

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 (PGD)

For the administration or supply of

Lorazepam intravenous injection

By registered health care professionals for

Managing seizures

Throughout the Manx Care and those contracted by the Manx Care where appropriate within practice

PGD NUMBER 41

1. Change history

| Version number | Change details | Date |
|-------------------|-----------------------|-----------|
| 1 | Original PGD ratified | June 2021 |
| | | |
| | | |

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2. Medicines practice guideline 2: Patient group directions

Refer to the relevant sections of NICE medicines practice guideline 2: *Patient group directions* as stated in the blank template notes. For further information about PGD signatories, see the NHS and Manx Care <u>PGD website FAQs</u>

3. PGD development

Refer to the NICE PGD competency framework for people developing PGDs

| Job Title & organisation | Name | Signature | Date |
|---------------------------------|------|-----------|------|
| Author of the PGD | | | |
| Member of the PGD working group | | | |

4. PGD authorisation

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

| Job Title | Name | Signature | Date |
|--|------|-----------|------|
| Medical Director | | | |
| Chief Pharmacist/ Pharmaceutical Adviser | | | |
| Senior Paramedic | | | |
| Director of Nursing | | | |
| GP Adviser | | | |
| Senior Microbiologist (if PGD contains antimicrobials) | | | |

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5. PGD adoption by the provider

Refer to the <u>NICE PGD competency framework for people authorising PGDs</u>

| Job title and organisation | Signature | Date | Applicable or not applicable to area |
|----------------------------|-----------|------|--------------------------------------|
| | | | |

6. Training and competency of registered healthcare professionals, employed or contracted by the Manx Care, GP practice or Hospice

Refer to the <u>NICE PGD competency framework for health professionals using PGDs</u>

| | Requirements of registered Healthcare professionals working under the PGD | |
|---------------------------|--|--|
| Qualifications and | Registered healthcare professionals, working within or | |
| professional registration | contracted by the Manx Care, GP practice or Hospice who are | |
| | permitted staff groups outlined within the current PGD policy | |
| Initial training | Knowledge of current guidelines and the administration of the drug specified in this PGD/BNF and of the inclusion and exclusion criteria | |
| | Training which enables the practitioner to make a clinical | |
| | assessment to establish the need for the medication covered by | |
| | this PGD | |
| | Local training in the use of PGDs | |
| Competency | Staff will be assessed on their knowledge of drugs and clinical | |
| assessment | assessment as part the competency framework for registered health professionals using PGDs | |
| Ongoing training and | The registered health care professionals should make sure they are | |
| competency | aware of any changes to the recommendations for this medication; | |
| | it is the responsibility of the registered health care professionals to | |
| | keep up to date with continuing professional development. PGD | |
| | updates will be held every two years | |

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7. Clinical Conditions

| Clinical condition or | Managing seizures | |
|---------------------------|--|--|
| situation to which this | | |
| PGD applies | | |
| Inclusion criteria | Patient having seizure | |
| Exclusion criteria | Respiratory depression | |
| | Allergy or known hypersensitivity reaction | |
| | Compromised airway | |
| | CNS depression | |
| | Pulmonary insufficiency | |
| Cautions (including any | Pregnancy | |
| relevant action to be | Breastfeeding | |
| taken) | When given parenterally, facilities for managing respiratory | |
| | depression with mechanical ventilation must be available. Close | |
| | observation required until full recovery from sedation | |
| Arrangements for referral | · | |
| for medical advice | practitioner for further assessment | |
| Action to be taken if | Patient should be referred to a more experienced clinical | |
| patient excluded | practitioner for further assessment | |
| Action to be taken if | A verbal explanation should be given to the patient on: the need | |
| patient declines | for the medication and any possible effects or potential risks | |
| treatment | which may occur as a result of refusing treatment | |
| | This information must be documented in the patients' health | |
| | records | |
| | Any patient who declines care must have demonstrated capacity | |
| | to do so | |
| | Where appropriate care should be escalated | |

8. Details of the medicine

| Name, form and strength | Lorazepam |
|----------------------------|--|
| of medicine | |
| Legal category | Prescription Only Medicine (POM) |
| Indicate any off-label use | None |
| (if relevant) | |
| Route/method of | IV, IO |
| administration | |
| Dose and frequency | By slow intravenous injection |
| | |
| | Child 1 month–11 years: 100 micrograms/kg (max. per dose 2 mg) |
| | for 1 dose, then 100 micrograms/kg after 10 minutes (max. per dose |
| | 2 mg) if required for 1 dose |
| | |
| | Child 12 years – Adults: 2 mg for 1 dose, then 2 mg after |
| | 10 minutes if required for 1 dose |

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| Quantity to be administered and/or | As per dosage | |
|------------------------------------|---|---|
| supplied Maximum or minimum | Child 1 month - 11 years: 4mg | |
| | Child 1 month – 11 years: 4mg | |
| treatment period | Child 12 years – Adults: 8mg | |
| Storage | Fridge Item (2-8 degrees centigrade) | |
| Adverse effects | Alertness decreased | headache |
| | Anxiety | hypotension |
| | ataxia (more common in elderly) | mood altered |
| | confusion (more common in | muscle weakness |
| | elderly) | Nausea |
| | depression | sleep disorders |
| | dizziness | suicidal ideation |
| | drowsiness | tremor |
| | dysarthria | vertigo |
| | fatigue | vision disorders |
| | gastrointestinal disorder | withdrawal syndrome |
| | respiratory depression (particularly with high dose and | |
| | intravenous use—facilities for its t | reatment are essential) |
| Records to be kept | The administration of any medication | given under a PGD must be |
| | recorded within the patient's medical | records |

9. Patient information

| Verbal/Written information to be given to patient or carer | Verbal information must be given to patients and or carers for all medication being administered under a PGD Where medication is being supplied under a PGD, written patient information leaflet must also be supplied A patient information leaflet is available on request | |
|--|--|--|
| Follow-up advice to be given to patient or carer | If symptoms do not improve or worsen or you become unwell, seek medical advice immediately | |

10. Appendix A

References

- 1. British National Formulary (BNF) available online: https://bnf.nice.org.uk
- 2. Nursing and Midwifery (2018) "The code" available online: https://www.nmc.org.uk
- 3. Current Health Care Professions Council standards of practice
- 4. General Pharmaceutical Council standards
- 5. The General Optical Council
- 6. Electronic medicines compendium available online: https://www.medicines.org.uk

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11. Appendix B

Health professionals agreed to practice

- Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor
- A mentor is defined within the Manx Care policy as any ward/area managers, sisters, senior nurses, GPs, pharmacists or senior paramedics who has completed the PGD training themselves

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