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 PTHB internet to ensure that they are always working to the most up to date version

Protocol for the **administration** of

lidocaine 10mg per metered dose (Xylocaine® Spray)

by registered **Nurses**

to individuals to provide **surface anaesthesia** to perform

oesophago-gastro duodenoscopy or **trans nasal endoscopy**

in Powys Teaching Health Board (PTHB) endoscopy departments

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Document Type:	Protocol	Clinical
Scope:	Authorised registered nurses working in endoscopy departments in PTHB	

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

Change history

Version number	Change details	Date
MMP 423	New protocol to replace PGD 0147A and add the indication for trans nasal endoscopy	17/11/2023
MMP 423 v2	Updated according to the SPS template protocol for the administration of lidocaine 10mg per metered dose to facilitate intrauterine contraception (IUC) insertion or removal version 2.0 and adapted for use for a different indication in PTHB, using current reference sources. Minor changes to promote consistency with other PTHB protocols and PGDs.	12/01/2026

This Powys Teaching Health Board (PTHB) protocol is based on a template developed on behalf of the Specialist Pharmacy Service (SPS), for the administration of lidocaine 10mg per metered dose to facilitate intrauterine contraception (IUC) insertion or removal, version 2.0. The SPS template had been peer reviewed by the Reproductive Health PGD/protocols Short Life Working Group in accordance with their Terms of Reference. It had been approved by the College of Sexual and Reproductive Health (CoSRH) 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 protocol.

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

For advice on protocol use in practice/advised supporting governance please refer to When not to use a PGD and About the SPS Medicines Governance Do Once Programme.

See local infection control/PPE guidance relevant to the use of this product.

Acknowledgements – SPS protocol development group:

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Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	1/14/2026
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	1/15/2026
Senior representative of professional group using the protocol **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	1/14/2026
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Appendix A provides a Staff permitted to use the protocol signature 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.

Staff competencies	
Qualifications and professional registration	Practitioners must only work under this protocol where they are competent to do so. Practitioners must also be a registered professional with the following body: • nurses currently registered with the Nursing and Midwifery Council (NMC) All registered health professionals should have a current contract of employment with PTHB and be working in PTHB Endoscopy units. The practitioners must also fulfil the training and additional requirements detailed below. Check Appendix A: Staff permitted to use the protocol signature sheet to confirm whether all practitioners listed above have organisational authorisation to work under this protocol**.**
Initial training	• The administration of lidocaine 10mg/metered dose spray during oesophago-gastro-duodenoscopy or trans nasal endoscopy and knowledge of its uses, contraindications and adverse effects. • Be alert to changes in the BNF/ Summary of Product Characteristics (SPC). • Must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline 1 in 1000 and have up to date Basic Life Support (BLS) skills. 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 supply/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 have access to the protocol and associated online resources • must have undertaken and completed Safeguarding of Children, Young people and Vulnerable adults – Training and Competency passport, as applicable to the role • must work within PTHB guidelines, PGDs/protocols, SOPs and departmental policies that they have been accredited to work to • must be competent to assess an individual's capacity to understand the nature and purpose of the treatment and capacity to give or refuse consent to treatment **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 (see 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.
Ongoing training and competency	Updating at least every 2 years on the use of protocols and lidocaine 10mg/metered dose spray. Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, with a minimum of BLS skills, safeguarding as 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.

	Practitioners should be constantly alert to any sources of medicines information. **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 or situation	
Clinical condition	Administration of lidocaine 10 mg/metered dose spray to provide surface anaesthesia for the oropharyngeal and tracheal areas to reduce reflex activity and facilitate insertion of an endoscope to perform oesophago-gastro-duodenoscopy (OGD) on selected individuals **Or** To be applied to mucous membranes to provide surface anaesthesia in nasal and pharyngeal areas prior to trans nasal endoscopy **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. If there is any reason for concern, seek medical advice.** **These tasks cannot be delegated and so the registered nurse making the decision to administer medication under this protocol must carry out administration to the individual.**

Individuals included	• Individuals aged 18 years and above, who either:
	  ○ Have requested topical anaesthesia prior to OGD either alone or with intravenous sedation.
	  ○ Require trans nasal endoscopy
	• Individual consents to treatment. NB Refer to PTHB Consent to Treatment and Examination Policy
	• Individual must meet Inclusion criteria as specified in TEP 061.
	• Individual will have been triaged by an endoscopist and assessed as suitable for the procedure
	• Medical and drug history taken, no reason for exclusion
	• In case of any doubt, contact medical team

Individuals excluded	• Individual under 18 years of age • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to section "action if individual declines treatment". • Hypersensitivity to any of the ingredients of the preparation (see SPC www.medicines.org.uk), or to local anaesthetics of the amide-type • Individual concurrently receiving/using any other local anaesthetic or agents structurally related to amide-type local anaesthetic e.g. antiarrhythmic drugs such as mexiletine • Pregnant individuals • Any open wounds or traumatized mucosa affecting the application area or the immediate vicinity • Individual who doesn't meet the Inclusion conditions as stated in TEP 061 • Individual with conditions/risk factors listed in **Exclusion criteria** of TEP 061 • Individuals who have been treated using this protocol during the previous 48 hours Refer to section "action for individuals excluded"

Cautions- monitor individual closely for adverse effects	• If the dose or site of administration is likely to result in high blood levels, lidocaine should be used with caution in the following individuals who **will require discussion with a prescriber** and special attention to prevent potentially dangerous side effects:
	  ○ With known epilepsy
	  ○ With known cardiovascular disease and/or heart failure
	  ○ With known impaired cardiac conduction or bradycardia
	  ○ With known severe renal impairment
	  ○ With known hepatic impairment
	  ○ Known porphyria
	  ○ In severe shock
	  ○ Who are elderly and individuals in poor general health or debilitated
	If there is an indication of risk, then the prescriber should prescribe the medicine.
	• Individuals who have received lidocaine within the last 48 hours to 6 weeks (NB. Individuals who have been treated using this protocol during the previous 48 hours are excluded)
	• Individuals currently taking antiarrhythmic drugs class III (e.g. amiodarone) should be under close surveillance and ECG monitoring considered, since cardiac effects may be additive.
	• Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. A detailed list of drug interactions is available in the SPC, available from the electronic Medicines Compendium website: www.medicines.org.uk
	• The oropharyngeal use of topical anaesthetic agents may interfere with swallowing and thus enhance the danger of aspiration. Numbness of the tongue or buccal mucosa may increase the danger of biting trauma.
	• Individuals with complex multiple pathologies, polypharmacy or multiple allergies.
	• Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.
	• Avoid contact with the eyes.

	Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads
Arrangements for referral for medical advice	Record reason, seek medical advice and document advice given.
Action for individuals excluded	Individual will immediately be brought to the attention of an appropriate medical prescriber. Record reason for exclusion and any action taken. Explain reason to individual/carer. Follow local procedures as appropriate.
Action if individual declines treatment	Explain consequences of refusing treatment. Record reason for decline, any advice given and any action taken in the consultation record. Individuals having oesophago-gastro-duodenoscopy will be considered for intravenous conscious sedation using Midazolam (see separate PGD0146) or referral to another endoscopist. Follow local procedures as appropriate.

Description of treatment	
Medicine to be administered	Lidocaine 10 mg/metered dose per spray The contents of each 50ml spray bottles are sufficient to provide approximately 500 sprays with a metering spray pump. Each depression of the metered spray pump delivers 10 mg lidocaine base.
Legal status	Pharmacy Only (P) medicine
Dose schedule/ administration advice	For surface oropharyngeal and tracheal administration immediately prior to OGD **or** To be applied to mucous membranes to provide surface anaesthesia in nasal and pharyngeal areas prior to trans nasal endoscopy Apply up to 20 metered dose sprays per procedure (total maximum dose 200 mg lidocaine base): • the number of sprays depend on the extent of the area to be anaesthetised • as with any local anaesthetic, reactions and complications are best averted by employing the minimal effective dosage (see Overdose section below). This may be determined by asking the patient. • debilitated or elderly individuals should be given doses commensurate with their age and physical condition. It is unnecessary to dry the site prior to application. The product is non-sterile and therefore not recommended for use prior to procedures that require aseptic techniques.

	Lidocaine spray is administered using the supplied nozzles. The spray nozzle is bent to ensure correct spray function. Do not try to alter the shape as this could affect its performance. The nozzle must not be shortened, as it will affect the spray function. Nozzles are supplied in the finished product packaging and also available separately in boxes of 50. Nozzles are non-sterile single patient single use and local infection control procedures should be adhered to in order to prevent cross contamination – refer to the product's Risk Minimisation Materials to help reduce the risks associated with using this medicine. The bottle should be covered in a sterile cover for each use. The nozzles should be handled using gloves and the box of 50 should be kept closed between procedures. **Nozzles should not be reused and should be discarded immediately after use.** Lidocaine spray should not be used on cuffs of endotracheal tubes (ETT) made of plastic. Lidocaine base in contact with both PVC and non-PVC cuffs of endotracheal tubes may cause damage of the cuff. This damage is described as pinholes, which may cause leakage that could lead to pressure loss in the cuff.
Maximum dosage to be administered under this protocol	A maximum of 20 sprays (total 200mg) administered according to this protocol to produce the desired anaesthetic effect. This dosage schedule may only be administered according to this protocol once within a 48 hour period (NB. Excessive dosage, or short intervals between doses, may result in high plasma levels).

Off-label use	Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local 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.
Storage	Do not store above 25°C. Medicines must be securely stored according to PTHB medicines policy MMP 001 and in conditions specified in the individual SPC. During storage at temperatures below +8°C, precipitation may occur. The precipitate dissolves on warming up to room temperature.
Adverse effects	**Extremely rare:** Amide-type local anaesthetic preparations have been associated with allergic reactions (in the most severe instances anaphylactic shock). In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone to summon assistance if required. In case of anaphylaxis: • Refer to adrenaline (epinephrine) PGD0017 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 Lidocaine 10 mg/metered dose per spray** • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers Report via Once for Wales Reporting System. **Rare:** Systemic adverse reactions may result from high plasma levels due to excessive dosage or rapid absorption or from hypersensitivity, idiosyncrasy or reduced tolerance on the part of the individual (see cautions section above). CNS reactions are excitatory and/or depressant and may be characterised by nervousness, dizziness, convulsions, unconsciousness and possibly respiratory arrest. The excitatory reactions may be very brief or may not occur at all, in which case the first manifestations of toxicity may be drowsiness, merging into unconsciousness and respiratory arrest. Cardiovascular reactions are depressant and may be characterised by hypotension, myocardial depression, bradycardia and possibly cardiac arrest. **Unknown frequency:** Local irritation at the application site. Sore throat, hoarseness or loss of voice. Excessive dosage, or short intervals between doses, may result in high plasma levels and serious adverse effects. Absorption from mucous membranes is variable but is especially high from the bronchial tree. Such applications may therefore result in rapidly rising or excessive plasma concentrations, with an increased risk of toxic symptoms, such as convulsions. This list is not exhaustive. Refer to BNF or SPC via www.medicines.org.uk for complete list.

Management of and reporting procedure for adverse reactions	• If serious reaction occurs:
	  ○ assess nature of the event; stop the procedure if applicable.
	  ○ if necessary/ applicable remove endoscope
	  ○ monitor vital signs and seek medical attention promptly
	  ○ commence basic life support and seek prompt medical attention
	• 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 adverse drug reactions (ADRs) in the individual's medical record and report any suspected adverse reactions to a doctor.
	• Report via organisation incident policy. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.

Overdose	Toxic reactions originate mainly in the central nervous and the cardiovascular systems. Central nervous system toxicity is a graded response with symptoms and signs of escalating severity. The first symptoms are circumoral paraesthesia, numbness of the tongue, light-headedness, hyperacusis and tinnitus. Visual disturbance and muscular tremors are more serious and precede the onset of generalised convulsions. Unconsciousness and grand mal convulsions may follow, which may last from a few seconds to several minutes. Hypoxia and hypercarbia occur rapidly following convulsions due to the increased muscular activity, together with the interference with normal respiration. In severe cases, apnoea may occur. Acidosis increases the toxic effects of local anaesthetics.

	Cardiovascular effects are only seen in cases with high systemic concentrations. Severe hypotension, bradycardia, arrhythmia and cardiovascular collapse may be the result in such cases. Cardiovascular toxic effects are generally preceded by signs of toxicity in the central nervous system, unless the individual is receiving a general anaesthetic or is heavily sedated with drugs such as a benzodiazepine or barbiturate. Recovery is due to redistribution and metabolism of the local anaesthetic drug from the central nervous system. Recovery may be rapid unless large amounts of the drug have been administered. Request medical assistance urgently and follow all relevant PTHB protocols. Treatment of acute toxicity should be instituted at the latest when twitches occur. If the GP is not immediately available dial 999 to transfer to A&E.
Record keeping	The following must be recorded on the standard PTHB endoscopy nursing documentation (a copy of which will be held in the individual's medical records and a further copy forwarded to the individual's GP), as per local protocol: • Date and time of administration. • Individual's details such as name, address, date of birth, hospital or NHS number (where applicable), allergies, previous adverse events and the criteria under which the individual fits the protocol. • Name and address of GP (if available). • Medical and drug history taken. • Any reasons for exclusion or referral, including actions taken. • Any advice received from medical cover. • Record that consent gained (or refused) – if consent refused record actions taken. Record name of representative who gave consent if appropriate.

	• Details of medicine including name, strength, dose, route. • Batch number and expiry date of product in line with local procedure. • A statement that administration is under a protocol- record title and version. • Name and signature (which may be electronic) of healthcare professional acting under the protocol to administer the medication. • Relevant information that was given to the individual/carer. • Details of any adverse reactions and actions taken. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this protocol should be kept for audit purposes in accordance with local policy.
Information to be given to individual	
Written/verbal information to be given to individual/ carer	Explain mode of action, side effects (and their management), risks and benefits of the medicine. Inform individual that they are being treated within a protocol. Lidocaine spray has minor influence on the ability to drive and use machines. Depending on the dose, local anaesthetics may have a very mild effect on mental function and may temporarily impair locomotion and co-ordination. Advise the individual not to drive or use machinery if affected. Individual should be advised of reduced sensation following administration. Individual should be advised not to eat or drink anything for 1 hour post application (due to risk of aspiration).

Follow-up advice to be given to individual/ carer	Follow PTHB discharge procedures. All individuals are to be given written discharge instructions including relevant contact numbers (endoscopy unit during working hours, GP outside of those hours). Advise individual to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on call service.

Key references

Last accessed August 2025 and November 2025	• Summary of Product Characteristics: www.medicines.org.uk • Patient Information Leaflet, Xylocaine 10mg spray, Manufacturer: Aspen, last revised March 2021 • Risk materials: Xylocaine 10mg spray; Aspen, last revised: 19/2/2019 • Endoscopy Operational Policy TEP 061 2024, PTHB

Appendix A Staff permitted to use the protocol signature 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 health professional	**Signature of health professional**	**Printed name of senior representative authorising health professional (Authorising Manager)**	**Signature of senior representative authorising health professional (Authorising Manager)**	**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 and to the staff member, in conjunction with the protocol Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.