Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This protocol 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 protocol should be used. Healthcare professionals should always access the protocol via the Powys Teaching Health Board (PTHB) internet to ensure that they are working to the most up to date version

Protocol

for the **administration** of

oral Aspirin 300mg dispersible tablet for

individuals over 18 years old with sudden onset chest pain of suspected cardiac origin

by registered nurses

in PTHB Minor Injury Units (MIUs) and Community Hospitals

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Author:	Medicines Management Pharmacist	
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Document Type:	Protocol	Clinical
Scope:	Authorised registered nurses in PTHB MIUs and Community Hospitals	

Do not print this document. The latest version will be accessible via the internet. If the expiry date has passed, please contact the Author for advice.

Change history

Version number	Change details	Date
MMPr 007 Initial issue	Initial issue – changed from PGD 0001 to a protocol	01/06/2022
MMP 404 (new number) v2	MMPr 007 contents transferred into new PTHB medicines protocol format, in line with the Specialist Pharmacy Service (SPS) medicines protocols, for consistency. Protocol renumbered as MMP 404. Addition of SPS information regarding legal category. Review issue to ensure content is supported by current reference sources. Clinical changes throughout to reflect current reference sources.	08/05/2025

For advice on protocol use in practice/advised supporting governance please refer to When not to use a PGD.

This protocol supports authorised registered nurses to **administer** a single loading dose of aspirin 300mg to act as an antiplatelet in adults with a recent* history of sudden onset, non-traumatic chest pain of suspected cardiac origin, in emergency situations in MIU or Community Hospitals without a prescription, according to the criteria specified in the protocol, when a doctor or independent prescriber is not available for the respective Community Hospital /MIU and in a reasonable timeframe.
NB.**recent history means pain within last 12 hours*

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior Pharmacist Jayne Price	Head of Community Services Medicines Management/Pharmacy	DocuSigned by: Jayne Price A9AFDC3B15294CC...	5/7/2025
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	5/1/2025
Senior representative of professional group using the Protocol Claire Roche	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: Claire Roche F07413E114E04B1...	5/1/2025
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	5/13/2025

Appendix A provides a Staff Permitted to use protocol accreditation sheet. Individual practitioners must be authorised by name to work to this protocol.

The final authorised copy of this protocol should be kept by PTHB for 8 years after the protocol expires.

Training and competency of registered health professionals

Qualifications and professional registration	Practitioners must only work under this protocol where they are competent to do so. Practitioners working under this protocol must be a registered nurse, currently registered with the Nursing and Midwifery Council (NMC) with a current contract of employment with PTHB and working in a Minor Injury Unit (MIU) or Community Hospital in PTHB. Every registered healthcare professional must adhere to their appropriate professional code of conduct and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines (2019). Practitioners must also fulfil the training and Additional requirements listed below. Check Appendix A – Staff permitted to use the protocol accreditation sheet to confirm whether all practitioners listed above have organisational authorisation to work under this protocol.

Initial training	• The administration of aspirin 300mg dispersible tablets and knowledge of its uses, contraindications, cautions and adverse effects • Undertaken organisation approved training and successfully completed the competencies to enable the practitioner to make a clinical assessment to establish the need for the medication covered by this protocol • The assessment and management of sudden onset chest pain of suspected cardiac origin in line with NICE guidelines (CG95) and MIU clinical guidelines (if applicable). Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this protocol before working to it • must have undertaken appropriate training for working under protocols for administration of medicines (Team leaders may access 'Protocol and guideline awareness training' by sending a request to info.medicinesmanagement.powys@wales.nhs.uk - the team leader will then train their team) • must adhere to PTHB departmental policies • must work in line with professional guidelines and standards • must be familiar with aspirin and be 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 protocol as required by local policy • must be competent to discuss the treatment to be administered with the individual (if possible) and/or the carer and obtain consent (if possible) • must have current competence in assessing capacity and follow the Mental Capacity Act guidance regarding consent to treatment in an emergency situation • must have undertaken and completed at least level 2 Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, as applicable to the role • 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 as a minimum (according to the role). • must have access to the protocol and associated online resources • the individual must understand how to record the assessment, any intervention and arrangement for review in the nursing notes, care plan or care pathway **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.**

Competency assessment	Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Individuals operating under this protocol must be assessed as competent, this should be recorded using the competency checklist in Appendix A. Practitioners must make a self-declaration of competency 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 annual protocol training. ESR records of mandatory NHS training. Evidence of training in BLS (or higher level if appropriate to the role).
Ongoing training and competency	Updating at least every year (or earlier in response to new local/national guidance), on the use of protocols and aspirin and the assessment and management of sudden chest pain of cardiac origin. Practitioners must ensure they are up to date with relevant issues and clinical skills, management of anaphylaxis and BLS/ILS (at level applicable to the role), with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request. Compliance with all mandatory NHS training including safeguarding at the level relevant to the role. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this protocol. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required.**
The decision to administer any medication rests with the individual registered practitioner who must abide by the protocol and any associated organisation policies.	

Clinical Condition	
Clinical condition or situation to which this protocol applies	To administer a single loading dose of aspirin 300mg to act as an antiplatelet for immediate management of sudden onset, non-traumatic chest pain of suspected cardiac origin. Refer to the MIU clinical guidelines (if applicable) and follow the relevant NICE guidelines and relevant NICE CKS. Use in conjunction with PTHB PGD 0005 (administration of GTN spray), if appropriate. In all cases urgent medical or paramedic support should be summoned by calling 999. Transfer the individual to a Coronary Care Unit (CCU) or A&E as appropriate. NB If in any doubt about the cause of the chest pain arrange for urgent transfer to the nearest A&E Department. **It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice. These tasks cannot be delegated and so the registered healthcare professional making the decision to administer the medication under this protocol must carry out administration to the individual.**

Inclusion criteria	Individuals aged 18 years and older presenting with a recent* history of sudden onset, non-traumatic chest pain of suspected cardiac origin and giving rise to clinical suspicion of one of the following acute coronary syndromes: • Non-ST segment elevation myocardial infarction (NSTEMI) • Acute ST segment elevation myocardial infarction (STEMI) • Unstable angina **NB**.**recent history means pain within last 12 hours* Other symptoms can include pain in other areas (for example, the arms, back or jaw) lasting longer than 15 minutes, nausea and vomiting, marked sweating, breathlessness and haemodynamic instability • Medical and drug history taken, no reason for exclusion **NB.** An individual already taking aspirin 75mg daily or clopidogrel 75mg daily can be given a single loading dose of aspirin 300mg in acute chest pain. • Informed consent, from the individual or a person legally able to act on the person's behalf, should be obtained prior to administration and recorded appropriately. If the individual is unable to give consent due to a life-threatening situation, or if the individual's representative is not present, aspirin should be administered where treatment is judged to be in the best interests of the individual. Refer to PTHB Consent to Treatment and Examination Policy. If possible, individuals should be informed that they are being treated within a protocol. **In the context of the clinical scenario described in this Protocol the individual may not be able to make an informed choice nor consent to treatment. Therefore, the practitioner should act in the best interests of the patient at all times and within their professional competency and code of conduct.** In case of any doubt, contact medical team or emergency services.

	NB: This protocol should be used in conjunction with the MIU Clinical Guidelines (if relevant) and appropriate NICE guidelines relevant to the specific condition being treated. Any 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). **It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**

Exclusion criteria (Exclusion under this protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Conditions outside of the clinical situations criteria
	• Individual under 18 years old
	• Individual has already received aspirin 300mg for this episode of chest pain (e.g. by other first contact service) or has already taken the maximum recommended dose of aspirin (which may be contained within combination analgesia products or cold and flu remedies)- refer to BNF.
	• The episode of chest pain occurred more than 12 hours ago
	• Known allergy or hypersensitivity to aspirin, other salicylates or non-steroidal anti-inflammatory drugs (NSAIDs), or to any ingredient/excipient of the oral preparation- see Summary of Product Characteristics (SPC) (this includes individuals in whom attacks of asthma, angioedema, urticaria, or rhinitis have been precipitated by aspirin or any other NSAID)
	• Individual is unable to chew or swallow
	• Active peptic ulceration
	• Bleeding disorders or Haemophilia
	• Haemorrhagic stroke
	• Known severe renal or hepatic impairment
	• Varicella vaccination in last 6 weeks- see Drug interaction section
	• Concomitant use with (refer to Drug interaction section):
	  ○ Methotrexate at doses of >15mg/week
	  ○ Uricosuric agents, e.g. probenecid and sulfinpyrazone
	
	Contact the local senior on call clinician for advice if any of the above apply.
	Refer to sections "Action to be taken if individual is excluded" or "Action to be taken if individual declines treatment".

Cautions /reasons for seeking further advice from a prescriber	**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.** **The following are not contraindications in the BNF for use of aspirin in sudden onset, non-traumatic chest pain of suspected cardiac origin. However, they should be recorded in the individual's notes as they may affect the response to treatment or increase the risk of an adverse reaction. Contact the local senior on call clinician for advice on the below, if required.** Caution if individual: • has allergic disease, complex multiple pathologies, polypharmacy or multiple allergies • has rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption: Some brands may contain lactose- refer to SPC • is allergic to peanut or soya- some products contain soy protein so would be unsuitable – refer to SPC • has aspirin intolerance • has asthma – aspirin may precipitate bronchospasm and asthma attacks in susceptible people • has nasal polyps associated with asthma (high risk of severe sensitivity reactions) • had previous peptic ulceration or dyspepsia and/or gastric/intestinal haemorrhage • has a history of other bleeding events such as intracranial haemorrhage, due to the increased risk of intercranial haemorrhage with aspirin use • has concurrent significant bleeding risk, such as uncontrolled severe hypertension, bleeding diathesis, or recent non-trivial spontaneous bleeding (high risk of bleeding) • is breastfeeding – breastfeeding is not advised if the mother has taken aspirin due to risk of Reye's syndrome in nursing infants (see advice to be given to individual or carer)

	• is pregnant, due to increased risk of haemorrhage in the third trimester due to impaired platelet function. There may be delayed onset and increased duration of labour, with increased blood loss. High doses may be related to intrauterine growth restriction, teratogenic effects, closure of fetal ductus arteriosus in utero and possibly persistent pulmonary hypertension of newborn; kernicterus may occur in jaundiced neonates • is elderly – increased frequency of adverse reactions • has severe cardiac failure • has a history of hypertension and/or heart failure as fluid retention, hypertension, and oedema have been reported • has glucose-6-phosphate dehydrogenase (G6PD) deficiency - rarely aspirin causes haemolytic anaemia • has anaemia • has mild to moderate renal or hepatic impairment • is dehydrated- may result in deterioration of renal function • has history of gout- serum urate may be increased • has gastrointestinal disease (eg. ulcerative colitis, Crohn's disease) as their condition may be exacerbated • has thyrotoxicosis- may be exacerbated by large doses of salicylates • has infection - may mask symptoms of infection • has systemic lupus erythematosus and mixed connective tissue disease, due to increased risk of aseptic meningitis. Hepatic and renal function may be impaired in Systemic lupus erythematosus and other connective tissue disorders • consumes alcohol: Concomitant administration of alcohol and acetylsalicylic acid increases the risk of gastrointestinal bleeding • Takes other medicines. Check for any other medications that the individual is taking,

	including topical or inhaled products, food supplements and herbal or homeopathic products. Check drug interactions section. Refer to BNF/ SPC for full list of cautions. 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	• If clinically, a cardiac episode is suspected, summon urgent medical or paramedic support and organise the transfer to the nearest Coronary Care Unit (CCU) or A&E by calling 999. • Ensure paramedic and receiving hospital staff are aware if the individual has received aspirin. • Contact or refer to DGH (A&E) / Out of Hours Service or a prescriber for advice, if applicable. Document advice given.
Action to be taken if individual excluded	• Explain reason to individual/carer, if possible. • If clinically, a cardiac episode is suspected and the individual is excluded from treatment under this Protocol, call 999 and refer to nearest Coronary Care Unit (CCU) or A&E for management as appropiate. Ensure that the reason for exclusion is included in the handover given to the paramedics and receiving hospital. Seek medical advice urgently. • Record reason for exclusion and any advice given. **Note:** while the exclusion criteria may mean that aspirin cannot be administered under this protocol, a prescriber may consider that the benefits of treatment with aspirin outweigh the risk for an individual. They may authorise its administration via a PSD.
Action to be taken if individual/carer declines treatment	• The patient information leaflet should be available to inform consent. • If individual has capacity to consent and refuses treatment, then follow locally agreed pathway. Explain consequences of refusing treatment. • For MIU, advise the individual/carer to seek immediate medical advice or emergency ambulance. Call 999 as appropriate. • In the unlikley situation, if an individual's carer/representative refuses treatment, the decision would be overridden by a *decision to treat* in the individual's best interests in accordance with the Mental Capacity Act 2005. • Document refusal and any advice given. Complete a Discharge Against Advice Form if appropriate. • Refer to a prescriber/ follow local procedures as appropriate.

Details of the medicine	
Name, form and strength of medicine	Aspirin 300mg tablet (Dispersible)
Legal category	GSL (General Sales List) or P (Pharmacy), legal status dependent on pack size **Note:** the SPS website confirms the MHRA has advised that when a GSL medicine is administered under a local protocol and where the legal classification of the medicine is based on the pack size, administration of single doses can be made from a prescription only medicine (POM), pharmacy (P), or GSL pack which has been legally obtained by the organisation.

Off label use	Dependent on brand, use for this clinical condition may be outside of terms of SPC. There may also be variation in the contraindications listed for different brands. This protocol is in line with contraindications as listed in the BNF for a dose less than analgesic dose. The potential to chew the tablet is advised in the BNF, but is outside the terms of the SPC for dispersible tablets. Where the medication is recommended off-label consider, as part of the consent process, informing the individual or carer that it is being offered in accordance with national guidance/ justified by best clinical practice but that this is outside the product license. 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 Medicines Management team must be consulted. Where medicines have been assessed by Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this protocol. The responsibility for the decision to release the affected medicines for use lies with Medicines Management.
Route/Method of Administration	Oral - either: 1. Chew the tablet prior to swallowing. If possible, the individual should drink some water afterwards to help prevent oral mucosal and oesophageal irritation or 2. Disperse the tablet in water and administer to the individual.
Dose and frequency	ONE tablet (300mg) as a once only dose.
Quantity to be administered	A single dose may be administered to an individual in MIU or a patient on a PTHB ward.

Storage	Store below 25° C in a dry place. Store in the original packaging to protect from light and moisture. Medicines must be securely stored according to the PTHB medicines policy and in conditions specified in the individual SPC.
Drug interactions	Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic medications. All concomitant medications should be checked for interactions. Individuals who received Varicella vaccination in the last 6 weeks are excluded from the protocol (due to a possible association with Reye's syndrome)– see exclusion criteria (and refer to a prescriber). Individuals taking uricosuric agents, e.g. probenecid and sulfinpyrazone are excluded from the protocol - see exclusion criteria (and refer to a prescriber). Aspirin may enhance the haematological toxicity of methotrexate (used at doses >15 mg/week) due to the decreased renal clearance of methotrexate by aspirin- see exclusion criteria (and refer to a prescriber). Caution should be advised in individuals receiving concomitant medications which could increase the risk of ulceration or bleeding, such as oral corticosteroids, anticoagulants (such as warfarin), selective serotonin-reuptake inhibitors, deferasirox, antiplatelet agents (such as clopidogrel and dipyridamole), other NSAIDs, or other salicylates including cyclooxygenase-2 selective inhibitors, or thrombolytic agents. **NB. This is not an exhaustive list- refer to BNF/SPC for full details.** Refer to a prescriber if any concern of a clinically significant drug interaction and document advice given.

Identification, management and reporting of adverse effects	The following side effects are listed in the BNF as **common or very common** (but may not reflect all reported side effects)**:** **Common side effects**: ○ Dyspepsia ○ Haemorrhage Gastrointestinal bleeding, ulceration or perforation which can be fatal, has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of serious GI events. Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis, have been reported very rarely. This list is not exhaustive. A detailed list of adverse reactions is available in the SPC via medicines.org.uk and BNF https://bnf.nice.org.uk. Any suspected adverse reactions should be reported to a doctor. Record all adverse drug reactions (ADRs) in the individual's medical record and the individual's GP should be informed. 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 or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults that may be attributable to the medication should be reported. In the case of an acute anaphylactic reaction occurring, someone who is anaphylaxis trained and competent in the administration of adrenaline must be immediately available. 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 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 ASPIRIN** • 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 All significant adverse drug reactions, any administration errors or untoward incidents involving aspirin will be reported via Datix Once for Wales Reporting system and monitored via incident reports.

Records to be kept	Record consultation details (the assessment, any intervention and arrangements for review) as required by local procedures. Administration of any medication must be clearly recorded on the individual's medication record (for inpatients, this must be recorded on their medication record/chart). In addition, record: • That valid informed consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. Record advice given and action taken, if individual excluded or declines treatment. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication history, known allergies and nature of reaction/s. • Symptoms and rationale for administering under this protocol, including ruling out access to this medicine by other routes e.g. prescriber available. • Any reasons for exclusion or referral, including actions taken, referral arrangements made, and advice given. • Printed name and signature of registered health professional responsible for administration. • Date and time of administration. • Name, form, route, strength and dose of drug administered. • Expiry date of medication. • Details of any adverse reactions and actions taken. • Any advice received from medical cover and advice given to individual / carer • Record that medication was administered via protocol, record protocol title and version number. • If there is handover to any external services, record the details of the medication given in accordance with this protocol. NICE CKS advise sending a written record that aspirin has been given.

	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 protocol should also be kept for audit purposes in accordance with local policy. The head of department must arrange an annual retrospective audit of a minimum of 5 records over a 12-month period. This audit should sample 10% of individuals who have been treated according to this protocol in each location where the protocol has been used, to monitor compliance. The records must be reviewed for rationale behind administering aspirin, to check this was in accordance with the protocol, to check for clear documentation and that the competency checklist has been completed when authorising individuals to work to this protocol. The results should be available for review by the medicines management team upon request.

Patient information

Written/verbal information to be given to individual or carer	Explain indication, contraindications, cautions and potential side effects and the management of these, as documented in the PIL. If possible, inform individual that they are being treated within a protocol. **Advise:** • the individual to dissolve the tablet in water or chew before swallowing. • that this is an emergency treatment and further treatment will be necessary. • the individual to report to staff if they think they are experiencing an adverse reaction. Advise them to seek medical advice immediately if they have any unexpected reaction or other cause for concern. If required, contact GP via surgery or emergency on call service. • the individual to report any unusual abdominal symptoms (especially GI bleeding).

	• breast feeding mothers- breastfeeding should be discontinued during administration of higher doses of aspirin, due to a possible risk of Reye's syndrome in nursing infants. • if medication is used off-label, if applicable/appropriate. MIU staff to also refer to MIU clinical guidelines. **Provide:** • Patient Information Leaflet, if appropriate, either via the package insert or from the relevant brand leaflet from www.medicines.org.uk
Follow-up advice to be given to individual or carer	• If managing sudden onset, non-traumatic chest pain of suspected cardiac origin, organise transfer to the nearest Coronary Care Unit (CCU) or A&E by calling 999 (ensuring that paramedic crew/receiving DGH staff are aware that patient has received aspirin). • Give appropriate advice dependant on the clinical condition of the individual and if necessary, transfer to a DGH: o as directed by medical staff o MIU staff to also refer to MIU clinical guidelines.

Key References

- British National Formulary (BNF) - accessed 11/03/2025
- Summary of product Characteristics (SPC) and PILs– available at www.medicines.org.uk accessed 12/03/2025
- Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare settings (2019)
- Specialist Pharmacy Service P and GSL medicines with PGDs February 2024
- NICE CKS Chest Pain – last revised August 2022.
- NICE guideline [CG95] – Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis; last updated: 30 November 2016
- NICE guideline 185 Acute Coronary Syndromes: Published 18 November 2020

Appendix A Staff permitted to use protocol accreditation sheet

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this protocol. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the protocol to work under it.

The authorising manager must use the competency checklist (below).

Practitioner: By signing this protocol you are indicating that you agree to its contents and that you will work within it. Protocols 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 protocol 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 8 years after the protocol 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 protocol. Review of authorisation will take place on each Protocol update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in " comments"	Comments
1	The protocol sign off is for the following protocol:(document the exact title and protocol number) _____			
2	We have discussed the expiry of the protocol and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the protocol			
4	The protocol has been read in full by the staff member			
5	The identified training has been completed as specified in the protocol 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 protocol Appendix A staff accreditation sheet. A copy of this form should also be kept by service lead in the training file.