Administration
PATIENT GROUP DIRECTION (PGD) FOR

Worcestershire Acute Hospitals NHS Trust

Adsorbed low dose diphtheria, tetanus, and Inactivated Polio Viruses vaccine (Td/IPV - Revaxis▼) sterile liquid suspension supplied in a single dose (0.5ml) pre-filled syringe. (POM)

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Refer to https://www.gov.uk/government/publications/tetanus-prone-wounds-posters Tetanus prone wounds : • Wounds or burns that require surgical intervention and when that treatment is delayed for more than six hours • Wounds or burns that show any of the following characteristics: significant degree of devitalised tissue, puncture-type injury particularly in contact with soil or manure • Wounds containing foreign bodies • Compound fractures • Wounds or burns in patients who have systemic sepsis Clean Wounds: Although any wound can give rise to tetanus, clean wounds are considered to have a low likelihood of harbouring tetanus spores and of developing anaerobic and acidic conditions that promote spore germination (Wassilak *et al.*, 2004). Therefore, for wounds such as clean cuts, this vaccine may be given if tetanus immunisation is incomplete or uncertain (see table), but human tetanus immunoglobulin need ***not*** be given.
Inclusion criteria	Patients over 10 years of age with a tetanus prone / clean wound : • Who have not received a primary immunisation course • Whose primary immunisation is incomplete • Whose boosters are not up to date • Whose immunisation status is not known or uncertain
Exclusion criteria	• Child under 10 years of age • Any individual who has had a true anaphylactic reaction to a previous dose of diphtheria, tetanus and poliomyelitis • Any individual who has had a true anaphylactic reaction to formaldehyde, neomycin, streptomycin or polymixin B (which may be present in trace amounts) • Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation, but if an individual is acutely unwell, immunisation should be postponed until they have fully recovered. • Evidence of current neurological deterioration, including poorly controlled epilepsy: immunisation should be deferred until an underlying cause is found and the condition stabilised.

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Cautions/Seek further advice	Seek further advice if patient is excluded from PGD. **Access to resuscitation facilities including Adrenaline 1:1000 for treatment of anaphylaxis**
Action if patient declines or is excluded	• Refer to A&E Middle Grade / Consultant for further advice if patient is excluded • Document action taken in patient's records if excluded If patient declines: • Give advice about the protective effects of the vaccine and the risks of infection and disease complications. Document advice given. • Inform or refer to GP as appropriate. • Patient to sign refusal of treatment form (or parent if they are acting on behalf of child

Drug Details	
Name, form & strength of medicine	Adsorbed low dose diphtheria, tetanus, and Inactivated Polio Viruses vaccine (Td/IPV - Revaxis▼) sterile liquid suspension supplied in a single dose (0.5ml) pre-filled syringe.
Route/Method	• Intramuscular injection. The recommended injection site is the deltoid region. • Vaccination by deep subcutaneous route should be reserved only for individuals with a bleeding disorder.
Dosage	0.5ml
Frequency	Single dose Boosters: In all, people need a total of five doses of tetanus, diphtheria and polio vaccines to build up and keep their immunity.
Duration of treatment	Once
Maximum or minimum treatment period	Once
Quantity to administer	One 0.5ml dose
Side effects	Local Reaction (pain, erythema, induration (hardening of tissue) and oedema
Advice to patient/carer	• General advice on local reactions (pain, erythema, induration (hardening of the tissue) and oedema) within 48 hours of vaccination, and persisting for 1-2 days. • Advice on the control of fever. Any serious adverse event must be reported to the patient's doctor, documented in the child's health records and on their medical records. • Provide manufacturers patient information leaflet.
Follow up	If required refer to G.P. for further doses.

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Staff Characteristics	
Professional qualifications	Registered Nurse or Paramedic with a current registration and working in Urgent Care
Specialist competencies or qualifications	• Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD • Has undertaken appropriate training for working under PGDs for the supply and administration of medicines • Has undertaken training appropriate to this; may be relevant for certain drugs
Continuing education & training	The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development.

Referral Arrangements and Audit Trail	
Referral arrangements	To GP if further doses required
Records/audit trail	• Patient's name, address, date of birth and consent given • Contact details of GP (if registered) • Diagnosis • Dose and form administered • Advice given to patient (including side effects) • Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment • Details of any adverse drug reaction and actions taken including documentation in the patient's medical record • Referral arrangements (including self-care)

References/Resources and comments	Notes: SPC – Summary of Product Characteristics BNF – British National Formulary Refer to https://www.gov.uk/government/publications/tetanus-prone-wounds-posters

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This patient group direction must be agreed to and signed by all health care professionals involved in its use. The Trust Pharmacy Department will hold the original signed copy. The PGD must be easily accessible in the clinical setting	
Organisation	**Worcestershire Acute Hospitals NHS Trust**

Clinical Authorisation	
Lead Doctor	Name: David Raven Position: Divisional Director Urgent Care Signature: Date: 13/12/23
Lead Nurse/Allied Health Professional	Name: Clare Bush Position: Divisional Director of Nursing Signature: Date: 8.12.2023
Lead Pharmacist	Name: Tina Evans Position: Team Lead Pharmacist for Urgent Care Signature: Date: 11.1.24
Organisational Authorisation	
Chief Medical Officer	Name: Christine Blanshard pp WATSON ACMO Signature: Date: 29/1/24
Chief Nursing Officer	Name: Sarah Shingler Signature: Date: 24/1/24
Director of Pharmacy	Name: Tania Carruthers Signature: Date: 25/3/24

Patient Group Direction Peer Reviewed by		
Name	**Position**	**Date**

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Individual Authorisation

PGDs 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.

Note to Authorising Managers: Staff authorised to use PGDs may wish to have an individual record of the PGDs they are signed up to, if so use 'PGD Individual Staff Record' sheet. If specifically requested, authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD.

Name of Professional	Signature	Authorising Manager	Date