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.

Patient Group Direction

For the administration of 1% w/v Lidocaine Injection by Radiographers with current HCPC (Health and Care Professions Council) registration and Nurses with current NMC (Nursing & Midwifery Council) registration.

For administration to adult patients as a local anaesthetic for invasive procedures and ultrasound guided biopsy (head and neck) in the Imaging department, BSUHT

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Version number: 3

Change history

Version number	Change details	Date
3	Existing PGD reviewed and transferred onto NICE/BSUH template	Dec 2019
3	Reviewed and approved by PGD group	Dec 2019

PGD development

Name	Job title and organisation	Signature	Date
Lead author	Jan Bowman	Via email	Dec 2019
Lead doctor	Emma Simpson	Via email	Dec 2019
Lead pharmacist*	David Annandale	Via email	Dec 2019
Representative of other professional group using PGD	Jemma Deane, Lead Superintendent Radiographer	Via email	Dec 2019
*Review of Version 3			

Organisational authorisations

Brighton & Sussex University Hospitals NHS Trust authorises this PGD for use by the services or providers listed below:
Imaging department BSUH
Limitations to authorisation
Radiographers with HCPC registration and registered nurses with current NMC only

Name	Signature & Name	Date
PGD GROUP	Joanne Pendlebury	December 2019
Chief Pharmacist	Michael Cross	May 2020
Medicines Governance Group chair	Michael Okorie	May 2020

Local enquiries regarding the use of this PGD may be directed to Bsuh.pgdgroup@nhs.net or PGD group chair.

Appendix 1 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD.

Training and competency of registered health professionals

	Requirements of registered health professionals working under the PGD
Qualifications and professional registration	• Nurses with current NMC registration and a minimum of 3 years post qualification clinical experience • Radiographers with current HCPC registration and a minimum of 3 years post qualification clinical experience.
Additional requirements	• Has undertaken Ultrasound Guided Core Biopsy Post Graduate Training at a recognised centre including the ability to carry out clinical assessment of the patient to ascertain suitability for the procedure. • Has undertaken theoretical and practical training by a Consultant Radiologist in sub-cutaneous injection appropriate for this examination **THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.** **The individual practitioner is required to have a working knowledge of adverse reactions to the medication used with the PGD and how to identify drug interactions.**
Initial training	Has undertaken appropriate Sub-cutaneous administration training with relevant updates as required by the Brighton and Sussex University Hospitals NHS Trust policy and has been assessed as competent in the role. Has undertaken appropriate training for working under patient group directions for administration. Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions. Has undertaken appropriate Trust resuscitation training.
Competency assessment	PGD users will be responsible for collecting data and contributing to the audit of their practice.
Continued training requirements	Annual Trust resuscitation and anaphylaxis training update. PGD audit and training session at each renewal period. Complete NICE Competency PGD Framework PGD e-learning 3 yearly Up to date with mandatory training Maintain knowledge and skills within specialist area

Clinical condition

Clinical condition or situation to which this PGD applies	Local Anaesthetic for invasive procedure, Ultrasound guided biopsy (head and neck).
Inclusion criteria	In-patient and out-patient adults, 17 years and over All patients having Ultrasound Guided Biopsy
Exclusion criteria	• Do not give with the following heart conditions: 1) Severely disturbed cardiac conduction 2) Complete heart block 3) Sudden heart failure (previous hospital admission with acute heart failure) • Previous reaction to Lidocaine • Hypersensitivity to amide-type local anaesthetics • Suspicion of hereditary tendency to malignant hyperthermia. • Disorders of blood coagulation, anti-coagulation therapy. • Infections in the region of injection. • If consent is unobtainable for any reason • Pregnancy and breast feeding. • Porphyria. • Bradycardia (known pulse rate <55/min) • Patient currently receiving local anaesthetic (ie infusion)
Cautions (including any relevant action to be taken)	• **NOT** for intravenous injection • Respiratory depression • STOKES-ADAMS attacks. • Known Wolff-Parkinson-White Syndrome • Myasthenia Gravis • Epilepsy • Congestive Heart Failure
Arrangements for referral for medical advice	Refer to Radiologist overseeing examination
Action to be taken if patient excluded	Refer to Radiologist overseeing examination
Action to be taken if patient declines treatment	Refer to Radiologist overseeing examination

Details of the medicine

Name, form and strength of medicine *Include ▼for black triangle medicines*	Lidocaine Injection 1% w/v
Legal category	*POM*
Indicate any off-label use (if relevant)	N/A
Route/method of administration	Sub-cutaneous at biopsy site
Dose and frequency	For Head &Neck biopsies - from 2ml-10ml aliquot (repeat up to once if initial injection fails to manage pain).
Quantity to be administered and/or supplied	2ml-10ml aliquot

Maximum or minimum treatment period	At examination only
Adverse effects	A single use of Lidocaine does not generally cause systemic side effects. Although rare, signs of local anaesthetic toxicity to be aware of are: • Sudden alteration in mental status • Severe agitation or loss of consciousness • Cardiovascular collapse • If side effects are severe, intralipids may be required. Intralipids are located in the A&E department. • Medical personnel must be called. • Intralipids to be administered by medical personnel. A detailed list of adverse reactions is available in the SPC, which are available from the electronic Medicines Compendium website: www.medicines.org.uk. BNF/C also has information on adverse effects.
Drug interactions	A detailed list of drug interactions is available in the SPC (summary of product which are available from the electronic Medicines Compendium website: www.medicines.org.uk BNF/C also has drug interaction information
Supplies	Protocols for the ordering, storage and handling of medicines should be followed to prevent wastage
Storage	Protocols for the ordering, storage and handling of medicines should be followed
Reporting procedure of adverse reactions	Healthcare professionals and individuals/parents/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 For Black triangle any suspected adverse reactions should be reported via the Yellow Card Scheme.
Special considerations / additional information	N/A
Records to be kept	• Patient's name, address, date of birth and hospital number. • Patient's checklist to include positive ID of patient and consent given. • Allergy and sensitivity status. • All examinations are recorded on CRIS (Computerised Radiology Information System) and PACS (Picture Archiving and Communication System). Medication administered is recorded on a drug form and in the imaging report for H&N biopsies. • CRIS/ PACS records will be available for audit. **A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. OR the**

	patients should be identifiable in a timely manner for audit purposes.
Written/verbal information to be given to patient or carer	Ensure written patient information has been given at time of appointment. Verbal explanation of common side effects as part of consent prior to procedure. Patients are advised that infiltration may be uncomfortable. Patients are also advised to say if they are experiencing any unusual effects. Patient information leaflet (PIL) available: https://www.nhs.uk/medicines/
Follow-up advice to be given to patient or carer	All Head and Neck patients have to return to the referring ENT Consultant or GP for results. Any unwanted side effects following the appointment patient advised to report to the referring clinician/GP.

Audit

Plan for audit, It is essential for PGD renewal that audits have occurred**.**	Retrospective audit of compliance with PGD to be completed.
Frequency	At each renewal period
Nominated lead to manage audit	Jemma Deane, Lead Superintendent Radiographer

Key references

Key references	Lidocaine 1% w/v solution for injection, Summary of Product Characteristics document, www.products.mhra.gov.uk Scope of practice- Advanced Practitioner Sonographers undertaking head and neck Ultrasound (to include fine needle aspiration and core biopsy), Imaging department BSUH, T: drive, accessed April 2020 Management of severe local anaesthetic toxicity, AAGBI Safety guideline, 2010

Appendix 1 Health professionals' agreement to practise

PGD Title…….

Practitioner, by signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions 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

Name of health professional	Role	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Brighton & Sussex University Hospitals NHS Trust for the above named health care professionals who have signed the PGD to work under it.

Name	Role	Signature	Date