

Patient Group Direction

This Patient Group Direction is for the alleviation of symptoms in patients who:

- Have a clinical diagnosis of Covid-19 (coronavirus-19) infection *and*
- Are triaged as dying with no prospect of recovery

It authorises registered nurses, pharmacists and paramedics to administer these medicines to the above patients without requiring a patient-specific prescription, provided they are:

- Caring for patients in their homes, hospice, nursing or residential homes, on the Isle of Wight *and*
- have been trained and authorised by their line manager to use Patient Group Directions (PGDs)

PGD comes into effect: 31st March 2020

PGD to be reviewed: December 2020

Key points

- Check SystmOne for allergy status
- This PGD is intended to enable clinicians to protect the comfort and dignity of people who are dying from Covid19
- Record the medicines administered on the usual community administration and stock record sheet
- Record your assessment and rationale in the clinical notes. It is important that you note the use of a PGD, so include the statement "EOLC medicines given under PGD"
- If you are unsure whether the dying process has started, or about any aspect of this PGD, please check with a prescriber or an experienced colleague before proceeding

Subcutaneous PRN ('as required') doses

Seek advice if 2 or more doses have been ineffective – the dose or drug may need changing.

Drug	Indication	Dose	Route	Minimal interval	Seek advice before exceeding
Morphine Sulfate†	Breathlessness, cough or pain	5mg	SC	1 hour	6 doses/day
Levomepromazine†	Terminal agitation	25mg	SC	1 hour	100mg/day
Midazolam†	Agitation or breathlessness (2 nd line)	2.5-5mg	SC	1 hour	4 doses/day
Hyoscine Butylbromide†	Chest secretions	20-40mg	SC	1 hour	4 doses/day
Haloperidol† (if levomepromazine is unavailable)	Nausea or terminal agitation	2.5-5mg	SC	1 hour	10mg/day

Continuous Subcutaneous Infusion (CSCI / Syringe Driver)

The supply of T34 pumps is limited; prioritise for those without relatives able to administer medications

Drug	When to start	Route	Diluent
Morphine sulfate† 10-20mg/24hrs (or oxycodone 10-20mg if morphine is unavailable)	For breathlessness	Via subcutaneous syringe driver over 24hrs	Water
Levomepromazine† 25-50mg/24hrs (or haloperidol, if levomepromazine is unavailable)	For terminal agitation		
Hyoscine butylbromide† 60-120mg/24hrs	For chest secretions		
Midazolam† 10-20mg/24hrs	If breathlessness and/or terminal agitation persist despite the above		

Disposal of unused medicines

- Unused ampoules are at high risk of being contaminated with coronavirus, so should *not* be returned to stock.
- Follow your local non-CD and CD destruction process
- If in doubt, seek advice from your line manager or a pharmacist

Additional information		
The clinical situation for use of the PGD, the choice of medication, dosage, route and frequency of administration are described above.		
Do not use this PGD if	<ul style="list-style-type: none"> The patient is a St Mary's Hospital inpatient: a prescriber will prescribe using the JAC "just in case drugs – Covid19" protocol The patient is allergic to the medication <p>There are no other absolute contra-indications to the above medicines for patients who are dying from Covid19</p>	
Reasons for seeking further advice from prescriber <i>before</i> using this PGD	If the patient's diagnosis or triage status/prognosis is uncertain	
If patient excluded or declines this treatment	Document and seek further advice from a prescriber	
Further information on preparations	<ul style="list-style-type: none"> Morphine sulfate (10mg/1mL ampoules) is a schedule 2 controlled drug Midazolam (10mg/2mL ampoules) is a schedule 3 controlled drug Levomepromazine (25mg/1mL ampoules), haloperidol (5mg/1mL ampoules) and hyoscine butylbromide (20mg/1mL ampoules) are Prescription Only Medicines 	
Special instructions	See Isle of Wight Palliative Care Symptom Control Guidelines	
Supply	St Mary's employees	Obtain a pre-pack from St Mary's dispensary; record the tamper evident bag number on the sign out sheet
	Mountbatten employees	<ul style="list-style-type: none"> Community patients: obtain a pre-pack from Mountbatten Hospice; record the tamper evident bag number on the sign out sheet Hospice inpatients: use ward stock supply
Warnings	<p>For levomepromazine and haloperidol: exacerbation of pre-existing Parkinson's disease (use midazolam as an alternative).</p> <p>The cardiovascular cautions normally associated with antimuscarinics are not clinically relevant in the imminently dying patient</p>	
Adverse effects	<p>The commonest adverse effects are:</p> <ul style="list-style-type: none"> Opioids: drowsiness and nausea (however, nausea will be alleviated by the concurrent use of levomepromazine or haloperidol) Levomepromazine and haloperidol: drowsiness Hyoscine butylbromide: tachycardia, dry mouth, constipation <p>See the BNF for a full list of adverse effects</p>	
Follow up	For community patients, further help and advice is available from 533 331	
Written/ verbal information to be given to patient or carer	That the purpose of the medication is to alleviate distressing symptoms in those dying from Covid-19	
Who should be notified?	Provided <i>sharing is place</i> , recording in SystmOne or Adastra is sufficient	
Procedure for reporting adverse effects	<ul style="list-style-type: none"> Ensure the patient/ family or carer as appropriate knows and that their questions and concerns are addressed Ensure relevant professionals are informed e.g. the GP Document the reaction in the clinical notes Report adverse effects of concerns to the palliative care service (tel 533 331) who will complete an MHRA yellow card if applicable 	

Development and Authorisation (signature hardcopy held by the IoW CCG Medicines Team)		
PGD Development		
PGD Authorisation (IMOC)		

Appendix 1: competency assessment to use this Patient Group Direction

Line managers assessing people's competency to use this PGD should consider the following 9 areas:

Domains	Competency areas
The patient consultation	Knowledge. Understands: <ul style="list-style-type: none"> The commonest symptoms of advanced Covid infection are breathlessness, agitated delirium and chest secretions How medicines described in this PGD can be used to treat these symptoms That Covid causes type 1 respiratory failure and so is not likely to be exacerbated by opioids
	Options. Has sufficient clinical experience to: <ul style="list-style-type: none"> assess the treatment options for Covid19, including those aimed at recovery; to recognise dying, to understand the place of medicines aimed at symptom relief, and their adverse effects
	Shared decision-making. Understands: <ul style="list-style-type: none"> the Mental Capacity Act and informed consent making best interests decisions about the use of medicines in those lacking the capacity to give consent to the medication Communicating with those the patient sees as important to them, including how their knowledge of the patient can help inform best interests decisions
Safe and effective	Safe. Is familiar with medication errors, how to report safety incidents, dose calculations, administering SC injections, managing needle stick injuries, the importance of robust documentation (including the explicit recording in the notes that the medicines were administered using a PGD)
	Governance. In particular, understands their own responsibility in deciding that the patients circumstances are relevant to the PGD and that none of the exclusions apply; that this responsibility cannot be delegated to another professional; and the need to seek advice before proceeding if unsure
	Always improving. Shares experiences of caring for Covid patients, and using the PGD, with colleagues; acts on feedback; recognizes the pressures that such circumstances bring and seeks debriefing/support as needed
PGDs in context	Information. Is able to use sources of information such as the BNF and clinical guidelines
	The healthcare system. Understands the pros and cons of using PGDs compared to other approaches such as awaiting an independent prescriber assessment
	Collaboration. Understands how PGDs fit into the broader MDT structure and their part in delivering care to patients within the evolving circumstances of the Covid19 pandemic

Name of Health professional intending to use the PGD	
Health professionals signature	<p>I am satisfied that I am able to fulfil all the competencies described above and I know where to seek further advice and supervision if needed</p> <p>Sign_____Date_____</p>
Health professionals line manager (or other supervisor with sufficient knowledge of their working circumstances to assess the above competencies)	<p>I am satisfied that the professional named above is able to fulfil all the competencies described above and knows where to seek further advice and supervision if needed</p> <p>Sign_____Date_____</p>