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

Buccal Midazolam Oromucosal solution – Buccolam®

by registered nurses

for the management of seizures in

Adults and Children aged 1 year and over

in Powys Teaching Health Board Minor Injury Units

Version number: **PGD 0164B**

Reference Number: PGD 0164B
Valid from: 01/05/2026
Review date: 31/10/2028
Expiry date: 30/04/2029

Change history

Version number	Change details	Date
PGD 0164	Initial Issue, in line with national template	02/12/2021
PGD 0164A	Updated according to SPS template version number 2.0 and adapted for use in Powys Teaching Health Board (PTHB) to allow the Buccolam® brand only to be administered in MIU: Minor amendments to align with other national PGD templates. Inclusion criteria changed to those over 2 years, to reflect the age of patients seen by PTHB MIUs. Minor updates to PTHB PGD template. Removal of appendix B, and referral to the SPC/PIL, which provide instructions for administration of buccal midazolam solution Buccolam®	20/11/2024
PGD 0164 B	Updated in line with SPS template version number 3.0, adaped for use in PTHB: Updated off label section. Aligned with end of life review. Updated SLWG. Updated references. Inclusion criteria changed to those over 1 year, to reflect the age of patients seen by PTHB MIUs.	01/05/2026

This Powys Teaching Health Board (PTHB) PGD is based on template v3.0 developed on behalf of the Specialist Pharmacy Service (SPS), which had been peer reviewed by the Ambulance Service paramedic and nurse PGD Short Life Working Group in accordance with their Terms of Reference. It had been approved by the National Ambulance Service Medical Directors (NASMeD) in October 2025.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available here:

https://www.sps.nhs.uk/home/guidance/patient-group-directions-and-legal-mechanisms/national-pgd-protocol-and-written-instructions-templates/

Acknowledgements:

NAME/ROLE	POSITION
Sumithra Maheswaran	Pharmacist
Dr Elizabeth Miller	Pharmacist
Tim Edwards	Consultant paramedic
Paul Brennan	Advanced Paramedic
Julie Ormrod	Consultant Paramedic
Dr Stephen Dykes	Doctor
Dr Philip Cowburn	Doctor
Jo Jenkins	Associate Director, Medicines Governance, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator)	Advanced Specialist Pharmacist PGDs and Medicine Mechanisms, 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...	4/8/2026
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	4/10/2026
Senior representative of professional group using the PGD **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	4/8/2026
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	Signed by: Lucie Cornish on behalf of Amanda Edwards 48844B7FC02A448... Director of Improvement & Transformation	4/20/2026

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

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

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

[1] This includes any relevant amendments to legislation.

Characteristics of staff

	Requirements of registered nurses working under the PGD
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 healthcare professional listed in the legislation as able to practice under Patient Group Directions, with the following body: • Nurses currently registered with the Nursing and Midwifery Council (NMC) and working in a Minor Injury Unit in PTHB. Current contract of employment with PTHB. Practitioners must also fulfil the training and Additional requirements listed below. Check Appendix A – Staff accredited to use the Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.

Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken organisation approved training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. 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 administration of buccal midazolam solution preparations and knowledge of the uses, contraindications and adverse effects of Buccolam® (refer to SPC/PIL for instructions for administration of buccal midazolam solution Buccolam®). • Identification and management of seizures. • Must understand the responsibilities associated with the use of unlicensed medicines including using outside a product's licence - see GMC guidance on prescribing unlicensed medicines). Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it. • must be competent in the use of PGDs (see NICE Competency framework for health professionals using Patient Group Directions) • must be familiar with the product and alert to changes in the BNF (https://bnf.nice.org.uk) 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 locally required training (including updates) in safeguarding children and vulnerable adults or a minimum of level 2 safeguarding or the equivalent (or level applicable to the role) • must be competent to recognise, manage and report unintended but expected side effects such as anaphylaxis Must be competent in the administration of adrenaline 1 in 1000, 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.**

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. Individuals operating under this PGD must be assessed as competent (see Appendix A). The individual must complete a self-declaration of competence 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. Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Evidence of training in ILS and anaphylaxis. Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.

Ongoing training and competency	Annual PGD training- 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. Update at least every 2 years, or earlier in response to new local/national guidance, on the use of buccal midazolam solution and the management of seizures. Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis and ILS. Completion and submission of Continuous Professional Development (CPD) as required by NMC, which must be retained and made available on request. Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. **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 practitioner who must abide by the PGD and any associated organisation policies. In this PGD this is the nurse.	
In the context of the clinical scenario described in this PGD the individual being treated may not be able to make an informed choice nor consent to treatment. Therefore, the clinician should act in the best interests of the individual at all times and within their professional competency and code of conduct.	

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Treatment of seizures in adults and children aged 1 year and over as detailed below in line with JRCALC guidance. **It is the responsibility of the administering nurse 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 inclusion	Treatment of seizures in adults and children aged 1 year and over • Adults or children aged 1 year and over (weighing 3.5kg or greater) currently having bilateral tonic clonic seizures (at the time of medication administration) and who are still convulsing **where IV/IO access cannot be rapidly established** (note in small children consider buccal/PR routes first line) and who have: o seizures lasting 5 minutes or more **or** o two or more seizures without recovery in between (lasting over 5 minutes) **or** o three or more seizures in the last 24 hours (if this is abnormal for them) • Adults or children aged 1 year and over (weighing 3.5kg or greater) currently having the following types of focal seizures **where IV/IO access cannot be rapidly established** (note in small children consider buccal/PR routes first line): o Children having focal seizures (lasting over 5 minutes) with an element of convulsion (e.g. muscle or myoclonic twitch) regardless of GCS score. o Adults having focal seizures (lasting over 10 minutes) with an element of convulsion (e.g. muscle or myoclonic twitch) and impaired consciousness. Medical and drug history taken, if possible, no reason for exclusion. **<u>Consent to treatment</u>** In the context of the clinical scenario described in this PGD the individual being treated may not be able to make an informed choice nor consent to treatment. Therefore, the clinician should act in the best interests of the individual at all times and within their professional competency and code of conduct. NB Refer to PTHB Consent to Treatment and Examination Policy. In case of any doubt, contact medical team or emergency services.ny vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Where there are safeguarding

	concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Criteria for exclusion	• Conditions outside of the clinical situations criteria • IV access established • Individuals aged under 1 year or weighing less than 3.5kg • Treatment of suspected eclamptic seizures- ask GP for immediate assistance and dial 999 • Where individual has their own supply of buccal midazolam and a valid prescription/direction to administer in place – if available this must be followed • Prior administration of two doses of a benzodiazepine during the current episode of care (including those given by carer from an individual's own medication) • Known hypersensitivity with life-threatening outcome to benzodiazepines or to any component of the product – see Summary of Product Characteristics • Currently presenting with Psychogenic Non-Epileptic Seizure (PNES) – follow individualised treatment plan Refer to section 'action to be taken if the individual is excluded'.
Cautions including any relevant action to be taken	**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. Contact the local senior on call clinician for advice on the below if required.** • Uncorrected hypoglycaemia or hypoxia. If the seizure is due to hypoxia or hypoglycaemia ensure that this is corrected. • Concomitant use of opioids - increased risk of adverse effects including respiratory depression. • Known myasthenia gravis or any other marked neuromuscular respiratory weakness – midazolam may exacerbate condition. • Known sleep apnoea syndrome – midazolam may exacerbate condition. • Known concomitant use of anti-depressants or other CNS depressants or recent alcohol consumption – may potentiate adverse effects. • Breast-feeding - midazolam passes in low quantities into breast milk. A single dose of midazolam is unlikely to be harmful and breastfeeding may continue. Consider avoiding breastfeeding for 24 hours after multiple administration of benzodiazepine medication. • Pregnancy - the administration of high doses of midazolam in the last trimester of pregnancy or during labour has been

	reported to produce maternal or foetal adverse reactions. Use during pregnancy if clinically indicated. Midazolam oromucosal solution should be administered for convulsive status epileptic seizures in pregnant women in the pre-hospital setting as the benefit outweighs the risk. **N.B. treatment of suspected eclamptic seizures is excluded under this PGD.** • Chronic respiratory insufficiency: midazolam may cause respiratory depression. • Renal impairment: elimination of midazolam may be delayed and the effects prolonged. • Hepatic impairment: clearance of midazolam may be delayed and the effects prolonged. • Impaired cardiac function: clearance of midazolam may be delayed. Life-threatening incidents are more likely to occur in those with pre-existing respiratory insufficiency or impaired cardiac function, particularly when a high dosage is administered. • Extreme caution should be used if administering midazolam to individuals with personality disorders. Benzodiazepines have a disinhibiting effect. • Known history of drug or alcohol abuse. • If possible, check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. See Drug Interactions. 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. 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: 0345 0544847 Advice can also be sought from local Safeguarding leads.

Action to be taken if the individual is excluded	• Follow JRCALC and local service procedure. • Record reasons for exclusion in clinical record, call 999 and ensure the reason(s) for exclusion are included in the handover given to paramedics and receiving hospital. • Record any advice given. • Explain reason, if possible, to individual/carer. • Consider suitability of alternative management (transfer to emergency department to consider IV/IO or rectal diazepam or injectable midazolam –discuss with senior clinician).
Arrangements for referral for medical advice	• Individuals aged under 1 year and/or weighing less than 3.5kg -ask GP for immediate assistance and dial 999. • If the seizures are not controlled within dosage regimen of the PGD follow JRCALC and/or local service procedure. • Individuals treated with benzodiazepines should always be transported to hospital (A&E) unless their care plan states otherwise. Call an ambulance for emergency admission. • If individual has capacity to consent and refuses hospital transfer then follow locally agreed pathway/JRCALC. • Suspected eclamptic seizures are a PGD exclusion- ask GP for immediate assistance and dial 999. • Every effort must be made to ensure that an individual is in the care of a responsible adult. The responsible adult must be told to call 999 immediately if the individual experiences further seizures or their condition deteriorates in any way.

Description of treatment

Name, strength and formulation of drug	Oromucosal solution containing midazolam hydrochloride 5mg in 1ml (Buccolam® pre-filled oral syringes) as 5mg, 7.5mg and 10mg pre-filled syringes: • Buccolam® 5 mg/1ml oromucosal solution pre-filled oral syringe (blue labelled packaging) • Buccolam® 7.5 mg/1.5ml oromucosal solution pre-filled oral syringe (purple labelled packaging) • Buccolam® 10 mg/2ml oromucosal solution pre-filled oral syringe (orange labelled packaging)
Legal category	CD POM Schedule 3 No Reg
Off-label use	Best practice advice is given by JRCALC and is used for guidance in this PGD and this may vary from the Summary of Product Characteristics (SPC).

	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 medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, (where possible) 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	• **First dose (consider any prior doses of benzodiazepine administered by parent, carer or other healthcare professional as one of the two doses in total that may be administered):** Dose as per below table. • **Second dose (as above consider any prior doses of benzodiazepine administered):** Dose as per below table. **Refer** to SPC/PIL, which provide instructions for administration of buccal midazolam solution Buccolam®. The full amount of solution should be inserted slowly into the space between the gum and the cheek. If necessary (for larger volumes and/or smaller individuals), approximately half the dose should be given slowly into one side of the mouth, then the other half given slowly into the other side. If individual continues to convulse 10 minutes after the second dose seek additional clinical support and advice (see 'Arrangements for referral for medical advice'). • If no assistance is available, ensure the patient is safe during preparation of the medication. • Check the expiry date of the product and that the solution is a clear, colourless to yellowish solution. • Any unused medicinal product or waste material should be disposed of in accordance with local requirements. • Never exceed the maximum dose stated on the PGD.

Dose and Frequency of administration

Oromucosal solution containing midazolam hydrochloride 5mg in 1ml (Buccolam®) as 5mg, 7.5mg and 10mg pre-filled syringes

Seizures in adults/children aged 1 year and over (NB. management of suspected eclamptic seizures is a PGD exclusion)

Give the dose as prescribed in the child's individual treatment plan/Epilepsy Passport (the dosages described below reflect the recommended dosages for a child of this age).

Oromucosal solution containing midazolam hydrochloride 5mg in 1ml

	Age		
	10 years and over/adults	**5 – 9 years**	**1 – 4 years** (and over 3.5kg)
Dose	10 milligrams ORANGE labelled packaging	7.5 milligrams PURPLE labelled packaging	5 milligrams BLUE labelled packaging
Repeat Dose	10 milligrams	7.5 milligrams	5 milligrams
Dose Interval	5-10 minutes	5-10 minutes	5-10 minutes
Concen-tration	5mg in 1ml	5mg in 1ml	5mg in 1ml
Volume	2ml pre-filled syringe	1.5ml pre-filled syringe	1ml pre-filled syringe
Maximum Dose	20 milligrams	15 milligrams	10 milligrams

Duration of treatment	Single episode of care.
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website or BNF: www.medicines.org.uk or https://bnf.nice.org.uk/. There are many drug-drug interactions reported with midazolam as it is metabolized by CYP3A4. This does not affect the dose of midazolam to be given under this PGD but may lead to reduced clearance/affect the action of any concurrent interacting medication. Therefore, it is important that a full, current drug history is taken and supplied to the receiving medical team so a review of any interaction with current medications can be undertaken.
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the product's SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk. **Common side effects** (more than 1 in 100 but less than 1 in 10) • Sedation • Respiratory depression • Reduced level of consciousness leading to impaired airway control. • Nausea and vomiting **Serious adverse effects (unknown rate of incidence)** • Angioedema • Anaphylactic reactions **Very rare side effects** (less than 1 in 10,000 or unable to be estimated from available data) • Hypotension • Bradycardia • Confusion leading to increased agitation • Larygospasm • Amnesia in some patients.

Management of and reporting procedure for adverse reactions	• The practitioner acting under this PGD must ensure that all necessary drugs and equipment are available for immediate treatment should a hypersensitivity reaction occur and must be trained to manage anaphylaxis and be prepared to support ventilation including immediate availability of equipment to support airway management and ventilation (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 the GP is not immediately available dial 999 to transfer to A&E. ○ Ensure reaction is fully documented in individual's notes. ○ Ensure all individual's records are marked **ALLERGIC TO MIDAZOLAM, stating the Buccolam® brand**. ○ The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers. ○ Report via Datix Once for Wales Reporting system • Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk • Record all ADRs in the clinical record and report any suspected adverse reactions to a doctor. • Report via organisation incident policy Datix Once for Wales Reporting system. • If necessary, seek appropriate emergency advice and assistance.

Advice / follow up treatment	Individuals treated with benzodiazepines should always be transported to hospital (A&E) unless their care plan states otherwise. If the individual is not transferred to hospital inform the individual/parent/carer of possible side effects and their management (e.g. increased drowsiness, do not drive, operate machinery, or sign legal documents if affected, do not drink alcohol). Provide DVLA information if appropriate: 150213-10349-DfT-New-Drug-Driving-Rules-A5-Leaflet_DIGITAL-Amended.pdf. Individuals with a driving license are obliged to tell DVLA if they've had any epileptic seizures or blackouts. They must stop driving straight away. Provide patient information leaflet. The individual/parent/carer should be advised to seek medical advice in the event of an adverse reaction. Consider informing individuals (or their carer) if the product they received has been used off-label.
Special considerations / additional information	• For oral use only. • The oral syringe cap should be removed before use to avoid risk of choking. • No needle, intravenous tubing or any other device for parenteral administration are compatible and must not be attached to the oral syringe. • Oral syringes may not be graduated so the correct syringe for the dose required should be selected (as per Dose and Frequency of administration section above).
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk

Records	Record consultation details as required by local procedures. In addition, record: • Consent (if possible)/action taken in the best interests of the individual. Record name of representative who gave consent if appropriate. • Name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • Name of practitioner • Profession of practitioner • Relevant details of past and present medical history, including medication history, known allergies and nature of reaction. • Name of medication administered • Date and time of administration • Dose, form and route of administration • Quantity administered • Advice given, including advice given if excluded or declines treatment • Expiry date(s) • Details of any adverse reactions and actions taken • Complete any CD records in line with local guidance • If treatment did not proceed under this PGD record reason/s why and actions taken • Administered via Patient Group Direction (PGD), record PGD title and version number. Records should be signed 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

Key references (accessed September 2025)	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • Reference guide to consent for examination or treatment https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1_.pdf • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • JRCALC guideline https://www.jrcalc.org.uk/ • Resuscitation Council (UK) www.resus.org.uk • Safety in Lactation (2024) Using benzodiazepines during breastfeeding – SPS - Specialist Pharmacy Service

Appendix A Staff accredited to use the 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 required 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, 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.