Title: for the supply/admin of: Nebulised Ipratropium Bromide for patient with suspected exacerbation of COPD or Asthma	Salford Royal NHS NHS Foundation Trust University Teaching Trust safe • clean • personal
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Authors Division: Salford Health Care	
Departments/Groups This Document Applies to: **Respiratory Team**	**Classification:** **Patient Group Direction**
Scope: Experienced nurses, respiratory physiotherapists and assistant practitioners within the respiratory team	
Keywords: asthma, COPD, nebulised Atrovent, nebulised anticholinergic, Ipratropium bromide, anti-muscarinic, bronchodilator	**Replaces: New**
To be read in conjunction with the following documents: ED - PGD prednisolone, ED - PGD Amoxil, ED – PGD Clarithromycin, ED – PGD Ipratropium Bromide, ED – PGD Salbutamol	

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Document for Public Display: *YES*

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Archive: Respiratory Medicine	**Date added to Archive:**
Officer responsible for archive:	

Directorate/Department: Respiratory Medicine

1. Clinical Condition

Define situation / condition	Patients with documented or suspected diagnosis of COPD or Asthma experiencing an exacerbation of their condition resulting in severe breathlessness.
Criteria for inclusion	Any patients with a documented, reported or suspected diagnosis of COPD or Asthma that require high dose bronchodilator therapy to alleviate an acute attack of severe breathlessness due to exacerbation of their condition.
Criteria for exclusion	• Patient with a history of hypersensitivity to the drug • Unclear diagnosis
Caution	Prostatic hyperplasia, bladder outflow obstruction, and those susceptible to angle closure glaucoma, pregnancy and breast feeding
Action if excluded	Refer to medical staff immediately
Action if patient declines	Refer to medical staff immediately

2. Characteristics of Staff

Qualifications required	Experienced Registered Nurses, respiratory physiotherapist or assistant practitioner (Qualified at least six months with more that 3 months experience in the Respiratory Department)
Additional requirements	Completed the workbook for administration of nebulised bronchodilator therapy in an emergency situation
Continued training Requirements	Reassessment certification of competence by nominated practitioner. Six monthly for the first year then annually thereafter.

3. Description of Treatment

Name of Medicine	Ipratropium Bromide nebules
POM/P/GSL	POM
Dose/s	500 micrograms
Route/Method	Nebulisation
Frequency	One dose with review after 15 to 20 minutes. Repeat if the patient remains extremely breathless at rest. Supply adequate amount of the drug for regular

	administration whilst waiting for a GP or none-medical prescriber prescription to be arranged
Total dose/number	Maximum of 1000 micrograms Administered as two doses of 500 micrograms each. Maximum supply of two weeks therapy
Information on follow up treatment	Ensure the patient has a supply of a regular dose of nebulised bronchodilator for subsequent administration during exacerbation, where indicated.
Written / verbal advice for patient / carer before / after treatment	Give verbal advice to the patient and carer explaining why the drug is required and its action. Explain the potential side effects of the medication and inform them that they will be assessed as soon as possible and a plan of action outlined. Potential side effects: Dry mouth, nausea, headache, constipation, tachycardia, urinary retention, blurred vision, angle closure glaucoma, palpitation, rash, urticaria, pruritus, and rarely paroxysmal bronchoconstriction and angioedema are side effects of nebulised bronchodilators
Specify method of recording supply / administration sufficient to include audit trail	Document in the patients EPR: Ipratropium Bromide 500 micrograms/1mL nebule administered via oxygen or air and the date and time of administration. Repeat if a second dose is required. For all asthma patients or suspected asthma or combined asthma and COPD record their peak flow before and 20 minutes after the dose Record the level achieved and clearly state before or after a dose of bronchodilator.
Specify method of recorded allergy or drug sensitivity and indicate the individual responsible for transferring the information on the patients electronic records	The healthcare professional supplying and administering the drug will take responsibility to check the patients drug allergies/intolerances with the electronic patient record, the patient and SIR if accessible and the patient is unable to recall. The responsibility for inputting the reported allergies or drug intolerances into the electronic patient's record lies with the healthcare professional administering and supplying the drug. The GP will be advised of the treatment supply and administration and response via letter or telephone contact if appropriate

Procedure for reporting ADR's to Doctor:

- Inform a doctor immediately if the patient reports any of the potential side effects outlined above.
- Inform a doctor immediately if the patient has a history of hypersensitivity to the drug
- Document on the patients EPR that you have reported the side effects and list them.
- Document on the patients EPR that you have reported to a doctor that the patient has hypersensitivity to the drug.
- Document on the patients EPR what action was taken as a result of the identified reaction of reported previous hypersensitivity.

Salford Royal Hospitals NHS Trust

PATIENT GROUP DIRECTION (PGD)

Signature Sheet

PGD for the supply / administration of:

Nebulised Ipratropium Bromide for patient with suspected exacerbation of COPD or Asthma

Directorate/Department: Respiratory Department

(This sheet is to be signed by all nurses who have read and agreed to this PGD)

I have read the Patient Group Direction and agreed to use it in accordance with the criteria described.

Name	***Date***	Signature	Review Date

Endorsed by:		
Name of Lead Clinician/Manager or Committee Chair	**Position of Endorser or Name of Endorsing Committee**	**Date**
Helen Pyne	Peer Review	**6th March 2013**
Dr Justine Scanlan	Director of Pharmacy	28th May 2013
Elaine Inglesby	Executive Nurse (Nursing PGD)	7th June 2013
Dr John MacDonald	Chairman, Medicines Management Group	28th May 2013

Record of Changes to Document - Issue number: 1				
Changes approved in this document by -				Date:
Section Number	Amendment (***shown in bold italics)***	Deletion	Addition	Reason

Screening Equality Analysis Outcomes (Policies/Procedures/PGD's)

The Trust is required to ensure that all our policies/procedures meet the requirements of its service users, that it is accessible to all relevant groups and does not impact negatively on any groups by age religion/belief, disability, sex, sexual orientation, martial status, pregnancy, carers, transgender or social/economic.

Have you been trained to carryout this assessment? YES **If 'no' contact Equality Team 62598 for details.**	
Name of policy or document : Nebulised Ipratropium Bromide for patient with suspected exacerbation of COPD **or Asthma** **Key aims/objectives of policy/document:** **The PGD aims to facilitate timely and effective management of patients that require immediate relief of their breathlessness induced by COPD or Asthma exacerbation**	
1) a) Whom is this document or policy aimed at?	1a) Experienced Registered Nurses, respiratory physiotherapists and assistant practitioners
b) What are the demographics of your target group?	1b) Qualified at least six months with more that 3 months experience in the Respiratory Department
c) How will you ensure that this policy is cascaded to the target group?	1c) It will be promoted as part of the COPD MDT meetings and respiratory team meetings and clinical governance
2) a) Is there any evidence to suggest that different groups have different needs in relation to this policy or document (e.g. health/employment inequality outcomes) (**NB If you do not have any evidence you should put in the end of this document how you will start to undertake this analysis?)**	2a) No
b) What action have you taken to reduce these inequalities?	2b)
3) a) Does the document require any decision to be made which could result in some individuals receiving	3a) Yes

different treatment, care, outcomes to other groups/individuals? b) if yes, on what basis would this decision be made? **(It must be objectively justified)** c) Have you included where you may need to include reasonable adjustments for disabled users or staff to ensure they receive the same outcomes?	
	3b) If the patient reports previous hypersensitivity to the drug then an alternative will be prescribed by a doctor
	3c) Yes
4) a) Have you undertaken any consultation/involvement with service users or other groups in relation to this policy?	4a) No
b) If yes, what format did this take? face/face or questionnaire? (please provide evidence of this)	4b)
c)Has any amendments been made as a result?	4c)
5) a) Are you aware of any complaints from service users in relation to the application of this policy?	5a) No
b) If yes, how was the issue resolved? Has this policy been amended as a result?	5b)
6) a) Looking at all of the above information is there any evidence to indicate that any groups listed below have different needs, experiences or priorities in relation to this document?	

	Yes	No	unsure
Age		√	
Disability		√	
Gender		√	
Marital Status		√	
Racial group		√	
Religious belief		√	
Sexual orient tion		√	
Pregnancy		√	
Carers		√	
Transgender		√	
Socio/economic		√	

b) How will these differences be reduced or eliminated by this policy?

7) **If any impact has been highlighted by this assessment, you will need to undertake a full equality impact assessment:**

Will this policy require a full impact assessment? No

(if yes please contact Equality Team, 62598/67204, for further guidance)

High/Medium/Low signed Helen Pyne

date: 6th March 2013