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 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. Health 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

Adrenaline (epinephrine) 1mg in 10 ml (1:10,000) solution for injection

by registered nurses with specialist endoscopy training

to

patients presenting with an upper gastrointestinal bleed in endoscopy

in Powys Teaching Health Board (PTHB)

Version number: PGD 0149B

Change history

Version number	Change details	Date
PGD0149	Initial Issue	11/02/2019
PGD0149-A	Review issue to include: • update in safeguarding process & contact numbers, minor formatting, and wording changes.	13/06/22
PGD 0149 B	Review issue: Minor changes to format to promote consistency with other PTHB PGDs. Safeguarding advice amended. Clinical changes throughout to reflect current reference sources. Off-label use section amended. Addition of monitoring advice. Amended to allow use of prefilled syringe or ampoule.	13/06/2025

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	6/3/2025
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	6/9/2025
Senior representative of professional group using the PGD **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	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

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 practitioner 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.

[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: • Nurses currently registered with the Nursing and Midwifery Council (NMC) The registered health professional should have a current contract of employment within PTHB. Practitioners must be working in PTHB Endoscopy Units and 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 adrenaline 1mg in 10 ml (1:10,000) and knowledge of its uses, contraindications and adverse effects. • PTHB Gastro-Intestinal Endoscopy Operational Protocol (TEP061) • Specialist qualifications: 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 Endoscopy including effects and side effects, supported by supervised practice. • Location of adrenaline 1:10,000 solution for injection. 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. The following training **must** be completed: 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** be familiar with the product and alert to changes in the BNF and Summary of Product Characteristics www.medicines.org.uk • **must** have undertaken training appropriate to this PGD as required by local policy • **must** have undertaken and completed Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, at a level applicable to the role • **must** have received training and be competent in the recognition, management 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) skills • **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	• 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. • 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. • Evidence of training in ILS and safeguarding • Practitioners must recognise their own limitations and personal accountability and act accordingly.

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. • Annual PGD training (eLfH PGD eLearning programme)- PTHB staff to access via ESR. Evidence of ongoing PGD training **must** be submitted to Line Manager annually. • Updating at least every 2 years, or earlier in response to new local/national guidance, on the use of PGDs and adrenaline 1:10,000 solution for injection. • Practitioners **must** ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, ILS, with evidence of appropriate Continued Professional Development (CPD) as required by NMC, which must be retained and made available on request. • Compliance with all mandatory NHS training.

Clinical condition

Clinical condition or situation to which this PGD applies	Adrenaline is indicated for use in the treatment of patients undergoing gastroscopy who are found to have a visibly bleeding vessel or high-risk stigmata during the procedure, as part of a combination of therapies (including haemostatic powder, clips, and/or diathermy). NB All Practitioners must work in line with endoscopy protocol and guidelines: TEP 061. **It is the responsibility of the administering practitioner 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 urgent medical advice.**
Inclusion criteria	• Adults aged 18 years and older, undergoing gastroscopy requiring emergency haemostasis for a visibly bleeding vessel or high-risk stigmata. • Medical and drug history taken, no reason for exclusion. • Individual must meet Inclusion criteria as specified in TEP 061

	• **Consent to treatment**: Informed consent from the individual or a person legally able to act on the person's behalf, should be obtained prior to administration. If the patient is unable to give consent due to a life-threatening situation, or if carer/guardian is not present, adrenaline 1:10,000 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.** Refer to PTHB Consent to Treatment and Examination Policy. In case of any doubt, contact medical team or emergency services. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies and the endoscopy unit procedure followed, where appropriate. 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).
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)	• Informed consent not given (Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received). Refer to **consent to treatment** in the inclusion criteria section, and "Action to be taken if patient declines treatment" • Patient under 18 years old • Individual who doesn't meet the Inclusion conditions as stated in TEP 061 • Individual with conditions/risk factors listed in "Exclusion criteria" of TEP 061 • Patients where the source of the bleed is found to be oesophageal or gastric varices where haemostasis is achieved using alternative methods. • Known hypersensitivity to adrenaline or to any component of the product, see Summary of Product Characteristics • Conditions outside of the clinical situations criteria • Refer to section "Action to be taken if patient is excluded"

Cautions /reasons for seeking further advice from a prescriber	The 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 the risk.** Contact a prescriber where appropriate to discuss specific cautions for individual patients. **NB.** Immediate surgical intervention must be requested if there is evidence of perforation or if haemostasis cannot be achieved. Caution in: • Pregnancy (Adrenaline should only be used during pregnancy if the potential benefits outweigh the possible risks to the foetus; adrenaline should not be used during the second stage of labour) • Breastfeeding-manufacturers advise breast-feeding should be avoided by mothers receiving adrenaline • Arteriosclerosis • Arrhythmias • Structural cardiac disease • Cerebrovascular disease • Coronary insufficiency • Cor pulmonale • Diabetes mellitus: adrenaline may cause or exacerbate hyperglycaemia, so blood glucose should be monitored • Elderly: may be more susceptible to cardiovascular side effects • Hypercalcaemia • Hyperreflexia • Hypertension • Hyperthyroidism • Hypokalaemia • Ischaemic heart disease • Obstructive cardiomyopathy • Occlusive vascular disease • Organic brain damage • Phaeochromocytoma • Prostate disorders / prostatic hyperplasia with urinary retention • Psychoneurosis • Severe angina • Severe renal impairment • Susceptibility to angle-closure glaucoma: Adrenaline may increase intra-ocular pressure in patients with narrow angle glaucoma.

	• Adrenaline 1:10,000 solution for injection may contain sodium metabisulphite which can rarely cause allergic type reactions, including anaphylaxis and life-threatening or less severe asthmatic episodes, in susceptible individuals- check individual SPC. • Use in patients with shock (other than anaphylactic shock), organic heart disease, or cardiac dilatation, as well as most patients with cerebral arteriosclerosis, except in emergencies where the potential benefit outweighs the risk. • Check for any other medications that the patient is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. Refer to BNF, SPC, interactions section, and contact a prescriber for a management plan if necessary. This list is not exhaustive. Refer to SPC www.medicines.org.uk for further information. 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 endoscopy unit procedure followed, along with PTHB safeguarding policies. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806 • Out of hours: 0845 0544847 Advice can also be sought from local Safeguarding Leads
Arrangements for referral for medical advice	• Risk assess patients presenting with acute upper GI bleeding using the Rockall scoring system post procedure and move to the local DGH via local emergency transfer protocol. • Bring patient to the attention of an appropriate medical prescriber/ call 999 as appropriate. • Document action taken and advice given.

Action to be taken if patient excluded	**Seek medical aid urgently.** • Explain reason to patient / carer. • If excluded, document on the patient's endoscopy report and in their medical records and consider alternative methods of haemostasis. • Immediately bring patient to the attention of an appropriate medical prescriber for review and prescribing of alternative agent if appropriate.
Action to be taken if patient declines treatment	• Explain consequences of refusing treatment • Bring patient to the attention of an appropriate medical prescriber immediately, who will offer alternative management if appropriate. Document refusal and any advice given. Complete a Discharge Against Advice Form if appropriate. If appropriate, Follow locally agreed pathway for transfer to DGH. • Where appropriate, complete the letter on the WPAS system and send to the GP.

Details of the medicine.

Name, form and strength of medicine	Adrenaline (epinephrine) 1mg in 10ml (1:10,000) solution for injection in a 10ml prefilled syringe. OR Adrenaline (epinephrine) 1mg in 10ml (1:10,000) solution for injection (ampoules).
Legal category	**POM** Prescription only medicine

Off-label use	Adrenaline is not licensed for local haemostasis, but its use is well evidenced and recommended within national guidance (NICE CG141 and British Society of Gastroenterology – see Key References). Manufacturers advise breast-feeding should be avoided in mothers receiving Adrenaline injection, but the BNF documents that adrenaline is present in milk but unlikely to be harmful as poor oral bioavailability. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/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 below. However, in the event of an inadvertent or unavoidable deviation of these conditions, a pharmacy professional must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued. 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.
Route/method of administration	Endoscopic injection via a single use injection device around the bleeding vessel until haemostasis achieved. **NB.** Adrenaline should not be used as monotherapy; it must be used in conjunction with another method of achieving haemostasis, e.g., a mechanical or thermal method. **NNB**. Consult individual product SPC for further information. For single patient use only. Discard after use. If using a prefilled syringe, it should be opened immediately prior to administration. If using Martindale prefilled syringes, they must be used with compatible needle-free connectors (NFCs)- see SPC for further details. The nurse administering the medicine must also draw it up; delegation is not permitted when working under a PGD.

Dose and frequency	**Great vigilance is needed to ensure that the *correct strength* of adrenaline injection is used.** Inject in 1-2 ml increments to achieve 'blanching' of surrounding tissue until haemostasis is achieved, using a minimum of 8ml and maximum of 10ml. Appropriate monitoring of the patient should be carried out: frequent clinical observations using National Early Warning Score (NEWS/NEWS2) Chart, continuous blood glucose and continuous ECG monitoring. **NB. Select appropriate product:** • **Adrenaline (Epinephrine) Injection 1:10,000 (glass prefilled syringe) manufactured by Martindale Pharma is not intended to deliver volumes of less than 2mL**
Quantity to be administered	8-10ml (See above).
Maximum or minimum treatment period	One episode of care. Further alternative treatments should be considered at any time in all patients at high risk of re-bleeding or if there is doubt about adequate haemostasis or evidence of a re-bleed.
Storage	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. Protect from light.
Drug interactions	The following list is not exhaustive - a detailed list of drug interactions is available in the BNF or 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- see cautions.

	• Tricyclic antidepressants increase the effects of adrenaline; imipramine may lead to paroxysmal hypertension with the possibility of arrhythmia (inhibition of the entry of sympathomimetics into sympathetic fibres). • Serotoninergic-adrenergic antidepressants: paroxysmal hypertension with the possibility of arrhythmia (inhibition of the entry of sympathomimetics into sympathetic fibres). • Monoamine Oxidase Inhibitors (MAOIs) due to aggravation of pressor action • Sympathomimetic agents: concomitant administration of other sympathomimetic agents may increase toxicity due to possible additive effects • Risk of toxicity is increased in patients taking concomitant medication which results in additive effects, or sensitises the myocardium to the actions of sympathomimetic agents • Beta blockers: Severe hypertension and reflex bradycardia may occur with non-cardioselective beta-blocking agents. Beta-blockers, especially non-cardioselective agents, also antagonise the cardiac and bronchodilator effects of adrenaline • Alpha-blockers as they antagonise the vasoconstriction and hypertension effects of adrenaline, increasing the risk of hypotension and tachycardia. • General anaesthesia: some manufacturers state adrenaline is contraindicated for use during general anaesthesia with chloroform, trichloroethylene, or cyclopropane (this should be regarded as relative and not absolute contraindications in life threatening emergency situations) • Halogenated hydrocarbon anaesthetics/ Volatile halogen anaesthetics: severe ventricular arrhythmia (increase in cardiac excitability). • Insulin or oral hypoglycaemic agents: Adrenaline-induced hyperglycaemia may lead to loss of blood-sugar control in diabetic patients treated with insulin or oral hypoglycaemic agents.

Adverse effects	• The SPCs do not list any common or very common adverse effects. Refer to BNF and SPC via www.medicines.org.uk/emc for complete list. • Patients must be monitored throughout procedure for adverse effects –see SPC for further details. • Serious allergic reactions are rare 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. In case of anaphylaxis: • 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 Adrenaline (epinephrine) 1mg in 10ml (1:10,000) solution for injection, stating the brand** • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers The procedure for dealing with adverse reactions to the treatment provided: • Monitor vital signs and seek medical attention promptly. • Report any suspected adverse reactions to a doctor. Healthcare professionals and individuals/carers are encouraged to report suspected serious adverse effects that may be attributable to the medication, to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at: 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 that may be attributable to the medication should be reported. Report any suspected adverse reactions to a doctor. All significant adverse drug reactions and any administration errors must be recorded via the Datix Once for Wales Reporting system.

Records to be kept	Record consultation details as required by local procedures. 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. The patient also receives a copy of the procedure report. 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 and GP with whom the individual is registered (if relevant and/or available) • Relevant past and present medical history, including medication history and any known allergies/adverse events and nature of reaction (if established) • Any reasons for exclusion or referral, including actions taken and advice given. • Record details of and outcomes to any discussion with clinician/s under Cautions section of the PGD. • Examination finding/s, where relevant. • Printed name and signature of registered health professional responsible for administration • Date and time of administration • Name, form, strength, dose and quantity of drug administered. • Route and anatomical site of administration. • Batch number and expiry date. • Details of any adverse reactions and actions taken. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Any advice received from medical cover and advice given to patient /carer. • 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 PIL (Patient Information Leaflet) available in the medicine pack or available via www.medicines.org.uk and draw the patient/carers' attention to it. Explain potential side effects and actions to take if these occur. Explain the procedure and inform the patient of the result. Give appropriate advice if medication is used off-label. Provide information on endoscopy report, detailed findings and treatment administered. Follow PTHB protocols TEP 061 (Gastro-Intestinal Endoscopy Operational Protocol) and TEP 001 (Emergency transfer of the Stable Critically Ill Patient).
Follow-up advice to be given to patient or carer	• Refer to endoscopy guidelines TEP 061. • 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). Patients may also be directed to attend A&E with a copy of their endoscopy report. • Advise patient 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.

Key references

- British National Formulary (BNF) - accessed 24/04/25
- Adrenaline (Epinephrine) Injection 1:10,000 – prefilled syringe, Martindale Pharma, an Ethypharm Group Company
    - Summary Product Characteristics, last updated 04/04/2025
    - PIL, last updated 01/2025

  Aguettant Ltd
    - Summary Product Characteristics, last updated 27/09/2019
    - PIL, last updated July 2024
- Dilute Adrenaline (Epinephrine) Injection 1:10,000 ampoules
    - Summary Product Characteristics, last updated 16/01/2018
    - PIL, last updated November 2017
- National Institute for Health and Clinical Excellence (2012 – last updated 2016) Acute upper gastrointestinal bleeding in over 16s: management. NICE clinical guideline 141
- Gralnek Ian M et al. Endoscopic diagnosis and management of nonvariceal upper gastrointestinal haemorrhage (NVUGIH): European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2021
- Alali Ali A and Barkun Alan N An update on the management of non-variceal upper gastrointestinal bleeding Gastroenterology report 2023

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 8 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)	Comments (also specify any further training required)
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.