

**PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF  
ADRENALINE (EPINEPHRINE) IN CASES OF SUSPECTED  
ANAPHYLACTIC/ANAPHYLACTOID REACTIONS BY NURSES,  
PHARMACISTS AND RADIOGRAPHERS**

<b>Coordinators:</b>  Pharmacist Facilitator Pharmacist, Pharmacy Medicines Unit	<b>Consultation Group:</b>  See relevant page in the PGD	<b>Approver:</b>  Medicine Guidelines and Policies Group
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<b>Signature</b>  <i>J. M. Webster</i>		<b>Signature</b>  <i>Alrod</i>
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<b>Identifier:</b> NHSG/PGD/ADR/MGPG278	<b>Review Date:</b> October 2010	<b>Date Approved:</b> October 2008
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**VERSION 1**

**Title:** PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF ADRENALINE (EPINEPHRINE) IN CASES OF SUSPECTED ANAPHYLACTIC/ANAPHYLACTOID REACTIONS BY NURSES, PHARMACISTS AND RADIOGRAPHERS

**Identifier:** NHSG/PGD/ADR/MGPG278

**Replaces:** New PGD (combining nurse/radiographer PGD with pharmacist PGD)

Across NHS Boards	Organisation Wide	Directorate	Clinical Service	Sub Department Area
	Yes			

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**Author:** PGD pharmacist, Pharmacy Medicines Unit

**Subject:** Patient Group Direction

**Key word(s):** Patient Group Direction PGD adrenaline anaphylaxis nurse pharmacist radiographer Anapen EpiPen Minijet

**Policy application:** NHS Grampian

**Purpose:** This Patient Group Direction (PGD) authorises appropriately qualified and trained nurses, pharmacists and radiographers to administer Adrenaline (Epinephrine) to individuals without the requirement for a patient specific prescription written by a medical practitioner.

**Responsibilities for implementation:**

**Organisational:** Nursing/ Pharmacy/Radiology Management Teams

**Corporate:** Directors of Nursing/Pharmacy/Radiology

**Departmental:** Lead nurses, GP practices

**Area:** Line Managers

**Hospital/Interface services:** General Managers and Group Clinical Directors

**Operational Management Unit:** Unit operational managers

**Policy statement:** It is the responsibility of individual nurses, pharmacists and radiographers and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

**Review:** This policy will be reviewed at least every two years or sooner if current treatment recommendations change.

**This policy is also available in large print and on computer disk. Other formats and languages can be supplied on request.**

**Please call 01224 556088 or Ext 56610 for a copy.**

<b>Responsible for review of this document:</b>	PGD pharmacist, Pharmacy Medicines Unit
<b>Responsible for ensuring registration of this document on the NHS Grampian Information/ Document Silo:</b>	Medicines Management pharmacist, Pharmacy Medicines Unit
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<b>Responsible for disseminating document as per distribution list:</b>	PGD pharmacist, Pharmacy Medicines Unit

**Revision History:**

<b>Date of change</b>	<b>Approval date of PGD that is being superseded</b>	<b>Summary of Changes (Descriptive summary of the changes made)</b>	<b>Changes Marked* (Identify page numbers and section heading )</b>
October 2008		Update into new template and merge of nurse/radiographer PGD with pharmacist PGD	
October 2008		Simplification of introduction	Section 1, page 1
October 2008		Alteration in consent section. Removal of obtaining consent in advance	Section 2.3 page 2
October 2008		Removal of procedure when patient excluded from treatment as not applicable	Section 2.6, page 4
October 2008		Additional requirements for assessing competency	Section 3 page 4
October 2008		Change in dosing as recommended by new resuscitation guidelines	Section 4, page 7
October 2008		Addition of child weight range	Section 4.2, page 7
October 2008		Removal of previous consultation groups	Section 8, page 12

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**A Patient Group Direction is a specific written instruction for the supply or administration of named medicines in an identified clinical situation. It is drawn up locally by Doctors, Pharmacists and other appropriate professionals, approved by the Employer and advised by the relevant professional advisory committees. In most cases, appropriate clinical care is provided on an individual basis by a specific prescriber to a specific individual patient. Patient Group Directions should only be considered where they offer a benefit to patient care without compromising patient safety in any way.**

**October 2008**

**Next Review date – October 2010**

## **PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF ADRENALINE (EPINEPHRINE) IN CASES OF SUSPECTED ANAPHYLACTIC/ANAPHYLACTOID REACTIONS BY NURSES, PHARMACISTS AND RADIOGRAPHERS**

### **1. Introduction**

Anaphylaxis can be defined as a severe, life-threatening, generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

Patient groups at increased risk are those with existing hypersensitivity and immune disorders such as asthma, haemolytic anaemia, thyroiditis, systemic lupus erythematosus and rheumatoid arthritis.

This PGD is designed to guide all nurses, pharmacists and radiographers working within NHS Grampian on the administration of intramuscular (IM) adrenaline in cases of suspected hypersensitivity and anaphylactic/anaphylactoid reactions.

### **2. Clinical Decision Making**

#### **2.1 Patients who may be considered for the administration of adrenaline (epinephrine)**

Administration of IM adrenaline (epinephrine) should be considered for individuals who show signs and symptoms of an anaphylactic or anaphylactoid reaction.

Anaphylaxis is likely when all of the following three criteria are met:

- Sudden onset and rapid progression of symptoms
- Life-threatening airway and/or breathing and/or circulation problems
- Skin and/or mucosal changes (flushing, urticaria, angioedema)

Patients can have either an airway, breathing or circulation problem or any combination.

Airway problems

- Airway swelling, e.g. throat and tongue swelling
- Hoarse voice
- Inspiratory stridor

## Breathing problems

- Shortness of breath
- Wheeze
- Confusion caused by hypoxia, patient becoming tired
- Cyanosis – late sign
- Respiratory arrest
- Acute irreversible asthma

## Circulation problems

- Signs of shock, pale, clammy
- Increased pulse rate
- Low blood pressure, feeling faint, collapse
- Decreased conscious level or loss of consciousness
- Cardiac arrest

## Other symptoms can include:

- Angioedema, commonly eyelids and lips
- Sense of impending doom
- Skin and/or mucosal changes. Can be subtle or dramatic and present in over 80% of reactions. Changes may be just skin, just mucosal or both.
- Abdominal pain, incontinence, vomiting
- Erythema
- Urticaria anywhere on the body. Pale pink/red weals, usually itchy

## 2.2 Patients who may receive the administration of adrenaline (epinephrine)

All subjects displaying the previously described signs and symptoms who are:

- hospital in-patients
- hospital out-patients attending out-patient or diagnostic departments
- visitors or members of staff
- patients receiving care in the community, including minor injury units, GP practices, Health Centres, clinics, schools, patient's own houses and other community settings.

## 2.3 Consent

**If the patient is unable to give consent due to a life-threatening situation, or if parents or guardians are not present, adrenaline (epinephrine) should be administered where treatment is judged to be in the best interests of the patient.**

Prior to the administration of adrenaline (epinephrine), consent should be obtained from the patient, parent, guardian or person with parental responsibility. Verbal consent is acceptable in the emergency scenario.

This should be documented in the patient's notes/case records once the patient's condition is stable. (see section 5.2).

- Where consent is either refused or withdrawn, this decision must be documented.
- Verbal information should ideally be available in a form that can be easily understood by the person who will be giving the consent, but in an emergency situation, this should not delay treatment. Where English is not easily understood, translations and properly recognised interpreters should be used.
- Consent is required at the time of each administration.

### **Consent for administration to adolescents under 16 years of age**

- A patient under 16 years of age may give consent provided he or she understands fully the benefits and risks involved.
- The Age of Legal Capacity (S) Act 1991, s2(4) states that 'a person under the age of 16 years shall have legal capacity to consent on his/her own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment.'
- Legal advice from the NHS in Scotland states that "If a nurse, pharmacist or radiographer has been trained and professionally authorised to undertake a clinical procedure which is normally that of a medical practitioner, then that nurse, pharmacist or radiographer can be considered to have the necessary power to assess the capacity of a child under the 1991 Act, for that procedure".

## **2.4 Contraindications**

Contraindications are relative as this product is intended for use in life-threatening emergencies.

## **2.5 Precautions**

### **Treatment for those who require extra caution**

Current guidance, Resuscitation Council (UK) January 2008, is to monitor the response, start with a safe dose and give further doses if a greater response is needed i.e., titrate the dose according to effect. See section 4.2 for recommended doses.

**The following individuals require extra caution before the administration of adrenaline:**

- Individuals with existing chest pain or angina
- Individuals known to be taking tricyclic antidepressants or beta-blockers
- Individuals with recent exposure (within last 24 hours) to cocaine or some fluoro-hydrocarbons used in refrigerants, due to sensitisation of the heart to adrenaline.
- Individuals with known severe hypertension

i.e. Adult values: systolic BP >180mmHg diastolic BP >110mm Hg

Child values will vary with their size and age.

The nurse, pharmacist or radiographer should try to ascertain if the above are relevant by appropriate questioning of the individual and use of other data if available.

**2.6 Action to be taken when a patient is excluded from treatment under this PGD**

Not applicable.

**2.7 Action to be taken when a patient does not wish to receive treatment under this PGD**

The patient, parent or guardian should be advised of the potential risks.

Administer adrenaline if condition deteriorates to unconsciousness.

**2.8 Concurrent medication**

Non selective beta blockers — patients taking these may not respond to the adrenaline injection and require intravenous salbutamol or aminophylline as well but this would be prescribed by the relevant doctor or GP.

Tricyclic antidepressants — these patients are considerably more susceptible to cardiac arrhythmias and require extreme caution.

If the patient has or is suspected to have used cocaine within the last 24 hours, use adrenaline with extreme caution.

**3. Designated Staff Authorised to Administer Adrenaline (Epinephrine)**

The following staff are authorised to administer adrenaline (epinephrine) without an individual medical prescription providing the patient falls into one of the categories listed in 2.2 of this PGD. Staff must be employed either directly by

NHS Grampian, or contracted to provide NHS services, or providing services in partnership with NHS Grampian under the direction of this authorised PGD.

- (i) Registered Nurse as recognised by the NMC.
- (ii) Registered Pharmacist as recognised by the RPSGB.
- (iii) State Registered Radiographer as recognised by the SCoR.

In addition the following requirements are necessary. Staff must:

- agree to be professionally accountable for their work (Appendix 1).
- be competent to assess the patient's capacity to understand the nature and purpose of the administration in order for the patient to give or refuse consent.
- be aware of current treatment recommendations and be competent to undertake administration and discuss issues related to administration.
- have special qualifications, training, experience and competence considered necessary and relevant to the clinical condition and the medicine(s) covered by this PGD. (NB: ALL individuals should receive appropriate training including refresher courses). All staff will have access to the current PGD for administration of adrenaline (epinephrine).
- have attended anaphylaxis training, (including annual refresher courses) and be assessed as competent by an authorised doctor/trainer in all aspects of the identification and management of anaphylaxis.
- maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct.
- agree to work within the terms of the NHS Grampian PGD.

Radiographer Managers/Nurse managers/Lead nurses/GPs/ Director of Pharmacy and Medicines Management will be responsible for:

- Ensuring that the current PGD for adrenaline (epinephrine) is available to staff providing care under this direction.
- Ensuring that staff have received adequate training in all areas relevant to this PGD and follow the sharps safety protocol.
- Maintaining a current record of all nurses, pharmacists and radiographers authorised to administer adrenaline (epinephrine) in the treatment of anaphylaxis/anaphylactoid reactions under PGD.

## 4. Description of Treatment Available Under this Direction

### 4.1 Adrenaline (Epinephrine)

Adrenaline (epinephrine) is a sympathomimetic drug which provides physiological reversal of the immediate symptoms of hypersensitivity and anaphylaxis such as laryngeal oedema, hypotension and bronchoconstriction.

Adrenaline (epinephrine) is a 'Prescription-only Medicine' (PoM) and can be supplied as:

- adrenaline (epinephrine) 1:1000 (1mg/mL ampoule) - non-proprietary.
- Anapen<sup>®</sup> 300microgram dose adrenaline (epinephrine) 1mg/mL in a 1.05mL auto-injector device – UCB Pharma.

Note: 0.75mL of the solution remains in the device after use.

- Anapen<sup>®</sup> Junior 150microgram dose adrenaline (epinephrine) 500 micrograms/mL in a 1.05mL auto-injector device – UCB Pharma.

Note: 0.75mL of the solution remains in the device after use.

- EpiPen<sup>®</sup> 300microgram dose adrenaline (epinephrine) 1mg/mL in a 2mL auto-injector device – ALK-Abelló.

Note: 1.7mL of the solution remains in the device after use.

- EpiPen<sup>®</sup> Jr 150microgram dose adrenaline (epinephrine) 500micrograms/mL in a 2mL auto-injector device - ALK-Abelló.

Note: 1.7mL of the solution remains in the device after use.

EpiPen<sup>®</sup> or Anapen<sup>®</sup> may be prescribed by doctors for home use so that adrenaline (epinephrine) may be administered before medical help is available). Their use is reserved for specific clinical areas within NHSG e.g. radiography.

- Minijet<sup>®</sup> Adrenaline 1:1000 (1mg/mL) 1mL disposable syringe with 21G 1.5 inch needle for IM injection – (UCB Pharma).

Adrenaline (Epinephrine) 1:10 000 (1mg/10mL) is also available for the intravenous (IV) route but **its use is not covered** within this PGD.

## 4.2 Dose, route and frequency

### Dose

#### *Non-proprietary*

**Adults** - 500micrograms (0.5mL) of Adrenaline (Epinephrine) 1:1000 (1mg/mL)

**Infants and Children** - The scientific basis for the recommended doses is weak. The recommended doses are based on what is considered to be safe and practical to draw up and inject in an emergency.

Age	Dose of Adrenaline	Volume of 1:1000 (1mg/mL) solution
Under 6 months	150micrograms IM	0.15mL
Over 6 months but under 6 years	150micrograms IM	0.15mL
6 – 12 years	300micrograms	0.3mL
Over 12 years	500micrograms IM (300micrograms IM if the patient is small or prepubertal)	0.5mL (0.3mL)

#### *Proprietary*

**Adults** - a 300microgram dose of Anapen<sup>®</sup> or EpiPen<sup>®</sup> or a 500microgram dose of Minijet<sup>®</sup> Adrenaline.

**Children (body weight 15-30 Kg)** - a 150microgram dose of EpiPen<sup>®</sup> Jr or Anapen<sup>®</sup> Junior.

**N.B.** Minijet<sup>®</sup> Adrenaline is only suitable for children aged 12 years and over and may not be suitable for small or prepubertal patients over 12 years of age who require a smaller dose.

### Route

The recommended route of choice is **intramuscular injection**. If the antigen was administered by IM or subcutaneous (SC) injection, adrenaline (epinephrine) should be given intramuscularly just above the initial injection site.

### Frequency

The same dose can be repeated as necessary at intervals of 5 minutes according to the patient's blood pressure, pulse and respiratory function.

Repeat until patient's condition improves and the adult systolic BP > 90mmHG and pulse rate 60-120 per min or child systolic BP > 70mmHG plus 2 x age of child.

### **Total dose**

The single adult dose of 500microgram, or the equivalent child dose, can be repeated at intervals of 5 minutes until the patient improves or emergency medical services/ambulance have arrived.

### **4.3 Adverse effects**

Possible reactions to IM administration may include:

- arrhythmias and chest pain - summon medical help.  
**FOR NURSES ONLY** - protect the airway, give high flow oxygen\* (90%) via a non re-breathing mask.
- pulmonary oedema - summon medical help. **FOR NURSES ONLY** - give high flow oxygen\*

### **Medical advice**

Medical advice must be sought as soon as any patient, visitor or staff member develop any adverse signs of hypersensitivity as outlined in section 2.1.

For all patients, staff and visitors, call the GP/doctor/Cardiac Arrest Team immediately. If there is a delay in the GP/doctor arriving and the person's condition is deteriorating then an emergency ambulance must be called on 999 or direct via ambulance control or dial 2222 (hospital internal) according to local procedure, or seek urgent medical advice.

### **Treatment of overdose**

Overdose unlikely as dose is titrated.

### **Effects on ability to drive or operate machinery**

Not applicable, this preparation is intended for use only in emergencies.

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\* Under normal circumstances oxygen should always be prescribed. However, in a life saving situation, if a registered nurse is competent to administer oxygen and has the appropriate skills and knowledge to do this, then providing the nurse can account for his/her actions, they may administer oxygen without the need for a prescription or Patient Group Direction. However the nurse is accountable and must be answerable for all his/her actions and omissions. When a nurse gives oxygen therapy he/she must be prepared to account for the decision. (Nursing and Midwifery Council Advice – April 2008).

#### 4.4 Advice to patient

Prior to the administration of adrenaline (epinephrine) the patient should receive an explanation that they are having an allergic reaction and that IM adrenaline (epinephrine) is going to be administered to relieve the symptoms and help reverse the reaction.

After the administration of adrenaline (epinephrine) the patient should receive an explanation about immediate follow up care and immunological referral.

#### 4.5 Follow up treatment

Hospital in-patients require close observation on the ward. They may need to be transferred to a high dependency facility depending on the severity of reaction and medical decision.

Any affected hospital out-patients, staff or visitors, patients in the community or those attending clinics/health centres need to be transferred to a major A&E i.e.: A.R.I., Aberdeen or Dr Grays, Elgin or a high dependency facility depending on the severity of the reaction and the medical decision.

Where applicable, the patient's GP should be informed.

Further Information

Suspected reactions should be notified by a medical practitioner to the Consultant Immunopathologist, Immunology, Foresterhill. Ideally, all individuals should be offered immunological follow up.

Referral details should include:

- Full details of the event
- Time course of the reaction
- All drugs used
- Resuscitative measures
- Patient's response to treatment
- Previous adverse reactions

### 5. Documentation

#### 5.1 Authorisation of administration

Nurses working in GP surgeries can be authorised to administer adrenaline (epinephrine) by practice GPs. (NB. GP practices must have adopted NHS Grampian PGD for use in their practice.)

Occupational Health nurses can be authorised to administer adrenaline (epinephrine) by the Consultant in Occupational Health Medicine, NHS Grampian.

Nurses working within NHS Grampian can be authorised to administer adrenaline (epinephrine) by their nurse manager.

Registered pharmacists can be authorised to administer adrenaline (epinephrine) by the Director of Pharmacy and Medicines Management.

Radiographers working within NHS Grampian can be authorised to administer adrenaline (epinephrine) by a Consultant Radiologist.

TB Nurse Specialists and Health Protection Nurse Specialists can be authorised to administer adrenaline (epinephrine) by the Consultant in Public Health Medicine.

### **Responsibility of managers**

All managers of the aforementioned staff groups must ensure that they are appropriately trained in the administration of adrenaline (epinephrine), have access to the current PGD for adrenaline (epinephrine) and are included on a list of authorised personnel held by themselves.

All staff who have undergone all elements of training in both theoretical and practical aspects relating to this PGD should have a certificate of competence (see Appendix 2) signed by their authorising doctor/manager. This should be held in the individuals' records.

## **5.2 Record of administration**

An electronic or paper record for recording the screening of patients prior to and subsequent to the administration of adrenaline (epinephrine) must be completed in order to allow audit of practice. This should include:

1. Name and address of patient, Unit No / CHI No
2. Date of birth
3. Consultant / General practitioner details
4. Risk group, if appropriate
5. Physical examination required, if appropriate
6. Exclusion criteria, record why adrenaline (epinephrine) not administered
7. Reason for giving
8. Consent to the administration (if not obtained elsewhere)
9. Adrenaline (epinephrine) manufacturer, batch number, expiry date
10. Site where adrenaline (epinephrine) administered, dose and route of administration
11. Signature and name in capital letters of practitioner who administered adrenaline (epinephrine)
12. Date adrenaline (epinephrine) given
13. Record of adverse effects.

A record of the administration must be made. This can either be done electronically or into the patient's case notes or an out-patient report form completed giving full details of the incident and nurse, pharmacist or radiographer treatment given. The incident must always be reported to the medical practitioner in charge of the patient's care. The nurse,

pharmacist or radiographer involved must also ensure that an Incident Occurrence form is completed and forwarded to the appropriate manager.

These records should be retained:-

For children and young people – retain until the patient's 25th birthday or 26th if the young person was 17 at conclusion of treatment.

For 17 years and over, retain for 6 years after date of last entry.

Or 3 years after death, or in accordance with local policy where this is greater than above.

## 6. Further Points

### Immediate Intervention

- Reassure patient.
- Identify and discontinue causative agent.
- Send for help, e.g. 999, doctor, Cardiac Arrest Team.
- Patients with airway or breathing problems may prefer to sit up as this will make breathing easier.
- Lying flat with or without leg elevation may be helpful for patients with hypotension. If the patient feels faint do not sit or stand them up as this may cause cardiac arrest. **NB. A sudden change to a more upright position may be dangerous due to the effect on blood flow to the heart.**
- Patients who are breathing and unconscious should be placed on their side (recovery position).
- Pregnant patients should lie on their left side to prevent caval compression.
- If patient presents with clinical signs of shock and or stridor, administer IM Adrenaline (epinephrine), noting time given.
- Clear and maintain airways if unconscious.
- Support breathing and circulation.
- If the patient is not breathing or has no pulse, commence CPR using current guidelines.

Continue until:

- More qualified help arrives
- You become exhausted
- Patient shows signs of recovery

## **7. Facilities and Supplies to be Available at Sites for the administration of adrenaline (epinephrine)**

The following should be available at sites where oral and parenteral medications are to be administered:

1. 1<sup>st</sup> line resuscitation equipment to meet airway and ventilation requirements.
2. In the community, staff should have pocket masks and/or a bag/valve/mask for assisted ventilation as part of their "anaphylaxis kit".
3. Adrenaline (epinephrine) 1:1,000 (1mg/mL) Anapen<sup>®</sup>, EpiPen<sup>®</sup> or Miniject<sup>®</sup> Adrenaline.
4. Access to medical support (this may be via telephone).
5. Safe storage areas for medicines and equipment.
6. Equipment for disposal of used materials i.e. cin-bins.
7. Clean and tidy work areas.
8. Copies of the current PGD for the administration of adrenaline (epinephrine) in cases of suspected hypersensitivity and/or anaphylactic reaction.

## **8. Management and Monitoring of Patient Group Direction**

### **8.1 Consultative Group – 2008**

Elaine Allan	Lead Nurse for School Nursing
Christine Bond	Consultant in Pharmaceutical Public Health
George Downie	Director of Pharmacy and Medicines Management
George Ellis	General Practitioner, Skene Medical Practice
Susan Healy	Principal Clinical Pharmacist
Morag Hives	Lead Occupational Health Adviser
Helen Howie	Health Protection Team
Elaine Neil	Lead Pharmacist, North Aberdeenshire LCHP
Sarah Pine	Senior Resuscitation Officer, Westburn Centre
Linda Shaw	Service Manager North Cluster Aberdeen City CHP
Liz Taylor	Lead Nurse, North Aberdeenshire LCHP
Angus Thompson	Consultant Radiologist, NHS Grampian
Chris Tisshaw	Resuscitation Nurse, Infection Control, Westholme

### **8.2 Professional advisory group approving PGD**

Medicine Guidelines and Policies Group

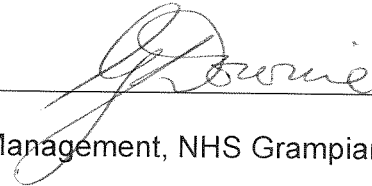
### 8.3 Authorising managers

Dr. Roelf Dijkhuizen



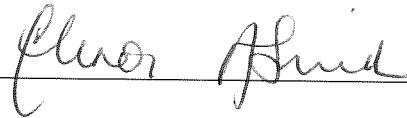
Medical Director, NHS Grampian

Professor George Downie



Director of Pharmacy and Medicines Management, NHS Grampian

Mrs Elinor Smith



Nursing Director, NHS Grampian

Dr. Peter Thorpe

Head of Service, Radiology , NHS Grampian

### 9. Audit

All suspected hypersensitivity and anaphylactic/anaphylactoid reactions will be reported on a Clinical Incident IR1 form or on an Incident form and forwarded to the appropriate manager. A copy of this form will be forwarded to the Resuscitation Officer in your catchment area who will monitor the incidence.

## References

1. Electronic Medicines Compendium <http://www.medicines.org.uk>  
EpiPen<sup>®</sup> - Date of revision of text 13 August 2007, accessed 08.07.08  
EpiPen<sup>®</sup> Jr - Date of revision of text 13 August 2007, accessed 08.07.08  
Anapen<sup>®</sup> - Date of revision of text (February 2006), accessed 08.07.08  
Anapen Junior<sup>®</sup> - Date of revision of text (February 2006), accessed 08.07.08  
Minijet<sup>®</sup> Adrenaline 1:1000 - Date of revision of text (14 October 2005),  
accessed 09.07.08
2. British National Formulary No 56 September 2008–The Pharmaceutical Press.
3. Resuscitation Council (UK) guidelines, January 2008.

<http://www.resus.org.uk/pages/reaction.pdf>

Document:     Drafted:         January 1999

                  Completed:     May 2002

                  Reviewed        July 2004, September 2006, October 2008

Review date: Every 2 years or sooner if current treatment recommendations change.

**HEALTH CARE PROFESSIONAL AGREEMENT TO ADMINISTER MEDICINES  
UNDER PATIENT GROUP DIRECTION**

I: \_\_\_\_\_ (Insert name)

Working  
within: \_\_\_\_\_

Agree to administer medicines under the direction contained within the following  
Patient Group Direction

**PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF  
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PHARMACISTS AND RADIOGRAPHERS**

I have completed the appropriate training to my professional standards enabling me  
to administer medicines under the above Patient Group Direction. I agree not to act  
beyond my professional competence nor outwith the recommendations of the Patient  
Group Direction.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

NMC PIN  
No/RPSGB  
No  
\_\_\_\_\_

\* Delete as appropriate

**CERTIFICATE OF COMPETENCE TO ADMINISTER MEDICINES UNDER  
PATIENT GROUP DIRECTION**

This authorises: \_\_\_\_\_

Working within: \_\_\_\_\_

To administer medicines under the following Patient Group Direction

**PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF  
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PHARMACISTS AND RADIOGRAPHERS**

The above named person has satisfied the training requirements and is competent to administer medicines under the above Patient Group Direction. The above named person has agreed not to act beyond their professional competence nor outwith the recommendations of the Patient Group Direction

Signed: \_\_\_\_\_ Authorising  
Manager/Doctor

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

