NHSGGC Safe and Secure Handling of Medicines	
Guidance Section 8	
Patient Groups Directions (PGDs)	
Approved by: ADTC Safer Use of Medicines Committee	December 21
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8.1 Patient Group Directions (PGDs) are legal documents that facilitate the supply and / or administration of medicines to clearly defined groups of patients (who may not be individually identified before presentation for treatment) by named authorised healthcare professionals in those situations where a prescriber may not be available to provide a prescription.

8.2 PGDs lend themselves to situations where medicine usage follows a predictable pattern and is less individualised (e.g. within Emergency Departments for pain relief). They are useful to manage a specific treatment episode (or episodes) for which supply and / or administration of a medicine is necessary, but they are not generally suitable as a long-term means of managing a patient's condition or for planned or scheduled care. The majority of treatment with medicines should be managed on an individual, patient-specific basis i.e. NOT by PGD.

8.3 Staff involved in the supply and / or administration of a medicine under a PGD must:

- Ensure that they have up-to-date knowledge relating to the clinical situation covered by the PGD, the medicine, and its use for the indications specified.
- Ensure that they have undertaken any training required for operation of the PGD.
- Be satisfied that the PGD is legally valid, is within its expiry date and that it has been approved by NHSGGC.
- Ensure that when administration and / or supply is made the agreed PGD is followed and that the information specified in the PGD is appropriately recorded.

8.4 PGDs cannot be used to authorise the supply and administration of medicines without a UK licence, radiopharmaceuticals or most CDs. PGDs are permitted for medicines supplied and administered outwith the terms of their UK licence only if appropriate evidence supporting their use is referenced on the PGD (e.g. monograph in the BNF for Children).

8.5 PGDs must be developed by a multidisciplinary team which should include a doctor, pharmacist and member of the professional group who will be working under the PGD. They must consult with all appropriate persons, including all consultants whose patients may be treated under the direction, to confirm that the proposed direction is appropriate, does not compromise patient safety, and is consistent with professional relationships and accountability.

8.6 Before it is introduced into operation, the PGD must approved by the NHSGGC PGD sub-group of ADTC.

8.7 Supply and administration must be in line with NHSGGC formularies and protocols.

8.8 PGDs must be reviewed regularly in accordance with the directions of the PGD subgroup of ADTC. PGDs must not be used beyond their expiry date. The review should be undertaken by the original authors (or their replacements), in consultation with all appropriate persons. It is the responsibility of staff using the PGD to ensure it is clinically up-to-date and that it is reviewed, updated and submitted for re-approval in advance of the expiry date.

8.9 If any change is made to the patient group, clinical condition or situation to which the direction applies, or to the characteristics of staff authorised to practice under the direction, or to the description of treatment available under the direction, then the new version of the direction must be submitted for consideration and approval to the PGD committee.

8.10 PGDs must be written using the approved NHSGGC template, and must contain the following information:

- The patient group, clinical condition or situation to which the direction applies.
- A description of inclusion and exclusion criteria that apply to the direction.
- Cautions / situations where further advice is required before administering / supplying medicine under the PGD.
- Action to be taken if a patient is excluded from or refuses treatment under the direction.
- The medicine which may be supplied or administered, and specific details of:
  - The dose.
  - The form and route of administration.
  - The frequency of administration.
  - The maximum number of doses that may be supplied or administered.
  - The maximum period of time for which the medicine may be supplied or administered.
  - Warnings, cautions and contraindications to treatment with the medicine.
  - The legal status of the medicines.
- Details of any directions / labelling required (if the medicine is to be supplied to the patient).
- Instructions on the documentation required to record supply or administration, and other records to be kept for audit purposes.
- The knowledge, skills and qualifications required by staff approved to authorise supply or administration of medicines under the terms of the PGD, and details of any required training programme.
- The action to be taken if an adverse drug reaction is suspected or occurs to a patient being treated under the direction.
- Details of any necessary follow-up action that will be taken after supply or administration.
- Evidence of approval (by signature) by the chair of the PGD committee, Pharmacy Clinical Governance representative and lead for the professional group working under the PGD.
- The date that the direction comes into force, and the date that it expires.

8.11 A nominated individual (e.g. Appointed Registered Nurse / Midwife or Manager in Charge, or appropriate manager for other professions) must approve and maintain an up-to-date record of persons approved to supply or administer medicines under the PGD in their area of responsibility. The record must be signed by the approved persons as confirmation that he/she has read and understood the protocol, and by the Appointed Registered Nurse / Midwife or Manager in Charge, or appropriate manager for other professions. The record must be held and maintained locally.

8.12 The arrangements for monitoring of care under the PGD and audit of the PGD must be specified.

Controlled Drugs: Additional Requirements

8.13 Not all professions listed in the PGD legislation can administer controlled drugs under a PGD. The following regulated professional groups cannot administer or supply any controlled drugs in any of the five schedules under a PGD:

- Dietitians
- Speech & language therapists
- Dental therapists
- Dental hygienists

8.14 For the other professional groups listed in PGD legislation the following controlled drugs can be included in a PGD:

- **Schedule 2:** Morphine and diamorphine – only by registered nurses and pharmacists for the immediate necessary treatment of a sick or injured person. Not for treating addiction.
- **Schedule 2:** Ketamine
- **Schedule 3:** Midazolam
- **Schedule 4:** All drugs except anabolic steroids and injectable medications used for treating addiction.
- **Schedule 5:** All drugs

(Since their reclassification as Schedule 3 controlled drugs (CD No Register POM) tramadol, gabapentin and pregabalin may not be supplied and administered under a PGD).