with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of DEXAMETHASONE 2mg/5ml oral solution

FOR TREATMENT OF MILD CHILDHOOD CROUP

Documentation details

Reference no:	PGD/Dexoral
Version no:	3
Valid from:	1st Feb 2023
Review date:	31st October 2025
Expiry date:	31st January 2026

Change history

Version number	Change details	Date
1	New PGD	Nov 16
2	Into new template – no clinical change	Nov 19
3	Reviewed no clinical changes	Feb 23

Glossary

Abbreviation	Definition

1. PGD template development

Developed by:	Name	Signature	Date
PGD Group	Chair – Laura Bucknell		December 2021

PGD Working Group Membership

Name	Designation
Laura Bucknell	Chief Pharmacist
Dr Amjad Uppal	Medical Director
Andrea Darby	IV Therapy Clinical Lead
[redacted]	Allied Health Professional representative
[redacted]	Allied Health Professional representative
Louise Plumridge	Senior Pharmacist, Sexual Health and HIV
[redacted]	Community Matron, Complex Care at Home
Dawn Harris	Homeless Healthcare Team Manager
Angela Cooper	Advanced Nurse Practitioner, inpatients
Gary Dodson	Advanced Nurse Practitioner Mental health
Marcus Tippins	Rapid Response Deputy Clinical Lead
Sian Fitter	Professional Team Lead for District Nursing
[redacted]	District nursing representative
Sarah Deo	Matron Countywide MIiUs
Nancy Farr	Professional Head of Community Nursing
Fiona Warr	Locality Service lead- health visiting

Specialist Input

Role	Name

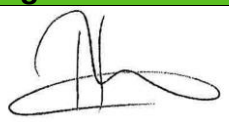
2. Organisational authorisations

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Gloucestershire Health and Care NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
Minor Injury and Illness Units (MIiUs)
Limitations to authorisation

Organisational approval (legal requirement)			
Role	**Name**	**Sign**	**Date**
DEPUTY DIRECTOR OF NURSING AND QUALITY	**HANNAH WILLIAMS**		**3/3/23**

Additional signatories according to locally agreed policy			
Role	**Name**	**Sign**	**Date**
MEDICAL DIRECTOR (Senior doctor)	**DR AMJAD UPPAL**		**7/3/23**
CHIEF PHARMACIST (Senior pharmacist)	**LAURA BUCKNELL**		**3/3/23**
DIRECTOR OF NURSING, THERAPIES AND QUALITY (Senior representative of professions)	**JOHN TREVAINS**		**7/3/23**

Local enquiries regarding the use of this PGD may be directed to Laura Bucknell, Head of Medicines Optimisation. Laura.Bucknell@ghc.nhs.uk

3. Characteristics of staff

Qualifications and professional registration	A registered practitioner with current professional registration acting within their scope of practice
Initial training	Successful completion of: Trust PGD e-learning on Care to Learn Trust PGD assessment available on Care to Learn The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed.
Competency assessment	Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required. • Completed the PGD training (see 'initial training' section above) • Been assessed as competent by their line manager or another appropriate clinician. • Signed the signature sheet for the PGD • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	• Experience of working in the clinical area in which the PGD will be used • Actively taking part in CPD relevant to practice and this PGD • Completed mandatory resuscitation training at level essential to role • Have completed the organisation's anaphylaxis training and be competent in the diagnosis and treatment of anaphylaxis. • All practitioners must have read and understood, and act in accordance with: ➢ GHC policy for Ordering, Prescribing, and Administration of Medicines (POPAM) ➢ GHC PGD Policy ➢ GHC Clinical Record Keeping Policy ➢ The requirements and guidance of their professional body
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Treatment of mild and mild/moderate childhood croup
Criteria for inclusion	**Mild Croup:** ○ Occasional barking cough and no audible stridor at rest. ○ No or mild suprasternal and/or intercostal recession. ○ The child is happy and is prepared to eat, drink, and play. **Mild/Moderate Croup:** ○ Frequent barking cough and easily audible stridor at rest. ○ Suprasternal and sternal wall retraction at rest. ○ No or little distress or agitation. ○ The child can be placated and is interested in their surroundings.
Criteria for exclusion	• Hypersensitivity to dexamethasone or any of its excipients. • Systemic infection – sepsis • Systemic fungal infection • Hypertension • Immunocompromised • Child under 1 year old • Stomach or duodenal ulcer • Pregnancy and breastfeeding • Severe croup – refer to acute Trust
Cautions including any relevant action to be taken	If the child's condition/breathing worsens refer to the acute trust Treatment with dexamethasone may reduce the effect of insulin and oral antidiabetic drugs- advise more frequent blood glucose testing
Action to be taken if the patient is excluded	• Document in patient notes • Advise on alternative treatment(s) • Refer to medical practitioner or emergency services as appropriate
Action to be taken if the patient or carer declines treatment	Patients who decline treatment should have the consequences of this decision explained • Document refusal or informed dissent in patient notes • Advise on alternative treatment(s) • Refer to medical practitioner or emergency services as appropriate
Arrangements for referral for medical advice	Most children will present with mild croup, which can be managed at home, however arrange a telephone consultation for review if possible. Advise parent to seek urgent medical attention if patient deteriorates. Immediately refer a child who has moderate or severe croup, or impending respiratory failure.
Consent	All patients for whom treatment is proposed should give their valid consent to treatment at the time of administration. A record of consent must be maintained for all patients. For consent to be valid, the patient or person with parental responsibility must • be competent to take the particular decision • have received sufficient information to take it

	• not be acting under duress Anybody aged 18 years or over (adult) is assumed to be capable of making decisions unless there is reasonable doubt. Anybody aged 16 years or 17 years (young person) is also assumed to be capable of making decisions unless there is reasonable doubt. Anybody less than 16 years of age (child) is not automatically assumed to be capable of making decisions. That capacity to make decisions is related to their maturity and level of understanding in relation to each decision, rather than their age. A young person with capacity can refuse treatment, but this can be challenged and overruled, for instance, by someone with parental authority Children under 16 years of age who are considered competent in accordance with the Fraser Guidelines and understands fully what is involved in their proposed procedure can give valid consent and additional consent by a person with parental responsibility is not required. The decision of a competent child to accept treatment can then not be over-ridden by the person with parental responsibility for the child. It is however good practice to involve the child's parents in the decision making process, but take into consideration the wishes of a competent child about that involvement. The refusal of treatment by a patient under 18 years of age, might be overruled even if they are competent, if the treatment is deemed in his/her best interest. Anyone who lacks capacity is treated in their best interests. For young people and children aged 16 and below it is recommended when possible to involve the person with parental authority in the decision regarding consent Healthcare professionals need to carefully document the consent that is obtained. Any queries need to be discussed with an experienced colleague. For further guidance please refer to the Nursing Midwifery Council (NMC) guidelines for professional practice, the Department of Health and/or local consent policy Reference guide to consent for examination or treatment, second edition 2009 : Department of Health - Publications or GHC Consent to Examination and Treatment Policy (CLP213)

5. Description of treatment

Name, strength & formulation of drug	Dexamethasone 2mg/5ml oral solution
Legal category	Prescription-only medicine (POM).
Route / method of administration	Orally

<table>
<tr><td></td><td>Dexamethasone will usually start to work within an hour but it may take up to 4 hours for a child's breathing to return to normal. is important to avoid distress, as this will make their breathing worse</td></tr>
<tr><td>Indicate any off-label use (if relevant)</td><td>n/a</td></tr>
<tr><td>Dose and frequency of administration</td><td>150microgram/kg single dose
See table below

<table>
<tr><th>Approximate age</th><th>Approximate weight (kg) range</th><th>Volume of 2mg/5ml solution</th></tr>
<tr><td>Over 12mths up to 2 years</td><td>10.6kg -13.3kg</td><td>5mL</td></tr>
<tr><td>Over 2 years up to 4 years</td><td>13.4kg -16.2kg</td><td>6mL</td></tr>
<tr><td>Over 4 years up to 7 years</td><td>16.3kg – 22kg</td><td>8mL</td></tr>
<tr><td>Over 7 years up to 9 years</td><td>22.1kg - 27kg</td><td>10mL</td></tr>
<tr><td>Over 9 years up to12 years</td><td>27.1kg – 41 kg</td><td>15mL</td></tr>
<tr><td>Over 12 years up to 14 years</td><td>42kg – 55kg</td><td>20mL</td></tr>
<tr><td>Over 14 years</td><td>56kg-68 kg</td><td>25mL</td></tr>
</table></td></tr>
<tr><td>Duration of treatment</td><td>Stat</td></tr>
<tr><td>Quantity to be supplied</td><td>for administration within the MIiU only</td></tr>
<tr><td>Storage</td><td>Stock must be securely stored in a locked cupboard according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</td></tr>
<tr><td>Drug interactions</td><td>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:
• The desired effects of hypoglycaemic agents (including insulin), anti-hypertensives and diuretics are antagonised by corticosteroids.
• Dexamethasone reduces the plasma concentration of the antiviral drugs indinavir and saquinavir
• Patients taking methotrexate and dexamethasone have an increased risk of haematological toxicity.
• Concomitant administration of inhibitors of CYP3A4 such as ketoconazole, ritonavir and erythromycin may lead to increased plasma concentrations of dexamethasone. These interactions may also interfere with dexamethasone suppression tests, which therefore should be interpreted with caution during administration of substances that affect the metabolism of dexamethasone

A detailed list of drug interactions is also available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</td></tr>
<tr><td>Identification & management of adverse reactions</td><td>The following side effects may happen after administration of dexamethasone oral solution

Common
• A feeling of nausea or vomiting</td></tr>
</table>

	• Hiccups • Stomach pain. **Others** Side effects after a single dose are rare A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via organisation incident policy.
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	• Inform the individual/carer of possible side effects and their management. • The individual/carer should be advised to seek medical advice in the event of an adverse reaction. • Advise that symptoms of mild croup usually resolve within 48 hours. • Paracetamol or ibuprofen can be given by the parent/carer for fever or pain • If the child is diabetic advise more frequent blood glucose monitoring post administration of dexamethasone
Records	Record: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered • date of supply/administration • dose, form and route of supply/administration • quantity supplied/administered • batch number and expiry date (if applicable) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • supplied via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

6. Key references

Key references	• Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline “Patient Group Directions”

7. Registered health professional authorisation sheet

Dexamethasone 2mg/5ml oral solution PGD Valid from: 1st Feb 2023 Expiry: 31st Jan 2026

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Gloucestershire Health and Care NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.