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

Triamcinolone acetonide (Kenalog® 40mg/ml) injection

by registered physiotherapists

to adult patients requiring joint injections

in

community hospitals or primary care settings

in Powys Teaching Health Board

Version number: PGD 0056-B

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

Reference Number: PGD0056-B
Valid from: 29/01/2024
Review date: 29/01/2026
Expiry date: 28/01/2027

Change history

Version number	Change details	Date
PGD0056	Initial version	01/04/2014
PGD0056-A	Review version	12/06/2019
PGD0056-B	Review version to include minor formatting and wording changes, updated advice regarding the requirement to issue a steroid card, updated as per current SPC. Excluded use for tennis elbow (lateral epicondylitis).	29/01/2024

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	2/23/2024
Chief Pharmacist **Jacqui Seaton**	Chief Pharmacist for PTHB	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	2/26/2024
Senior representative of professional group using the PGD **Claire Madsen**	Executive Director of Therapies Health Science for PTHB	DocuSigned by: Claire Madsen 51D92655B6B7468...	3/4/2024
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/5/2024

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

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

The final authorised copy of this PGD should be kept by PTHB for 8 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 8 years after the PGD expires.

[1] This includes any relevant amendments to legislation

1. Characteristics of staff

Qualifications and professional registration	Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered professional with the following body: • Physiotherapists currently registered with the Health and Care Professions Council (HCPC) and • having a diploma recognised by the Chartered Society of Physiotherapy or equivalent in injection therapy. The registered health professional should have a current contract of employment within Powys Teaching Health Board. Practitioners must also fulfil the Additional requirements listed below. Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Initial training and knowledge requirements	The registered healthcare professional authorised to operate under this PGD must have successfully completed appropriate education and training in: • The administration of triamcinolone injection and knowledge of its uses, contraindications and adverse effects. The practitioner must also be alert to changes in the BNF and SPC. • The competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. The practitioner must also work in conjunction with the "PTHB injection therapy protocol for physiotherapist injecting corticosteroid injections". Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must have completed Patient Group Directions training- available via ESR or eLearning for Healthcare (e-LfH) • must have undertaken training appropriate to this PGD as required by local policy • must have undertaken and completed at least level 3 Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role

Initial training and knowledge requirements (continued)	• must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Basic Life Support (BLS) skills. • must have access to the Patient Group Direction 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	• Individuals operating under this PGD must be assessed as competent or complete a self-declaration of competence in their Personal Appraisal and Development Review (PADR) to operate under this PGD. • Practitioners must 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. • ESR evidence of Patient Group Directions training • Evidence of training in basic life support and anaphylaxis
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. Updating at least every 2 years on the use of PGDs and triamcinolone injection. • Practitioners must ensure they are up to date with relevant clinical skills and management of anaphylaxis, BLS, with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. • Compliance with all mandatory NHS training. • Evidence of ongoing 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.**

2. Clinical condition or situation to which this PGD applies.

Clinical condition or situation to which this PGD applies	Treatment of localised inflammatory conditions in adults requiring a glucocorticoid effect: e.g. anti-inflammatory or anti-rheumatic for local use as follows:
	• Intra-articular administration
	  ○ Rheumatoid arthritis
	  ○ Osteoarthritis with an inflammatory component
	• Injection into tendon sheaths/bursae
	  ○ Medial epicondylitis (or other epicondylitis, BUT NOT lateral epicondylitis)
	  ○ Bursitis
	
	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.

Inclusion criteria	• Patients over 18 years old requiring corticosteroid therapy for alleviating joint pain, swelling or stiffness associated with conditions as above. • Patients presenting with musculoskeletal conditions that are not responding to conservative treatment such as physiotherapy and/or simple oral analgesics and/or non-steroidal anti-inflammatory drugs. • 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. The individual should be informed they are being treated using a PGD. • Medical and drug history taken, no reason for exclusion. • In case of any doubt, contact medical team. 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) advice from the local Safeguarding team should be sought (see below).

Exclusion criteria	• Conditions outside of the clinical situations criteria • No valid consent or patient/representative refuses treatment. 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 patient is excluded or "Action to be taken if patient declines treatment". • Under 18 years of age • Have known hypersensitivity to triamcinolone and/or any ingredient of the medicine (see SPC for full list) • Pregnant or breastfeeding • Have untreated known or suspected systemic infection • Active infection in or near joints- NB local injection of a steroid into a previously infected joint is to be avoided • Not to be used to alleviate joint pain arising from infectious states such as gonococcal or tubercular arthritis • Lateral epicondylitis (Tennis elbow) • 3 or more steroid injections into the same joint or soft tissue in the past 12 months, or a maximum of 2 where a tendon is involved • Injections should not be performed during home visits • Not to be used for a weight-bearing joint that is due to undergo surgery within six months of the injection • Not to be administered if within one week of a planned surgical procedure • Unstable joint • Prosthetic joint • Administration of live or live, attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of corticosteroids • Poor diabetic control as corticosteroids may increase blood glucose • History of recent trauma, adjacent osteomyelitis • Treatment of spinal conditions • Psychogenic pain or anxious patient • Complete heart block, severe or unstable heart conditions, congestive heart failure, cardiac conduction disturbances • Tendon bodies and other avascular areas • Peripheral vascular disease • Presence of steroid arthropathy • Administration by intravenous, intrathecal, intramuscular, epidural or intraocular injection or intranasal route of administration • Weight bearing tendons • Exposure to chickenpox or/and measles if previously uninfected • Not to be injected into the Achilles or Infrapatella tendons • Pre-disposed to thromboembolic disorders • Carrier of chronic viruses, e.g.: HIV, hepatitis viruses • Suspected or identified phaeochromocytoma

Exclusion criteria (continued)	• Haemarthrosis • Clinically significant drug interaction/s advising against concomitant use– see relevant section of this PGD, and also refer to current British National Formulary (BNF) or individual product SPC: ○ Patients taking digitalis glycosides ○ Concurrent oral steroid therapy/ immunosuppressants or immunosuppressed by disease ○ Patients taking ciclosporin (concurrent administration may increase toxicity) ○ Concurrent antibiotic use ○ Patients taking CYP3A4 inhibitors (e.g.: ritonavir (anti-retrovirals), atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole), including cobicistat-containing products -plasma concentration of corticosteroids increased therefore not recommended due to increased risk of systemic side effects

Cautions /reasons for seeking further advice from a prescriber	• Discuss with appropriate medical/independent non-medical prescriber any medical condition or drug interaction of which the healthcare professional is unsure or uncertain. • Patients with multiple complex pathologies, poly-pharmacy or multiple allergies • Patients with a history of drug allergies • Hypothyroidism - Corticosteroid effects may be enhanced • Hyperthyroidism - Corticosteroid effects may be decreased • Bleeding disorders • Special cautions: systemic absorption can occur following intraarticular injection of steroids. Systemic as well as local effects can therefore be expected following all corticosteroids injections. For this reason particular care is needed especially considering use of local or systemic corticosteroids in patients with the following conditions: o Diverticulitis o Recent intestinal anastomoses o Thrombophlebitis o Exanthematous disease o Metastatic carcinoma o Myasthenia gravis o Seizure disorders/epilepsy o Osteoporosis – especially in post-menopausal women o Previous corticosteroid-induced myopathy o Hypertension- corticosteroids antagonise the effects of antihypertensives and diuretics o Liver disease/reduced liver blood flow/cirrhosis o Acute glomerulonephritis, Chronic nephritis or renal insufficiency o Existing or previous history of depressive or manic-depressive illness/previous steroid psychosis, or acute psychosis in the patient or in their first degree relatives o In the presence of local or systemic viral infection o Systemic fungal infections o Gastrointestinal disorders: active peptic ulcer (or a history of peptic ulcer) o Active tuberculosis or past history of tuberculosis o Glaucoma (or a family history of glaucoma)

Cautions /reasons for seeking further advice from a prescriber	• Severe joint destruction with necrosis of bone may occur if repeated intra-articular injections are given over a long period of time. Care should be taken if injections are given into tendon sheaths to avoid injection into the tendon itself. Repeated injection into inflamed tendons should be avoided as it has been shown to cause tendon rupture • Diabetes may be aggravated, necessitating a higher insulin dosage. Latent diabetes mellitus may be precipitated. • Patients taking hepatic enzyme Inducers (e.g. barbiturates, phenytoin, carbamazepine, rifampicin, primidone, aminoglutethimide): There may be increased metabolic clearance of Kenalog. Patients should be carefully observed for possible diminished effect of steroid, and the dosage should be adjusted accordingly. • Patients taking oestrogens, including oral contraceptives: Corticosteroid half-life and concentration may be increased and clearance decreased • Patients taking NSAIDs: Corticosteroids may increase the incidence and/or severity of GI bleeding and ulceration associated with NSAIDS • Patients taking Amphotericin B injection and potassium-depleting agents: Patients should be observed for hypokalaemia. • Patients taking Anticholinesterases: Effects of anticholinesterase agent may be antagonised. • Patients taking Antidiabetics: Corticosteroids may increase blood glucose; diabetic control should be monitored, especially when corticosteroids are initiated, discontinued, or changed in dosage. • Patients taking Isoniazid: serum concentrations may be decreased. • Patients taking Human growth hormone: The growth-promoting effect may be inhibited • Patients taking Nondepolarising muscle relaxants: Corticosteroids may decrease or enhance the neuromuscular blocking action. • Patients taking anticoagulation therapy: Corticosteroids may potentiate or decrease anticoagulant action- patient should be closely monitored • Patients taking aspirin: corticosteroids can reduce serum salicylate levels and therefore decrease their effectiveness. Conversely, discontinuing corticosteroids during high-dose salicylate therapy may result in salicylate toxicity. Aspirin should be used cautiously in conjunction with corticosteroids in patients with hypoprothrombinaemia.

	• Patients who may have reasons for adrenocortical insufficiency other than exogenous corticosteroid therapy, who have had repeated courses of systemic corticosteroids, or when a course of Kenalog is being considered within one year of cessation of long-term therapy, as gradual withdrawal of systemic corticosteroid therapy should always be considered • Check for any other medications that the patient is taking, including topical or inhaled products, food supplements and herbal or homoeopathic products - refer to BNF and SPC for full list. Use in Elderly: The common adverse effects of corticosteroids may be associated with more serious consequences in old age, especially osteoporosis, diabetes, hypertension, hypokalemia, susceptibility to infection and thinning of the skin. Close supervision is required to avoid life-threatening reactions. 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.

Arrangements for referral for medical advice	• Refer to GP via the surgery or the emergency on-call service. Document advice given.
Action to be taken if patient excluded	• Explain the reasons for exclusion to the individual and document in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options. • Record any action taken.
Action to be taken if patient declines treatment	• The patient information leaflet should be available to inform consent. • Explain consequences of refusing treatment. • Record reason for decline in the consultation record. Document advice given. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about alternative treatment.

3. Details of treatment.

Name, form and strength of medicine	**Kenalog®** intra-articular injection triamcinolone acetonide 40 mg per ml of sterile suspension
Legal category	POM Prescription only medicine
Off-label use	Not applicable, unless Kenalog® has not been stored under the correct conditions (see below). 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, as part of the consent process, informing the individual /carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.

Route/method of administration	Intra-articular and injection into tendon sheaths/bursae ONLY Strict aseptic precautions should be observed. **NB**. Triamcinolone acetonide (Kenalog®) injection must not be mixed with any other preparation since to do so would create an unlicensed preparation which would invalidate the PGD. Lidocaine (see separate PGD), if required, should be administered prior to corticosteroid injection. The drugs must be both prepared separately and administered sequentially using aseptic technique. **Triamcinolone injection must not be given by the intrathecal route (due to potential for neurotoxicity), or the intravenous route.** **This PGD does <u>not</u> cover intramuscular administration of triamcinolone.** **NB.** Patient is observed for 20-30 minutes after injection prior to discharge.

Dose and frequency	• Intra-Articular Injection or Injection into tendon sheaths/bursae, dose depending on disease treated:
	  • Smaller joint, tendon sheaths/bursae: 5-10 mg (0.125 ml - 0.25 ml)
	  • Larger joint: up to 40 mg (up to 1 ml)
	  • Single injections into several sites for multiple joint involvement, up to a total of 80 mg, have been given without undue reactions
	
	• The frequency will depend on the clinical response
	• Repeated injections, if needed, may be given, at appropriate intervals, but no more than 3 injections (or 2 where a tendon is involved) may be given in one episode of care, depending on the degree of relief obtained from the initial injection.
	• Injections into joints, minimum of three-month intervals between injections and no more than three corticosteroid injections, in any one site, in one year. Where a tendon is involved, there should be no more than 2 injections over a 12 month period.
	
	NB. An episode of care is defined as the period from referral/diagnosis through to the completion or last encounter related to that problem.

Quantity to be administered	Single dose based on location and joint size as per doses above.

Maximum or minimum treatment period	The maximum number of injections per annual episode in the joint will be three with a recommended gap between injections of 3 months. There should be no more than 3 injections into the same joint over a 12-month period or no more than 2 where a tendon is involved.
Storage	Do not store above 25°C. Do not freeze. Store in an upright position.
Drug Interactions	**All concurrent medications must be checked for interactions.** A detailed list of drug interactions is available in the individual product SPC, available from the electronic Medicines Compendium website http://www.medicines.org.uk and the BNF https://bnf.nice.org.uk. Where a clinically significant interaction is identified discuss with appropriate prescriber and document advice given. Also see exclusion criteria and cautions.
Identification and management of adverse reactions	This list is not exhaustive, the detailed list of adverse reactions should be referred to in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk, or BNF https://bnf.nice.org.uk. Report any suspected adverse reactions to a doctor. The following possible adverse effects are commonly reported: • Injection site reaction • Arthralgia • Infection • Headache Undesirable effects may be minimised by using the lowest effective dose for the minimum period. Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids including triamcinolone acetonide. Triamcinolone acetonide may be absorbed into the systemic circulation from synovial spaces. However clinically significant systemic levels after intra-articular injection are unlikely to occur except perhaps following treatment of large joints with

	high doses. Systemic effects do not ordinarily occur with intra-articular injections when the proper techniques of administration and the recommended dosage regimens are observed. • MHRA/CHM advice: Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration (August 2017) • Cases of serious anaphylactic reactions and anaphylactic shock, including death, have been reported in individuals receiving triamcinolone acetonide injection, regardless of the route of administration. 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 must be available for immediate use. In case of anaphylaxis: • Refer to adrenaline (epinephrine) PGD 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 TRIAMCINOLONE**. • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers • Report via organisation incident policy, Once for Wales Reporting System
Reporting of adverse reactions	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 at: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults 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 patient's medical record and report any suspected adverse reactions to a doctor. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting

	System.
Records to be kept	Record consultation details as required by local procedures. In addition, record: • That valid informed patient consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. • Name of individual, address, date of birth • Name and address of GP • Relevant past and present medical history, including medication history and family history. • Examination finding/s where relevant. • Any reasons for exclusion, decline or referral, including actions taken and advice given. • Any referral arrangements made • Any known allergies or previous adverse events and nature of reaction. For administration, record: • Date and time of administration • Detail name of the medication, form, strength, injection site, route, and volume of medication administered • Product name, manufacturer, batch number(s), and expiry date • Name and signature of registered health professional responsible for administration • Details of any adverse reactions and actions taken. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any advice received from medical cover and advice given to patient / carer. • Record that medication was administered via Patient Group Direction (PGD), record PGD title and version number • Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

4. Patient information

Written/verbal information to be given to patient or carer	• Provide patient information leaflet (PIL) supplied with the product and draw patient's or representative's attention to it. Explain contraindications and cautions as documented in the patient information leaflet plus expected benefit/duration of effect. • Provide a copy of the Powys PIL: - "Local Steroid Injections – what do I need to know about the injection?" contained within A Protocol for the Administration of Injection Therapy by Physiotherapists. • Patient to remain seated in waiting area for 20-30 minutes post injection in case of adverse event • Patient/carer should be given post-injection advice regarding care of injection site, monitoring for infection and what to do if signs of infection appear, activity levels and a follow-up appointment. • The clinician must use clinical reasoning to provide appropriate advice about activity specific to the patient. • Patient/carer should be specifically warned to avoid over-use of joints in which symptomatic benefit has been obtained. • If a previously uninfected patient is subsequently diagnosed with chickenpox, inform the patient/carer that this will require specialist care and urgent treatment. • Patient/carer should be advised to avoid exposure to measles and to seek medical advice without delay if exposure occurs. • Patient/carer should be warned that potentially severe psychiatric adverse reactions may occur with systemic steroids. Patients/carers should be encouraged to seek medical advice if worrying psychological symptoms develop, especially if depressed mood or suicidal ideation is suspected. • Menstrual irregularities may occur and in postmenopausal women vaginal bleeding has been observed- this possibility should be mentioned to female patients • Patients who receive 3 intra-articular/IM steroid injections within a 12 month period should be issued with a steroid treatment card, which they should carry with them for 12 months after stopping therapy.

Follow-up advice to be given to patient or carer	Inform individual of possible side effects and their management. Patient/carer should be advised to report any blurred vision or other visual disturbances. Advise patient/carer to seek medical advice immediately if the individual has any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on-call service. Patient will be booked for a follow up face-to-face review appointment with the physiotherapist and offered an optional telephone review in 1-2 weeks after the injection.

Key references

- Electronic BNF https://bnf.nice.org.uk/ Accessed 15/11/23
- Summary of Product Characteristics (SPC) – available at www.medicines.org.uk
  Kenalog Intra-articular/Intramuscular Injection. Bristol-Myers Squibb Ltd. Last updated on 20/09/2023
- Patient Information Leaflet:
  Kenalog Intra-articular/Intramuscular Injection. Bristol-Myers Squibb Ltd. Last updated 14/09/2023
- Saunders S (2002) Injection Techniques
- CSP (2001) Guidelines for Injection Therapy by Physiotherapists
- CSP (2016) Medicines with Injection Therapy in physiotherapy service
- CSP (2010) Medicines Prescribing and Physiotherapy (2nd Edition)
- CSP (2016) Medicines Prescribing and Physiotherapy (4th Edition)
- CSP (2021) Medicines use in physiotherapy practice (5th edition)
- CSP (2010) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (3rd Edition)
- CSP (2016) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (5th Edition)
- CSP (2009) Updated July 2010 – A Clinical Guideline for Use of Injection Therapy by Physiotherapists
- CSP (2010) Use of Medicines in Physiotherapy Injection-Therapy in NHS Settings (3rd Edition)
- Welsh Health Circular 2021/008: revised national steroid treatment card

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 may wish to 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 health professional	Signature of 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 for 8 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) 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.