DIRECTORATE OF OBSTETRICS AND GYNAECOLOGY

Patient Group Direction for the administration of Terbutaline Sulfate 0.25mg S/C for fetal heart abnormalities as a result of uterine activity

PGD comes into effect	1st July 2023
Review date	1st July 2025
Expiry date	1st July 2025
Professionals to which PGD applies	Band 6 registered midwives (in charge of the induction area) employed within Cardiff & Vale University Health Board working as part of the countermeasures framework who have demonstrated competency
Clinical Director for Obstetrics	
On behalf of Cardiff & Vale University Health Board Service Director for Pharmacy and Medicines Management	
Medical Director	
Nurse Director	

Clinical Condition	Uterine activity generating fetal heart abnormalities
Criteria for Inclusion	Uterine hyperstimulation (Hypertonus or tachysystole) resulting in fetal heart abnormalities Any uterine activity generating fetal heart abnormalities

Criteria for exclusion	Cardiac disease resulting in the potential for arrhythmia Any contraindications identified prior to labour Caution in abruption
Seek further advice	Transfer to Delivery suite and refer to a medical practitioner after administration

Description of treatment	
Name of medicine	Terbutaline Sulfate
Legal status of Medicine	PoM
Form	Subcutaneous lnjection
Strength	5m ml
Dosage	0.25mg
Total daily dose	
Route of administration	Subcutaneous Injection into arm

Adverse reactions	Postpartum haemorrhage Nausea
Written & verbal advice for patient/carer	Verbal advice from midwife regarding reasons for treatment
Follow up	Transfer to delivery suite and refer to a medical practitioner after administration
Arrangements for referral for medical advice	Transfer to delivery suite and refer to a medical practitioner after administration
Records of administration for audit	Prescribed and signed for on drug chart

Staff	
Professional qualifications	Band 6 Registered midwife
Training	Demonstrates evidence of competency Has completed PGD training Familiar. with the BNF entries for this product Recognises the adverse drug reactions Recognition and treatment of anaphylaxis
Continuing education	Relevant update training Aware of any updates made to the product in the BNF

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COMPETENCY STATEMENT

Name of registered midwife……..

Competency statement	**Met**	**Comments**
Any specific requirements for PGD		
Demonstrates understanding of the law in relation to PGD		
Demonstrates awareness of limitation of safe practice		
Demonstrates understanding of drugs covered by PGD and possible side effects		
Demonstrates understanding of the inclusion and exclusion criteria		
Describes correct procedure for seeking medical/pharmaceutical advice		
Trained in the recognition and treatment of anaphylaxis		
Describes action to be taken in event of drug error or reaction		
Demonstrates correct documentation procedure		
Demonstrate the ability to review patient's allergy history		
Demonstrates the criteria for administration of Terbutaline Sulfate		

Name/designation of Assessor: ……..

Date of assessment: ……

Review date: ……

The original Patient Group Direction (PGD) will be kept by the nominated Lead within the Health Board.

This Patient Group Direction is to be read, agreed and signed by all authorised to operate the PGD. The signed PGD with the signatures of those operating under the PGD will be kept by the nominated lead with the responsibility for the PGD within the department. A copy will be e-mailed to each member of staff and will also be available on the clinical portal for reference.

I confirm that I have read and understood the content of this Patent Group Directive and that am willing and competent to work under it within my professional code.

Name of Authorized Individual	Signature of Authorized Individual	Name of Nominated Lead	Signature of nominated lead	Date