



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

Salbutamol CFC free aerosol inhaler 100 micrograms per actuation

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

by registered healthcare professionals

in

Powys Teaching Health Board

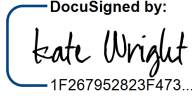
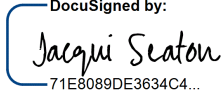
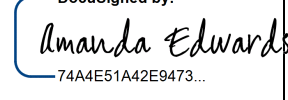

Version number: **PGD0162A**

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Change history

Version number	Change details	Date
PGD0162	Initial version	22/03/2021
PGD 0162A	Review in line with current reference sources. Minor changes to format to promote consistency with other PTHB PGDs	22/03/2024

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	Lead doctor for PTHB	 DocuSigned by: <i>Kate Wright</i> 1F267952823F473...	3/6/2024
Chief Pharmacist Jacqui Seaton	Chief Pharmacist for PTHB	 DocuSigned by: <i>Jacqui Seaton</i> 71E8089DE3634C4...	3/6/2024
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	 DocuSigned by: <i>Amanda Edwards</i> 74A4E51A42E9473...	4/2/2024
Senior representative of professional group using the PGD Claire Roche	Executive Director of Nursing and Midwifery for PTHB	 DocuSigned by: <i>Claire Roche</i> FC9C4C63FC374A7...	3/25/2024

[Appendix A](#) provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

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

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 25 years after the PGD expires.

¹ This includes any relevant amendments to legislation.

PGD adoption by the provider

Name	Job title and organisation	Signature	Date

Training and competency of registered health professionals

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	<p>Registered professional with one of the following bodies:</p> <ul style="list-style-type: none"> nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) paramedics and physiotherapists currently registered with the Health and Care Professions Council (HCPC) <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 Salbutamol CFC free aerosol inhaler 100 micrograms per actuation and knowledge of its uses, contraindications and adverse effects <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 administration of medicines. Recommended training eLfh PGD elearning programme. PTHB staff to access via ESR. must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) must have completed locally required training (including updates) in safeguarding children and vulnerable adults or a minimum of level 2 safeguarding or the equivalent. must be familiar with the product and alert to changes in the BNF and Summary of Product Characteristics must have undertaken training appropriate to this PGD as required by local policy must have received training and be competent in the recognition, management of, and reporting of recognised adverse reactions, including anaphylaxis. must be competent in the administration of adrenaline and have up to date Intermediate Life Support (ILS) skills. 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>

Reference Number:PGD0162A

Valid from: 22/03/2024

Review date: 22/09/2026

Expiry date: 21/03/2027

<p>competency assessment</p>	<ul style="list-style-type: none"> • Evidence of ongoing PGD training to be submitted to Line Manager annually • Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competency in their Personal Appraisal and Development Review (PADR) • Evidence of training in ILS, anaphylaxis and safeguarding.
<p>Ongoing training and competency</p>	<ul style="list-style-type: none"> • Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. • Updating at least every 2 years on the use of PGDs and Salbutamol CFC free aerosol inhaler 100 micrograms per actuation. • Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, ILS, with evidence of appropriate Continued Professional Development (CPD). • Compliance with all mandatory NHS training including safeguarding at the level relevant to the role (if applicable). • Evidence of ongoing / refresher training to be submitted to line manager annually. <p>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.</p>

Clinical condition

<p>Clinical condition or situation to which this PGD applies</p>	<ul style="list-style-type: none"> • Emergency treatment of acute exacerbation of asthma (mild, moderate or severe) in patients aged 2 years and over (provided that reliance on it does not delay the introduction and use of regular inhaled corticosteroid therapy) or acute exacerbation of respiratory symptoms in adults (symptoms suggesting acute reversible airways obstruction in adults with known COPD) • May be administered in conjunction with ipratropium nebuliser solution for the treatment of reversible airways obstruction (Refer to PGD 0167 Ipratropium bromide 250 micrograms in 1 ml and Ipratropium bromide 500 micrograms in 2 ml nebuliser solution). <p>NB Patients should be managed in line with NICE/ MIU guidelines.</p> <p>It is the responsibility of the administering healthcare professional to ensure that the patient is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.</p>
<p>Inclusion criteria</p>	<ul style="list-style-type: none"> • Patient aged 2 years or over requiring emergency treatment of acute (mild, moderate, or severe) asthma (Refer to Appendix B (Adults) and Appendix C (Children) for a list of symptoms and severity of exacerbation of asthma) OR • Adult patient with acute exacerbation of respiratory symptoms (symptoms suggesting acute reversible airways obstruction in adults with a known diagnosis of COPD) presenting with acute onset of a sustained worsening of symptoms beyond the patients' usual day-to-day variation- commonly reported symptoms include: <ul style="list-style-type: none"> ▪ Worsening breathlessness ▪ Cough ▪ Increased sputum production ▪ Change in sputum colour ▪ Wheeze ▪ Fever without an obvious source ▪ Upper respiratory tract infection in the past 5 days ▪ Increased respiratory rate or heart rate increase 20% above baseline.

	<p>IMPORTANT: patients with severe or life-threatening asthma attacks may not appear distressed and may not display all of the symptoms. The presence of ANY symptom should alert the practitioner to act. Regard each emergency consultation as being for severe acute asthma until shown otherwise.</p> <ul style="list-style-type: none"> • Medical and drug history taken, no reason for exclusion • Informed consent, from the individual or a person legally able to act on their behalf, must be obtained for administration and recorded appropriately. The patient information leaflet should be available to inform consent. Where a person lacks capacity, in accordance with the Mental Capacity Act 2005, a decision to treat may be made in the individual's best interests. NB Refer to PTHB Consent to Treatment and Examination Policy. The individual should be informed they are being treated using a PGD. <p>Consent to treatment - if the patient is unable to give consent due to a life-threatening situation, or if parent/guardian/carer is not present, salbutamol should be administered where treatment is judged to be in the best interests of the patient</p> <p>In case of any doubt, contact medical team or emergency services</p>
<p>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)</p>	<ul style="list-style-type: none"> • Under 2 years of age • Known allergy or hypersensitivity to salbutamol or any of the excipients listed in the SPC -see www.medicines.org.uk • Refusal of treatment/ no valid consent, if able to give consent. Refer to section 'action to be taken if the individual or carer declines treatment' • Medical and drug history taken to confirm exclusion (see contraindications listed in SPC and BNF) • Conditions outside of the clinical situations criteria such as breathlessness due to physical obstruction caused by a foreign body, heart failure or pneumothorax • Refer to section 'action to be taken if the individual is excluded'

Cautions /reasons for seeking further advice from a prescriber

NB. Cautions listed are only for non-life-threatening situations. Where a caution is present the practitioner should be aware of the possible effects of administration but should continue to administer where the benefit outweighs risk.

- Oxygen saturation <92% (measured by pulse oximeter) for life-threatening asthma – salbutamol nebuliser PGD 0046 is more appropriate where a nebuliser is readily available
- Consider, if salbutamol nebuliser ([PGD0046](#)) or ipratropium nebuliser ([PGD0167](#)) are appropriate and/or and call 999.
- Pregnancy or breastfeeding
- Hyperthyroidism
- Thyrotoxicosis
- Underlying severe heart disease (severe heart failure, ischaemic heart disease, arrhythmia): patients should be advised to seek medical advice if they experience chest pain or other symptoms of worsening heart disease
- Diabetes (requires blood glucose monitoring)
- Patient known to receive large doses of other sympathomimetic drugs
- Salbutamol and non-selective beta-blockers (such as propranolol) should not usually be prescribed together
- Potentially serious hypokalaemia may result from beta-2 agonist therapy. Particular caution is advised in patients with acute severe asthma as hypokalaemia may be potentiated in hypoxic patients and those treated with xanthine derivatives, steroids, and/or diuretics. See [BNF](#) for list of other medicines which may contribute to hypokalaemia. Serum potassium levels should be monitored in such situations
- Hypertension
- Salbutamol is predicted to increase the risk of digoxin toxicity when given with digoxin. Manufacturer advises caution
- Salbutamol is predicted to increase the risk of elevated blood pressure when given with Linezolid (Manufacturer advises avoid)
- Rasagiline (Manufacturer advises avoid), Selegiline (Manufacturer advises avoid) and Safinamide (Manufacturer advises caution).
- Lactic acidosis has been reported in association with high therapeutic doses of short-acting beta-agonist therapy.
- As with other inhalation therapy, paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should be treated by discontinuing the salbutamol inhaler immediately,

	<p>assessing the patient, and if necessary, a different fast-acting bronchodilator instituted for on-going use.</p> <ul style="list-style-type: none">• Patients with multiple pathologies, polypharmacy and allergies• Refer to BNF/SPC for complete information <p>Discuss with appropriate medical/ independent non-medical prescriber if the individual has multiple allergies, or any medical condition or medication of which the healthcare professional is unsure or uncertain.</p> <p>Consider discussing with GP.</p> <ul style="list-style-type: none">• If attack is resolved, inform the GP to enable review within 48 hours <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 PTHB safeguarding policies followed. Consider discussing with GP.</p> <p>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: 0345 0544847 <p>Advice can also be sought from local Safeguarding leads</p>
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Arrangements for referral for medical advice	Consider the need for immediate transfer to hospital, in line with NICE CKS and BTS/ SIGN 158 British Guideline on the Management of Asthma .
Action to be taken if individual excluded	If the patient is excluded from treatment under this PGD: <ul style="list-style-type: none"> • Consider, if salbutamol nebuliser (PGD0046) or ipratropium nebules (PGD0167) are appropriate. • Call ambulance immediately (dial 999). Use a pulse oximeter to monitor blood oxygen levels; administer oxygen to maintain SpO2 in target range. Where appropriate, encourage patient to use their reliever medication through a spacing device. • Transfer to emergency services/medical support • Explain reason to patient/carer and record in the consultation record
Action to be taken if individual/carer declines treatment	<ul style="list-style-type: none"> • Explain consequences of refusing treatment, discuss alternative sources of treatment. • Document refusal and advice given in patient's record/Discharge Against Advice Form • Refer to a medical practitioner without delay/call 999 as appropriate • Inform or refer to GP/follow local procedures as appropriate. • Where appropriate, complete the letter on the WPAS system and send to the GP.

Details of the medicine

Name, form and strength of medicine	Salbutamol CFC free aerosol inhaler 100 micrograms per actuation Salbutamol CFC free aerosol inhaler 100 micrograms via spacer device
Legal category	Prescription-only medicine (POM)
Off-label use	Inhaled Salbutamol is licensed in adults, adolescents and children aged 4 to 11 years. Use in children between 2 years and 4 years may be outside of the manufacturer's marketing authorisation but is consistent with advice in the BTS/SIGN asthma guideline. Use in children between 2 and 4 years old with bronchospasm associated with reversible obstructive airways disease has a safety profile comparable to that in children over 4 years, adolescents and adults.

	Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product license.
Route/method of administration	<ul style="list-style-type: none"> • By inhalation, preferably used with a large volume spacer device – see dose and frequency section below • Patients under 3 years old are likely to require a close-fitting face mask for use with the spacer. • Always shake inhaler before use.
Dose and frequency	<p>Salbutamol 100 microgram/actuation inhaler. Each puff is equivalent to 100 micrograms.</p> <p><u>Adults and children 12 years of age and over</u></p> <ul style="list-style-type: none"> • Mild, moderate or severe asthma exacerbations: <ul style="list-style-type: none"> ○ Give FOUR puffs initially via a large volume spacer device, followed by TWO puffs every two minutes according to clinical response up to a maximum of 10 puffs. Each puff should be given one at a time and inhaled with five tidal breaths. Repeat every 10-20 minutes according to clinical response. ○ NB. Salbutamol inhaler should only be used in severe asthma if salbutamol nebuliser is unavailable ○ Monitor and reassess the clinical response for 15-30 minutes for all patients ○ If response is poor, arrange immediate transfer to hospital and/or refer to PGD0167 (nebulised Ipratropium). ○ Following response to initial treatment, if a relapse occurs within 3-4 hours administer further doses of salbutamol (as per direction above). Transfer to hospital may be required- seek urgent medical advice. <p><u>Children aged 2 years to 11 years with mild, moderate or severe asthma exacerbation:</u></p> <ul style="list-style-type: none"> ○ Give ONE puff every 30-60 seconds, up to 10 puffs to be administered via large volume spacer. Each puff should be given one at a time and inhaled with five tidal breaths. Repeat every 10-20 minutes according to clinical response. If the response is poor, give further doses while awaiting hospital admission, switch to a nebuliser if available and consider nebulised ipratropium (see PGD 0167), if appropriate.

	<ul style="list-style-type: none"> ○ NB. Salbutamol inhaler should only be used in severe asthma if salbutamol nebuliser is unavailable ○ Following response to initial treatment, if a relapse occurs within 3-4 hours administer further doses of salbutamol (as per direction above). Transfer to hospital may be required- seek urgent medical advice <p>Children under 3 years of age are likely to require a close-fitting face mask connected to a mouthpiece of a spacer.</p> <p><u>Acute bronchospasm in adults - USED BY INHALER ONLY:</u></p> <ul style="list-style-type: none"> • For the relief of acute respiratory symptoms including bronchospasm, one puff (100 micrograms) may be administered as a single minimum starting dose. This may be increased to two puffs if necessary.
Quantity to be administered	As per dosing specified above
Maximum or minimum treatment period	<ul style="list-style-type: none"> • For asthma exacerbation: <ul style="list-style-type: none"> ○ total dose: up to 10 puffs, each puff is to be inhaled separately, repeat every 10–20 minutes if required (see dosage) • For acute bronchospasm in adults: two puffs only
Storage	<ul style="list-style-type: none"> • See product SPC for specific storage requirements • As with most inhaled medication in the aerosol canister, the therapeutic effect of this medication may decrease when the canister is cold • The canister should not be broken, punctured or burnt, even when apparently empty • Any unused product or waste material should be disposed of in accordance with local requirements
Drug interactions	<p>All concomitant medications should be checked for interactions.</p> <p>A detailed list of drug interactions is available in the BNF https://bnf.nice.org.uk and SPC http://www.medicines.org.uk</p> <p>Also refer to Cautions section of PGD.</p> <p>Refer to a prescriber if any concern of a clinically significant drug interaction.</p>

Identification and management of adverse effects

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 <https://bnf.nice.org.uk>.

The following possible adverse effects are commonly reported with salbutamol inhaler ($\geq 1/100$):

- tachycardia
- tremor
- headache
- tenseness
- dizziness

Paradoxical bronchospasm may occur with an immediate increase in wheezing. In this situation the salbutamol should be discontinued immediately and the patient assessed to consider treatment with a different fast-acting bronchodilator.

Hypersensitivity reactions including angioedema, urticaria, bronchospasm, hypotension and collapse are very rare.

In the case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use:

Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available. In case of anaphylaxis:

- Refer to [adrenaline PGD 0017](#) and [anaphylaxis policy](#)
- Request medical assistance urgently. If the GP is not immediately available, dial 999 to transfer to A&E
- Ensure reaction is fully documented in patient notes
- Ensure all patient records are marked allergic to **salbutamol**
- The patient may be advised to wear a Medic Alert 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> 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

	<p>back of the BNF, or using the above link.</p> <ul style="list-style-type: none">• Record all adverse drug reactions (ADRs) in the patient's medical record and the individual's GP should be informed.• All significant adverse drug reactions should be reported via the Once for Wales Reporting System.
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Records to be kept

Record consultation details as required by local procedures. In addition, record:

- Relevant past and present medical and drug history taken, including any allergies and previous adverse events
- Name of the patient, address, date of birth and GP with whom the patient is registered
- Any reasons for exclusion or referral, including actions taken and any referral arrangements made.
- Any advice received from medical cover and advice given to patient / carer, including advice given if excluded or declines treatment
- Advice given about the medication including side effects, benefits, and when and what to do if any concerns
- If the patient has refused treatment, and any advice given in this circumstance.
- That valid informed patient consent to treatment was obtained (if applicable). Record name of representative who gave consent if appropriate.
- Any administration outside the terms of the product marketing authorisation
- That the drug is being administered in accordance with a PGD- record PGD number and version.

For administration, record:

- Date and time of administration.
- Name, form, strength and dose of drug administered.
- Route of administration
- Expiry date(s)
- Details of any adverse reactions and actions taken.

The record must include the printed name and signature (or a password controlled e-records) of the healthcare professional responsible for administration.

The record must be kept securely 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 be kept for audit purposes in accordance with local policy.

Patient information

<p>Written/verbal information to be given to patient or carer</p>	<ul style="list-style-type: none"> • Provide patient information leaflet. • Draw patient's or representative's attention to the patient information leaflet (PIL). Give appropriate advice if medication is used off-label. • Explain course of action. • Inform the individual of possible side effects and their management. • Explain the benefit for using a salbutamol inhaler with spacer (as an alternative to nebulised medication) in mild to moderate asthma is reduced risk of side effects (tachycardia and hypoxia)
<p>Follow-up advice to be given to patient or carer</p>	<ul style="list-style-type: none"> • Advise patient/representative to: <ul style="list-style-type: none"> ○ contact emergency services, if relapse occurs in 3-4 hours (this will usually require hospitalisation) ○ seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on-call service • To seek advice from asthma nurse or GP when using salbutamol regularly, or if short-acting relief bronchodilator treatment becomes less effective or more inhalations than usual are required • All patients with acute exacerbation of asthma and good response, should be referred to GP for review assessment within 48 hours of presentation • Refer all children who fail to improve after 10 puffs of salbutamol to hospital. • Adults with moderate exacerbation and poor response to salbutamol, should be referred to emergency services • If appropriate, advise to monitor the peak flow readings with peak flow meter

Key references

1. British National Formulary: British National Formulary (BNF) online: <https://bnf.nice.org.uk/drugs/salbutamol/>, accessed 19/12/2023
2. Ventolin Evohaler 100mcg (100 micrograms of salbutamol (as Salbutamol Sulfate BP) per actuation), Glaxo Smith Kline UK
 - a. [Summary Product Characteristic](#), last updated 09/08/2023
 - b. [PIL](#), last updated August 2023
3. Salamol CFC-Free MDI Inhaler 100microgram, Teva UK Limited
 - a. [Summary of Product Characteristic](#), last updated 18/07/2023
 - b. [PIL](#), last updated March 2023
4. [CKS: Scenario: acute exacerbation of asthma](#). Last revised October 2023
5. [CKS: Scenario: Acute exacerbation of chronic obstructive pulmonary disease](#). Last revised September 2023.
6. [BTS/ SIGN 158 British Guideline on the Management of Asthma](#). Updated July 2019
7. [All Wales paediatric asthma management and prescribing guideline. AWMSG. June 2023](#)
8. [All Wales Guideline for the Acute management of asthma and wheeze in children aged > 2 years. Accessed 22/12/23. Respiratory Health Implementation Group, Paediatric Respiratory Medicine, UHW, Cardiff](#)
9. [NICE guideline \[NG115\]: Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) Published date: December 2018 Last updated: July 2019
10. [NICE QS25: Quality standard for asthma](#). Last updated 2018
11. NICE Medicines practice guideline "Patient Group Directions"
<https://www.nice.org.uk/guidance/mpg2>

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 or a Powys GP Practice 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 and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes. This list should be kept by PTHB, or the provider organisation adopting this PGD, 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

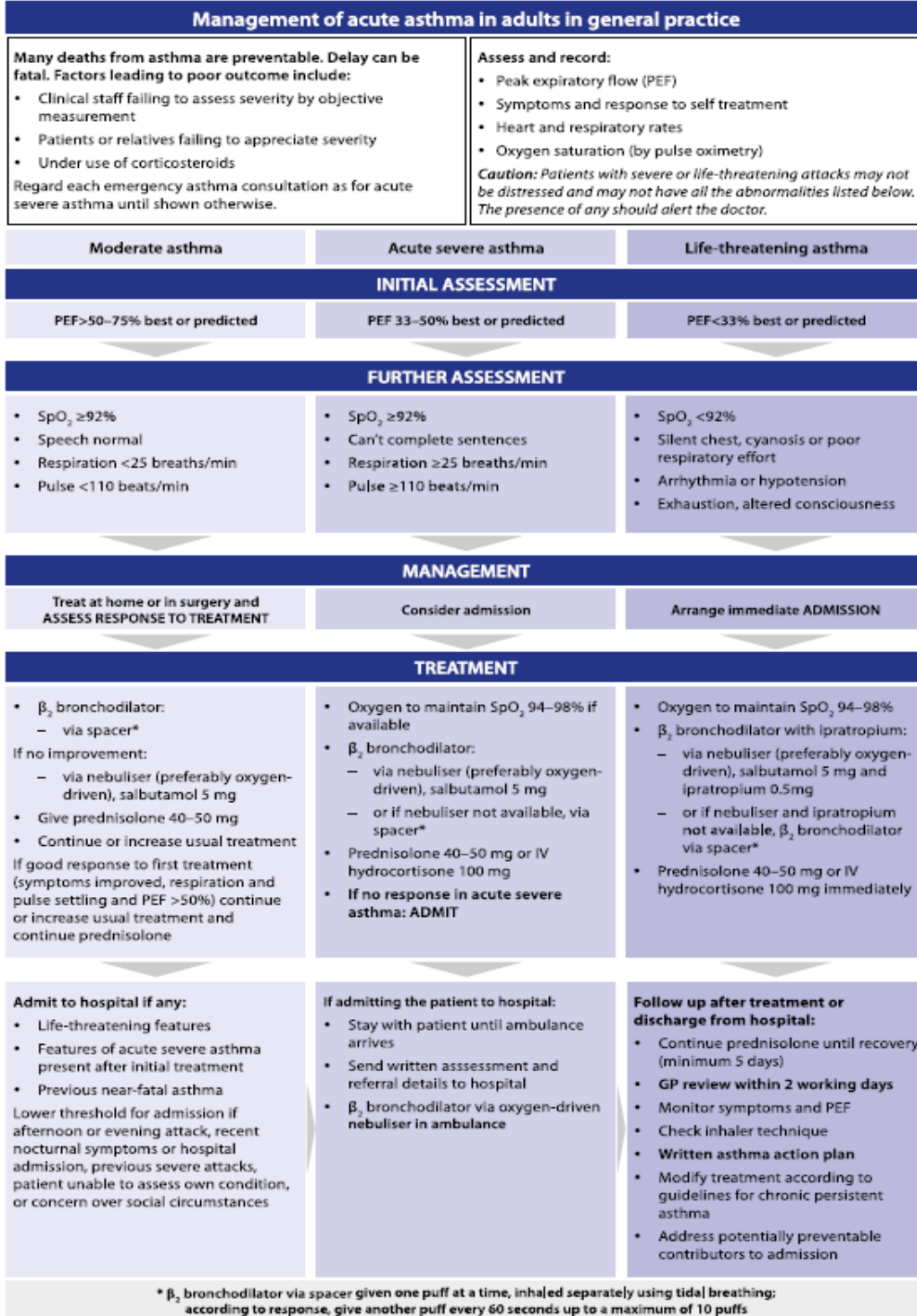
Please send a copy of this completed form to individual's line manager, to the staff member, and to medicines management department (info.medicinesmanagement.powys@wales.nhs.uk), in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B

Management of acute asthma in adults in general practice (Sign 158)

British guideline on the management of asthma

Annex 3



Appendix C

Management of Acute Asthma and Wheeze in Children aged >2 years old

