PATIENT GROUP DIRECTION

Name of specific Patient Group Direction  LIDOCAINE (LIGNOCAINE) INJECTION FOR INSERTION OR REMOVAL OF ETONOGESTREL 68MG SUBDERMAL IMPLANT (IMPLANON ®).

Clinical Department/Service: Department of Sexual Health

1. Clinical Condition/Situation for use of the Patient Group Direction

<table>
<thead>
<tr>
<th>1.1</th>
<th>Define situation/condition</th>
<th>Subdermal infiltration prior to insertion or removal(^1) of contraceptive implant (Implanon®).</th>
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<tbody>
<tr>
<td>1.2</td>
<td>Criteria for confirmation of above</td>
<td>Clients requiring insertion or removal of contraceptive implant (Implanon®).</td>
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<tr>
<td>1.3</td>
<td>Criteria for patient inclusion</td>
<td>Clients requiring local anaesthetic prior to insertion or removal of hormonal contraceptive implants (Implanon®).</td>
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</table>
| 1.4 | Criteria for patient exclusion | • Known hypersensitivity to lidocaine or previous sensitivity to local anaesthetics  
• Cardiac impairment e.g. cardiac arrhythmias, complete heart block, impaired cardiac conduction, bradycardia  
• Hypovolaemia  
• Porphyria  
• Myasthenia gravis  
• Previous nerve damage to site or neuropathy  
• Client requests to see a Doctor  
• Severe hepatic, respiratory or renal impairment  
• Pregnancy  
• Epilepsy  
• Clients taking the following medications.  
  o Antibacterials - quinupristin/dalfopristin,  
  o Antivirals - amprevenair, darunavir  
  o 5HT3 antagonist - dolasetron,  
    (Consult the BNF for details): |
| 1.5 | Action to be taken with reference to the care of excluded patients | Discuss with client reasons for exclusion. Discuss with client alternative contraceptive methods and issue in accordance with relevant PGD if appropriate. If client still wishes to consider Implanon® refer to |
Patient Group Direction for administration of Lidocaine (Lignocaine) Hydrochloride for insertion or removal of Etonogestrel 68mg Subdermal Implant (Implanon®)

1. Action if patient declines care under the patient group direction

1.6 Action if patient declines care under the patient group direction

Refer to doctor within the service and document in client’s notes.

2. Characteristics of staff authorised to use the Patient Group Direction

2.1 Required professional qualification

- Registered Nurse, Midwife or Community Specialist Practitioner
- Certificate in Family Planning (ENB 901 or equivalent)

2.2 Specialist qualifications, training, experience and competence required in the clinical context of the patient group direction

- Nurses must have completed the national RCN training programme and hold the certificate of competence/RCN accreditation in insertion and removal of contraceptive implants.
- **Training must have included administration of local anaesthetic by injection.**
- Staff must have up to date resuscitation training.

2.3 As above, relevant to the medicines to be used

- All nurses must be familiar with the Trust policies and procedures relating to medicines before undertaking administration of medication under this patient group direction

2.4 Details of continued training or education required

- Nurses are responsible for maintaining their own competence. (Reaccreditation for Implanon requires a log over a consecutive 12 month period, within 24 months of the date of reaccreditation, of a minimum of 6 procedures including at least 1 insertion and 1 removal.)
- RCN accreditation is valid for 5 years after which time re-accreditation must be sought. Nurses must follow RCN procedures for this.
- Confirmation of accreditation to be checked yearly at IPR.

3. Description of Treatment

3.1 Name of medicine(s) to be supplied or administered under the patient group direction

Lidocaine (Lignocaine) Hydrochloride 1% injection (10mg/ml)

3.2 Legal status Prescription Only Medicine (POM)/Pharmacy Only (P)/General Sales List (GSL)

POM

3.3 Dose(s) (Where a range is applicable include criteria for deciding on a dose)

1-2ml of 1% lidocaine injection, repeated after 5 minutes if anaesthesia not achieved.

**MAXIMUM dose 4ml of 1% lidocaine injection**

3.4 Route/Method of Administration

- Give by subdermal infiltration
- **Great care must be taken to avoid intravascular**
Patient Group Direction for administration of Lidocaine (Lignocaine) Hydrochloride for insertion or removal of Etonogestrel 68mg Subdermal Implant (Implanon®)

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<th>3.5 Frequency of Administration</th>
<th>Injections - syringe to be drawn back to ensure not in a vessel before injection of lidocaine.</th>
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<tr>
<td></td>
<td>• Insertion of Implanon®: 1-2ml injected just subdermally along the ‘insertion canal’ in the chosen arm. An extra long green needle should be used if available.</td>
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<td></td>
<td>• Removal of Implanon®: 1-2ml injected just under the distal end of a palpable implant at the site of planned incision</td>
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<th>3.6 Total dose and number of times treatment can be administered over what time frame</th>
<th>Single administration repeated after 5 minutes if insufficient anaesthesia achieved with first dose.</th>
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<td>Maximum 2 doses of 2ml lidocaine 1% injection</td>
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<th>3.7 Information concerning follow up management</th>
<th>Observe for any adverse reaction for at least 15 minutes after infiltration</th>
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<th>3.8 Patient information advice</th>
<th>Clients should be advised that that the local anaesthetic will have its peak effect within 2-3 minutes and the effects will last approximately 40 minutes.</th>
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<td>• Full sensation should return within 2 hours</td>
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<td>• Simple analgesia may be taken at home e.g. paracetamol</td>
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<tr>
<th>3.9 Side effects of drugs (to include potential adverse reactions) and any monitoring required and how adverse drug reactions are to be reported to the doctor</th>
<th>Clients may experience the following during the procedure:</th>
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<tr>
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<td>• Light-headedness,</td>
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<td>• Drowsiness,</td>
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<td>• Dizziness,</td>
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<td>• Fear,</td>
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<td>• Confusion,</td>
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<td>• Tremor,</td>
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<td>• Tinnitus,</td>
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<td>• Blurred or double vision,</td>
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<td>• Nystagmus,</td>
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<td>• Vomiting,</td>
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<td>• Feeling hot or cold or numb.</td>
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<td>Note: if any of the above occur prior to insertion of Implanon, seek medical assistance.</td>
<td>Potential severe adverse drug reactions (e.g. convulsions, unconsciousness, respiratory depression, hypotension, cardiac arrest and anaphylaxis) are unlikely to arise with subdermal administration of small amounts of lidocaine.</td>
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<tr>
<th>3.10 Arrangements for referral for medical advice</th>
<th>Clients should be advised that complications arising from the local anaesthetic are unlikely. If however they need to seek advice they should contact their GP or nearest Contraceptive &amp;</th>
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2 NB: Preferred product for removal is Lidocaine 1% with adrenaline 1 in 200,000. See separate PGD
Version number ...5………

Date 8.1.09.............
### 3.11 Facilities and supplies which should be available at sites where care is provided
- Facilities for resuscitation

### 3.12 Specify method of recording supply/administration, names of health professional, patient identifiers, sufficient to enable audit trail.
- The nurse must record in the client’s notes the date and time of administration, the drug name and dose given, batch number and expiry date. The entry must state ‘Administered under PGD’. The nurse must sign the record, print their name and designation.

### 3.13 Special consideration regarding concurrent medicine being administered to patient
- Propranolol and cimetidine may reduce the excretion of lidocaine, increasing the risk of adverse effects.

### 4. Management of Patient Group Direction

**a. Group Direction developed by:** Mrs Yvonne James, Mr Jerry Wilde, Dr D. Lee, Mrs Sally Tomlin…………………………………………..  
*(Include names of everyone involved in drawing up the protocol)*

**b. Supported by:**

To be signed by all where indicated –
- Clinical Service Director …  
  Mr Jerry Wilde………………………………….. Date………………

- Senior Clinical Nurse or relevant professional lead  
  Mrs Yvonne James……………………… Date……………
  
  Job title of the above  
  Operational Manager Sexual Health Services.

- Directorate Pharmacist …Mrs Sally Tomlin……………………………….. Date………………

**c. Authorised for Salisbury NHS Foundation Trust by:**

- Chief Pharmacist …  
  ……………………………………………………….Date………………

- Signature for Nursing/ Midwifery Group or lead professional if nurses not involved:
  …………………………………………………………………….. Date………………
  
  Job title of the above ……………………………………………………………………………

- Signature of Drugs Committee Chair ………………………….. Date………………

- Signature of Clinical Governance lead for the Trust ……………….. Date……………

Version number …5………  
Date 8.1.09………………
d. Acceptance by Individual

- The protocol must be read, agreed to and signed by each professional who works within it.
- This signed copy should be retained by the individual. The department/service in which the PGD operates should use the appendix overleaf to keep a master list of authorised users.
- Patient Group Directions do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

I have read the PGD and agree to work within its parameters:

Name of professional………………………………………………………………………………
Title of professional………………………………………………………………………………
Signature of professional…………………………………………………………………………
Date …………………

The Trust accepts responsibility for the actions of the approved practitioner, properly acting in the course of his/her duties and in accordance with the current Patient Group Direction in force in his/her area of practice. However the Trust accepts no responsibility for an approved practitioner who attempts to act outwith the scope of the approved Patient Group Direction.

e. Departmental Record of Signatories

This is the departmental list of all those who have read and agreed to act within the parameters of this PGD. Each individual has kept a copy of the PGD signed at (d) above for his/herself.

<table>
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<tr>
<th>Print Name</th>
<th>Sign</th>
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