This patient group direction (PGD) must only be used by registered Paramedics or Nurse Practitioners who have been named and authorised by their organisation to practice under it. The most recent and up to date final signed version of the PGD should be used.

Patient group direction

for the administration of

Ipratropium bromide

by registered Paramedics / Advanced Nurse Practitioners for

Re-Pat Ltd

Version number:1.0

Change history

Version number	Change details	Date
1.1	Alteration to job titles on PGD development and authorisation page.	6/8/25

Document details

Reference number	2301774
Valid from	1/1/25
Renew date	31/12/2027
Expiry date	30/12/2027

PGD Development

People responsible for PGD development

Name	Job title and organisation	Signature	Date
Richard Drakeford	Director		5/12/24
Dr James Cronin	Consultant Intensivist		
Neil Hayward	Pharmaceutical Consultant		
Jordan Cronshaw	Specialist Paramedic		

PGD Authorisation

People responsible for PGD authorisation

Name	Job title and organisation	Signature	Date
Dr James Cronin	Consultant Intensivist		
Neil Hayward	Pharmaceutical Consultant		
Jordan Cronshaw	Specialist Paramedic		

Training and competency of registered Paramedics and Advanced Nurse Practitioners

Requirements of working under the PGD

Qualifications and professional registration	Current registration with the HCPC as a Paramedic. Current registration with the NMC as a Advanced Nurse Practitioner While working for Re-Pat Ltd Has successfully completed an approved university module in applied pharmacology, including individual applied pharmacology or other approved university modules that contain applied pharmacology as part of their content.
Initial training	Has undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of a patient leading to diagnosis of the conditions listed.

Competency assessment	Clinicians should declare their own competence to use PGDs. Assure themselves that they have the necessary clinical skills and knowledge for the treatment of the conditions included and use of the drugs involved. Demonstrate that they understand the legislation surrounding use of PGDs, and understand their responsibilities as a PGD user
Ongoing training and competency	The clinician must meet the requirements of the prevailing level of education required for PGD use at this level of practice. attending regular medicines management update training. All ongoing regular training requirements (e.g. statutory and mandatory training) as required by Re-Pat Ltd for this role must be completed. The clinician is responsible for keeping themself aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up to date with continued professional development and to work within the limitations of their own individual scope of practice.

Clinical condition

Condition-specific information

Clinical condition or situation to which this PGD applies	Acute, severe or life-threatening asthma. Acute asthma unresponsive to salbutamol. Exacerbation of chronic obstructive pulmonary disease (COPD), unresponsive to salbutamol. Expiratory wheezing.
Inclusion criteria	Acute, severe or life-threatening asthma. Acute asthma unresponsive to salbutamol. Exacerbation of chronic obstructive pulmonary disease (COPD), unresponsive to salbutamol. Expiratory wheezing.
Exclusion criteria	Children <3yrs Patients with known Hypersensitivity to ipratropium bromide

Cautions (including any relevant action to be taken)	Ipratropium should be used with care in patients with:Glaucoma (protect the eyes from mist). Pregnancy and breastfeeding. Prostatic hyperplasia. If COPD is a possibility limit nebulisation with oxygen to 6 minutes.
Arrangements for referral for medical advice	Following discharge from Re-Pat, the patient will be offered a worsening care advise leaflet. Arrangement for further assessment is the responsibility of the patient / guardian
Action to be taken if patient excluded	Explore alternative treatment pathways In life-threatening or acute severe asthma: undertake a **TIME CRITICAL** transfer to the **NEAREST SUITABLE RECEIVING HOSPITAL** and provide nebulisation en-route.
Action to be taken if patient declines treatment	A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential risks which may occur as a result of refusing treatment This information must be documented in the patients' health records Any patient who declines care must have demonstrated capacity to do so We are acting in the best interest of the patient Where appropriate care should be escalated

Details of the medicine

Medicines information

Name, form and strength of medicine	Ipratropium Bromide: 250 micrograms in 1 ml / 500 micrograms in 2ml
Legal category	Prescription Only Medicine (POM)
Indicate any off-label use (if relevant)	N/A
Route/method of administration	**Route:** Nebuliser with 6–8 litres per minute oxygen (refer to Oxygen). **Nebuliser - 250 micrograms in 1 ml**

Dose and frequency

Nebuliser - 250 micrograms in 1 ml

AGE	Adult	11 years	10 years	9 years	8 years
INITIAL DOSE	500 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms
REPEAT DOSE	NONE	NONE	NONE	NONE	NONE
DOSE INTERVAL	N/A	N/A	N/A	N/A	N/A
CONCENTRATION	250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml
VOLUME	2 ml	1 ml	1 ml	1 ml	1 ml
MAX DOSE	500 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms

7 years	6 years	5 years	4 years	3 years
250 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms
NONE	NONE	NONE	NONE	NONE
N/A	N/A	N/A	N/A	N/A
250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml	250 micrograms in 1 ml
1 ml	1 ml	1 ml	1 ml	1 ml
250 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms

Nebuliser - 500 micrograms in 2 ml

AGE	Adult	11 years	10 years	9 years	8 years
INITIAL DOSE	500 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms
REPEAT DOSE	NONE	NONE	NONE	NONE	NONE
DOSE INTERVAL	N/A	N/A	N/A	N/A	N/A
CONCENTRATION	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml
VOLUME	2 ml	1 ml	1 ml	1 ml	1 ml
MAX DOSE	500 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms

	7 years	**6 years**	**5 years**	**4 years**	**3 years**
	250 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms
	NONE	NONE	NONE	NONE	NONE
	N/A	N/A	N/A	N/A	N/A
	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml	500 micrograms in 2 ml
	1 ml	1 ml	1 ml	1 ml	1 ml
	250 micrograms	250 micrograms	250 micrograms	250 micrograms	250 micrograms
Administration notes	In life-threatening or acute severe asthma: undertake a **TIME CRITICAL** transfer to the **NEAREST SUITABLE RECEIVING HOSPITAL** and provide nebulisation en-route. If COPD is a possibility limit nebulisation to 6 minutes.				

Maximum or minimum treatment period	**Max Dose:** Adult 500 micrograms (250 micrograms in 1ml / 500 micrograms in 2ml) Children 250 micrograms (250 micrograms in 1 ml / 500 micrograms in 2ml)
Adverse effects	Nausea. Dry mouth (common). Tachycardia/arrhythmia. Paroxysmal tightness of the chest. Allergic reaction.
Records to be kept	The administration of any medication given under a PGD must be recorded within the patient's medical records

Patient information

Information for patients

Written information to be given to patient or carer	Verbal information must be given to patients and or carers for all medication being administered under a PGD Where medication is being supplied under a PGD, written patient information leaflet must also be supplied
Follow-up advice to be given to patient or carer	If symptoms do not improve or worsen or you become unwell, seek medical advice immediately .

Appendices

Appendix A: key references

BNF: *Ipratropium Bromide.* https://bnf.nice.org.uk/drug/ipratropium-bromide.html

Joint Royal College Ambulance Liaison Committee

Appendix B: Paramedics / Advanced Nurse Practitioners agreement to practise

I have read and understood the patient group direction and agree to administer this medicine only in accordance with this PGD.

Details of participating individual

Name	Signature	Senior authorising representative	Date