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 (PGD)

for the administration of

Lidocaine hydrochloride 1% injection

by registered nurses

as local anaesthesia

to

Adults and Children aged over 2 years

in Powys Teaching Health Board Minor Injury Units

Version number: PGD 0007 F

Reference number: PGD 0007 F
Valid from: 14/02/2025
Review date: 31/03/2026
Expiry date: 31/08/2026

Change history

Version number	Change details	Date
PGD 0007	Initial issue	12/07/2012
PGD 0007 A	Review issue	30/11/2012
PGD 0007 B	Review issue – not made operational	
PGD 0007 C	Review issue: raise lower age limit to 3 years	01/11/2016
PGD 0007 D	Review issue: new PTHB template	23/12/2019
PGD 0007 E	Review issue: to include minor wording change, lower age limit to 2 years, update in safeguarding procedure and contact numbers.	15/03/2022
PGD 0007 F	Review issue using the SPS PGD template 'Administration of lidocaine hydrochloride 1% injection to facilitate insertion and/or removal of subdermal etonogestrel (e.g. Nexplanon®) implant v2.0' and adapted for use for a different indication, using current reference sources. Updated exclusion criteria, cautions and dose and frequency of administration. Minor changes to format and wording of the SPS PGD template to promote consistency with other PTHB PGDs. Change to appendix A.	14/02/2025

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 lidocaine hydrochloride 1% injection to facilitate insertion and/or removal of subdermal etonogestrel (e.g. Nexplanon®) implant, version 2.0. The SPS template had been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It had been approved by the Faculty for Sexual and Reproductive Health (FSRH) in April 2023.

The SPS template has been adapted for use for a different indication in PTHB.

Acknowledgements:

Name	Designation
Dr Cindy Farmer	Vice President, General Training FSRH
Michelle Jenkins	Advanced Nurse Practitioner FSRH
Vicky Garner	Consultant Midwife British Pregnancy Advisory Service (BPAS)
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Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
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Rosie Furner (Working Group Co-ordinator)	Governance Pharmacist, Medicines Use and Safety, Specialist Pharmacy Service

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	2/11/2025
Chief Pharmacist **Jacqui Seaton**	Chief Pharmacist for PTHB	Signed by: Jacqueline Seaton 71E8089DE3634C4...	2/11/2025
Senior representative of professional group using the PGD **Claire Roche**	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	3/3/2025
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/11/2025

The PGD is not legally valid until it has had the relevant organisational authorisations. It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD 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 25 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 25 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.

Characteristics of staff

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners must have a current contract of employment with PTHB and be a registered healthcare professional with the following body: • Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit in 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	• The administration of lidocaine hydrochloride 1% injection and knowledge of its uses, contraindications, and adverse effects. The practitioner must also be alert to changes in the BNF and Summary of Product Characteristics. • The techniques of infiltration and digital nerve block • The assessment and management of minor injuries requiring local anaesthesia (refer to "MIU clinical guidelines"). The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of individuals ensuring safe provision of the medicines listed in accordance with local policy. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR. The healthcare professional has completed training and is up to date with safeguarding children and vulnerable adults- must have completed a minimum of level 2 Safeguarding, as applicable to the role. The healthcare professional must ensure that they have an up to date certificate for Intermediate Life Support (ILS) and anaphylaxis as required by PTHB.

	Additionally, practitioners must: • have access to the PGD and associated online resources • have received training and be competent in the recognition, management of, and reporting of recognised adverse reactions, including anaphylaxis. • be competent in the administration of adrenaline 1 in 1000. **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Competency assessment	• 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 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. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions • Evidence of training in ILS, anaphylaxis and safeguarding. • Practitioners must be competent, 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. • Update at least every 2 years, or earlier in response to new local/national guidance, on the use of lidocaine hydrochloride 1% injections and the assessment and management of minor injuries requiring local anaesthesia and the techniques of infiltration and digital nerve block as per appropriate MIU guidelines.

	• 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), 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.**
The decision to administer any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Lidocaine required for: ○ local anaesthesia prior to minor suturing; ○ local anaesthesia to facilitate wound assessment, cleansing and closure; ○ local anaesthesia to facilitate removal of obvious foreign objects e.g., fishing hooks; ○ digital nerve blocks to facilitate reduction of dislocated joints. **NB:** This PGD should be used in conjunction with the MIU guidelines. **Note:** For all wounds assess the risk of tetanus, rabies or a bloodborne viral infection and take appropriate action, following MIU clinical guidelines. **NB:** If a wound is infected, before cleaning, send a pus or a deep wound swab for culture, indicating on the form if the swab is from an infected human/animal bite as appropriate. Topical cleaning, thorough irrigation and debridement should be completed as necessary- follow MIU clinical guidelines. **NB:** Follow NICE Guidance on lacerations if appropriate Lacerations | Health topics A to Z | CKS | NICE

Criteria for inclusion	• Adults and Children aged from 2 years who require local anaesthesia:
	  ○ for wound management where there is no obvious underlying nerve or tendon damage, e.g.
	  ▪ suturing
	  ▪ minor procedures
	  ▪ prolonged wound cleansing
	  ▪ exploration
	  ▪ inspection
	  ▪ closure
	  ○ to facilitate removal of obvious foreign objects e.g. fishing hooks
	  ○ for digital nerve block to facilitate reduction of dislocated joints.
	• Medical and drug history taken, no reason for exclusion
	• Consent given. Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to administration and recorded appropriately. Refer to PTHB Consent to Treatment and Examination Policy
	
	Take individual's pulse and blood pressure -if there are any concerns (e.g. bradycardia or severe hypotension) then seek medical advice before administration of lidocaine.
	
	NB. Resuscitation facilities must be available when administering lidocaine.
	
	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) advise from the local Safeguarding team should be sought (see below). Consider discussing with GP.
	
	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.

Criteria for exclusion (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)	• Conditions outside of the clinical situations criteria • 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 sections "Action to be taken if individual is excluded or declines treatment". • Children under 2 years old • Known hypersensitivity to the active ingredient or to any constituent of the product - see Summary of Product Characteristics or other amide type anaesthetics • Individual who had received a previous maximum infiltration or digital block of local anaesthetic within 4 hours • Avoid injection into infected or inflamed tissues. If applicable take a sample and send a pus or a deep wound swab for culture. The effect of local anaesthetics may be reduced if the injection is made into an inflamed or infected area. • Individual who is unable to cooperate fully to enable the procedure to be undertaken safely. **Cardiovascular Disease** • Complete heart block • Hypovolaemia • Severe or unstable heart conditions, e.g. ADAMS-STOKES Syndrome, WOLFF-PARKINSON-WHITE Syndrome, congestive heart failure, cardiac conduction disturbances, bradycardia, sudden heart failure (acute cardiac decompensation), disorders of blood coagulation, anticoagulant therapy. **Other conditions** • Porphyria • Pregnancy • Individuals with a shallow anterior chamber or a history of acute narrow angle glaucoma. • Suspicion of hereditary tendency to malignant hyperthermia **Interacting medications** – see Drug Interactions, also current BNF or individual product SPC for further details and a complete list. Examples include: • Avoid anti-viral agents (e.g. atazanavir, darunavir, lopinavir) increase serum levels of lidocaine. • Avoid fosamprenavir and ritonavir • Avoid mexiletine: increased risk of torsade de pointes

Cautions including any relevant action to be taken	• **Individuals who are breastfeeding.** The individual should be informed that small amounts of lidocaine may be excreted into the breast milk. The possibility of an allergic reaction in the infant, albeit remote, should be borne in mind when receiving lidocaine when breastfeeding.
	• Some manufacturers recommend use with caution in the following patient groups:
	  ○ Shock
	  ○ Hepatic impairment
	  ○ Post cardiac surgery
	  ○ Known epilepsy
	  ○ Known myasthenia gravis
	  ○ Individuals with insufficient pupil dilation
	  ○ Those with severe hypotension (systolic blood pressure below 90 mm Hg)
	  ○ Impaired respiratory function
	  ○ Renal impairment
	• Injections into the head and neck regions may be made advertently into an artery, causing cerebral symptoms even at low doses
	• Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products (Refer to BNF/SPC for full list and refer to Drug Interaction section) NB. It should be used with caution in patients where agents are known to interact with Lidocaine either to increase its availability or additive effects e.g. phenytoin
	• Discuss with appropriate medical/ independent non-medical prescriber any specific cautions for individuals, medical condition or medication of which the healthcare professional is unsure or uncertain, or if the individual has complex multiple pathologies, multiple allergies, or polypharmacy.
	• Children, elderly or debilitated patients are more susceptible to side effects and drug interactions – use lowest effective dose.
	
	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 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	• If there is discharge (purulent or non-purulent) from the wound, take a swab for microbiological testing to guide treatment and follow MIU clinical guidelines. • Refer to the appropriate medical practitioner in the care pathway - contact GP, microbiologist for advice, emergency services, or refer to DGH if applicable. • Document advice given.
Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual/carer and document in the consultation record. • The patient information leaflet should be available to inform consent- if relevant, explain consequences of refusing treatment. • Record reason for decline in the consultation record, along with any advice given. Complete a Discharge Against Advice Form if appropriate, and/or complete the letter on the WPAS system and send to the GP. Follow local procedures as appropriate. • Where required refer the individual to a suitable health service provider (DGH, out of hours service, or GP) if appropriate and/or provide them with information about further options, or offer alternative management, if appropriate.

Description of treatment

Name, strength and formulation of drug	Lidocaine hydrochloride solution for injection BP 1% w/v (10 mg in 1 mL) in 5mL or 10mL ampoules
Legal category	POM
Route of administration	Subcutaneous or digital nerve block **Local subcutaneous infiltration -** administer slowly to the wound margins (usually at a 30 degree angle). **Digital nerve block** – administer into the base of the digit by aseptic technique. Do **not** administer the injection by an intravascular route. Do **not** administer into inflamed or infected skin – refer to exclusion criteria.

	Advise the individual that infiltration may be uncomfortable and that they will be observed for adverse reactions whilst being treated by the healthcare practitioner. If only part of an ampoule is used discard the remaining solution. Do not administer if particles are present in the solution or if appearance is not as expected.
Off label use	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 the local pharmacy or Medicines Management team must be consulted. Where medicines 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. 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 this is outside the product license.
Dose and frequency of administration	Use the lowest concentration and smallest dose to achieve the desired effect. The dosage varies depending on the area to be anaesthetised, vascularity of tissues, number of neuronal segments to be blocked, individual tolerance and anaesthetic technique. **Local subcutaneous infiltration:** • **Adults and children 12 years and over:** single dose as required to achieve anaesthesia **MUST NOT** exceed 10mL of lidocaine 1% (If individual weighs less than 23kg, the maximum dose must be calculated by weight at 4.5 mg/kg, equivalent to 0.45mL/kg 1% solution for injection) • **Children 2-11 years**: must be weighed. Single dose of lidocaine 1% **MUST NOT** exceed 3 mg/kg (equivalent to 0.3 mL/kg 1% solution for injection), or 5mL, **whichever is lower**, as required to achieve anaesthesia (dose to be given according to individual's weight and nature of procedure).

	Digital nerve block: • as required to achieve anaesthesia, e.g., 1mL to 5mL. • If the wound requires a greater volume than 5ml, **seek medical advice.** **NB:** Children, elderly or debilitated patients require smaller doses according to physical status and age. Observe the individual for toxic effects whilst receiving treatment in MIU. Single dose during a single episode of care. **Doses at extremes of body-weight when used by local infiltration** To avoid excessive dosage in obese individuals, weight-based doses for non-emergency indications may need to be calculated on the basis of ideal body-weight.
Duration of treatment	Single episode of care permitted under this PGD (dose as above).
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	All concurrent medications, including those purchased should be considered for interactions. A detailed list of drug interactions is available in the individual product SPC, which is available from the electronic Medicines Compendium website www.medicines.org.uk and the BNF www.bnf.nice. Refer to a prescriber if any concern of a clinically significant drug interaction. **NB Also see exclusion criteria**: • Avoid anti-viral agents (e.g. atazanavir, darunavir, lopinavir) increase serum levels of lidocaine. • Avoid fosamprenavir and ritonavir • Avoid mexiletine: increased risk of torsade de pointes • Individuals on anticoagulant therapy

Identification and management 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 www.bnf.nice Note when used for surface anaesthesia rapid and extensive absorption may result in systemic side effects. Hypersensitivity reactions (allergic or anaphylactoid reactions, anaphylactic shock). 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. • In case of anaphylaxis: ○ Refer to adrenaline (epinephrine) 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 LIDOCAINE.** ○ The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers ○ Report via the Datix Once for Wales Reporting system Adverse effects are rare and usually a sign of accidental intravascular injection, excessive dosage or rapid absorption from highly vascular areas, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. Systemic toxicity mainly involves the central nervous system and/or the cardiovascular system. Monitor individual for signs of: • Confusion • Respiratory depression • Convulsions • Hypotension • Bradycardia • Dizziness If overdose or severe adverse reaction suspected, immediately contact doctor/refer to A&E, following local policy.

Additional facilities and supplies	• Access to working telephone • Suitable waste disposal facilities • Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000 (1 in 1000))
Management of and reporting procedure for adverse reactions	• 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: https://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. • Record all adverse drug reactions (ADRs) in the individual's medical record and report any suspected adverse reactions to a doctor. The individual's GP should be informed. • Report via organisation incident policy – all significant adverse drug reactions should be reported via the Datix Once for Wales Reporting system.
Written information and further advice to be given to individual	• Offer Manufacturer's Patient Information Leaflet (PIL). • Explain mode of action, side effects and benefits of the medicine. • Explain contraindications and cautions as documented in the patient information leaflet plus expected duration of the effect. • Explain the procedure and inform the individual of the result. If the patient experiences any side effects, they should inform the nurse immediately. Numbness may last up to four hours. The individual should not drive or operate machinery if dizzy or drowsy, or until the effect wears off and full sensation returns. **NB.** All individuals should be advised to seek medical review / contact their GP if there are signs of complications from secondary infections, e.g. fever, chills, muscle pain, vomiting, diarrhoea, abdominal pain. • Refer to MIU clinical guidelines.

Advice/follow up treatment	Advise individual: • How to care for the injection site and advise to return if concerns about the injection site. • Give information on who to contact in the event of an adverse reaction or concerns. Additionally, if applicable: • Verbal and written wound care advice as appropriate. Refer to PTHB MIU clinical guidelines. • Advise about use of simple analgesia. • Advise about suture removal if appropriate. • If an individual is going home before the numbness or loss of feeling caused by the local anaesthetic wears off, during the time that the injected area feels numb, be especially careful to avoid injury until feeling returns to the area. • If symptoms do not improve, or worsen, or patient becomes unwell, if there are any signs of infection, unexpected reaction, or cause for concern, seek medical advice immediately. Contact GP via surgery or emergency on call service/111 out of hours service or DGH as appropriate. • If a swab has been taken, the individual/carer will be contacted once the results are received. The GP/prescriber will also be contacted to review the choice of antibiotic based on the swab results.
	Record consultation details as required by local procedures. In addition, record: • The consent of the individual. Record name of representative who gave consent, if appropriate. • Individual's name, address and date of birth • GP contact details where appropriate • Attendance date • Reason for attendance • Relevant past and present medical and family history, including drug history • Any known allergies and nature of reaction. • Record weight of individual • Relevant examination findings or microbiology results (if applicable) • Inclusion or exclusion from PGD • A statement that administered using a PGD, record PGD version number • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Details of any adverse drug reactions and what action taken • Any reasons for referral and referral arrangements made

Records	• Any administration outside the marketing authorisation • Record the name/brand, dose of the medication, time and site of injection • Batch number and expiry date of product in line with local procedure • Record follow up and/or signposting arrangements • Any other relevant information that was provided to the individual • Printed name and signature (which may be an electronic signature) of the clinician administering the medicine • Advice given, including advice given if excluded or declines treatment • Any advice received from medical cover and advice given to individual / carer. 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.

Key references (accessed January 2023, also accessed January 2025 when adapting the template for PTHB use)

- Electronic Medicines Compendium http://www.medicines.org.uk/
- Electronic BNF https://bnf.nice.org.uk/
- NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2
- Resuscitation Council (UK) Emergency Treatment of anaphylactic reactions: Guidelines for health care providers Resuscitation Council, 2021 www.resus.org.uk

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.