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 *Hyoscine N butylbromide (Buscopan ®)* by Radiographers with current HCPC (Health and Care Professions Council) & Registered nurses with a current NMC (Nursing & Midwifery Council) to patients aged 2-16 years (inclusive) in the Imaging department, BSUHT

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	Helen Lewis	Via email	Dec 2019
Lead doctor	Kyriakos Iliadis	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 BSUHT
Limitations to authorisation
Radiographers with current 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	Radiographers with current HCPC registration and a minimum of 12 months post qualification clinical experience Registered nurse with a current NMC (Nursing & Midwifery Council) registration and a minimum of 12 months post qualification acute clinical experience
Additional requirements	**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 IV administration training with relevant updates as required by the Brighton and Sussex University Hospitals NHS Trust IV policy and has been assessed as competent in the role. Has undertaken appropriate training for working under patient group directions for administration of Hyoscine N Butylbromide and has been assessed as competent in the role by a paediatric consultant radiologist or the author of this PGD. 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	Hyoscine Butylbromide is used in diagnostic procedures to reduce spasm. This includes MRI pelvis and MR enterography examinations.
Inclusion criteria	In-patient and outpatient paediatric cases, aged 2 to 16 years inclusive, with full consent from parent or legal guardian, unless patient is deemed Gillick competent for consenting to medical procedures.
Exclusion criteria	Patients with the following should be excluded: • Myasthenia gravis • Narrow angle glaucoma • Megacolon • Porphyria • Tachycardia • Underlying cardiac disease, such as heart failure, coronary heart disease, cardiac arrhythmias (including Wolf Parkinson White syndrome) or hypertension • Urinary retention • Paralytic ileus • Pregnancy • Breast-feeding • Confusion • Pyloric stenosis • Prior hypersensitivity to Hyoscine N Butylbromide or any other component of the product • Patients with infections around the injection site for IV cannulation and a Visual Infusion Phlebitis (VIP) score of 1
Cautions (including any relevant action to be taken)	The anticholinergic effect (dry mouth, flushing, constipation and urinary retention) of the following drugs may be intensified by hyoscine-N-butylbromide (Buscopan®): • Tri- and tetracyclic antidepressants (e.g. amitriptyline) • Antihistamines (e.g. chlorphenamine, loratadine, cetirizine) • Quinidine, amantadine, phenothiazines (e.g. chlorpromazine, prochlorperazine) • Butyrophenones (e.g. haloperidol) • Disopyramide and other anticholinergics (e.g. tiotropium, ipratropium) The tachycardic effects of the following beta-adrenergic agents may be enhanced by Hyoscine-N-Butylbromide (Buscopan®) • Salbutamol
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*	Hyoscine-N-Butylbromide (Buscopan®) ampoules Each 1ml ampoule contains hyoscine-N-butylbromide (Buscopan®) 20mg
Legal category	*POM*
Indicate any off-label use (if relevant)	N/A
Route/method of administration	Intra-venous (IV), administered slowly over 3 minutes
Dose and frequency	2 – 5 years old: 5mg stat 6 - 11 years old: 10mg stat 12-16 years: 20mg stat One administration at the beginning of the examination.
Quantity to be administered and/or supplied	Once only stat dose
Maximum or minimum treatment period	One stat dose during examination
Adverse effects	Common adverse effects listed below: Anticholinergic side effects including visual accommodation, dry mouth, abnormal sweating, disturbances and photophobia, transient bradycardia followed by tachycardia, dizziness, constipation and potentially urinary retention may occur but are generally mild and self-limiting. Enhanced anticholinergic side effects may occur if hyoscine-N-butylbromide (Buscopan®) is given in combination with some other drugs. 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	Healthcare professionals and individuals/parents/carers are encouraged

reactions	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, radiologist cover, contra-indications, signature of person administering contrast and signature of person checking the contrast medium. Allergy and sensitivity status. The site and size of cannula and whether eventful, or uneventful IV. **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, in particular visual disturbances, as part of consent prior to procedure. Patient information leaflet (PIL) available: https://www.nhs.uk/medicines/ https://www.medicinesforchildren.org.uk/
Follow-up advice to be given to patient or carer	Routine or emergency MR pelvis/abdomen and MR enterography examinations will be reported by a radiologist and a copy of the report sent to the referring clinician. Patient instructed to arrange follow up with referring clinician at the time of examination or out-patient follow up appointment will be sent to patient following receipt of report. If eye problems persist for longer than 6 hours, the patient should attend the eye hospital/consult a physician or GP (explaining that they have recently been given hyoscine-N-butylbromide (Buscopan®).

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	Buscopan ampoules 20mg/ml, Summary of product characteristics document, www.products.mhra.gov.uk

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