoscopy training

for the complete or partial reversal of the central sedative effects of midazolam used for conscious sedation

in Powys Teaching Health Board (PTHB) endoscopy departments

Version number: PGD 0148 C

Reference Number: PGD0148C

Valid from: 01/08/2025

Review Date: 28/02/2028

Expiry Date: 31/07/2028

Change history

Version number	Change details	Date
PGD0148	Initial issue	11/02/2019
PGD0148-A	Review issue including: <ul style="list-style-type: none"> • Update in safeguarding information • Minor wording change to unify with current template • Requirement to obtain informed consent for administration of flumazenil before conscious sedation is administered added. • Requirement to notify Chief Pharmacist and Medical Director when it has been necessary to use flumazenil added 	02/03/2022
PGD 0148B	Review issue based on the SPS PGD template (Administration of flumazenil injection by registered Paramedics and Nurses for the complete or partial reversal of the central sedative effects of midazolam used for conscious sedation in location/service/organisation) v2.0 and cautions, special considerations, dose and patient information sections adapted for use in PTHB endoscopy units, using current reference sources. Training requirements reviewed and updated. Minor changes to format to promote consistency with other PTHB PGDs.	06/02/2025
PGD 0148C	Planned review of PGD based on the SPS PGD template (Administration of flumazenil injection by registered Paramedics and Nurses for the complete or partial reversal of the central sedative effects of midazolam used for conscious sedation in location/service/organisation) v3.0 and cautions, special considerations, dose and patient information sections adapted for use in PTHB endoscopy units, using current reference sources. Adverse effects updated. Minor formatting changes.	01/08/2025

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This Powys Teaching Health Board (PTHB) PGD is based on a template developed on behalf of the Specialist Pharmacy Service (SPS), for the Administration of flumazenil injection by registered Paramedics and Nurses for the complete or partial reversal of the central sedative effects of midazolam used for conscious sedation in location/service/organisation (v3.0). The SPS template had been written, peer reviewed and ratified by the Ambulance Services PGD templates Working Group, which is supported by the Specialist Pharmacy Service (SPS) and has been reviewed by the National Ambulance Service Medical Directors (NASMeD).

The SPS template has been adapted for use in PTHB endoscopy units.

Acknowledgements

NAME/ROLE	POSITION	DATE
Sumithra Maheswaran	Pharmacist	March 2025
Dr Elizabeth Miller	Pharmacist	
Tim Edwards	Consultant paramedic	
Paul Brennan	Advanced Paramedic	
Julie Ormrod	Consultant Paramedic	
Stuart Cox	Critical Care Nurse	
Dr Stephen Dykes	Doctor	
Dr Philip Cowburn	Doctor	
Jo Jenkins (Woking Group Co-ordinator)	Specialist Pharmacist PGDs Specialist Pharmacy Service	

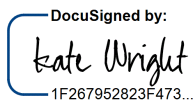


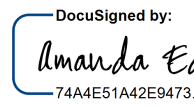
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PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	Lead doctor for PTHB	 1F267952823F473...	7/8/2025
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	 6D8ECFE8C9EB423...	7/1/2025
Senior representative of professional group using the PGD Claire Roche	Executive Director of Nursing and Midwifery for PTHB	 F07413E114E04B1...	7/2/2025
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	 74A4E51A42E9473...	7/9/2025

The PGD is not legally valid until it has had the relevant organisational authorisation. It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

[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. Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by PTHB for 8 years after the PGD expires. Practitioners and organisations must check that they are using the current version of the PGD.

Training and competency

¹ This includes any relevant amendments to legislation.

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	Requirements of registered nurses working under the PGD
Qualifications and professional registration	<p>Professional registration with the Nursing and Midwifery Council (NMC) as a nurse.</p> <p>Registered nurses must only work under this PGD where they are competent to do so.</p> <p>Current contract of employment within PTHB and working in PTHB Endoscopy Units.</p> <p>Practitioners must also fulfil the Additional requirements listed below.</p> <p>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.</p>
Initial training	<ul style="list-style-type: none"> • The administration of flumazenil 100 micrograms/ml solution for injection and knowledge of its uses, contraindications, and adverse effects. • Successful completion of a validated training course leading to accreditation with the Joint Advisory Group for GI Endoscopy (JAG) as a clinical endoscopist to enable the practitioner to make a clinical assessment to establish the need for the medication covered by this PGD, i.e. in-depth knowledge of the drugs used in conscious sedation including effects, and side effects supported by supervised practice. • Training on PTHB Gastro-Intestinal Endoscopy Operational Protocol (TEP061) <p>The registered healthcare professional authorised to operate under this PGD must have undertaken organisation approved training and successfully completed the competencies to undertake clinical assessment of patients leading to diagnosis of the conditions listed. They must be competent to recognise and manage unintended but expected side effects such as anaphylaxis.</p> <p>Additionally, practitioners:</p> <ul style="list-style-type: none"> • 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 the supply and administration of medicines.

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	<p>Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR.</p> <ul style="list-style-type: none"> • must have undertaken training appropriate to this PGD as required by local policy • must be familiar with the product and alert to changes in the BNF and the Summary of Product Characteristics (SPC). • must have undertaken and completed Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, at level applicable to the role. • 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 Intermediate Life Support (ILS). • must have access to the Patient Group Direction and associated online resources. <p>THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</p>
<p>Competency assessment</p>	<p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions and to complete the eLfH PGD elearning programme (PTHB staff to access via ESR). 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.</p> <p>Individuals operating under this PGD must be assessed as competent (see Appendix A) and complete a self-declaration of competence to operate under this PGD in their Personal Appraisal and Development Review (PADR). The personal development plan (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning.</p> <p>Evidence of training in ILS, anaphylaxis and safeguarding.</p> <p>Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.</p>
<p>Ongoing training and competency</p>	<p>Annual PGD training (eLfH PGD eLearning programme)- PTHB staff to access via ESR.</p>

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	<p>Update at least every 2 years, or earlier in response to new local/national guidance, on the use of PGDs and flumazenil injections.</p> <p>Anaphylaxis and resuscitation training annual updates-compliance with all mandatory NHS training including ILS and safeguarding (at level relevant to the role) must be maintained.</p> <p>Completion and submission of Continuous Professional Development (CPD) as required by NMC; evidence of appropriate CPD must be retained and made available on request.</p>
<p>The decision to administer any medication rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies. In this PGD this is the nurse.</p>	
<p>In the context of the clinical scenario described in this PGD the individual being treated may not be able to make an informed choice nor consent to treatment. Therefore, the clinician should act in the best interests of the individual at all times and within their professional competency and code of conduct.</p>	

Clinical condition

<p>Clinical condition or situation to which this PGD applies</p>	<p>For the complete or partial reversal of the central sedative effects of midazolam in order to restore adequate spontaneous respiration where the nurse has also administered the midazolam under PGD 0146.</p> <p>In line with endoscopy protocol and guidelines: TEP 061.</p> <p>It is the responsibility of the administering healthcare professional to ensure that the individual 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.</p>
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<p>Inclusion criteria</p>	<ul style="list-style-type: none"> • Adult patient over 18 years of age. • Respiratory arrest or inadequate ventilatory effort following administration of midazolam for conscious sedation (including any situation where midazolam is co-administered with ketamine) by an endoscopy nurse working under the appropriate PGD. • Medical and drug history taken, no reason for exclusion • Informed consent received/obtained: Consent to administer flumazenil to reverse the sedative effects should be obtained before conscious sedation is administered, so that sedation can be reversed if necessary (this should form part of the informed consent procedure used prior to administering conscious sedation). If the patient is unable to give consent due to a life-threatening situation, the clinician should act in the best interests of the patient at all times and within their professional competency and code of conduct and flumazenil injection should be administered where treatment is judged to be in the best interests of the patient. <p>Refer to PTHB Consent to Treatment and Examination Policy. In case of any doubt, contact medical team or emergency services.</p> <p>Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA), advice from the local Safeguarding team should be sought (see below).</p>
<p>Exclusion criteria for administration of agent under this PGD (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)</p>	<ul style="list-style-type: none"> • Patient under 18 years of age • Known hypersensitivity to the active ingredient or to any component of the product - see Summary of Product Characteristics • Reversal of effects of midazolam administered by any other person. • Reversal of any other benzodiazepine overdoses including in combination. • Status epilepticus or patients with known epilepsy who have been treated with benzodiazepines for a prolonged period of time or where a benzodiazepine has been recently used to terminate seizure activity. • Patient receiving benzodiazepines for control of a potentially life-threatening condition, e.g. raised intracranial pressure • Condition outside of the clinical situation criteria

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<p>Cautions /reasons for seeking further advice from a prescriber</p>	<p>Contact a prescriber where appropriate to discuss specific cautions for individual patients.</p> <p>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.</p> <ul style="list-style-type: none"> • Avoid rapid injection following major surgery • Avoid rapid injection in high risk or anxious patients • Benzodiazepine dependence (may precipitate withdrawal syndrome) • Elderly patients- this population is generally more sensitive to the effects of medicinal products and should be treated with due caution • Ensure neuromuscular blockade cleared before giving • Head injury (rapid reversal of benzodiazepine sedation may cause convulsions) • Hepatic impairment – risk of increased half-life; elimination may be delayed -careful titration of dosage is recommended and an extended observation period may be required. • History of panic disorders – risk of recurrence • In patients with severe brain injury (and/or instable intracranial pressure) – an increased intracranial pressure may develop. • Due to the increased frequency of benzodiazepines tolerance and dependence in patients with alcoholism and other drug dependencies, flumazenil should be used with caution in its population. • Patients should be kept under close observation until all possible central effects of benzodiazepines have subsided. (NB: The action of flumazenil is usually shorter than that of benzodiazepines and sedation may possibly recur, so the patient should remain closely monitored) <p>Emergency use of flumazenil during pregnancy and lactation is not contraindicated. Breastfeeding should be interrupted for 24 hours when flumazenil is used during lactation.</p> <p>This list is not exhaustive. Practitioners should consult the SPC for further information.</p> <p>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</p>
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	<p>GP. Any safeguarding concerns need to be directed to Safeguarding Hub:</p> <ul style="list-style-type: none"> to generic email address: PowysTHB.Safeguarding@wales.nhs.uk <p>and</p> <ul style="list-style-type: none"> Central Safeguarding number: 01686 252806 Out of hours: 0845 0544847. <p>Advice can also be sought from local Safeguarding Leads.</p>
<p>Arrangements for referral for medical advice/action to be taken if individual excluded or if individual declines treatment</p>	<ul style="list-style-type: none"> Contact Clinical Lead for Endoscopy urgently; if not immediately available, contact the senior endoscopist on site and notify the Clinical lead Patients will immediately be brought to the attention of an appropriate medical prescriber/ call 999 as appropriate. If relevant, record reasons for referral/exclusion in clinical notes and record any medical advice given and actions taken and ensure in handover to receiving hospital. If possible, explain reason for referral/exclusion to patient/carer. If relevant, explain consequences of refusing treatment, document refusal and any advice given. Follow local procedures as appropriate. Follow locally agreed pathway for transfer to hospital, if appropriate. If individual regains consciousness and has capacity to consent and refuses hospital transfer then follow locally agreed pathway.

Details of the medicine

<p>Name, form and strength of medicine</p>	<p>Flumazenil injection 100 micrograms in 1ml</p> <p>Supplied as 5ml (500microgram) ampoules</p>
<p>Legal category</p>	<p>POM</p>
<p>Indicate any off-label use (if relevant)</p>	<p>Best practice advice is given by JRCALC and is used for guidance in this PGD and this may vary from the Summary of Product Characteristics (SPC).</p> <p>Administration by a nurse may be outside the product license.</p> <p>Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, a</p>

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	<p>pharmacy professional must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be administered. Where medicines have been assessed by a pharmacy professional in accordance with national or specific product recommendations/manufacturer advice as appropriate for continued use, this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with the pharmacy professional.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer that the drug is being offered in accordance with national guidance/justified by best clinical practice, but this is outside the product license.</p>
Route/method of administration	Intravenous (IV)
Dose and frequency	<p>Adults:</p> <ul style="list-style-type: none"> • 200 micrograms in 2ml given over 15 seconds. <p>Further doses may be administered – see duration of treatment for detail.</p> <p>All doses administered over 15 seconds.</p>
Duration of treatment	<p>After the first dose wait for 45 seconds.</p> <p>If adequate oxygenation and ventilation is not restored (and the required level of consciousness is not obtained within 60 seconds of the initial dose), administer a further dose of 100 microgram and then, where necessary repeat doses of 100 microgram at 60 second intervals to a maximum of 1000 micrograms.</p> <p>If no improvement, call 999.</p>
Drug interactions	<p>None of clinical relevance in emergency situation.</p> <p>A detailed list of drug interactions is available in the Summary of Product Characteristics (SPC), which is available from the electronic Medicines Compendium website or BNF: www.medicines.org.uk or https://bnf.nice.org.uk/</p>

Adverse Effects	Refer to the used product Summary of Product Characteristics (SPC) for full details of known adverse effects.
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The below list details only very common ($\geq 1/10$)/ commonly reported adverse effects (> 1 in 100) detailed in the [BNF/SPC](#) but does not represent all the product's known adverse effects:

Immune systems disorders

- Allergic reactions

Psychiatric disorders

- Anxiety (following rapid injection)
- Emotional lability
- Insomnia
- Somnolence

Nervous system disorders

- Agitation (following rapid injection)
- Vertigo
- Headache
- Tremor
- Dry mouth
- Hyperventilation
- Speech disorder
- Paraesthesia

Eye disorders

- Diplopia
- Lacrimation increased
- Strabismus

Cardiac disorders

- Palpitations (following rapid injection)

Vascular disorders

- Flushing
- Hypotension including orthostatic hypotension
- Increased blood pressure on awakening (transient)

GI disorders

- Nausea (during anaesthesia)
- Vomiting (during anaesthesia)
- Hiccups

Skin disorders

- Sweating

Local effects

- Injection site pain

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<p>Action to be taken in instance of adverse drug reaction (ADR)</p>	<ul style="list-style-type: none"> The practitioner acting under this PGD must ensure that all necessary medicines and equipment are available for immediate treatment should a hypersensitivity reaction occur and must be trained to manage anaphylaxis. In case of an acute anaphylactic reaction occurring, anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available for immediate use. <p>In case of anaphylaxis:</p> <ul style="list-style-type: none"> Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis procedure Request medical assistance urgently. If assistance 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 Flumazenil. The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers Healthcare professionals and patients/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 Any side-effects associated with flumazenil usually subside rapidly without the need for special treatment. Procedure for dealing with adverse reactions to treatment provided: <ul style="list-style-type: none"> Monitor vital signs and observe the clinical status of the patient. Seek medical attention promptly. Record all ADRs in the individual's clinical record and inform appropriate doctor/independent nurse prescriber Report via organisation incident policy - all significant adverse drug reactions and any administration errors must be recorded via Datix Once for Wales Reporting system.
<p>Required organisational incident reporting</p>	<p>Report all use of flumazenil under this PGD via Datix Once for Wales Reporting system to alert organisation to any incident of iatrogenic over sedation.</p> <p>Use of flumazenil to reverse the effects of sedation is defined as an Endoscopy Adverse Event. The Chief Pharmacist and Medical Director must be notified within 24 hours when it has been necessary to use flumazenil to reverse conscious sedation (email: Info.MedicinesManagement.Powys@wales.nhs.uk).</p>

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<p>Special considerations / additional information</p>	<ul style="list-style-type: none"> • Monitor during and after treatment: ECG (electrocardiogram), pulse, oximetry, SpO₂ (peripheral capillary oxygen saturation) patient alertness and other vital signs such as heart rate, respiratory rate and blood pressure. If the NEWS score shows a deterioration at any point then the patient would be transferred straight away to a DGH via ambulance. • Individuals should be monitored for seizures during flumazenil administration. • If reversed too quickly individuals may become agitated or anxious. • Flumazenil specifically reverses benzodiazepines. Therefore if the individual does not wake up, another aetiology or cause should be considered. • Individuals who have received flumazenil for the reversal of midazolam effects should be monitored for re-sedation, respiratory depression or other residual midazolam effects for an appropriate period based on the dose and duration of effect of the midazolam employed.
<p>Storage</p>	<p>Stock must be securely stored according to PTHB Medicines policy (MMP 001) and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
<p>Records to be kept</p>	<p>The following must be recorded in line with local procedures for recording clinical records (all treatment will be recorded on the standard PTHB endoscopy reporting form and nursing documentation, a copy of which will be held in the patient's medical records and a further copy forwarded to the patient's GP):</p> <ul style="list-style-type: none"> • name of individual, address, date of birth and GP with whom the individual is registered (if relevant and/or available) • name and profession of practitioner • name of medication administered • date and time of administration • dose, form and route of administration • batch number and expiry date • quantity administered • anatomical site of administration • any medical and drug history taken, including any known allergies/adverse events and nature of reaction (if established) • any reasons for exclusion or referral, including actions taken.

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	<ul style="list-style-type: none"> • advice given, including advice given if excluded or declines treatment • details of any adverse reactions and actions taken • administered via PGD; record PGD title and version number • record if consent refused- if consent refused record actions taken. • examination finding/s, where relevant. • record details of and outcomes to any discussion with clinician/s under Cautions section of the PGD. • Report all use of flumazenil under this PGD via Datix Once for Wales Reporting system <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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Patient information

Written/verbal information to be given to patient or carer	<p>Refer to Midazolam PGD 0146 for information to be provided - all patients must receive verbal information prior to receiving conscious sedation, supported by written information (PIL) prior to discharge.</p> <p>Patients will be kept under close observation until all possible central effects of benzodiazepines have subsided.</p> <p>Patients who have received flumazenil to reverse the effects of benzodiazepine sedation should be warned not to drive, to operate machinery or to engage in other activities demanding physical or mental exertion for at least 24 hours, since the effect of the benzodiazepine may return. If relevant, breastfeeding should be interrupted for 24 hours when flumazenil is used during lactation.</p>
Follow-up advice to be given to patient or carer	<ul style="list-style-type: none"> • Follow PTHB discharge procedures. • If flumazenil is administered and the patient requires a follow up gastroscopy, they would be offered an unsedated

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	<p>oral gastroscopy/TNE only or referred to a District General Hospital for follow up</p> <ul style="list-style-type: none">• Inform individual of possible side effects and their management.• All patients are to be given written discharge instructions including relevant contact numbers (endoscopy unit during working hours, GP outside of those hours).• Advise them 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.
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Key references (accessed January 2025)

1. [Summary of Product Characteristics](#) accessed via <https://products.mhra.gov.uk/> and www.medicines.org.uk
2. Electronic BNF <https://bnf.nice.org.uk/>
3. Reference guide to consent for examination or treatment
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf
4. NICE Medicines practice guideline "Patient Group Directions"
<https://www.nice.org.uk/guidance/mpg2>
5. JRCALC guideline <https://www.jrcalc.org.uk/>
6. Resuscitation Council (UK) www.resus.org.uk
7. Endoscopy Operational Policy [TEP 061](#), May 2024, PTHB

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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:		Sign / Initial	Further training identified (Y/N)	Comments (also specify any further training required)
Role:				
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.

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