Insert logo of [authorising body](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)

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| This Patient Group Direction (PGD) must only be used by registered healthcare 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 (PGD)**

**Administration/supply of antibiotic XXX for XXX**

**in location/service/organisation**

Version Number 1.0

|  |  |
| --- | --- |
| **Change History** | |
| **Version and Date** | **Change details** |
|  |  |

Each organisation using this PGD must ensure that it is formally signed by a senior pharmacist, a senior doctor, a specialist in antimicrobial therapy and any other professional group representatives involved in its review and that it is reviewed in line with the organisation’s PGD governance system. The organisation’s governance lead must sign to authorise the PGD on behalf of the authorising organisation to ensure that this document meets legal requirements for a PGD.

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

**PGD DEVELOPMENT GROUP**

|  |  |
| --- | --- |
| Date PGD comes into effect: |  |
| Review date |  |
| Expiry date: |  |

The template for this PGD has been peer reviewed by the Antimicrobial PGDs Short Life Working Group in accordance with their Terms of Reference and approved by the NHSE AMR Programme Board.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

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| **Name** | **Designation** |
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**The PGD is not legally valid until it has had the relevant organisational approval - see below.**

**ORGANISATIONAL AUTHORISATIONS AND OTHER LEGAL REQUIREMENTS**

**This page may be deleted if replaced with a format agreed according to local PGD policy with relevant approvals and authorisation.**

The PGD is not legally valid until it has had the relevant organisational authorisations.

To ensure compliance with the law, organisations must add local authorisation details i.e. clinical authorisations and the person signing on behalf of the authorising organisation. You may either complete details below or delete and use a format agreed according to local PGD policy which complies with PGD legislation and [NICE MPG2 PGD 2017](https://www.nice.org.uk/Guidance/MPG2).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title and organisation** | **Signature** | **Date** |
| **Senior doctor** |  |  |  |
| **Senior pharmacist** |  |  |  |
| **Senior representative of professional group using the PGD** |  |  |  |
| **Specialist in antimicrobial therapy** |  |  |  |
| **Person signing on behalf of** [**authorising body**](http://publications.nice.org.uk/patient-group-directions-gpg2/appendix-a-glossary#authorising-body) |  |  |  |

It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

To meet legal requirements, authorising organisations must add an Individual Practitioner Authorisation sheet or List of Authorised Practitioners. This varies according to local policy and how the service is managed but this should be a signature list or an individual agreement.

PGDs 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 in accordance with their own Code of Professional Conduct. Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medication(s) listed only in accordance with the PGD.

**ORGANISATIONS MAY ALSO ADD:**

* Local training and competency assessment documentation
* Other supporting local guidance or information
* Links to local PGD Policy and other supporting guidance. Any reference to a Trust protocol (either clinical to be followed as part of the administration of a medication with the PGD or for any other purpose) must be referenced and hyperlinked to ensure the practitioner acting under the PGD has direct access to the protocol for reference.

In addition organisations must agree and undertake a planned programme of monitoring and evaluation of PGD use within the service.

1. **Characteristics of staff**

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| --- | --- |
| **Qualifications and professional registration** | Current contract of employment with the NHS Trust/organisation or NHS commissioned service  Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions. |
| **Initial training** | The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed in this PGD in accordance with local policy.  The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults as well as completed relevant local infection prevention and control and antimicrobial stewardship training.  The healthcare professional has undergone regular updating in basic life support and treatment of anaphylaxis (ONLY INCLUDE IF ADMISNITERING PARENTERAL FORM) |
| **Competency assessment** | * Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for the recognition and management of XXX. * Individuals operating under this PGD should be aware of the national guidance for public health management of XXX in the UK. * Staff operating under this PGD are encouraged to review their competency using the [NICE Competency Framework for health professionals using patient group directions](https://www.nice.org.uk/guidance/mpg2/resources) * Staff operating under this PGD should follow their own risk assessments if they have allergies or sensitivities to any of the treatments included in the PGD. |
| **Ongoing training and competency** | * Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. * Organisational PGD and/or medication training as required by employing Trust/organisation. |
| The decision to administer/supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies. | |

1. **Clinical condition or situation to which this PGD applies**

|  |  |
| --- | --- |
| **Clinical condition or situation to which this PGD applies** |  |
| **Criteria for inclusion** | **NOTE – for all national antimicrobial PGD templates the following MUST be provided:**   * inclusion criteria to clearly define patients likely to benefit from antibiotic treatment, including interpretation of diagnostic test results, where appropriate; * validated clinical prediction rules, if available, to support diagnosis of bacterial infection and reduce diagnostic uncertainty for health professionals. |
| **Criteria for exclusion** | **NOTE – for all national antimicrobial PGD templates, the following MUST be provided:**   * information about how to recognise severe/life-threatening infection or systemic sepsis and action to be taken in the event of severe/life-threatening infection or systemic sepsis * risk factors for antibiotic resistance and action to be taken if the patient has been exposed to the same antibiotic or the same class of antibiotics within the previous 3 months or is otherwise at risk of a resistant pathogen * contra-indications * explicit confirmation of whether the antimicrobial is a penicillin or from a related class of medicines |
| **Cautions including any relevant action to be taken** |  |
| **Specific information for suspected infection to be provided** | **NOTE – for all national antimicrobial PGD templates the following MUST be included in this section:**   * non-antibiotic management strategies including information on natural history of illness and over-the-counter symptom relief * safety-netting advice provided to individuals about what to do if their condition deteriorates and how to recognise deterioration or sepsis. |
| **Action to be taken if the individual is excluded or declines treatment** | * Explain the reasons for exclusion to the individual/carer and document in the patient notes * Document advice given * Discuss potential consequences of not undertaking treatment |

1. **Description of treatment**

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| **Name, strength & formulation of drug** |  |
| **Legal category** |  |
| **Route of administration** |  |
| **Off label use** |  |
| **Dose and frequency of administration** |  |
| **Duration of treatment** |  |
| **Storage** | Stock must be securely stored according to organisation medicines policy and in conditions in line with manufacturers Summary of Product Characteristics (SPC), which is available from the electronic Medicines Compendium website: [www.medicines.org.uk](http://www.medicines.org.uk) and BNF. |
| **Drug interactions** |  |
| **Identification & management of adverse reactions** |  |
| **Management of and reporting procedure for adverse reactions** | * The practitioner acting under this PGD must ensure that all necessary drugs and equipment are available for immediate treatment should a hypersensitivity reaction occur and must be trained to manage anaphylaxis. Parenteral medicines to treat anaphylaxis can be administered without a prescription for the purpose of saving life in an emergency as specified in Schedule 19 of The Human Medicines Regulations 2012. (ONLY INCLUDE IF ADMISNITERING PARENTERAL FORM) * Healthcare professionals and patients/carers are encouraged to report suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <http://yellowcard.mhra.gov.uk> * Record all ADRs in the patient’s medical record. * Report via organisation incident policy. |
| **Further advice to be supplied to individuals** | **NOTE – for all national antimicrobial PGD templates the following MUST be included in this section:**   * non-antibiotic management strategies including information on natural history of illness and over-the-counter symptom relief * safety-netting advice to provide to individuals about what to do if their condition deteriorates and how to recognise deterioration or sepsis * advice about taking the medicine before or after food and whether to avoid alcohol * advice about what to do if a dose is missed * advice to finish the course of treatment and how to safely dispose of any remaining medicines |
| **Records** | Record:   * that valid informed consent was given where applicable * name of individual, address, date of birth and GP with whom the individual is registered (if relevant) * any known medication allergies * Name of registered health professional operating under the PGD * name of medication administered/supplied * batch number and expiry date * date of administration/supply * time of administration (administration only) * dose, form and route of administration * quantity administered/supplied * anatomical site of administration (if applicable) * advice given, including advice given if excluded or declines treatment * details of any adverse drug reactions and actions taken * administered via Patient Group Direction (PGD) * Records should be signed, name printed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. * All records should be clear, legible and contemporaneous. * A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. * Adherence to this PGD must be audited at least annually and audit records retained for inspection. |

1. **Key references**

|  |  |
| --- | --- |
| **Key references (accessed xx/xx)** | * Electronic Medicines Compendium <http://www.medicines.org.uk/> * Electronic BNF and BNFC <https://bnf.nice.org.uk/> |

**Appendix A - Registered health professional authorisation sheet (example – local versions/electronic systems may be used)**

**PGD Name/Version Valid from: Expiry:**

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

**Registered health professional**

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.

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| **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** | **Designation** | **Signature** | **Date** |
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**Authorising manager**

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| **I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed the PGD to work under it.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Add details on how this information is to be retained according to organisation PGD policy.