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

IM Triamcinolone Acetate 80mg

by Rheumatology Nurse Specialists as Registered nurses

Inflammatory arthritis

in Brighton and Sussex University Trust Hospitals

Version number: 6

Change history

Version number	Change details	Date
V1		2008
V2	Clarification of Heart Failure in exclusion criteria Added:- Deep intra muscular injection gluteal sites Added:- Rotate sites Steroid card to be given to patient Added to list of exclusions Ritonavir or other hepatic enzyme inducers	2010
V3	No changes	2013
V4	Triamcinolone 40mg and 80mg separated on to different PGDs	2015
V5	No changes	2016
V6	No changes	2020

PGD development

Name	Job title and organisation	Signature	Date
Dr Vijay Hajela	Lead Rheumatology Consultant	Via email	March 2020
Stephanie Butler	Pharmacist	Via email	March 2020
Helen Smith	Rheumatology Nurse Specialist	Via email	March 2020

Organisational authorisations

Brighton & Sussex University Hospitals NHS Trust authorises this PGD for use by the services or providers listed below:
Rheumatology Nurse Specialists
Limitations to authorisation
Minimum 1 year in post

Name	Signature & Name	Date
Chair of PGD Group	Joanne Pendlebury Via email	March 2020
Chief Pharmacist	Michael Cross Via email	March 2020
Medicines Governance Group chair	Michael Okorie Via email	March 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	• A Registered General Nurse with a current NMC registration and currently practising as a rheumatology nurse specialist with greater than one year of clinical experience working within the Rheumatology department, OR • Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD • Has undertaken appropriate training for working under patient group directions for the supply and administration of medicines. • Has undertaken training appropriate to this PGD • Anaphylaxis training • Participation in audit for PGD **Check Section "Limitations to authorization" to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.**
Additional requirements	• Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in the PGD • Has undertaken appropriate training for working under patient group directions for the supply and administration of medicines. • Has undertaken training appropriate to this PGD • Anaphylaxis training • Participation in audit for PGD **The individual practitioner is required to have a working knowledge of adverse reactions to the medication used with the PDG and how to identify drug interactions.**
Initial training	Register and complete PGD training module (certificate can be printed out as evidence) https://portal.e-lfh.org.uk/ (3 yearly) Add other required training e.g., IRIS training Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions. Has undertaken appropriate Trust resuscitation training.

Competency assessment	Rheumatology Nurse Specialist/Matron for speciality or other clinican with relevent knowledge and experience
Continued training requirements	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	Previously diagnosed inflammatory arthritis presenting with a 'flare up' i.e. pain, stiffness or/and inflammation in the joints Where methylprednisolone has been used previously and found to be ineffective
Inclusion criteria	Adults and children greater or equal to 16 years of age with an established diagnosis of inflammatory arthritis and who have previously had an appointment with a consultant rheumatologist
Exclusion criteria	• Children under the age of 16 • Pregnancy • Breastfeeding • Previous adverse reaction to the drug • Current systemic infection on questioning (e.g. skin infection, chest infection, urinary infection) • Less than 4 weeks since last methylprednisolone or triamcinolone injection • Bleeding disorders from medical notes and patient history • Anti coagulant therapy from medical notes and patient history • Chronic renal disease from medical notes and patient history with an e GFR less than 30 • Heart failure from medical notes and patient history as defined by the NYHC Grade 4 Patients concurrently taking Anti-retroviral medication until approved by HIV pharmacy team ext 4948 pharmacy.seh@bsuh.nhs.uk This must be recorded.
Cautions (including any relevant action to be taken)	Diabetics. As per data sheet
Arrangements for referral for medical advice	Refer to consultant rheumatologists or duty rheumatologist.
Action to be taken if patient excluded	Discuss with consultant rheumatologist or duty rheumatologist.
	Advise patient of alternative sources of treatment. Refer to consultant rheumatologist, GP or A&E as appropriate. Document

Action to be taken if patient declines treatment	refusal and action taken in patients' records

Details of the medicine

Name, form and strength of medicine *Include ▼for black triangle medicines*	Triamcinolone Acetonide 40 mg/ml injection
Legal category	*POM*
Indicate any off-label use (if relevant)	*n/a*
Route/method of administration	Deep Intra muscular injection - gluteal only, rotate sites
Dose and frequency	**Adults only: 80mg** dose can be provided if this dose has previously been given by a rheumatology consultant and patient responded well with no adverse events
Quantity to be administered	Single dose
Maximum or minimum treatment period	Single dose At least 4 weeks between injections. No more than 4 injections a year
Adverse effects	• Facial flushing • Alteration in glycaemic control (relevant to diabetes) • Subcutaneous atrophy/skin depigmentation at injection site • Small risk of infection at injection site (1:10,000) • Anaphylactic reaction Many other adverse effects listed in SPC but are not applicable following a single dose A detailed list of adverse reactions is available in the SPC for each medicine, 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	Stock in outpatients
Storage	Locked cupboard in locked room as per Trust policy
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. Document reaction in patient notes and letter to GP with copy to patient and any action taken and recommendations
Special considerations / additional information	Ensure there is immediate access to adrenaline
Records to be kept	Record: that valid informed consent was given; name of individual, address, date of birth and GP with whom the individual is registered Drug history for patient including medical history name of HCP name of medication date of administration dose, form and route of administration quantity administered batch number and expiry date (if required) advice given, details of any adverse drug reactions and actions taken supplied via PGD **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 information to be given to patient or carer	Patient information leaflet (PIL)

	https://www.nhs.uk/medicines/
Follow-up advice to be given to patient or carer	Steroid card to be provided • Discuss potential side effects • Product information sheet/ARC leaflet offered to the patient • Provide patient with steroid card • If diabetic, inform patient that blood glucose levels may be elevated for up to one week following injection. If persistent elevation greater than 15mmols patient should discuss with GP In the event of a serious or persistent adverse effect the patient will be advised to contact their GP / A&E or the rheumatology department

Audit

Plan for audit, It is essential for PGD renewal that audits have occurred**.**	All staff using this PGD to be involved with audit Capture number of injections given during specified period of time Different nurse to audit injections given by another member of the team and did they meet criteria of PGD Team meeting (peer review) to discuss were the injections given as per PGD and to discuss would they have given the injection or recommend a different treated
Frequency	Every 3 years
Nominated lead to manage audit	*Helen Smith Rheumatology Nurse Specialist*

Key references

Key references	

Appendix 1 Health professionals' agreement to practise

PGD Title…Intramuscular Triamcinolone (Kenalog) 80mg injection

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 practice 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
Helen Smith	Rheumatology CNS		
Susannah Usher	Rheumatology CNS		
Alex Acheampong	Rheumatology CNS		

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
Joseph Threlfall	Directorate Lead Nurse for MSK and		

	Surgery		