

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

Oxygen

By registered health care professionals for

Treatment of hypoxia/hypoxaemia

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

PGD NUMBER 144

1. Change history

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

Reference number: 144 Valid from: 05/2021 Review date: 05/2023

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 <u>NICE PGD competency framework for people developing PGDs</u>

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

4. PGD authorisation

Refer to the NICE PGD competency framework for people authorising PGDs

| 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 professional registration | Registered healthcare professionals, working within or contracted by the Manx Care, GP practice or Hospice who are permitted staff groups outlined within the current PGD policy Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises |
| 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 PGD's |
| Competency | Staff will be assessed on their knowledge of drugs and clinical |
| assessment | assessment as part the competency framework for registered health professionals using PGD's |
| Ongoing training and | The registered health care professionals should make sure they |
| competency | are 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 | To treat hypoxia/hypoxaemia |
|---------------------------|--|
| situation to which this | |
| PGD applies | |
| Inclusion criteria | Significant trauma |
| Exclusion criteria | Paraquat Poisoning |
| | |
| Cautions (including any | Conditions where hypercapnic (type 11) respiratory failure is a |
| relevant action to be | possibility in patients with a raised PaCO2 level or without hypoxia |
| taken) | including COPD |
| Arrangements for referral | Patient should be referred to a more experienced clinical |
| 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 |
| patient declines | need for the medication and any possible effects or potential |
| treatment | risks 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 of medicine | Oxygen | | |
|---|--|--|--|
| Legal category | GSL | | |
| Indicate any <u>off-label use</u> (if relevant) | None | | |
| Route/method of administration | Inhalation | | |
| Dose and frequency | ALL emergency situations: Give 40% - 60% oxygen at a flow rate of 4 – 10L/minute to maintain O2 saturation above 94% Use a reservoir mask to give 100% oxygen (non- rebreathing) if the patient is severely hypoxic or in major trauma. A Hudson mask is used with a Venturi nozzle to give various percentages: BLUE = 24% at 2L/min WHITE = 28% at 4L/min YELLOW = 35% at 8L/min RED = 40% at 10L/min GREEN = 60% at 15L/min | | |

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| | If patient becomes drowsy or is known to have had hypercapnic respiratory failure, reduce flow rate to 2 - 4L/minute i.e. 28% - 40% oxygen to maintain O2 saturation at 88% - 92% | |
|------------------------------|---|--|
| Quantity to be | According to response | |
| administered and/or supplied | | |
| Maximum or minimum | As required | |
| treatment period | | |
| Storage | Room temperature | |
| Adverse effects | Unusual or life threatening reactions should be reported to the | |
| | Doctor immediately. Other Adverse Drug Reactions should also | |
| | be reported to the Doctor and recorded in the notes | |
| 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 | If symptoms do not improve or worsen or you become unwell, | |
| given to patient or carer | 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

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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