Dear Colleague

This letter authorises the extended use of the following PGD until 1st August 2020:

**Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian**

The review of this PGD is currently underway and is expected to be completed in early July 2020. This letter provides permission to continue using the PGD to a new expiry date of 1st August 2020, and should be kept with the PGD records and brought to the attention of the individual midwives who operate under the PGD currently.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Lesley Thomson
Chair Medicines Guidelines and Policies Group
Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian

<table>
<thead>
<tr>
<th>Lead Author:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management Specialist Nurse</td>
<td>See relevant page in the PGD</td>
<td>NHSG Medicines Guidelines and Policies Group</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Identifier:</th>
<th>Review Date:</th>
<th>Date Approved:</th>
</tr>
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<tbody>
<tr>
<td>NHSG/PGD/NursesF/MGPG934</td>
<td>February 2020</td>
<td>February 2018</td>
</tr>
</tbody>
</table>

NHS Grampian have authorised this Patient Group Direction to help patients by providing them with more convenient access to an efficient and clearly defined service within the NHS Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1
Policy Statement: It is the responsibility of individual nurse 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.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised.

Document: Drafted: August 2017
Completed: February 2018
Approved: February 2018 (published – March 2018)
Organisational Authorisation

This PGD is not legally valid until it has had organisational authorisation

<table>
<thead>
<tr>
<th>NHS Grampian</th>
<th>Designation</th>
<th>Name</th>
<th>Signature</th>
<th>Date Signed</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Medical Director</td>
<td>Nick Fluck</td>
<td></td>
<td>March 2018</td>
</tr>
<tr>
<td></td>
<td>Director of Pharmacy</td>
<td>David Pfleger</td>
<td></td>
<td>March 2018</td>
</tr>
<tr>
<td></td>
<td>Director of Nursing, Midwifery and Allied Healthcare Professionals</td>
<td>Amanda Croft</td>
<td></td>
<td>March 2018</td>
</tr>
</tbody>
</table>

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction

Name: Frances Adamson
Name: Elaine Neil
Name: Chris Allan
Name: Moira Godfrey
Name: Catherine Noble
Name: Shona Sopel
Name: Lesley Thomson

Title: Lead Author: Medicines Management Specialist Nurse
Title: Pharmacist: Aberdeenshire H&SCP Lead Pharmacist
Title: Medical Practitioner: GP, Aberdeenshire Clinical Lead
Title: District Nurse Team Leader, Old Meldrum Medical Group
Title: Operation Lead Nurse, Aberdeenshire
Title: District Nurse, MacDuff Practice
Title: Pharmacist, Aberdeenshire H&SCP Lead Pharmacist
Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian

Clinical indication to which this PGD applies

| Definition of situation/condition | This Patient Group Direction (PGD) will authorise nurses to administer medications included in the Formulary Of Nursing Care Products to individuals aged 16 years and over. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF) and individual Summary of Product Characteristics (SPC). |
| Inclusion criteria | • This PGD should be used for the administration of the agreed medicines to adults (16 years and older) in community hospitals and in the community setting within NHS Grampian. The medicines may only be used within the individual product monograph recommendations. |
| Exclusion criteria | • Patients under 16 years of age. • Patients with specific contra-indications to the use of the required medicine(s) listed in the product monograph (see Appendix 3). • Patients who have had a previous adverse reaction to the product or their excipients. • For additional contraindications please see individual product monographs. |
| Precautions and special warnings | See individual product monographs. |
| Referral criteria | Patients who fall into the categories detailed in the exclusion criteria. |
### Action if excluded from treatment

Medical advice should be sought – refer to General Practitioner/Consultant (relevant medical practitioner).

The reason why the patient was excluded under the PGD will be documented in the appropriate patient record.

### Action if patient declines treatment

The patient should be advised of the risks and consequences of not receiving treatment.

Refer to General Practitioner/Consultant (relevant medical practitioner).

Record outcome in Patient Medication Record if appropriate, or relevant patient record.

### Consent

Prior to the administration of the drug, valid consent must be obtained. Consent must be in line with current NHSG consent policy.

### Description of treatment available under the PGD

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>See individual product monographs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status</td>
<td>Medicines referred to in this PGD are all either GSL (General Sales List) or P (Pharmacy only) medicines.</td>
</tr>
<tr>
<td>Form/Strength</td>
<td>See individual product monographs.</td>
</tr>
<tr>
<td>Route/Method of administration</td>
<td>See individual product monographs.</td>
</tr>
<tr>
<td>Dosage/Total Dose</td>
<td>See individual product monographs.</td>
</tr>
<tr>
<td>Duration of treatment</td>
<td>See individual product monographs.</td>
</tr>
<tr>
<td>Storage requirements</td>
<td>See individual product monographs.</td>
</tr>
<tr>
<td>Follow-up (if applicable)</td>
<td>Patients should be observed for signs of hypersensitivity.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Advice to patient (Verbal)</td>
<td>Advice should be given on what to expect and what to do for major and minor reactions.</td>
</tr>
<tr>
<td>Advice to patient (Written)</td>
<td>The Patient Information Leaflet (PIL) contained in the medicine(s) should be made accessible to the patient, parent, guardian, or person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. Copies of PIL and SPCs for medicines can be found at <a href="http://www.medicines.org.uk">http://www.medicines.org.uk</a> or <a href="http://www.mhra.gov.uk/spc-pil/index.htm">http://www.mhra.gov.uk/spc-pil/index.htm</a></td>
</tr>
<tr>
<td>Concurrent Medications/Drug Interactions</td>
<td>See individual product monographs.</td>
</tr>
</tbody>
</table>
Facilities and supplies required

The following should be available at sites where the medication is to be administered:

- Appropriate storage facilities.
- An acceptable level of privacy to respect patient’s right to confidentiality and safety.
- Resuscitation equipment.
- Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection.
- Access to medical support (this may be via the telephone).
- Approved equipment for the disposal of used materials.
- Clean and tidy work areas, including access to hand washing facilities.
- Copies of the current PGD for the medicine specified in the PGD.

Characteristics of staff authorised to administer medicine under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist competencies</td>
<td>Approved by the organisation as;</td>
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<tr>
<td></td>
<td>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.</td>
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<td>Having undertaken appropriate training to carry out clinical assessment of patients leading to a diagnosis that requires treatment according to the indications listed in the PGD.</td>
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<td></td>
<td>Aware of current treatment recommendations and be competent to discuss issues about the drug with the patient.</td>
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<tr>
<td></td>
<td>Competent in the administration of the drug.</td>
</tr>
<tr>
<td>Ongoing training and competency</td>
<td>All professionals working under this PGD must;</td>
</tr>
<tr>
<td></td>
<td>Have attended basic life support training which is required to be updated annually.</td>
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</tbody>
</table>
Have undertaken the NHS e-anaphylaxis training session or equivalent (including annual updates) which covers all aspects of the identification and management of anaphylaxis. This can be accessed via eKSF, or the AT Learning® tool/LearnPro.

Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct.

Must be familiar with the SPC for all medicines administered in accordance with this PGD.

### Professional managers/Lead Nurses will be responsible for:

- Ensuring that the current PGD is available to staff providing care under this direction.
- Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.
- Maintain up to date record of all staff authorised to administer drug specified in PGD.

### Documentation

#### Authorisation of administration

Nurses working within NHS Grampian can be authorised to administer the medicines specified in this PGD by their Nurse Manager, Consultant or GP.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD ([Appendix 1](#)). This should be held in the individual practitioners records, or as agreed locally.

A Certificate of Authorisation ([Appendix 2](#)) signed by the authorising doctor/manager and staff working to the PGD, should be held as agreed locally.

#### Record of administration/supply

An electronic or paper record for recording the screening of patients and the subsequent administration of the drug specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum:

- Date and time of administration
- Patients name
- Patient date of birth and/or CHI if available
• Details of parent/guardian, or person with parental responsibility where applicable
• Exclusion criteria, record why the drug was not administered
• Consent to the administration (if not obtained elsewhere)
• Signature and name in capital letters of practitioner who administered the drug
• Record of any adverse effects (advise patient’s doctor).

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 the conclusion of treatment.

**For 17 years and over** retain for 6 years after last date of entry, for 3 years after death, or in accordance with local policy, where this is greater than above.

### Audit

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each H&SCP/practice/service will be responsible for auditing completion of drug forms and collation of data.

### References

Electronic Medicines Compendium  
[http://www.medicines.org.uk](http://www.medicines.org.uk)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Date of Revision</th>
<th>Date Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorhexidine Gluconate 2% &amp; Isopropyl 70% 3mL Applicators (ChloraPrep®)</td>
<td>22/04/2016</td>
<td>21/11/2017</td>
</tr>
<tr>
<td>Glycerin (Adult) 4g Suppositories</td>
<td>29/04/2009</td>
<td>21/11/2017</td>
</tr>
<tr>
<td>Sodium Citrate (Rectal) Micro-Enema (Micolette Micro-enema®)</td>
<td>10/07/2015</td>
<td>21/11/2017</td>
</tr>
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Medicines and Healthcare Products Regulatory Agency  
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Date of Revision</th>
<th>Date Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instillagel® 2% Gel</td>
<td>21/01/2015</td>
<td>21/11/2017</td>
</tr>
<tr>
<td>Phosphate Standard Enema (Fletcher’s Enema®)</td>
<td>22/03/2016</td>
<td>21/11/2017</td>
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Uro-Tainer® Twin SOLUTIO R Date Sheet and Instructions for use available from [https://www.bbraun.co.uk](https://www.bbraun.co.uk) Accessed 21/11/17.

Uro-Tainer® Suby G Data Sheet and Instructions for use available from [https://www.bbraun.co.uk](https://www.bbraun.co.uk) Accessed 21/11/17.

British National Formulary
Appendix 1

Health Care Professional Agreement to Administer Medicines Under Patient Group Direction

I:  __________________________________________ (Insert name)

Working within: ________________________________ e.g. H&SCP, Practice

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

Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian

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 out with the recommendations of the Patient Group Direction.

Signed:  __________________________________________

Print Name:  __________________________________________

Date:  __________________________________________

Professional Registration No: __________________________
Appendix 2

Health Professionals Authorisation to Administer Medicines Under Patient Group Direction

The lead nurse/professional of each clinical area is responsible for maintaining records of their clinical area where this PGD is in use, and to whom it has been disseminated.

The manager who approves a healthcare professional to supply and/or administer medicines under the patient group direction, is responsible for ensuring that he or she is competent, qualified and trained to do so and for maintaining an up-to-date record of such approved persons in conjunction with the Head of Profession.

The healthcare professional who is approved to supply and/or administer medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration or supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian

Local clinical area(s) where these healthcare professionals will operate under this PGD:

<table>
<thead>
<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
<th>Signature</th>
<th>Date</th>
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### Patient Group Direction For The Administration Of Medicines As Included In The Formulary Of Nursing Care Products By Nurses Working In Community Hospitals and in the Community Within NHS Grampian

Local clinical area(s) where these healthcare professionals will operate under this PGD:

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<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
<th>Signature</th>
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Appendix 3 – NHS Grampian Formulary of Nursing Care Products

NHS Grampian Formulary of Nursing Care Products

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ChloraPrep® 2% cutaneous solution</td>
<td>12</td>
</tr>
<tr>
<td>Glycerin (Adult) 4g Suppositories</td>
<td>14</td>
</tr>
<tr>
<td>Instillagel 2% Gel</td>
<td>15</td>
</tr>
<tr>
<td>Lubricating Jelly</td>
<td>16</td>
</tr>
<tr>
<td>Phosphate Standard Enema (Formula B)</td>
<td>17</td>
</tr>
<tr>
<td>Sodium Citrate (Rectal) Micro-Enema</td>
<td>18</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% Sachets</td>
<td>19</td>
</tr>
<tr>
<td>Sodium Chloride (Uro-Tainer®) 0.9% Irrigation</td>
<td>20</td>
</tr>
<tr>
<td>Uro-Tainer® Twin SOLUTIO R</td>
<td>21</td>
</tr>
<tr>
<td>Uro-Tainer® Suby G</td>
<td>22</td>
</tr>
</tbody>
</table>

*The information in these monographs is not exhaustive. They must be read in conjunction with the current issue of the British National Formulary, and the Summary of Product Characteristics for each product.*

*February 2018*
ChloraPrep® 2% cutaneous solution

Presentation

Clear cutaneous solution containing chlorhexidine gluconate 20 mg/mL and isopropyl alcohol 0.70 mL/mL.

Indication

The medicinal product is to be used for disinfection of the skin prior to invasive medical procedures.

Dose/Administration

<table>
<thead>
<tr>
<th>Applicator</th>
<th>Coverage Area (cm x cm)</th>
<th>For Procedures such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.67 mL (Sepp)</td>
<td>5 x 8</td>
<td>• Routine venepuncture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Blood culture collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peripheral (arterial line) cannulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Simple biopsy</td>
</tr>
<tr>
<td>1.5 mL</td>
<td>10 x 13</td>
<td>• Routine venepuncture</td>
</tr>
<tr>
<td>1.5 mL (Frepp)</td>
<td></td>
<td>• Blood culture collection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peripheral (arterial line) cannulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Simple biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dialysis Fistula/Graft site cleansing</td>
</tr>
<tr>
<td>3 mL</td>
<td>15 x 15</td>
<td>• Midline and Central Venous Catheter (CVC) insertion and maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peritoneal dialysis site cleansing</td>
</tr>
</tbody>
</table>

The applicator is removed from the wrapper and held with the sponge facing downward. The applicator is squeezed gently to break the ampoule containing the antiseptic solution, which is released onto the sponge in a controlled flow (for the 0.67mL the barrel is squeezed). Pinch wings **once only** to activate the applicator and release the antiseptic. The sponge is gently pressed against the patient's skin in order to apply the antiseptic solution. Once the solution is visible on the skin, use gentle back and forth strokes for 30 seconds to prepare the site. The area covered should be allowed to air dry completely. This product is for single use only.

Contra-indications

Known hypersensitivity to ChloraPrep® or any of its components, especially in those with a history of possible chlorhexidine related allergic reactions.
Precautions

The solution is flammable.

Where occlusive dressings are to be applied to areas previously exposed to ChloraPrep® care must be taken to ensure no excess product is present prior to application of the dressing.

The solution is an irritant to eyes and mucous membranes. It should therefore be kept away from these areas. If the solution comes in contact with the eyes, they should be washed promptly and thoroughly with water.

Do not use on open skin wounds. Do not use on broken or damaged skin. In addition, direct contact with neural tissue or the middle ear must be avoided.

Side Effects

It is important to ensure that the correct method of application is strictly followed (see table above). When the solution has been applied in an over-vigorous manner to very fragile or sensitive skin or after repeated use, local skin reaction may occur including: erythema or inflammation, itching, dry and/or flaky skin and local application site pain. At the first sign of local skin reaction, application of ChloraPrep® should be stopped.

Storage

Flammable: This medicinal product does not require any special temperature storage conditions.

Store in the original packaging; applicator is sterile unless seal is broken.

Avoid exposure of the container and contents to naked flames during use, storage and disposal.

Legal Status – GSL (General Sales List)
Glycerin (Adult) 4g Suppositories

Presentation
Clear to light amber coloured suppositories containing Glycerol 70% w/w.

Indication
For the relief of occasional constipation.

Dose/Administration
Adults: One 4g suppository as required. The suppository should be dipped in water before insertion. They are suitable for use by the elderly, dose and dosage schedule as above.

Contra-indications
Contra-indicated in patients with known hypersensitivity to glycerol.

Precautions
Suppositories must not be taken by mouth, for rectal use only.
If the patient has had any recent bowel surgery, confirm with a doctor before administering the suppository.

Side Effects
May cause irritation and occasionally abdominal cramps.

Storage
Store below 25°C in a dry place.

Legal Status – GSL (General Sales List)
Instillagel 2% Gel

Presentation

A clear, sterile water soluble gel. Each 100g gel contains: lidocaine hydrochloride 2.0g, chlorhexidine digluconate solution 0.25g, methyl hydroxybenzoate 0.06g and propyl hydroxybenzoate 0.025g.

Indication

Lidocaine antiseptic gel is used topically for the anaesthesia of the urethra in urethral pain or to relieve the discomfort of catheterisation.

Dose/Administration

The doses below should be used once per procedure.

Females: 6mL  
Males: 6-11mL

Contra-indications

Instillagel® must not be used in patients with known hypersensitivity to the active ingredients (amide-type anaesthetics, chlorhexidine and alkyl) or any of the excipients. Instillagel® should not be used in patients who have damaged or bleeding mucous membranes because of the risk of systemic absorption of the lidocaine hydrochloride.

Precautions

Products containing local anaesthetics should also be used with caution in patients with impaired cardiac conditions, hepatic insufficiency and in epileptics.

Instillagel contains: Methyl hydroxybenzoate and propyl hydroxybenzoate, which may cause allergic reactions (possible delayed). Propylene glycol which may cause skin irritation.

Side Effects

In spite of the proven wide safety range of Instillagel, undesirable effects of the local anaesthetic, lidocaine, are possible where there is severe injury to the mucosa and absorption may occur.

Storage

This medicinal product does not require any special storage conditions.

Legal Status – P (Pharmacy medicine)
Lubricating Jelly

Presentation

Lubricating jelly is a clear, sterile, non-greasy, transparent water soluble jelly containing hydromethylcellulose.

Indication

Lubricating jelly may be used for lubrication of gloves or instruments prior to rectal or vaginal examination. Suppositories, pessaries and enema catheters may be lubricated to aid insertion. Lubrication will aid the passing of stomach tubes for gastric lavage and flatus tubes.

Dose/Administration

Apply a small amount of the jelly to the surface of the glove, instrument or other item for insertion.

Contra-indications

There are no known contraindications for lubricating jelly.

Precautions

For external use only, not for oral use.

Side Effects

No known side effects.

Storage

Store in original container protected from direct sunlight. Store in a dry, cool and well ventilated area.

Legal Status – GSL (General Sales List)
Phosphate Standard Enema (Formula B)

Presentation

Disposable plastic tube containing a clear, viscous liquid. Each 128mL enema contains: Sodium Dihydrogen Phosphate Dihydrate 10% w/v and Disodium Phosphate Dodecahydrate 8% w/v.

Indication

Routine treatment of constipation, prior to proctoscopy, sigmoidoscopy or X-ray examination.

Dose/Administration

Adults, including the elderly, one 128mL enema.

Contra-indications

Hypersensitivity to any of the constituents. Use in patients with inflammatory or ulcerative conditions of the large bowel, in those with increased colonic absorptive capacity, e.g. Hirschsprung’s disease and in those with acute gastrointestinal conditions.

Precautions

Prolonged use may lead to irritation of the anal canal. Use with caution in patients requiring a reduced sodium intake and electrolyte balance should be maintained during extended use. Use with caution in patients with intestinal obstruction. Care should be taken not to use undue force in administration of the enema especially in the elderly or debilitated patients or those with neurological disorders.

Side Effects

Local irritation. There have been occasional reports of apparent vasovagal attacks occurring in elderly patients following administration of phosphate enemata.

Storage

Do not store above 25°C.

Legal Status – P (Pharmacy medicine)
Sodium Citrate (Rectal) Micro-Enema

Presentation

Disposable plastic tube with a pliable plastic nozzle containing 5mL of a colourless viscous liquid. The liquid contains sodium citrate 450mg, sodium lauryl sulphoacetate 45mg and glycerol 625mg.

Indication

Micro-Enema is indicated whenever an enema is necessary for chronic and acute constipation in the rectum and sigmoid colon. Also indicated for use in constipation in geriatrics and obstetrics.

Dose/Administration

Lubricate the nozzle with one drop of the contents; insert full length of nozzle into the rectum and squeeze tube until total contents have been administered. Two tubes may be necessary in severe cases of constipation.

Contra-indications

Inflammatory or ulcerative bowel disease. Acute gastrointestinal conditions.

Precautions

Excessive use of micro-enema may cause diarrhoea and fluid loss. In such cases, micro-enema should be discontinued and appropriate therapy instituted.

Side Effects

Very occasionally, a slight cramp may occur. Prolonged use may lead to irritation of the anal canal.

Storage

Do not store above 25°C.

Legal Status – PoM (Prescription-only Medicine)
Sodium Chloride 0.9% Sachets

Presentation

Clear plastic sachets containing 25mL sterile solution of sodium chloride 0.9% w/v.

Indication

Sodium chloride 0.9% sachets are used for topical irrigations such as cleansing the surface of a wound or as an eye bath. The solution is isotonic and will not cause stinging. Sodium chloride solution is the cleaning agent of choice.

Dose/Administration

Cleanse a wound with a constant flow of fresh sodium chloride solution. Apply as often as necessary to cleanse the area.

Contra-indications

There are no absolute contra-indications to the use of Sodium Chloride 0.9% sachets.

Precautions

Sodium Chloride 0.9% sachets should be used for irrigation only and must never be given by injection. The contents are sterile until the sachet is open. Once opened the contents should be used immediately, any remaining solution must be discarded.

Side Effects

There are no known or established side effects for Sodium Chloride 0.9% sachets.

Storage

Do not store above 25°C.

Legal Status – GSL (General Sales List)
Sodium Chloride (Uro-Tainer®) 0.9% Irrigation

Presentation

A clear colourless solution containing sodium chloride 0.9% (isotonic).

Indication

Sodium chloride 0.9% bladder washout is used to clear discarded tissue or blood clots from the bladder and so prevents blockage of indwelling urinary catheters. Use of bladder washout solutions is aimed at reducing discomfort for the patient whilst ensuring the catheter remains patent and uninfected. Sodium chloride 0.9% bladder washout should only be used as required for this purpose (see below).

Dose/Administration

In general, daily use is only indicated for post operative patients during a short period. Long-term catheterized patients may require to rinse a catheter with Uro-Tainer® 2-3 times a week.

Contra-indications

There are no absolute contra-indications to the use of Sodium Chloride 0.9% Uro-Tainer®.

Precautions

Sodium Chloride 0.9% Uro-Tainer® should be used for irrigation only and must never be given by injection. The contents are sterile until open. Once opened the contents should be used immediately, any remaining solution must be discarded.

Side Effects

There are no known or established side effects for Sodium Chloride (Uro-Tainer®) 0.9% Irrigation.

Storage

Do not store above 25°C.

Legal Status – GSL (General Sales List)
Uro-Tainer® Twin SOLUTIO R

Presentation

A clear colourless solution with 100mLs containing citric acid 6g, gluconolactone 0.6g, magnesium carbonate 2.8g and disodium edentate 0.01g.

Indication

A citric acid based solution for indwelling urethral and suprapubic catheters to dissolve persistent encrustation. Solutio R is also indicated for unblocking encrusted catheters and to reduce the risk of damage to the urethra during the removal of the catheter.

Dose/Administration

A 10 minute instillation (5 minutes for each chamber) once or twice per day to once per week, according to the severity of the case. Any deviation from this is outwith the scope of this PGD and would require intervention from a medical professional.

Contra-indications

Solutio R should not be used in cases of cystitis or other urogenital conditions that can produce haematuria.

Hypersensitivity to any of the constituents.

Precautions

This solution is intended for urinary catheter rinsing only, not for intravenous infusion. Instil the solution by gravity feed, avoid force. Use after urinary tract surgery should be evaluated by a medical professional. The solution is not a vehicle for additives. It must not be used for the dissolution of medication. The acidity of the Solutio R (pH 4) can alter the effect of medication. This should be noted particularly in connection with the treatment of urinary infections with antibiotics.

Side Effects

Citric acid may cause some patients to experience slight irritation and even temporary pain, a burning sensation, or spasms of the bladder. If these effects occur the less concentrated solution Suby G® is recommended, carry out the instillations less frequently, or alternate it with an installation if NaCl 0.9%.

Storage

Store in original package, protect from light and do not store above 25°C.

Legal Status – GSL (General Sales List)
Uro-Tainer® Suby G

Presentation

A clear colourless solution with 100mLs containing citric acid 3.23g, Magnesium Oxide 0.38g, Sodium Bicarbonate 0.7g and Disodium edentate 0.01g.

Indication

A citric acid based solution for indwelling urethral and suprapubic catheters to dissolve encrustation that could lead to the obstruction of the catheter.

Dose/Administration

A 5 minute instillation once or twice per day to once per week.

Any deviation from this is outwith the scope of this PGD and would require intervention from a medical professional.

Contra-indications

Suby G should not be used in cases of cystitis or other urogenital conditions that can produce haematuria.

Hypersensitivity to any of the constituents.

Precautions

This solution is intended for urinary catheter rinsing only, not for intravenous infusion.

Instil the solution by gravity feed, avoid force. Precaution should be taken when performing bladder washout on patients with spinal injuries because of the risk of autonomic dysreflexia. Use after urinary tract surgery should be evaluated by a medical professional. The solution is not a vehicle for additives. It must not be used for the dissolution of medication. The acidity of the Suby G (pH 4) can alter the effect of medication. This should be noted particularly in connection with the treatment of urinary infections with antibiotics.

Side Effects

Citric acid may cause some patients to experience slight irritation and even temporary pain, a burning sensation, or spasms of the bladder. If these effects occur it is recommended to carry out the instillations less frequently, or alternate it with an installation if sodium chloride 0.9%.

If the liquid exits from the urethra during irrigation, the catheter may no longer be in the bladder and the patient may require a new catheter. If the liquid does not flow, the catheter may be kinked in the bladder or it may be blocked and may require changing.
Storage

Store in original package, protect from light and do not store above 25°C.

Legal Status – GSL (General Sales List)