



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

Salbutamol, Nebulised 2.5mg/2.5ml and Inhaler 100mcg metered dose inhalation

By registered health care professionals for

Reversibility testing

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

PGD NUMBER 105

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021

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 [PGD website FAQs](#)

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 [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)			

5. PGD adoption by the provider

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

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 [NICE PGD competency framework for health professionals using PGDs](#)

	Requirements of registered Healthcare professionals working under the PGD
Qualifications and professional registration	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 assessment	Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGD's
Ongoing training and competency	The registered health care professionals should make sure they 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

7. Clinical Conditions

Clinical condition or situation to which this PGD applies	Reversibility testing
Inclusion criteria	Nebulisation or metered dose inhaler with spacer administration to determine reversibility in asthma or improvement in COPD Patients 1 month and over
Exclusion criteria	Neonates (Under 1 month) Follow British Thoracic Society Guidelines on Asthma management. Lactation Pregnancy Patients already taking non selective beta blocking drugs (e.g. propranolol) Severe cardiac disease
Cautions (including any relevant action to be taken)	<ul style="list-style-type: none"> • Arrhythmias • Cardiovascular disease • Diabetes (risk of hyperglycaemia and ketoacidosis, especially with intravenous use) • Hypertension • Hyperthyroidism • Hypokalaemia • Susceptibility to QT-interval prolongation • Tachycardia
Arrangements for referral for medical advice	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient excluded	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient declines treatment	<ul style="list-style-type: none"> • A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential 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	Salbutamol, Nebulised 2.5mg/2.5ml and Inhaler 100mcg metered dose inhalation
Legal category	Prescription Only Medicine (POM)
Indicate any <u>off-label use</u> (if relevant)	<ul style="list-style-type: none"> • Metered dose inhalation is off-label • Nebuliser dose is off-label in under 4 years
Route/method of administration	Inhalation of nebuliser solution or inhalation from MDI inhaler via spacer

Dose and frequency	1 x Salbutamol 2.5mg nebuliser 4 x Salbutamol 100mcg (MDI using a spacer)
Quantity to be administered or supplied	Administered: <ul style="list-style-type: none"> • 400mcg salbutamol by MDI & spacer OR <ul style="list-style-type: none"> • 2.5mg salbutamol via nebuliser • Wait 20 minutes and then redo the spirometry tests and see whether there has been any reversibility (improvement) following the salbutamol Supplied: <ul style="list-style-type: none"> • 30 days twice a day 2.5mg/2.5ml nebule to be used if bronchospasm occurs post hypertonic saline administration
Maximum or minimum treatment period	One episode of care 1 x salbutamol 2.5mg nebuliser 4 x salbutamol 100mcg total of 400mcg MDI
Storage	Room temperature
Adverse effects	<ul style="list-style-type: none"> • Arrhythmias • Headache • Hypokalaemia (with high doses) • Muscle cramps/spasms • Nasopharyngitis • Nausea • Palpitations • Rash • Tremor
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	<ul style="list-style-type: none"> • 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
<ol style="list-style-type: none">1. British National Formulary (BNF) available online: https://bnf.nice.org.uk2. Nursing and Midwifery (2018) "The code" available online: https://www.nmc.org.uk3. Current Health Care Professions Council standards of practice4. General Pharmaceutical Council standards5. The General Optical Council6. Electronic medicines compendium available online: https://www.medicines.org.uk7. British Thoracic Society and Association for Respiratory Technology and Physiology. Guidelines for the measurement of respiratory function. <i>Respiratory Medicine</i> 1994 88; 165-194.8. National Institute for Health and Clinical Excellence. Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update). 2010. www.nice.org.uk/CG101

11. Appendix B

Health professionals agreed to practice
<ul style="list-style-type: none">• 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