NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF

IV Hyoscine Butylbromide (Buscopan)

Medicine and Clinical Support Services

Radiology Department

STATEMENT

The staff indicated in 'Staff Group' may administer, without medical prescription, Hyoscine Butylbromide (Buscopan) in the manner detailed below. Although you must be authorised by name before you attempt to work according to this directive.

Hyoscine Butylbromide is an anti-spasmodic drug used to reduce bowel spasm; reduce movement artefact, reduce/eliminate collapse of the bowel wall due to peristalsis or reduce spasm of the muscular wall of the fallopian tubes, aiding patient comfort.

STAFF GROUP

A Named Clinical Specialist/Advanced Practitioner Radiographer, working in Radiology *is* entitled to administer medicines without medical prescription under this patient group direction if he/she holds the professional qualifications BSc (Hons) Diagnostic Radiography or Diploma of the College of Radiographers; has current HPC registration; has received appropriate specialist training in IV therapy and holds a certificate of competence in intravenous injecting/cannulation.

A Radiology Nurse may administer Hyoscine Butylbromide under the direction of a Consultant Radiologist via a previously sited cannula during interventional vascular procedures.

The Practitioner **must** have signed to confirm that they have read departmental guidelines on administration of Hyoscine Butylbromide and that they understand the terms of this PGD.

The Practitioner is responsible for their own CPD and to work within their own limitations and scope of practice. The Practitioner should be

made aware of any changes to the recommendations for the medication listed or to legislation governing this PGD. To be reviewed at annul appraisal.

CLINICAL INDICATION

MR pelvic examinations including:-

- Bladder
- Cervix
- Prostate
- Rectum
- Endometrium
- Ovary

MR small bowel examinations

Fluoroscopy:

- Hysterosalpingogram (HSG)
- Water soluble contrast enema (WSCE)

CT:

- CT Colonography (CTC)

CONTRA INDICATIONS AND CAUTIONS

- Known sensitivity to Hyoscine Butylbromide or components
- Tachycardia: heart rate is excess of 100bpm
- Myasthenia gravis
- Cardiac failure or other acute or unstable cardiac abnormalities e.g. previous myocardial infarction, cardiac surgery, unstable angina, cardiac arrhythmia.
- Megacolon
- Patients susceptible to narrow or acute angle closure glaucoma
- Enlarged prostate with urinary retention
- Pregnancy
- Breast feeding
- Known stenosis in the GI
- Patients presenting with contra-indications as specified in the product summary with tract or paralytic ileus.

CAUTION should be used when administering this drug to:-

- Children and Elderly
- Diarrhoea,Ulcerative colitis
- Conditions characterised by tachycardia eg. Hyperthyroidism
- Pyrexial patients
- Concomitant use of any of the following medicines:-
- Tricyclic antidepressants, antihistamines, quinidine, amantadine, phenothiazines, butrophenones, disopyramide and other anticholingergics (e.g. tiotropium, ipratropium),
  EFFECT – enhanced anticholingeric effects
- Beta-adrenergic agents
  EFFECT – enhanced tachycardia
- Dopamine antogonists such as metoclopramide
  EFFECT – Reduced effectivity of both drugs on the GI tract

NOTE: The presence of any of these listed contra indications is an absolute contra indication to the use of this PGD.

NAME OF DRUG	**HYOSCINE BUTYLBROMIDE 20mg/ml solution for injection**
LEGAL STATUS OF DRUG	Prescription Only Medicine (POM)
DOSE TO BE GIVEN	20mg (1ml)
FREQUENCY OF ADMINISTRATION	Single dose See comments below:
NUMBER OF DOSES TO BE GIVEN	One (normally) If necessary where colonic muscular spasm persists a second 20mg dose may be administered 30 minutes after the initial dose **for CTC's only**, at the discretion of the Advanced Practitioner performing the examination.
ROUTE OR METHOD OF ADMINISTRATION	Slow intravenous injection.

CONTRA INDICATIONS TO USE OF DRUG	As stated in the manufacturer's data sheet/summary of product characteristics and in the exclusion criteria stated under "Conditions to be Treated" within this protocol.
DRUG INTERACTIONS	If the patient is receiving any concomitant medication or treatment it is the responsibility of the health professional identified in "**STAFF GROUP**" to ensure that treatment with the drug detailed in this direction is appropriate. In case of any doubt further advice must be sought from the appropriate health professional and recorded as having been sought before the drug is given.
ADVICE TO BE GIVEN TO THE PATIENT	Patients should be informed that they may experience visual disturbance for a short period. • If vision does not return to normal within 60 minutes or if eye becomes painful or reddened then medical advice should be sought. • Patients should seek urgent ophthalmological advice should they develop a painful, red eye after the injection. • The patient is to be observed after the administration of the agent and throughout the length of the examination and for a minimum of 20 minutes post injection. • The injecting Radiographer is responsible for the welfare of the patient whilst they are within the department. • If the patient is cannulated, the IV cannula should be left in situ after administration for a minimum of 20 minutes, for any emergency drug access.
FOLLOW UP	The patient should be assessed for any adverse reactions prior to leaving the department.
PROBLEM IDENTIFICATION & ACTION	The injecting Radiographer is responsible for the welfare of the patient whilst they are within the department.

If the patient displays any reactions whilst within the department a Consultant Radiologist **MUST** be informed and is required to assess the patient's condition before leaving the department.

IDENTIFICATION AND MANAGEMENT OF ADVERSE OUTCOMES

All adverse reactions to be documented on the referral card/RIS, clinical notes when available and a clinical incident form should be completed.

SIDE EFFECTS

- Anaphylactic shock; including death has been reported
- Dyspnoea, skin reactions and other hypersensitivity
- Visual disturbances
- Hypotension
- Accommodation disorders
- Tachycardia
- Blood pressure decreased, dizziness, flushing
- Dry mouth, constipation
- Dyshidrosis
- Urinary retention
- Psychiatric disorders (e.g. confusion)
- Painful red eye with loss of vision. Patient should seek urgent ophthalmological advice should they develop.

In the event of anaphylaxis:-
Stop administration of the drug
Summon medical help immediately and call 2222
Open airway if patient collapsed
Provide oxygen via face mask
Support circulation with CPR if necessary.

The drug or agent should be identified and the manufacturer informed. The patient must be informed of the potential risks of a further injection of the same drug and referred to their medical practitioner.

FACILITIES NECESSARY FOR MANAGEMENT OF ADVERSE REACTION

Anaphylaxis Kit (Red Box)
Resus trolley
Oxygen

CLINICAL RECORD AND AUDIT TRAIL

Information to be recorded on the electronic radiology patient system CRIS, to include:-

- Date

- Dose
- Expiry
- Batch
- Administrators name
- Concomitant medication
- Known allergies
- Contra indications
- Adverse reactions and actions taken
-

REFS/RESOURCES

- Summary of Product Characteristics Buscopan Ampoules (Boehringer Ingelheim) last updated on eMC 17/11/2017.

- Joint Position Statement RCR & BSGAR, 2017, Guidance regarding MHRA Alert 20 February 2017; Hyoscine Butylbromide (Buscopan) injection: Risk of serious adverse effects in patients with underlying cardiac disease.

National protocols/guidelines:-

- Behrens et al, 2008, Intravenous Buscopan on colonic dissention during CT Colonography; Can Assoc Radiol J. 59 (4); 183-90
- Burling et al, 2010, CT Colonography standards (on behalf of the International collaboration for CT Colonography standards); Clinical Radiology 65 (6); 474-480
- Rubesin et al, 2000, Double contrast barium enema examinations technique, Radiology 215, 642-650.

PROTOCOL PREPARED BY

Mrs H. JOHNSON — **RADIOLOGY QUALITY MANAGER**

DIRECTION APPROVED BY

Mrs D CLARKE — **DIAGNOSTIC DIRECTORATE MANAGER**

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Dr V HOWARTH — **CLINICAL DIRECTOR CLINICAL SUPPORT SERVICES**

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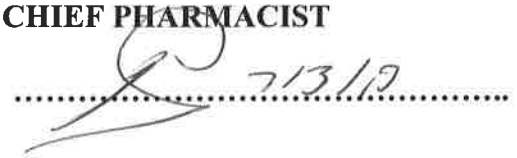
Mr. J. PEACOCK, **CHIEF PHARMACIST**



REVIEW

It is the responsibility of the Head of the Professional body to whom the direction applies to ensure timely review.

Reviewed by Helen Johnson- Radiology Quality Manager

Implemented on **1ST JAN 2019**

The direction must be reviewed by **1ST JAN 2022**

In addition to the above, the patient group direction must be submitted to the Chairperson of the Drug and Therapeutics Committee for approval by that committee. The patient group direction will remain valid until the next available meeting of the Drugs and Therapeutics Committee following the review date at which time a decision will be made regarding its future use.

APPROVED ON BEHALF OF THE TRUST BY INTEGRATED MEDICINES OPTIMISATION GROUP (IMOG)	**Dr. Brendan Ryan** **CHAIR** 

All patient group directions should be subject to regular review in line with changes in clinical practice.

COMPETENCY

The patient group direction is to be read, agreed to, and signed by all health professional staff it applies to. One copy is given to the health professional to retain within their professional portfolio, and another to his/her manager to be retained by the manager within the ward or department.

I have read the patient group direction, agree to use it in accordance with the criteria described, and have been assessed as competent by an appropriate practitioner in accordance with the assessment pro-forma contained in this document.

Name: .....

Signature: .....

Date: .....

Review date: .....

I declare that the above named has been assessed as competent to supply or administer medicines in accordance with this patient group direction. I am competent to perform this assessment and I confirm that the above individual is a member of the staff group to which the PGD applies.

Name: .....

Signature: .....

Date: .....

Review date: .....

This Patient Group Direction (PGD) was approved by the Trust 2019.

Any health care professional working within the PGD must ensure that it is the most recent version.

This can be confirmed on the Trust Intranet **HTTP://TIS**

Tameside Hospital NHS

NHS Foundation Trust

IV Administration of HYOSCINE BUTYLBROMIDE (BUSCOPAN)

ASSESSMENT OF COMPETENCE

HEALTH CARE PROFESSIONAL (name) .....

The health care professional is able to:-

		Individual Self-Assessment (sign when competent)	**Assessors Confirmation (sign when competent)**
1	Understand fully the clinical situation(s) in which the PGD may be applied		
2	Understand for whom the PGD cannot be used and which patient group(s) must be referred to a doctor		
3	Understand the contra-indications and exclusions for the medicines (including the potential for interaction with other prescribed medicines)		
4	Name the medicine; dose; method and route of administration; frequency and duration of treatment; and maximum dose		
5	Understand how to recognise and manage any drug related adverse or untoward reactions		
6	Understand the verbal and/or written advice that must be given to the patient		
7	Understand how and where to document the administration of the medicine		
8	Demonstrate competency in the supply or administration of the medicine and the clinical procedure in which it is used		

Name: .....

Assessors Signature: .....

Date: .....