

C8a

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 supply of

Picolax®

by Registered Nurses for

Adults in the Sussex Bowel Cancer Screening Programme (BCSP)


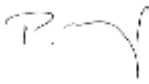


In premises operated by University Hospitals Sussex NHS Foundation Trust or East Sussex
Healthcare NHS Trust

Version number: 4

Change history

Version number	Change details	Date
1	Original PGD	Jan 2012
2	Transfer to new BSUH PGD format	July 2016
3	Transfer to new BSUH PGD format	Dec 2020
4	Transfer to new UH Sussex format	June 2021

PGD development

Name	Job title and organisation	Signature	Date
Lead Author	Lena King – DM and DLN for BCSP		31.8.21
Lead Doctor	Mr. P. Ridings-Consultant Surgeon, Lead Colonoscopist for BCSP		13/8/21
Lead Pharmacist	Magda Markiewicz – Digestive Diseases Lead Pharmacist	Via email	7/9/21
Lead Clinician for area	Mr. P. Ridings – Lead Colonoscopist for BCSP		13/8/21
Representative of other professional group using PGD (User review)	N/A		31.8.21

Organisational authorisations

University Hospitals Sussex NHS Foundation Trust authorises this PGD for use by the services or providers listed below:
Sussex Bowel Cancer Screening Programme (BCSP) in premises where the Bowel Cancer Screening Programme is delivered
Limitations to authorisation
Only applies to RNs working for the BCSP (Specialist Screening Practitioners) <ul style="list-style-type: none"> Registered Nurse with current NMC registration

Name	Signature & Name	Date
Chair of PGD Group	Joanne Pendlebury	Sept 2021
Chief Pharmacist	Michael Cross	Oct 2021
Medicines Governance Group chair	Michael Okorie	Oct 2021

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 Nurse on NMC register</p> <p>The Specialist Screening Practitioners (SSP) must also fulfil the additional requirements detailed below.</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>Attended and completed the training for Specialist Screening Practitioner and / or is a Lead Nurse</p> <p>Lead SSP -Register and complete PGD training module (certificate can be printed out as evidence) https://portal.e-lfh.org.uk/ (3 yearly)</p> <p>Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions.</p> <p>Has undertaken appropriate Trust resuscitation training.</p> <p>Complete NICE Competency PGD Framework</p> <p>DOPs of SSP clinic and issuing of bowel preparation- achieve competency level 4</p>
Competency assessment	Annual assessment by Lead Nurse
Continued training requirements	<p>PGD e-learning 3 yearly (Lead SSP)</p> <p>Annual direct observation of practice (DOPs) – competence level 4 to be demonstrated.</p> <p>Up to date with mandatory training</p> <p>Maintain knowledge and skills within specialist area- evidence of CPD</p>

Clinical condition

Clinical condition or situation to which this PGD applies	Bowel preparation for patients referred for an endoscopic diagnostic test (colonoscopy) as part of their suspected cancer pathway within the Sussex Bowel Cancer Screening Programme
Inclusion criteria	Patients referred for endoscopic investigation (colonoscopy, limited colonoscopy or flexible sigmoidoscopy) as part of their suspected cancer pathway
Exclusion criteria	<p>Hypersensitivity to any of the ingredients.</p> <p>Patients with :</p> <p>Congestive cardiac failure (patient to be discussed with Consultant)</p> <p>Gastric retention, gastrointestinal ulceration, toxic colitis, toxic megacolon, ileus, nausea & vomiting. Known or suspected GI obstruction or perforation.</p> <p>Pregnancy</p> <p>In patients with severely reduced renal function, accumulation of magnesium may occur. An alternate preparation should be used in such cases.</p>
Cautions (including any relevant action to be taken)	<p>Always follow trust assessment guidelines for bowel preparations</p> <p>Recent gastrointestinal surgery, renal impairment, heart disease, inflammatory bowel disease. Patients on drugs which may affect water /electrolyte balance. (e.g. diuretics, corticosteroids, lithium) seek advice from Consultant.</p> <p>Picolax[®] may modify the absorption of antiepileptic drugs, contraceptives and antibiotics, anti-diabetic agents. Warn patient to take prescribed medication 2 hours before taking Picolax[®]</p> <p>The efficacy of Picolax[®] is lowered by bulk forming laxatives. Complete full assessment and drug history.</p> <p>Care should be taken with those taking diuretics, corticosteroids or cardiac glycosides. Care should also be taken with those taking NSAIDs or drugs known to induce SIADH eg tricyclic antidepressants, selective serotonin re uptake inhibitors, anti-psychotic drugs and carbamazepine. These drugs may increase the risk of water retention. Obtain baseline bloods and discuss with Consultant if abnormal.</p> <p>Elderly >70yrs or debilitated individuals consider alternative bowel prep or investigation.</p> <p>Patients at risk of hypokalaemia or dehydration. Consider alternative bowel prep or investigation.</p> <p>Patients with drugs affecting water retention and renal function with abnormal baseline tests should be discussed on colonoscopy assessment with Consultant</p>
Arrangements for referral for medical advice	Follow Sussex BCSP protocol C16 – Clinical review

Action to be taken if patient excluded	Follow Sussex BCSP protocol C16 – Clinical review Refer to treating Clinician for advice
Action to be taken if patient declines treatment	Opt them out of episode and notify GP

Details of the medicine

Name, form and strength of medicine <i>Include ▼ for black triangle medicines</i>	Picolax [®] white crystalline powder for oral solution. Sodium picosulfate 10.0mg Magnesium oxide, light 3.5g Citric acid, anhydrous 12.0g
Legal category	P
Indicate any off-label use (if relevant)	N/A
Route/method of administration	Oral
Dose and frequency	Adults. First sachet reconstituted in water and taken as directed on the day before procedure. Second sachet taken as directed 6 – 8hrs later. Ideally the course should be taken on the day before colonoscopy, but may be split according to the timing of the procedure.
Quantity to be administered and/or supplied	A treatment course of 2 sachets taken as directed prior to colonoscopy.
Maximum or minimum treatment period	10 hrs / one day. Not to exceed 24hrs.
Adverse effects	<p>Contact your doctor immediately in case of the following side effects as these might be severe:</p> <ul style="list-style-type: none"> • allergic reaction including such as rash, redness of skin, hives, itching, swelling of the throat, and/or difficulty breathing (uncommon) • change in consciousness, such as loss or reduced level of consciousness (uncommon) • confusion/disorientation (uncommon) • syncope/fainting (uncommon) • dizziness/light-headedness (uncommon) • seizures (uncommon) • abdominal pain (common) • vomiting (common) <p>Common (affects less than 1 in 10 but more than 1 in 100 patients):</p> <ul style="list-style-type: none"> • Headache • Nausea <p>Not all adverse effect are listed refer to SPC & BNF https://www.medicines.org.uk/emc/product/915/smpc https://bnf.nice.org.uk/medicinal-forms/magnesium-citrate-with-sodium-picosulfate.html</p>

Drug interactions	<ul style="list-style-type: none"> • bulk forming laxatives e.g. bran • prescribed oral medication, especially if it is regularly prescribed as their effects may be modified e.g. contraceptives, antibiotics, antidiabetics, iron, penicillamine or antiepileptics. These medicines should be taken at least 2 hours before and not less than 6 hours after administration of Picolax® • prescribed medication that may affect water and/or electrolyte balance e.g. water tablets, steroids, lithium, digoxin, antidepressants, carbamazepine or anti-psychotics
Supplies	<p>Royal Sussex County Hospital. Brighton – supplied by endoscopy / OPD stored in locked medicines cupboard.</p> <p>Princess Royal Hospital, Haywards Heath, supplied by OPD - stored in locked medicines cupboard</p> <p>Spire Montefiore Hospital, Hove – supplied by Sussex BCSP posted direct to patient. Ordered by Sussex BCSP and stored in a locked cabinet in St Mary’s Hall office.</p> <p>Eastbourne DGH- supplied by endoscopy / OPD stored in locked medicines cupboard.</p> <p>Conquest Hospital, Hastings- supplied by endoscopy / OPD stored in locked medicines cupboard.</p> <p>Uckfield Community Hospital,- supplied by OPD, stored in locked medicines cupboard.</p> <p>Hove Polyclinic- supplied by OPD, stored in locked medicines cupboard.</p>
Storage	<p>Keep this medicine out of sight and reach of children.</p> <p>Store in the original packaging in order to protect from moisture. Single use only. Discard any unused contents.</p> <p>Do not use this medicine after the expiry date which is stated on the carton and sachet. The expiry date refers to the last day of that month.</p> <p>Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.</p>
Reporting procedure of adverse reactions	<p>If you get any side effects, talk to your doctor or nurse. This includes any side effects not listed in this leaflet. You can also report side effects directly via the Yellow Card Scheme, website: www.mhra.gov.uk/yellowcard, or search for MHRA Yellow Card in the Google Play or Apple App Store.</p> <p>By reporting side effects you can help provide more information on the safety of this medicine.</p>
Special considerations / additional information	<p>Low residue diet sheet to be provided (document D8)</p>
Records to be kept	<p>Record:</p> <ul style="list-style-type: none"> • that valid informed consent was given;

	<ul style="list-style-type: none"> • 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 <p>The information above will be recorded in the patient care pathway (D1) and/or in the electronic Bowel Cancer Screening System (BCSS) dataset and episode notes. The patient care pathway will be filed in the individual patient medical records or scanned into eSearcher at East Sussex Healthcare Trust (ESHT) once the screening episode is complete.</p>
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Patient information

Written information to be given to patient or carer	<p>Document D5 colonoscopy preparation leaflet given with patient information leaflet (PIL)</p> <p>Contact details for Screening Centre</p>
Follow-up advice to be given to patient or carer	<p>Method of administration, dosage and effects discussed during assessment.</p> <p>Written instructions given/sent to patient with booking information, including contact telephone number and email address for queries.</p> <p>Undesirable effects may include nausea, abdominal fullness and bloating may be experienced.</p> <p>Should distension or pain arise, the rate of administration should be slowed down or temporarily stopped until symptoms subside.</p> <p>Abdominal cramps, vomiting and anal irritation occur less frequently. These effects normally subside rapidly.</p>

Audit

<p>Plan for audit, It is essential for PGD renewal that audits have occurred.</p>	<p>PGD Audit Tool to be completed 1 year prior to review of PGD- due 2023</p> <p>Review of PGD compliance (annually)</p> <p>Efficacy of bowel preparation (annually)</p>
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Frequency	See above
Nominated lead to manage audit	Lead SSP or Deputy

Key references:

1. European Society for Gastrointestinal Endoscopy (ESGE) Guideline – Bowel Preparation for colonoscopy (updated 2019) Endorsed by the British society of Gastroenterologists.
https://www.esge.com/assets/downloads/pdfs/guidelines/2019_a_0959_0505.pdf
2. Electronic medicines compendium (eMC) www.medicines.org.uk
3. British National Formulary (BNF) <https://bnf.nice.org.uk/drug/macrogol-3350-with-anhydrous-sodium-sulfate-ascorbic-acid-potassium-chloride-sodium-ascorbate-and-sodium-chloride.html>
4. Summary of Product Characteristics (SPC) <https://www.medicines.org.uk/emc/product/289/smpc>
5. Manufacturers Patient information leaflets (PILs) updated Dec 2020
6. Sussex BCSP protocol for Clinical Review C16 <T:\Bowel Cancer Screening Programme\QMS - Audit, pathways, programme docs, protocols and policies\Programme Documents\Protocols and policies\Clinical protocols>
7. NHS Bowel Cancer Screening Programme. Having a CT Colonography (CTC) scan <T:\Bowel Cancer Screening Programme\QMS - Audit, pathways, programme docs, protocols and policies\Programme Documents\Information leaflets>

Appendix 1 Health professionals' agreement to practise

PGD Title.....Picolax®.....

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

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