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 always working to the most up to date version

Protocol for the **administration** of

Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution

by registered nurses working in Powys Teaching Health Board (PTHB) endoscopy departments for

mucosal preparation to provide surface anaesthesia prior to trans nasal endoscopy

Document Reference No:	PTHB / MMP 481	
Version No:	1	
Issue Date:	11/03/2026	
Expiry Date:	10/03/2029	
Author:	Medicines Management Pharmacist	
Document Owner:	Chief Pharmacist	
Accountable Executive:	Executive Medical Director	
Approved By:	Local signatories (see p.3)	
Approval Date:	11/03/2026	
Document Type:	Protocol	Clinical
Scope:	Authorised registered nurses in PTHB endoscopy departments	

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

Change history

Version number	Change details	Date
MMP 481	Initial issue	11/03/26

For advice on protocol use in practice/advised supporting governance please refer to When not to use a PGD and P and GSL medicines with PGDs.

Protocol authorisation

Name	Job title and organisation	Signature	Date
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	3/4/2026
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	3/4/2026
Senior representative of professional group using the protocol Paul Hooton	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	3/4/2026
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/18/2026

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.

Competencies of registered health professionals working under the protocol	
Qualifications and professional registration	Practitioners must only work under this protocol where they are competent to do so. Practitioners must be a registered nurse with the Nursing and Midwifery Council (NMC) and be working in PTHB Endoscopy Units, with a current contract of employment with 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 detailed below. Check Appendix A: Staff accredited 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 Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution and knowledge of its uses, contraindications and adverse effects. • Be alert to changes in the BNF/ Summary of Product Characteristics (SPC). • Must have undertaken training appropriate to this protocol as required by local policy. • Endoscopists trained and recognised by JAG standards will receive trans nasal endoscopy additional training. Endoscopists will provide training to RGNs with support from the JETS workforce platform. • 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 2005 guidance regarding consent to treatment. • Practitioners must be competent in the recognition, management and reporting of adverse reactions, including anaphylaxis. Must

	be competent in the administration of adrenaline 1 in 1000 and have up to date Basic Life Support skills as a minimum. Additionally, practitioners: • 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 be authorised by name as an approved practitioner under the current terms of this protocol before working to it • must have access to the protocol and associated online resources • must work in line with professional guidelines and standards and understand how to record the assessment, any intervention and arrangement for review in the nursing notes, care plan or care pathway • must work within PTHB guidelines, PGDs/protocols, SOPs and departmental policies that they have been accredited to work to • must have undertaken and completed Safeguarding of Children, Young people and Vulnerable adults – Training and Competency passport, as applicable to the role **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.** **THE DECISION TO ADMINISTER ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED PRACTITIONER WHO MUST ABIDE BY THE PROTOCOL AND ANY ASSOCIATED ORGANISATION POLICIES.**
Competency assessment	Evidence of ongoing protocol training to be submitted to Line Manager annually. Endoscopists will have received training to undertake endoscopy via the trans nasal route.

	Endoscopists will provide training to RGNs and assess their competency with support from the JETS workforce platform. Practitioners 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). **Individuals operating under this protocol are personally responsible for ensuring they remain up to date with the use of all medicines included in the 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.**
Ongoing training and competency	Updating at least every 2 years (or earlier in response to new local/national guidance), on the use of protocols and Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution. Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, with a minimum of Basic Life Support Skills (or higher level if appropriate 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.

	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.**
Clinical condition or situation to which this protocol applies	
Clinical condition or situation	Preparation of mucous membranes in nasal and pharyngeal areas prior to trans nasal endoscopy by providing surface anaesthesia to cause numbness and reduce bleeding. **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 nurse making the decision to administer a medicine under this protocol must carry out the administration to the individual.**
Inclusion Criteria	• Adults aged 18 years or over, who have been consented for trans nasal endoscopy and require mucosal preparation prior to the procedure. • Medical and drug history taken, no reason for exclusion. • 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. • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy. Individuals should be informed that they are being treated within a protocol. • In case of any doubt, contact medical team or emergency services.

	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).
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. • Individuals under 18 years of age. • 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 individual is excluded" and "action to be taken if the individual declines ". • 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 . • Known allergy/hypersensitivity to the active ingredients (Lidocaine Hydrochloride or Phenylephrine Hydrochloride), any local anaesthetics of the amide type or to any excipients of the product (see SPC). • Pregnancy / breastfeeding. • Hypovolaemia, hypertension, acute ischaemic heart disease and complete heart block. • Thyrotoxicosis, glaucoma or urinary retention. • Individuals who have had recent nasal surgery, such as rhinoplasty. • Individuals with a history of nasal bleeding or hereditary haemorrhagic telangiectasia (HHT). • Individuals taking/using: ▪ other sympathomimetic drugs (including preparations administered by other routes i.e. orally and topically (nasal, aural and eye preparations)) ▪ monoamine oxidase inhibitors or within 3 weeks of their use ▪ quinuprisin/dalfoprisin

	▪ drugs for treatment of irregular heartbeat (heart arrhythmias), such as lidocaine, digoxin or tocainide. See interactions for further information.
Cautions /reasons for seeking further advice from a prescriber	• Individuals with complex multiple pathologies, polypharmacy or multiple allergies. • Individuals with: ○ cardiovascular disease ○ diabetes mellitus ○ hyperthyroidism ○ hypoxia ○ hypercapnia ○ porphyria ○ epilepsy ○ impaired cardiac conduction ○ bradycardia ○ impaired hepatic function • Sympathomimetic-containing products should be used with great care in individuals suffering from angina. • Individuals with traumatised mucosa and/or sepsis in the region of the proposed application. • Individuals in severe shock. • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. Refer to interactions and BNF/SPC for a list of interacting medicines (also see exclusion criteria for protocol exclusions). • May interfere with swallowing, and numbness of the tongue or buccal mucosa may increase the danger of biting trauma. • 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	Contact clinical lead for endoscopy and seek medical advice. Record reason for referral and document advice received. If possible, explain reason to individual/carer.
Action to be taken if individual excluded	Record reason for exclusion and any action taken. Offer alternative management if appropriate (see PTHB PGDs or PTHB protocols if appropriate). Explain reason to individual / carer. Inform medical prescriber - refer to GP / DGH, offering alternative management if appropriate.
Action to be taken if individual declines treatment	Explain consequences of refusing treatment. Record reason for decline, any advice given and any action taken in the consultation record. Make individual or their representative aware of alternative sources of treatment (another endoscopist or alternative treatment see PTHB PGDs or PTHB protocols if appropriate). Follow local procedures as appropriate.
Details of the medicine	
Name, form and strength of medicine	Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution

Legal category	P (pharmacy)
Indicate any 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.
Route/ method of administration	Cutaneous Solution for application to mucous membranes in nasal and pharyngeal areas prior to trans nasal endoscopy. Check tamper-evident seal is intact before use; do not use if packaging is damaged. Remove plastic screw cap and rubber stopper; screw on pump spray attachment and push on actuator for application of the topical solution to the area. While holding the bottle upright, prime the pump dispenser by activating the pump 3 times prior to administration to the individual. Always hold the bottle upright to ensure dip-tube is immersed in the solution at its tip. Each bottle of topical solution is to be used for one individual only - discard any remaining topical solution in an appropriate manner at the end of the session.
Dose and frequency	Up to 8 sprays as a single dose prior to trans nasal endoscopy.
Maximum dose to be administered under this protocol	Up to a maximum of 8 sprays in total.

Maximum or minimum treatment period	A maximum of 8 sprays per episode of care may be administered.
Storage	Medicines must be securely stored according to PTHB medicines policy MMP001 and according to conditions specified in the individual SPC. Do not store above 25°C. Keep in the original container.
Drug Interactions	Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic medications. • Individual simultaneously receiving/taking sympathomimetic containing preparations, including by other routes i.e. orally and topically (nasal, aural and eye preparations) – see exclusions • Individual taking monoamine oxidase inhibitors or within 3 weeks of their use, due to the risk of a dangerous hypertensive crisis- see exclusions • Individual taking quinuprisin/dalfoprisin due to risk of ventricular arrythmias. Concomitant use should be avoided – see exclusions • Individual receiving antiarrhythmic drugs, such as tocainide, lidocaine or digoxin, MUST NOT use Lidocaine and Phenylephrine topical solution, since the toxic effects are additive - see exclusions • Administer with caution to individuals taking β-adrenergic blocking agents. Anti-hypertensive agents such as β-adrenergic blocking agents may have their effects reversed by the co-administration of phenylephrine, with possible fatal reactions. Increased risk of lidocaine toxicity with propranolol. • Phenylephrine may cause hypertension when used concomitantly with doxapram or oxytocin. • Debrisoquine- hypertensive reactions have been reported in a patient stabilised on debrisoquine when given phenylephrine by mouth. • Use with caution in individuals receiving guanethedine, reserpine or methyldopa.

	• Effects of lidocaine antagonised by hypokalaemia with acetazolamide, loop diuretics and thiazides. • Use with caution in individuals treated with reboxetine. • Use with great care in individuals receiving phenothiazines or tricyclic antidepressants. • The action of suxamethonium may be prolonged by lidocaine. • There is an increased risk of ergotism when phenylephrine and ergot alkaloids are taken concomitantly. • Concurrent use with halogenated anaesthetic agents such as chloroform, cyclopropane, halothane, enflurane or isoflurane may provoke or worsen ventricular arrhythmias. NB. This list is not exhaustive. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk Refer for medical advice as appropriate and document advice given.
Identification, management and reporting of adverse reactions	Headache is common. May interfere with swallowing, and numbness of the tongue or buccal mucosa may increase the danger of biting trauma. Numbness of the tongue and perioral region may appear as an early sign of systemic toxicity. Local anaesthetics (e.g. lidocaine) and sympathomimetics (e.g. phenylephrine) may produce systemic adverse effects if large amounts are absorbed through mucous membranes or damaged skin or from highly vascular areas.

	Excitation of the CNS may be followed by depression with drowsiness, respiratory failure and coma. There may be simultaneous effects on the cardiovascular system with myocardial depression and peripheral vasodilatation resulting in hypotension and bradycardia; arrhythmias, tachycardia, anginal pain, palpitations and cardiac arrest may occur. Other serious side effects may include fits and/or high blood pressure - these are very rare. Vasoconstriction with resultant hypertension may produce gangrene. The rise of blood pressure may produce cerebral haemorrhage and pulmonary oedema. Side effects may include restlessness, excitement, nervousness, dizziness, fainting, flushing, tinnitus, blurred vision, nausea and vomiting, muscle twitching and tremors, fear, anxiety, insomnia, confusion, irritability, psychotic states, reduced appetite, difficulty in micturition, particularly in the case of prostatic hypertrophy, and urinary retention, dyspnoea, weakness, altered metabolism, sweating, hyperpyrexia and hypersalivation. Some local anaesthetics cause methaemoglobinaemia. An increased incidence of sudden death, sometimes attributed to the induction of ventricular arrhythmias, has been associated with the excessive use of sympathomimetic agents in aerosol form; although the association has been questioned by some authorities, it is important to avoid excessive doses. This list is not exhaustive. Refer to BNF (https://bnf.nice.org.uk) or SPC via https://www.medicines.org.uk for complete list. Report any suspected adverse reactions to a doctor. Treatment of a patient with toxic manifestations consists of ensuring adequate ventilation and arresting convulsions. Stop the procedure if applicable. If necessary/applicable remove endoscope. Monitor vital signs, commence basic life

	support and seek medical attention promptly/ call 999 for emergency assistance. 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 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 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. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System and monitored via incident reports. 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. 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 individual's records are marked **ALLERGIC TO Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution** • 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

Records to be kept	All treatment will be recorded on the standard PTHB endoscopy chart and nursing documentation, a copy of which will be held in the individuals' medical records and a further copy forwarded to their GP. Record consultation details as required by local procedures. In addition, record: • Name, address and date of birth of individual • Name and address of GP • Medical and drug history taken, including any allergies, nature of reaction and previous adverse events. • Any reasons for exclusion or referral, including actions taken. • Criteria under which the individual fits the protocol. • Any advice received from medical cover and advice given to individual/ carer. • If the individual has refused treatment, and any advice given in this circumstance. • That valid informed consent to treatment was obtained, or a decision to treat made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent if appropriate. • That the drug is being administered in accordance with a protocol- record title and version. • Date and time of administration. • Name, form, strength and dose of drug administered. • Route of administration • Expiry date • Details of any adverse reactions and actions taken. The record must include the printed name and signature (which may be electronic) of the healthcare professional responsible for administration. 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. 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 the product to check this was in accordance with the protocol, that clear documentation is in place, 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	• Inform individual that they are being treated within a protocol. • Explain indication, contraindications, cautions and potential side effects and their management. • Numbness of the tongue and mouth may interfere with swallowing- inform individual not to eat or drink until the effect has worn off. • After using Lidocaine and Phenylephrine topical solution, it is unlikely that ability to drive and use machines will be affected. However, if an individual feels unwell, they should speak to a doctor before driving or operating machinery.
Follow-up advice to be given to individual or 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 them to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Individual must tell their doctor or go to the casualty department at their nearest hospital if they notice any of the following: Difficulty in passing urine (particularly if they have problems with their prostate), blurred vision, dizziness, drowsiness, irritability, extremely high temperature, muscle twitching and shaking. They may need medical attention. Contact GP via surgery or emergency on call service.

Key references

1. Endoscopy Operational Policy TEP 061 2024, PTHB
2. Summary of Product Characteristics Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution. Martindale Pharma, an Ethypharm Group Company. Revised 26/04/2017.
3. Patient information leaflet, Lidocaine Hydrochloride 5% w/v and Phenylephrine Hydrochloride 0.5% w/v Topical Solution. Martindale Pharmaceuticals Ltd. Revised July 2020.
4. BNF online. Accessed 28/08/2025.
5. Specialist Pharmacy Service P and GSL medicines with PGDs February 2024

Appendix A: Staff accredited to use the protocol
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 and 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.