PATIENT GROUP DIRECTION (PGD)
FOR IMAGING DEPARTMENT

PGD NUMBER	25
PGD NAME	Imaging Derby
LEGAL CATEGORY	See individual medication pages
AREA IN WHICH THIS PGD APPLIES	Imaging
PROFESSIONALS TO WHICH THIS PGD APPLIES	Radiographers & Nurses
SITE(S)	Derby & Derbyshire (see below)*

TRUST AUTHORISATION

Authorisation of this PGD has been conferred by University Hospitals of Derby and Burton NHS Foundation Trust Medicines Safety Group (MSG).

NAME	TITLE	SIGNATURE	DATE
David Tipper	Imaging General Manager & Professional Lead for Radiography		
Dr Mario De Nunzio	Clinical Director - Radiology & Lead Doctor for this practice		
Penny Owens	Divisional AHP Director		
James Hooley	Medicines Safety Officer		

*This policy applies to Trust Imaging Department staff at the Royal Derby Hospital, London Road Community Hospital, Ilkeston Community Hospital, Ripley Community Hospital, St. Oswald's Hospital – Ashbourne and Long Eaton Health Centre.

Separate arrangements are in place for Trust Imaging Department staff at Queens Hospital – Burton on Trent, Sir Robert Peel Hospital – Tamworth and the Samuel Johnson Hospital – Lichfield.

Uncontrolled when printed.

The definitive electronic copy of this policy can be found in the Imaging Directorate Documents Folder - S:\Radiology\Directorate Documents and in QPulse

AUTHORS

Author	Position	Date
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Suzanne Smith	Divisional Pharmacist – Surgery	

The professionals named above have agreed the content of the PGD and ensured that the following policies and procedures have been adhered to in its development:

- Derby Teaching Hospitals NHS Foundation Trust Medicines Code
- Derby Teaching Hospitals NHS Foundation Trust Formulary
- Derby Teaching Hospitals NHS Foundation trust guidance notes for the development of Patient Group Directions

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REVIEWERS

Reviewer	Position	Date
Lead Reviewer Mike Barnard	Clinical Manager – Compliance Imaging Business Unit	November 2018
Suzanne Smith	Divisional Pharmacist - Surgery	November 2018
Lead Doctor (Consultant) Dr Mario De Nunzio	Clinical Director - Radiology	November 2018
David Tipper	Imaging General Manager and Professional Lead for Radiography	November 2018

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MEDICINE DETAILS

ENTONOX

Indication	Short term painful procedures (e.g. Fine Needle Aspiration. Biopsy, Interventional Radiology, Catheterisation, Removal of drains).
Inclusion Criteria	Patients over 16 years presenting with the above symptoms
Exclusion Criteria	Previous sensitivity or intolerance to Entonox, head injuries with impaired consciousness, artificial, traumatic or spontaneous pneumothorax, air embolus, emphysema, gross abdominal distension, alcohol/drug intoxication, decompression sickness; patients under 16 years old.
Cautions/Need For Further Advice	Must be administered using a demand valve, may cause hallucination, hypoxia may occur. Seek advice from Radiologist or Referrer as appropriate
Action if Patient Declines	Document refusal on CRIS, action taken and advice given in nursing documentation and refer to medical staff if appropriate
Action if Patient is Excluded	Discuss with Radiologist, who will decide on an alternative method of pain relief for the procedure, in consultation with the patient. Document reason for exclusion on CRIS.
Name, form & strength of medicine	Entonox (Nitrous Oxide 50% + Oxygen 50%)
Legal Status	POM
Route/Method	Self-administered inhalation via a demand valve through a dedicated mask or mouthpiece
Dosage/Frequency	To be administered as necessary until adequate pain relief is obtained
Maximum Dose	Sufficient to control patient's pain as required during short-term procedure (refer to guidelines for use)
Duration of Treatment	As required during Imaging procedure
Side Effects	Nausea, megoblastic anaemia with prolonged use. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Driving, use of machinery and other psycho-motor activities should not be undertaken until 12 hours have elapsed following Entonox analgesia; counsel the patient that they are unable to receive Entonox therapy at home; Verbal advice on why drug administered, action of the drug and subsequent management of condition; monitor for sensitivity reactions.
Advice to Staff (***Identifying and managing adverse conditions)***	Consult medical staff for advice if an adverse event occurs. Document in medical record. All serious adverse reactions must be reported under the National yellow card system

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Specialist Considerations that should be given to patients receiving concurrent medication	If the patient is receiving any concomitant medication or treatment it is the responsibility of the person acting under this document to ensure that treatment with the drug detailed in this direction is appropriate. Check all concurrent medication with the patient and in the current BNF before supplying. Refer to a Radiologist if the patient is taking any medication that may interact with the intended treatment. **If in any doubt advice should be sought and recorded before the drug is administered.**
Additional facilities, equipment and supplies required to be present in the clinical area	**Use in a well-ventilated area.** Oxygen must be to hand. Resuscitation equipment, Anaphylaxis box.
Arrangements for referral for Medical Advice	N/A as inpatient use only
Follow Up	Entonox is self administered. This ensures the patient takes only what is necessary – the mask will fall away when they become drowsy due to the gas effects
Record	Details of the drug and staff involved in its administration should be recorded: - Documented contraindications check on request card / procedure sheet. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card / procedure sheet will include initials or signatures; and will subsequently scanned into CRIS

STAFF CHARACTERISTICS

Qualifications and Competencies	Imaging Department Registered Nurse with a current NMC registration
Continuing Professional Development	It is the responsibility of the professional to keep up to date with CPD. The healthcare professional should be aware of any change to the recommendations for the medicines listed.
Additional local training	Has undertaken appropriate training. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines.
Assessment	Approved drug assessment; completed Entonox training package.

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MEDICINE DETAILS

GADOLINIUM BASED CONTRAST MEDIA

Dotarem (Gadoteric acid), Gadovist (Gadobutrol), Primovist (Gadoxetate disodium)

IV ADMINISTRATION

Indication	To be administered, intravenously, to patients as an inherent part of a Justified Imaging procedure requiring contrast enhancement. Dotarem is used in brain and spinal imaging Gadovist is used in brain and spinal imaging Primovist is used in liver imaging
Inclusion Criteria	Justified Imaging requests for examinations involving the intravenous administration of Gadolinium based contrast agent. Patients over 16 years presenting for the above type of examination.
Exclusion Criteria	Patients under 16 years old: Patients with any contraindication to the planned examination e.g. MRI scanning. Patients who have experienced a previous significant reaction to contrast agent of any type. Epilepsy or previous fits Multiple allergies Heart problems or high blood pressure; Pregnancy or Lactation Severe Asthma Recent or imminent liver transplant Kidney disease or impaired renal function (in addition to the clinical indications for the examination) Contraindications (exclusion criteria) are identified via verbal pre-examination checks with the patient. Referrers should indicate a patient's impaired renal function as part of the referral, in accordance with the Trust Clinical Guideline on the Prevention of Contrast Induced Kidney Injury.
Cautions/Need For Further Advice	Seek advice from Radiologist or Referrer as appropriate
Action if Patient Declines	Document refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Gadolinium based contrast agent Dotarem / Clariscan (Gadoteric Acid 0.5mmol/ml) Gadovist (Gadobutrol 1mmol/ml) Primovist (Gadoxetate disodium 0.25mmol/ml)

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Legal Status	POM
Route/Method	Intravenous
Dosage/Frequency	As set out in standard protocols. Dotarem / Clariscan: Normal dose: up to 30ml Gadovist Normal dose up to 10ml per field of view as below Primovist: Normal dose up to 7.5ml Please see renal function chart for requests indicating renal impairment.
Maximum Dose	Maximum of 30ml of Dotarem, as a single dose. Maximum for Gadovist: For one field of view the maximum dose is 7.5ml for patients 75kg or less and 10 ml for patients more than 75 kg. For two fields of view the maximum dose increases to 15ml for patients 75 Kg or less and 20ml for patients more than 75 Kg Gadovist, as a single dose. Maximum of 7.5ml of Primovist as a single dose
Duration of Treatment	Length of examination
Side Effects	Common: • Headache • Nausea • Dizziness Uncommon: • Allergy like reactions • Back Pain • High BP Rare: • Fainting • Convulsion • Tachycardia • Dry mouth Extremely rare: • Renal impairment. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/

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Advice to Patient/Carer	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination; Verbal advice on why drug administered, action of the drug and common side effects. Monitor for sensitivity reactions. IV access to be maintained for 10 minutes, and the Patient to be observed for 20 minutes, after contrast agent has been administered. Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Advice to Staff (***Identifying and managing adverse conditions)***	Seek immediate medical assistance in the event of anaphylaxis or suspected anaphylactic symptoms. Seek medical advice if an adverse event occurs. All serious adverse reactions must be reported under the National yellow card system. (Seek advice from Pharmacy).

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Specialist Considerations that should be given to patients receiving concurrent medication	Discuss patients taking medication for heart problems, arrhythmias or tuberculosis with a Consultant Radiologist before administering Pimovist. Patients taking medication for high blood pressure – Discuss with a Consultant Radiologist prior to medication Pregnancy or lactation: Discuss with a Consultant Radiologist prior to administration. Renal Function: Contrast agents containing Gadolinium are associated with Nephrogenic Systemic Fibrosis in patients with poor renal function. **Clinicians must indicate if a patient is in a renal failure, and the degree of renal failure, on the request card. (See Trust Clinical Risk Management Guidelines for Contrast Induced Complications – CG-T/2011/104). The Imaging Department pre-administration contraindications check includes kidney problems as a 'safety net' in case referrers have omitted this information.**
Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen, suction, emergency drugs, telephone, 'crash' trolley.
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. If there is no on-site Radiologist, inpatients and ED patients must be accompanied by a Doctor or Advanced Clinical Practitioner (ACP). Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Follow Up	Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Record	Details of the drug and staff involved in its administration should be recorded: - Documented contraindications check on request card. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card, will include initials or signatures; and will subsequently scanned into CRIS.

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STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers, or Nurses, with current state registration and competence in IV injections.
Continuing Professional Development (CPD)	It is the responsibility of the individual registered Radiographer or Nurse to remain updated; with evidence of continued professional development.
Additional local training	Has undertaken appropriate training to administer intravenous Gadolinium based contrast media. Has undertaken appropriate training to operate pump injectors, where applicable. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines. Current ANTT training.
Assessment	Radiographers & Nurses: Approved drug assessment, as detailed in Imaging IV policy (EP-06) and Competency Packages for pump injectors.

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MEDICINE DETAILS

HYOSCINE BUTYLBROMIDE 20MG/ML - INJECTION

Indication	To be administered as an anti-spasmodic / smooth muscle relaxant, Patients as an inherent part of a Justified Imaging procedure to visualise the gastro-intestinal tract.
Inclusion Criteria	Patients over 16 years attending for an examination of the gastro-intestinal tract involving the use of endoluminal contrast agent.
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient Patients under 16 years Prostatic enlargement with urinary retention Megacolon Paralytic Ileus Closed angle glaucoma Myasthenia gravis Pyloric stenosis Pregnancy Radiographers / Nurses will make verbal checks with patients for contra-indications (exclusion criteria) prior to administration.
Cautions/Need For Further Advice	Administration to patients: Who are breast feeding Have Down's Syndrome Tachycardia (Hyperthyroidism / Recent MI / Cardiac Insufficiency / Recent Cardiac Surgery) GORD Diarrhoea or Ulcerative Colitis not mentioned as part of the referral. Discuss with a Consultant Radiologist. Special consideration is required for patients taking a wide variety of concurrent drugs. Staff acting under this PGD should consult the BNF and /or a Consultant Radiologist prior to administration.
Action if Patient Declines	Document refusal on CRIS.
Action if Patient is Excluded	No antispasmodic agent or an alternative antispasmodic agent administered by a Radiologist.
Name, form & strength of medicine	Hyoscine Butylbromide 20mg/ml injection (Buscopan)
Legal Status	POM
Route/Method	Intravenous injection
Dosage/Frequency	A single dose of 20mg
Maximum Dose	A single dose of 20mg, to be given without reference to a Radiologist.
Duration of Treatment	Length of examination

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Side Effects	Transient dry mouth Transient blurred vision Transient bradycardia / tachycardia / palpitations / arrhythmia Anaphylaxis Urinary retention, dyshidrosis, dizziness, constipation Painful red eye(s) or loss of vision in patient with angle-closure glaucoma Visual accommodation disturbances Injection site pain Transient confusion, giddiness, nausea and vomiting Dyspnoea in patients with asthma Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination. Monitor for sensitivity reactions.
Advice to Staff (***Identifying and managing adverse conditions)***	Seek immediate medical assistance in the event of cardiac symptoms or suspected cardiac symptoms. Seek medical advice if an adverse event occurs. All serious adverse reactions must be reported under the National yellow card system. (Seek advice from Pharmacy).
Specialist Considerations that should be given to patients receiving concurrent medication	Refer to BNF and / or a consultant Radiologist if it identified that the patient is taking relevant concurrent medication during verbal pre-examination checks.
Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen, suction, emergency drugs, telephone
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.

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	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination. Seek immediate medical advice in the event of cardiac symptoms or loss of vision. Contact the Imaging Department for Radiography / Nursing staff advice or contact the patient's own General Practitioner.
Follow Up	The patient will receive their result and other medical follow up from the Referrer.
Record	Details of the drug and staff involved in its administration should be recorded: - Documented contraindications check on request card. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card, will include initials or signatures; and will subsequently scanned into CRIS

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers and Nurses with current state registration
Continuing Professional Development (CPD)	It is the responsibility of the individual registered nurse or radiographer to remain updated, with evidence of continued professional development.
Additional local training	Has undertaken appropriate training to administer Hyoscine Butylbromide IV. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines. Current ANTT training.
Assessment	Radiographers & Nurses: - Approved drug assessment, as detailed in Imaging IV policy, EP-06.

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MEDICINE DETAILS

IODINATED CONTRAST AGENT – ORAL ADMINISTRATION

Indication	To be administered to Patients as an inherent part of a Justified Imaging examination. Administration must be according to the protocol / agreed scheme of work for the examination.
Inclusion Criteria	Justified Imaging requests for examinations requiring opacification of the Gastrointestinal Tract or Faecal Tagging for Patients over 16 years of age presenting for the above type of examination
Exclusion Criteria	Patients under 16 years old Patients who have experienced a previous significant reaction to Iodinated contrast agent Severe Asthma Multiple allergies Heart problems Diabetes Kidney problems **Neat Gastrografin** must not be administered in dehydrated patients or in patients with suspected possibility of aspiration or broncho-oesophageal fistula. Contraindications (exclusion criteria) are identified via verbal pre-examination checks with the patient. Referrers should indicate a patient's impaired renal function as part of the referral, in accordance with the Trust Clinical Guideline on the Prevention of Contrast Induced Kidney Injury.
Cautions/Need For Further Advice	Seek advice from Radiologist or Referrer as appropriate
Action if Patient Declines	Document refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Iodinated contrast media: Gastrografin: 100mg/ml sodium amidotrizoate & 660 mg/ml meglumine amidotrizoate. Omnipaque: Iohexol Visipaque: Iodixanol Xenetix: Iobitridol Niopam: Iopamidol Iomeron: Iomeprol *(Brand name is followed by a number indicating the concentration of Iodine, e.g. Omnipaque 300 contains 300mg iodine/ml)*

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Legal Status	POM (Omnipaque, Visipaque, Xenetix, Niopam, Iomeron). P (Gastrografin)	
Route/Method	Oral	
Dosage/Frequency	Gastrografin (opacification of GIT): As Required. Usual Dose – 20ml in 900ml of water. Gastrografin (faecal tagging): Usual Dose – 2 x 50ml Omnipaque: Visipaque: Xenetix: Niopam: Iomeron:	As Required	Usual Dose – up to 100ml of Omnipaque 300 without reference to a Radiologist

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Maximum Dose	Omnipaque: As set out in standard protocols Gastrografin: As set out in standard protocols A maximum dose of 100 ml without referring to a Radiologist
Duration of Treatment	Length of examination including prior preparation.
Side Effects	Common: • Feeling hot Uncommon: • Nausea & Vomiting Rare: • Allergy like reactions including anaphylaxis • Bradycardia or Tachycardia • Headache / Dizziness • Decreased Renal Function • Oedema / Rash / Pruritis • Fluid or electrolyte imbalance Very Rare: • Hypertension • Hypotension • Diarrhoea and abdominal pain • Bronchospasm / Dysponoea • Hyperthyroidism Gastrografin has a laxative effect at the dose used for faecal tagging. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination. Monitor for sensitivity reactions.
Advice to Staff (***Identifying and managing adverse conditions)***	Seek immediate medical assistance in the event of anaphylaxis or suspected anaphylactic symptoms. Seek medical advice if an adverse event occurs. All serious adverse reactions must be reported under the National yellow card system. (Seek advice from Pharmacy).
Specialist Considerations that should be given to patients receiving concurrent	There are no documented issues with concomitant medication or foodstuffs. Pregnancy or lactation: Discuss with a Consultant Radiologist prior to administration.

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medication	Renal Function: **Clinicians must indicate if a patient is in a renal failure, and the degree of renal failure, on the request card. (See Trust Clinical Risk Management Guidelines for Contrast Induced Complications – CG-T/2011/104). The Imaging Department pre-administration contraindications check includes kidney problems as a 'safety net' in case referrers have omitted this information.**

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Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen, suction, emergency drugs, telephone
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Follow Up	None
Record	Details of the drug and staff involved in its administration should be recorded as set out in agreed schemes of work: - Documented contraindications check on request card. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card, will include initials or signatures; and will subsequently scanned into CRIS

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers & Nurses with current state registration
Continuing Professional Development (CPD)	It is the responsibility of the individual registered Radiographer or nurse to remain updated, with evidence of continued professional development
Additional local training	Radiographers & Nurses: Has undertaken appropriate training in the administration of oral contrast agents. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines.
Assessment	Approved drug assessment.

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MEDICINE DETAILS

ISO-OSMOTIC BOWEL PREPARATION

Indication	Bowel cleansing preparation prior to a Justified Imaging procedure requiring laxative bowel preparation. The referral must include a clinical assessment form completed and a signed authorisation form prior to supply, or approved equivalent within an electronic request. Supply must be in accordance with the Trust 'procedure for the supply of bowel cleansing products'.
Inclusion Criteria	Patients over 16 years Patients must be able to take medicine orally following clinical assessment and completion of the Trust 'procedure for the supply of bowel cleansing products' checklist, or approved equivalent within an electronic request.
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient Patients under 16 years old Patients who cannot swallow, are nil by mouth, have difficulty swallowing food or drink or are awaiting a swallow reflex test. Pregnancy or suspected pregnancy or breast-feeding Patients with gastrointestinal obstruction, perforation, severe inflammatory bowel disease or toxic megacolon Ileostomy/Colostomy Renal Impairment Heart disease/Congested Cardiac Failure Serious electrolyte disorders Disorders of gastric emptying (e.g. gastroparesis) (Refer to Clinical Guideline for Bowel Prep for GI Endoscopy)
Cautions/ Need For Further Advice	Seek advice from Radiologist or referrer as appropriate. Stop iron tablets five days before procedure. Ileostomy/Colostomy Electrolyte imbalance or severe dehydration Uncontrolled Hypertension Liver cirrhosis Checks for relevant concurrent medication form part of the Trust 'procedure for the supply of bowel cleansing products' checklist, or approved electronic equivalent, provided as part of the referral. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment and is not already noted on the checklist.
Action if Patient	Document refusal on CRIS

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AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

Declines	
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Klean-Prep® 69g sachet powders for Oral solution (Polyethylene glycol, sodium sulphate, sodium bicarbonate, sodium chloride, potassium chloride)
Legal Status	P
Route/Method	Oral
Dosage/Frequency	Klean-prep: Up to four sachets (1 transit pack) Other brands as per manufacturer's directions for pre-procedural bowel preparation. (Each sachet to be made up to 1 litre with water and patient to drink 250ml every 10-15 minutes).
Maximum Dose	A maximum of 4 sachets, to be given without reference to a Radiologist per examination.
Duration of Treatment	Length of the examination including prior preparation.
Side Effects	Nausea, vomiting, abdominal pain, abdominal distension. This list may not represent all reported side effects of this medicine. For further information please refer to the BNF or SPC. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Monitor for sensitivity reactions Patient information leaflet covering risks/side-effects to be sent to patient Important for patient to remain near a toilet at all times. No solid food to be consumed 2 hours before taking Klean-Prep Verbal advice on why drug administered action of drug and subsequent management of condition.
Advice to Staff (***Identifying and managing adverse conditions)***	Supply an individual container for each patient. The label must include hospital name and address, patient's full name and date of issue; also medicine name, form, strength and directions (if not already stated). After reconstitution, the solution should be kept in a refrigerator and discarded if unused after 24 hours.

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Specialist Considerations that should be given to patients receiving concurrent medication	Requests where the checklist indicates that the patient is taking relevant concurrent medications or where this is otherwise identified must be reviewed by a Consultant Radiologist.
Additional facilities, equipment and supplies required to be present in the clinical area	None
Arrangements for referral for Medical Advice	Contact the Imaging Department for Radiography / Nursing staff advice or contact the patient's own General Practitioner.
Follow Up	Verbal advice provided at the conclusion of the Imaging examination regarding resuming normal diet / maintain hydration / continuing laxative effect. Refer to patient information leaflet about timing and side effects.
Record	Records of supply and administration are kept on CRIS via a scanned in Request Card / printout.

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers with current state registration and competence in the use of Klean-Prep for Imaging examinations.
Continuing Professional Development (CPD)	It is the responsibility of the professional to keep up to date with CPD. The healthcare professional should be aware of any change to the recommendations for the medicines listed
Additional local training	Radiographers: Use of Klean-Prep for Imaging examinations. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines.

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PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

MEDICINE DETAILS

NON-IONIC LOW OSMOLAR IODINATED CONTRAST MEDIA – IV ADMINISTRATION

Indication	To be administered, intravenously, to Patients as an inherent part of a Justified Imaging procedure (see IR(ME)R 2018). Administration must be according to the protocol / agreed scheme of work for the examination (EP 06).
Inclusion Criteria	Justified Imaging requests for examinations involving the intravenous administration of non-ionic low osmolar iodinated contrast agent. Patients over 16 years presenting for the above type of examination
Exclusion Criteria	Patients under 16 years old Patients who have experienced a previous significant reaction to Iodinated contrast agent Severe Asthma Allergy to Iodine Multiple allergies Heart problems Kidney problems Thyrotoxicosis Contraindications (exclusion criteria) are identified via verbal pre-examination checks with the patient. Referrers should indicate a patient's impaired renal function as part of the referral, in accordance with the Trust Clinical Guideline on the Prevention of Contrast Induced Kidney Injury.
Cautions/Need For Further Advice	Acute and chronic alcoholism or drug addiction. Phaeochromocytoma. Seek advice from Radiologist or referrer as appropriate Diabetes – please see specialist considerations below.
Action if Patient Declines	Document Refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Non-Ionic Low Osmolar Contrast Agent e.g. Omnipaque (Iohexol), Iomeron (Iomeprol), Xenitix (Iobitridol), Niopam (Iopamidol).
Legal Status	POM

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PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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Route/Method	Intravenous
Dosage/Frequency	50 – 150 ml of 300 g/l concentration (of Iodine), or equivalent; as set out in the agreed schemes of work, (Imaging IV Policy, EP-06)
Maximum Dose	As set out in agreed schemes of work, (Imaging IV Policy, EP-06) Maximum of 150 ml of 300 g/l, or equivalent, as a single dose, or two doses of 50ml each, to be given without reference to a Radiologist.
Duration of Treatment	Length of examination
Side Effects	Common: • Feeling hot Uncommon: • Nausea & Vomiting Rare: • Allergy like reactions including anaphylaxis • Bradycardia or Tachycardia • Headache / Dizziness • Decreased Renal Function • Oedema / Rash / Pruritis • Fluid or electrolyte imbalance Very Rare: • Hypertension • Hypotension • Diarrhoea and abdominal pain • Bronchospasm / Dysponoea • Hyperthyroidism Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination; Verbal advice on why drug administered, action of the drug and common side effects. Monitor for sensitivity reactions. IV access to be maintained for 10 minutes, and the Patient to be observed for 20 minutes, after contrast agent has been administered.
Advice to Staff (***Identifying and managing adverse conditions)***	Seek immediate medical assistance in the event of anaphylaxis or suspected anaphylactic symptoms. Seek medical advice if an adverse event occurs. All serious adverse reactions must be reported under the National yellow card system. (Seek advice from Pharmacy).
Specialist Considerations	Diabetics taking metformin – stop taking metformin for 48 hours after the IV administration of Iodinated contrast media. –follow protocol as

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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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that should be given to patients receiving concurrent medication	set out in Imaging IV Policy (EP06) Pregnancy or lactation: Discuss with a Consultant Radiologist prior to administration. Renal Function: **Clinicians must indicate if a patient is in a renal failure, and the degree of renal failure, on the request card. (See Trust Clinical Risk Management Guidelines for Contrast Induced Complications – CG-T/2011/104). The Imaging Department pre-administration contraindications check includes kidney problems as a 'safety net' in case referrers have omitted this information.**

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PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
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Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen, suction, emergency drugs, telephone
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. If no Radiologist is on-site inpatients and patients from the Emergency Department must be accompanied by a doctor or Advanced Clinical Practitioner (ACP) Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer. Contact the Imaging Department for Radiography / Nursing staff advice or contact the patient's own General Practitioner.
Follow Up	As set out in approved schemes of work, (Imaging IV Policy, EP-06) Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Record	Details of the drug and staff involved in its administration should be recorded as set out in agreed schemes of work: - Documented contraindications check on request card. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card, will include initials or signatures; and will subsequently scanned into CRIS

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers, or Nurses, with current state registration competence in IV injections.
Continuing Professional Development (CPD)	It is the responsibility of the individual registered Radiographer or Nurse to remain updated, with evidence of continued professional development.
Additional local	Has undertaken appropriate training to administer intravenous

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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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training	Iodinated contrast media. Has undertaken appropriate training to operate pump injectors, where applicable. Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines. Current ANTT training.
Assessment	Approved drug assessment / local training as detailed in Imaging IV policy (EP-06) and Competency Packages for pump injectors.

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PGD NAME	**Imaging - Derby**
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AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

MEDICINE DETAILS

FUROSEMIDE – IV ADMINISTRATION

Indication	To be administered, intravenously, to Patients as an inherent part of a Justified Imaging procedure (see IR(ME)R 2000). Administration must be according to the protocol / agreed scheme of work for the examination (EP 06).
Inclusion Criteria	Justified Imaging requests for examinations involving the intravenous administration of Furosemide. Patients over 16 years presenting for the above type of examination
Exclusion Criteria	Patients under 16 years old Patients who have experienced a previous significant reaction to Furosemide. Patients at moderate or high risk of Contrast Induced Kidney Injury using the Trust Matrix. Patients who have experienced a previous significant reaction to amiloride and sulphonamide / sulphonamide derivative drugs. Dehydration. Severe Hypokalaemia or hyponatraemia Anuria / Renal Failure Addison's Disease Porphyria Pregnancy Breast Feeding Comatose/precomatose states associated with live cirrhosis Contraindications (exclusion criteria) are identified via verbal pre-examination checks with the patient. Referrers should indicate a patient's impaired renal function as part of the referral, in accordance with the Trust Clinical Guideline on the Prevention of Contrast Induced Kidney Injury.
Cautions/Need For Further Advice	Hypotension and hypovolaemia (correct first). Urinary retention. Seek advice from Radiologist or referrer as appropriate
Action if Patient Declines	Document Refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Furosemide 20mg / 2ml
Legal Status	POM
Route/Method	Intravenous

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PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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Dosage/Frequency	10mg as a slow intravenous injection, as set out in the agreed schemes of work, (Imaging IV Policy, EP-06)
Maximum Dose	As set out in agreed schemes of work, (Imaging IV Policy, EP-06) Maximum of 10mg, as a single dose to be given without reference to a Radiologist.
Duration of Treatment	Length of examination
Side Effects	<u>Common (>1:100) and Very Common:</u> Dizziness Electrolyte imbalance Fatigue Headache Metabolic alkalosis Muscle spasms Nausea <u>Uncommon (1:100 – 1:1000):</u> Reduced platelets. Diarrhoea Paraesthesia / tingling Hypotension (may lead to dizziness or feinting) Blurred vision or deafness Cardiac arrhythmia Skin photosensitivity Changes to electrolyte balance Changes to urine flow and urinary frequency Fatigue Diabetic patients may experience a deterioration in control and changed insulin requirements <u>Rare (1:1000 – 1:10000):</u> Changes to white cell count (increased eosinophils reduced leucocytes) and reduced bone marrow function. Vasculitis Skin itching or rashes Anaphylactic reaction <u>Very Rare (less than1:10000)</u> Aplastic or haemolytic anaemia, severe changes to white cell count. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk/
Advice to Patient/Carer	Written advice is provided in the Patient information leaflet sent to the Patient prior to examination; Verbal advice on why drug administered, action of the drug and common side effects. Monitor for sensitivity reactions. IV access to be maintained for 10 minutes, and the Patient to be observed for 20 minutes, after furosemide has been administered. Patients suffering blurred vision or

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AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
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	dizziness should be advised not to drive or use machinery until this has resolved.
Advice to Staff (***Identifying and managing adverse conditions)***	Seek immediate medical assistance in the event of anaphylaxis or suspected anaphylactic symptoms. Seek medical advice if an adverse event occurs. All serious adverse reactions must be reported under the National yellow card system. (Seek advice from Pharmacy).
Specialist Considerations that should be given to patients receiving concurrent medication	Diabetics taking metformin – stop taking metformin for 48 hours after the IV administration of Iodinated contrast media. –follow protocol as set out in Imaging IV Policy (EP06) Renal Function: **Clinicians must indicate if a patient is in a renal failure, and the degree of renal failure, on the request card. (See Trust Clinical Risk Management Guidelines for Contrast Induced Complications – CG-T/2011/104). The Imaging Department pre-administration contraindications check includes kidney problems as a 'safety net' in case referrers have omitted this information.**

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PGD NAME	**Imaging - Derby**
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Additional facilities, equipment and supplies required to be present in the clinical area	Oxygen, suction, emergency drugs, telephone
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer. Contact the Imaging Department for Radiography / Nursing staff advice or contact the patient's own General Practitioner.
Follow Up	As set out in approved schemes of work, (Imaging IV Policy, EP-06) Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Record	Details of the drug and staff involved in its administration should be recorded as set out in agreed schemes of work: - Documented contraindications check on request card. - A record of who supplied, prepared, checked and administered the drug. All required information will be documented on the Request Card, will include initials or signatures; and will subsequently scanned into CRIS

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers, or Nurses, with current state registration competence in IV injections.
Continuing Professional Development (CPD)	It is the responsibility of the individual registered Radiographer or Nurse to remain updated, with evidence of continued professional development.
Additional local training	Has undertaken appropriate training to administer intravenous Iodinated contrast media. Has undertaken appropriate training to operate pump injectors, where applicable. Has undertaken appropriate training for working under Patient Group

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	Directions for the supply and administration of medicines. Current ANTT training.
Assessment	Approved drug assessment / local training as detailed in Imaging IV policy (EP-06) and Competency Packages for pump injectors.

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MEDICINE DETAILS **Picolax® (Sodium Picosulfate with Magnesium Citrate) Oral powder for Oral solution**	
Indication	Bowel cleansing preparation prior to a Justified Imaging procedure requiring laxative bowel preparation. The referral must include a clinical assessment form completed and a signed authorisation form prior to supply, or approved equivalent within an electronic request. Supply must be in accordance with the Trust 'procedure for the supply of bowel cleansing products'.
Inclusion Criteria	Patients over 16 years Patients must be able to take medicine orally following clinical assessment and completion of the Trust 'procedure for the supply of bowel cleansing products' checklist, or approved equivalent within an electronic request.
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient Patients under 16 years old Patients who cannot swallow, are nil by mouth, have difficulty swallowing food or drink or are awaiting a swallow reflex test. Pregnancy or suspected pregnancy or breast-feeding Severe Inflammatory bowel disease. Patients with gastrointestinal obstruction, perforation, severe inflammatory bowel disease or toxic megacolon Disorders of gastric emptying (e.g. gastroparesis) Ileostomy/Colostomy Acute surgical abdominal condition such as acute appendicitis Congestive cardiac failure Rhabdomyolysis Serious electrolyte disorders or severe dehydration (Refer to Clinical Guideline for Bowel Prep for GI Endoscopy)
Cautions/Need For Further Advice	Seek advice from Radiologist or referrer as appropriate. Stop iron tablets five days before procedure. Renal Impairment (CKD 4 or 5) Ileostomy/Colostomy Electrolyte imbalance or dehydration Heart disease Uncontrolled Hypertension Liver cirrhosis Risk of falls due to need to access toilet Checks for relevant concurrent medication form part of the Trust 'procedure for the supply of bowel cleansing products' checklist, or

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	approved electronic equlivalent, provided as part of the referral. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment and is not already noted on the checklist.
Action if Patient Declines	Document refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Sodium Picosulphate based laxative, e.g. Picolax.
Legal Status	POM
Route/Method	Oral
Dosage/Frequency	TWO 25g sachets as set out in agreed schemes of work.
Maximum Dose	As set out in agreed schemes of work A maximum of TWO 25g sachets, to be given without reference to a Radiologist
Duration of Treatment	Maximum of ONE treatment dose per examination, including prior preparation and aftercare.
Side Effects	Nausea, vomiting, abdominal pain, abdominal distension. This list may not represent all reported side effects of this medicine. For further information please refer to the BNF or SPC. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk
Advice to Patient/Carer	Monitor for sensitivity reactions Patient information leaflet covering risks/side-effects to be sent to patient Important for patient to remain near a toilet at all times. Verbal advice on why drug administered action of drug and subsequent management of condition.
Advice to Staff (***Identifying and managing adverse conditions)***	Storage and handling of medicines must comply with current guidelines and local policy and minimum labelling requirements met. After reconstitution, the solution should be kept in a refrigerator and discarded if unused after 24 hours.
Specialist Considerations that should be given to patients receiving concurrent medication	Requests where the checklist indicates that the patient is taking relevant concurrent medications or where this is otherwise identified must be reviewed by a Consultant Radiologist.
Additional facilities, equipment and supplies required to be present in the clinical area	None

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PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
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Arrangements for referral for Medical Advice	Contact the Imaging Department for Radiography / Nursing staff advice or contact the patient's own General Practitioner.
Follow Up	Verbal advice provided at the conclusion of the Imaging examination regarding resuming normal diet / maintain hydration / continuing laxative effect. Refer to patient information leaflet about timing and side effects.
Record	Records of supply and administration are kept on CRIS via a scanned in Request Card / printout.

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers with current state registration and competence in the use of Picolax in Imaging examinations
Continuing Professional Development (CPD)	It is the responsibility of the professional to keep up to date with CPD. The healthcare professional should be aware of any change to the recommendations for the medicines listed.
Additional local training	Radiographers: Use of Picolax in Imaging examinations Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines.

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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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MEDICINE DETAILS **GLYCERYL TRINITRATE 500 MICROGRAM TABLETS AND** **400 MICROGRAM SPRAY**	
Indication	To be administered, to Patients as an inherent part of a Justified Imaging procedure (see IR(ME)R 2017). Administration must be according to the protocol / agreed scheme of work for the examination.
Inclusion Criteria	Justified Imaging requests for examinations involving administration of Glyceryl Trinitrate. Patients over 16 years presenting for the above type of examination
Exclusion Criteria	Previous sensitivity or intolerance to the drug or any ingredient; hypersensitivity to nitrates, hypotension and hypovolaemia; aortic stenosis, known severe anaemia; known mitral stenosis or hypertrophic obstructive cardiomyopathy; recent (last 24 hours) use of Sildenafil (Viagra®, Revatio®), Tadalafil (Cialis®) and Vardenafil (Levitra®); known closed-angle glaucoma; known severe renal or hepatic impairment; low blood pressure – systolic less than 100mmHg; raised intracranial pressure due to cerebral haemorrhage or cerebral/head trauma; chest pain > 20 minutes unrelieved by GTN; pulmonary oedema. Contraindications (exclusion criteria) are identified via verbal pre-examination checks with the patient.
Cautions/Need For Further Advice	Hypothyroid, heart failure due to obstruction, recent history of myocardial infarction, hypoxaemia. Seek advice from Radiologist or referrer before giving this agent to a patient who is hypotensive (systolic BP < 100mmHg) or where contraindication or caution has been identified.
Action if Patient Declines	Document refusal on CRIS
Action if Patient is Excluded	As directed by a Radiologist
Name, form & strength of medicine	Glyceryl Trinitrate Tablets 500micrograms Or Glyceryl Trinitrate Spray 400micrograms/metered dose
Legal Status	P
Route/Method	Sublingual
Dosage/Frequency	As per examination Protocol Tablet - One to two tablets to be placed under the tongue & allow to dissolve slowly Spray – One to two metered doses under the tongue. Maximum Ensure patient is sitting / lying down before drug is administered

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Maximum Dose	A maximum of 3 tablets or 3 sprays to be given without reference to a Radiologist
Duration of Treatment	Maximum of ONE dose per examination without reference to a Radiologist
Side Effects	Postural hypotension, tachycardia (but paradoxical bradycardia also reported), throbbing headache, dizziness. Less commonly; nausea, vomiting, heartburn, flushing, syncope, temporary hypoxaemia, rash. This list may not represent all reported side effects of this medicine. For further information please refer to the BNF or SPC. Any serious adverse reaction should be documented in the medical records, medical staff informed and reported to the MHRA via the Yellow Card Scheme. See BNF or http://yellowcard.mhra.gov.uk
Advice to Patient/Carer	Spray/tablet must go underneath the patient's tongue and the patient instructed to close mouth following administration. Drug onset should occur within 2 minutes of administration and its effects last about 30 minutes. Ensure the tablets/spray are in-date (8 week expiry from the date of opening). May cause throbbing headache, flushing, dizziness, metallic taste, postural hypotension, tachycardia. These are usually transient in nature and resolve quickly but should be reported to staff promptly. Headache from GTN can be helped by a single dose of Paracetamol 1g if necessary. Monitor for sensitivity reactions; verbal advice on why drug administered, action of the drug and subsequent management of condition. If the patient experiences any of these symptoms, ask him/her to remove the tablet from the mouth. Patient information leaflet covering risks/side-effects to be sent/given to the patient
Advice to Staff (***Identifying and managing adverse conditions)***	If headache occurs, Paracetamol may be effective in its management; if symptomatic hypotension occurs, consult medical advice. Consult medical advice if an adverse event occurs. Document in medical notes. All serious adverse reactions must be reported under the National yellow card system.
Specialist Considerations that should be given to patients receiving concurrent medication	If the patient is receiving any concomitant medication or treatment it is the responsibility of the person identified in "Staff Group" to ensure that administration of the drug detailed in this direction is appropriate. If in any doubt advice should be sought and recorded before the drug is administered. Check all concurrent medication with the patient and in the current BNF before supplying. Refer to a doctor if the patient is taking any medication that may interact with the intended treatment.
Additional facilities, equipment and supplies required to be present in	Blood pressure monitoring equipment; Oxygen and facemask; Resuscitation equipment.

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PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
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the clinical area	
Arrangements for referral for Medical Advice	Contact a Radiologist if on site, or the referrer as appropriate. If no Radiologist on site contact - Outsourcing Company Radiologist for advice about technical aspects of an examination to be performed. - The Emergency Department for medical assistance with deteriorating patient. Patients will receive the results of their Imaging procedure and advice on the management of their medical condition from the referrer.
Follow Up	Verbal advice provided at the conclusion of the Imaging examination. Patients should make arrangements to get the results of their imaging examination from the referrer. Following their departure from the department, if necessary patients should seek medical advice from the referrer, their General Practitioner or the Emergency Department, as appropriate.
Record	Records of supply and administration are kept on CRIS via a scanned in Request Card / printout.

STAFF CHARACTERISTICS

Qualifications and Competencies	Radiographers with current state registration and competence in the use of Glyceryl Trinitrate in Imaging examinations
Continuing Professional Development (CPD)	It is the responsibility of the professional to keep up to date with CPD. The healthcare professional should be aware of any change to the recommendations for the medicines listed.
Additional local training	Radiographers: Use of Glyceryl Trinitrate in Imaging examinations Has undertaken appropriate training for working under Patient Group Directions for the supply and administration of medicines.

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PGD NAME	**Imaging - Derby**
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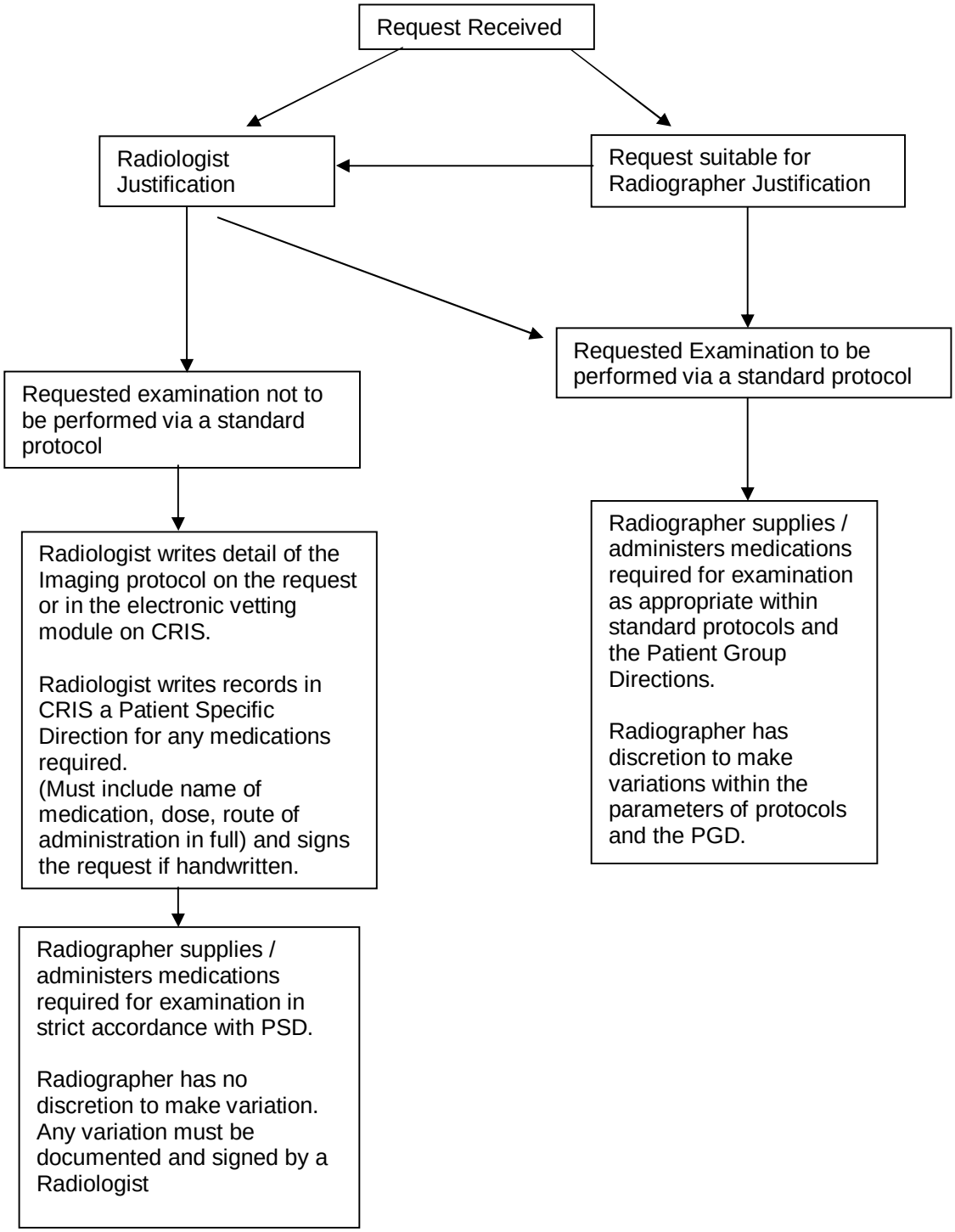
AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

Appendix 1 – Imaging Department Workflow for Examinations Involving Medications



PGD NUMBER	*25*
PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

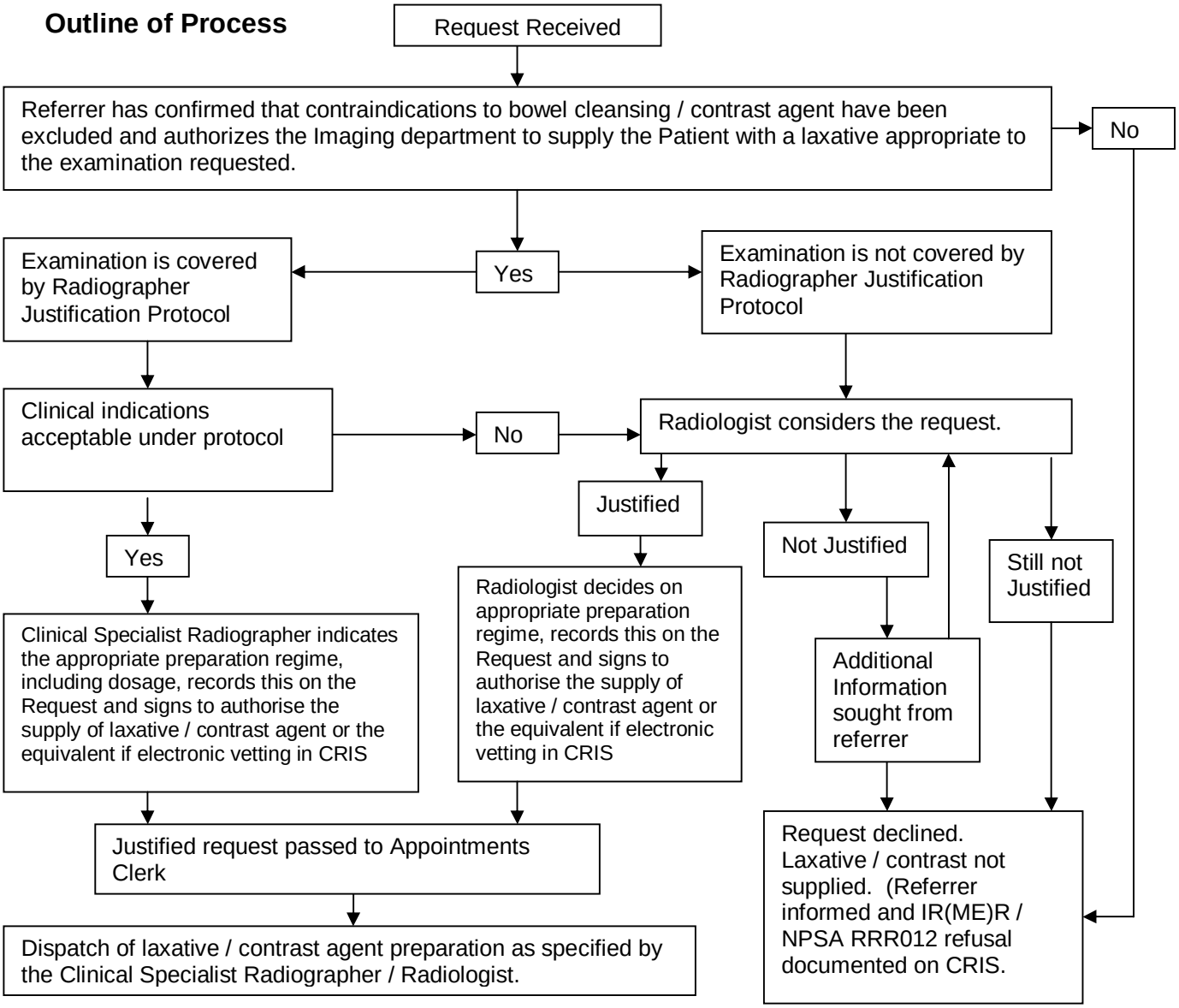
Appendix 2 - Scheme of Work – Supply of Laxative / Contrast Agent - Preparation at Home

Introduction

Prior preparation with laxative or contrast agent is required prior to a range of Imaging procedures, to ensure the bowel is free of faecal material or that faecal material is tagged.

This scheme of work outlines the process of supplying this preparation and the role of different staff groups.

Outline of Process



PGD NUMBER	*25*
PGD NAME	**Imaging - Derby**
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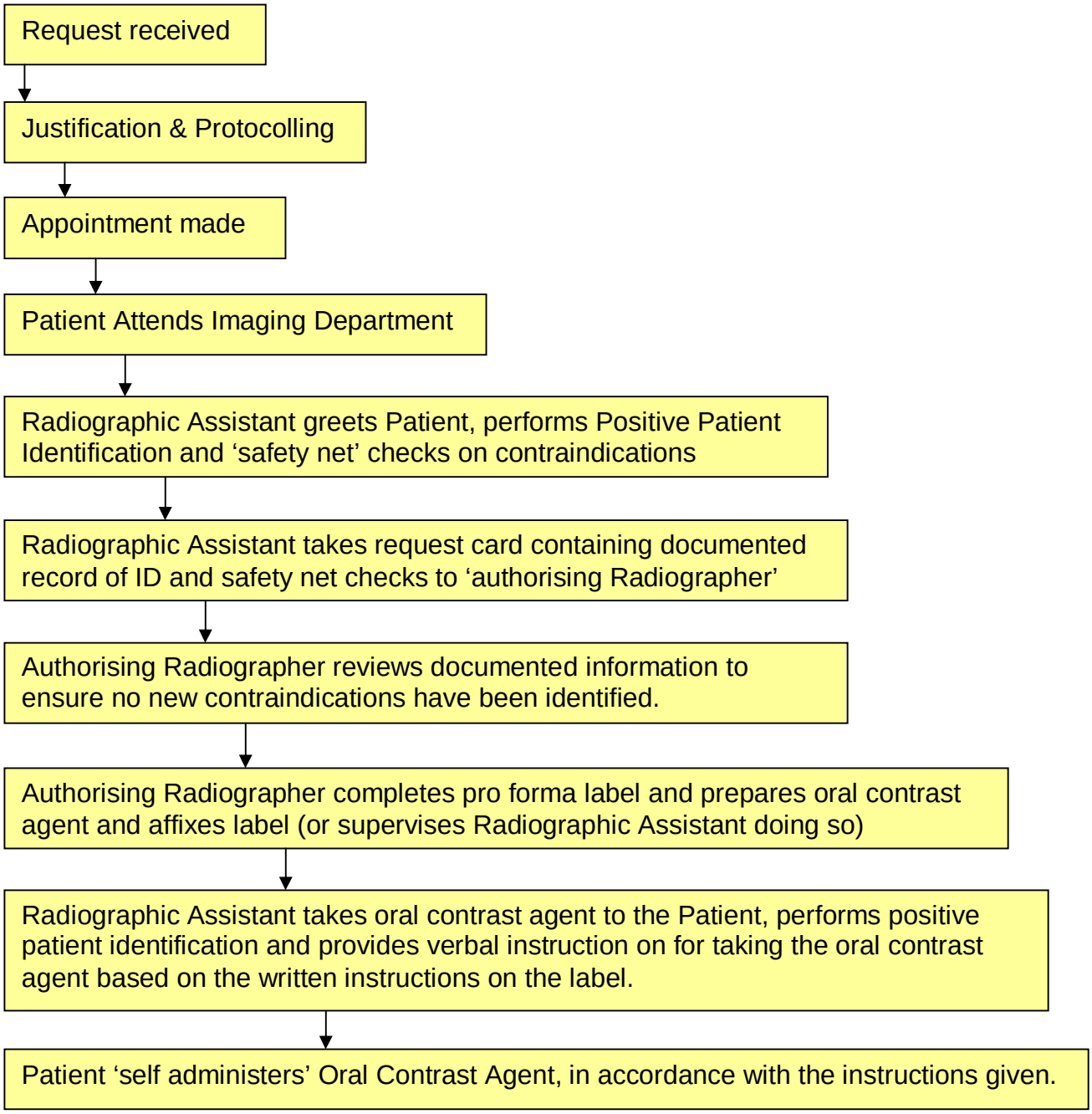
SITE(S)	**Derby and Derbyshire (see page 1)**

Appendix 3 - Scheme of Work: Supply of Oral Contrast Agents to Patients for Self Administration in the Imaging Department



Please see relevant Imaging Department Standard Operating Procedure for full details.

PGD NUMBER	*25*
PGD NAME	**Imaging - Derby**
LEGAL CATEGORY	**See individual medication pages**
AREA IN WHICH THIS PGD APPLIES	**Imaging Departments and areas where Patients are prepared for Imaging examinations**
PROFESSIONAL TO WHICH THIS PGD APPLIES	**Radiographers & Nurses**
SITE(S)	**Derby and Derbyshire (see page 1)**

Appendix 4 - Related documents:

Imaging IV Injections Policy (EP06)
(please see Imaging QPulse)

Imaging Protocol for the Supply of Oral Contrast Agent
to Patients on Wards (please see Imaging QPulse)

Trust Clinical Guideline for the Prevention of Contrast
Induced Kidney Injury (please see Flo)

Bowel Prep for GI Endoscopy - Clinical Guidelines - Derby Sites Only