

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

Metoclopramide 10mg by registered nurses working on the Cardiac Care Unit, Royal Sussex
County Hospital for

**Patients with suspected ST segment elevation myocardial infarction (STEMI) as part of the
primary angioplasty pathway (see Appendix 2)**

Version number: 6

Change history

Version number	Change details	Date
6	Transferred to new template	March 21

PGD development

Name	Job title and organisation	Signature	Date
Lead author	Sarah Young Nurse Consultant Cardiology	Via email	March 2021
Lead Doctor	Dr Lucy Blows, Cardiology Consultant	Via email	March 2021
Lead pharmacist	Sarah Connop, Lead Cardiology Pharmacist	Via email	March 2021
Lead Clinician for area	Dr Vicky Parish, Lead Cardiology Consultant	Via email	March 2021
Representative of other professional group using PGD (User review)	Delores Glover, Cardiology educator	Via email	March 2021

Organisational authorisations

UHSussex this PGD for use by the services or providers listed below:

Registered nurses working on the Cardiac Care Unit at the Royal Sussex County Hospital.

Limitations to authorisation

Who have achieved the necessary training and assessed as competent. For use as part of the primary angioplasty pathway.

Name	Signature & Name	Date
PGD GROUP	Joanne Pendlebury (email approval)	April 2021
Chief Pharmacist	Michael Cross (email approval)	May 21
Medicines governance group chair	Michael Okorie (email approval)	May 21

Local enquiries regarding the use of this PGD may be directed to uhsussex.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	<p>Registered Nurses within the Cardiac Care Unit (CCU)</p> <p>Registered Nurse live on the register of the NMC</p> <p>The Nurse must have at least 6 months post registration experience in an acute cardiac ward.</p> <p>Up to date certificate in Adult Resuscitation Skills</p> <p>Have support of the clinical manager</p> <p>Is authorised by name, under the current version of this PGD</p> <p>PGD users will be responsible for collecting data and continuing to audit their practice</p>
Additional requirements	<p>THE INDIVIDUAL PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</p> <p>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.</p>
Initial training	<p>The nurse has undertaken appropriate training to undertake the clinical assessment of patients leading to diagnosis that requires treatment according to the indication listed in this PGD.</p> <p>Has undertaken appropriate training for working under patient group directions for the supply and administration of medicines.</p> <p>Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions.</p> <p>Has undertaken appropriate Trust resuscitation training.</p> <p>Authors of PGD needs to Register and complete PGD training module (certificate can be printed out as evidence) https://portal.e-lfh.org.uk/ (3 yearly)</p>

Competency assessment	The nurse will demonstrate clinical and professional competency using Metoclopramide local assessment tool. Assessment by the Nurse Consultant Cardiology.
Continued training requirements	Complete NICE Competency PGD Framework Practitioners will have an annual practice review in the first year and thereafter bi-annually Up to date with mandatory training Maintain knowledge and skills within specialist area

Clinical condition

Clinical condition or situation to which this PGD applies	Prophylaxis or treatment of nausea and vomiting (see attached primary angioplasty pathway)
Inclusion criteria	Suspected ST segment elevation acute myocardial infarction (STEMI) Adults aged > 20 years who have nausea or vomiting Prophylactic use in patients receiving Morphine or Diamorphine
Exclusion criteria	<ul style="list-style-type: none"> • Any patient that does not meet the inclusion criteria • Patients where the nurse feels it is inappropriate to use the PGD due to patient understanding • Verbal consent is unobtainable for any reason <p>Contraindications</p> <ul style="list-style-type: none"> • Gastro - intestinal obstruction, perforation or haemorrhage OR within 4 days of gastro- intestinal surgery • known severe liver or renal impairment • known to have phaeochromocytoma • patients taking cyclosporin • patients with Parkinson's • pregnancy • breastfeeding • porphyria • hypersensitivity to metoclopramide or its excipients • epilepsy – severity and frequency of seizures may be increased • known history of methaemoglobinaemia with metoclopramide

	<ul style="list-style-type: none"> history of neuroleptic or metoclopramide – induced tardive dyskinesia.
Cautions (including any relevant action to be taken)	Monitor for effectiveness of the drug. Ongoing nausea or vomiting refer for medical advice (see below)
Arrangements for referral for medical advice	Referral to be made to the cardiology registrar or cardiology consultant. If immediate help is required a MET call can be made. Document actions in the notes.
Action to be taken if patient excluded	Referral to be made to the cardiology registrar or cardiology consultant. If immediate help is required a MET call can be made. Document actions in the notes.
Action to be taken if patient declines treatment	Referral to be made to the cardiology registrar or cardiology consultant. If immediate help is required a MET call can be made. Document actions in the notes.

Details of the medicine

Name, form and strength of medicine <i>Include ▼ for black triangle medicines</i>	Metoclopramide 10mg/2ml Ampoules
Legal category	Prescription only medication
Indicate any off-label use (if relevant)	Not applicable For off label use in temperature extremes see storage below.
Route/method of administration	Intravenous bolus
Dose and frequency	Adults : 10mg over at least 3 minutes
Quantity to be administered and/or supplied	Single dose only NB: Nurses must check if a dose has been given pre-hospital.
Maximum or minimum treatment period	Prior to potential primary angioplasty (single dose)
Adverse effects	Common <ul style="list-style-type: none"> spasm of the facial muscles Trismus (inability to open mouth fully) Rhythmic protrusion of the tongue Bulbar type of speech (articulation – difficulty)

pronouncing *r*; unable to pronounce consonants as progresses)

- Spasm of extra-ocular muscles including oculogyric crises (Initial symptoms include incredible restlessness, agitation, malaise, or a fixed stare. Then comes the more characteristically described extreme and sustained upward deviation of the eyes)
- Unnatural positioning of the head and shoulders
- Opisthotonos (Spasm in which the head and heels arch backward in extreme hyperextension and the body forms a reverse bow)
- Diarrhoea

Serious/Rare

- Neuroleptic malignant syndrome
- Cardiac arrhythmia (bradycardia and heart blocks)
- Tardive dyskinesia
- Confusion

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.

<p>Drug interactions</p>	<p>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)</p> <p>BNF/C also has drug interaction information</p>
<p>Supplies</p>	<p>Order from pharmacy</p>
<p>Storage</p>	<p>Drug Cupboard</p> <p>Drugs should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</p>
<p>Reporting procedure of adverse reactions</p>	<p>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</p> <p>For Black triangle any suspected adverse reactions should be reported via the Yellow Card Scheme.</p>
<p>Special considerations / additional information</p>	<p>None</p>
<p>Records to be kept</p>	<p>Record:</p> <ul style="list-style-type: none"> 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

	<p>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</p> <p>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.</p>
Written information to be given to patient or carer	<p>Patient information leaflet (PIL)</p> <p>https://www.nhs.uk/medicines/</p>
Follow-up advice to be given to patient or carer	<p>Explain treatment and course of action</p> <p>Inform patient of possible side effects and to alert nurses if these should occur</p>

Audit

Plan for audit , It is essential for PGD renewal that audits have occurred.	Trust PGD audit to be completed
Frequency	Every 2 years
Nominated lead to manage audit	<i>Sarah Young</i> . Nurse Consultant Cardiology, BSUH



Key references

Key references	BNF March 2021 https://www.medicinescomplete.com/mc/bnf/current/ EMC 2020 https://www.medicines.org.uk/emc/product/5880/smpc#gref
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Appendix 1 Health professionals' agreement to practise

PGD Title **Metoclopramide 10mg by registered nurses working on the Cardiac Care Unit ,
Royal Sussex County Hospital**

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

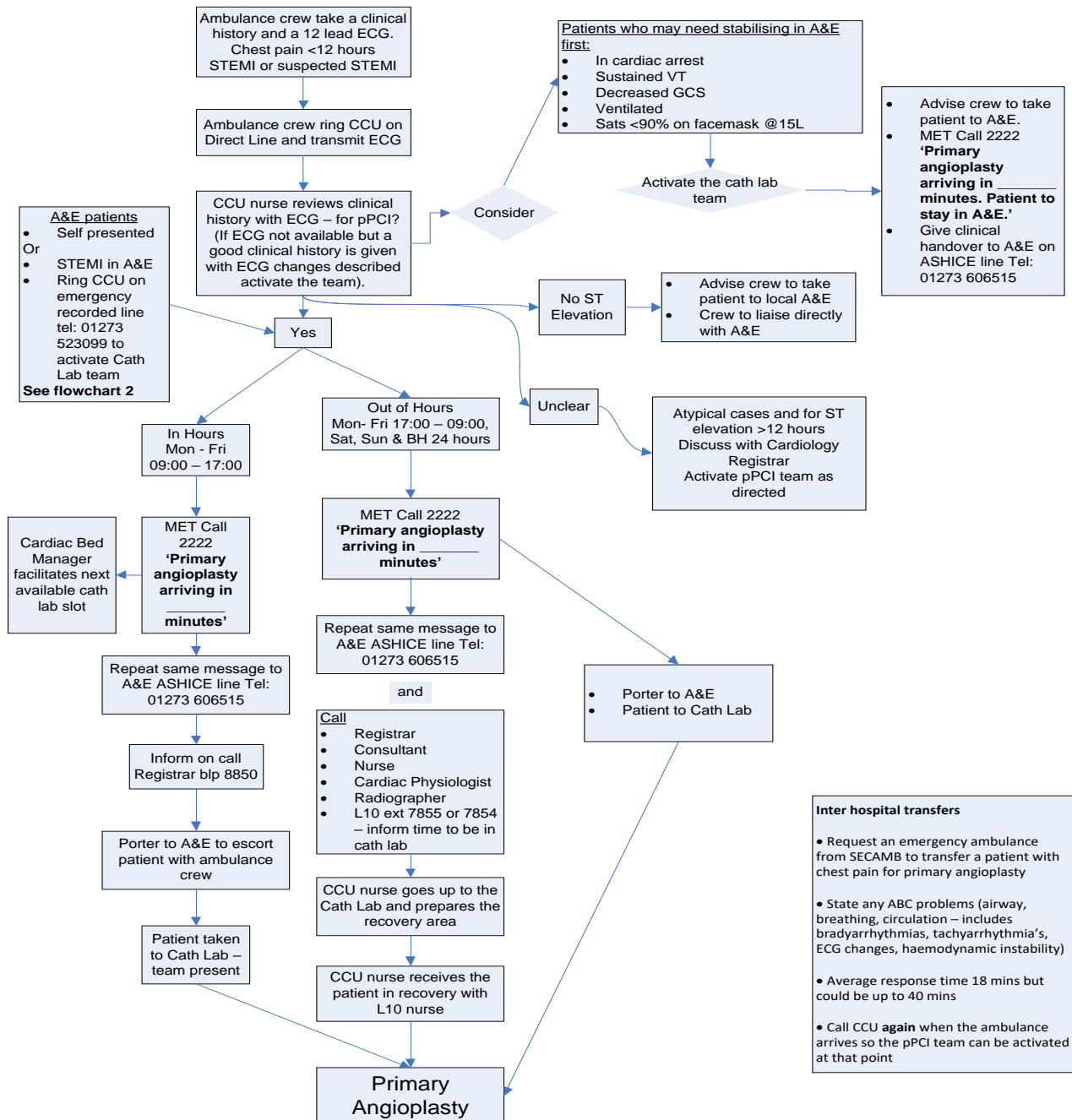
Authorising manager

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 UHSussex for the above named health care professionals who have signed the PGD to work under it.

Name	Role	Signature	Date

Appendix 2

Primary Angioplasty: Direct Entry into the Cardiac Cath Lab



Bed Issues:

- If Level 6A full, CCU nurse to have identified 1 male patient and 1 female patient who can move off Level 6A at anytime. Record on Handover Sheet.
- An empty bed is required in CCU out of hours – from 4pm Mon-Fri, and all day weekends and bank holidays.