NHS
Somerset
Integrated Care Board

Patient Group Direction: For the administration of **Lidocaine (lignocaine) Hydrochloride 1% injection (10mg/ml) and Lidocaine (lignocaine) Hydrochloride 2% injection (20mg/ml)** by **HCPC Registered Physiotherapists** providing Musculoskeletal and/or Physiotherapy services in GP practices or ICB commissioned services across NHS Somerset ICB (Version 3.0)

- **For the treatment of intra-articular or extra-articular musculoskeletal lesions**

Staff involved in the review and development of this PGD for NHS Somerset ICB:

	Name	Signature	Date
Doctor	Dr Andrew Tresidder, NHS Somerset Prescribing & Medicines Management Group Chair		10/06/2024
Pharmacist	Hels Bennett, Medicines Manager, NHS Somerset ICB		05.06.2024
Physiotherapist	Karen Larsen, Specialist Musculoskeletal Practitioner, OASIS, Somerset NHS FT		06.06.2024

Name of original author: Somerset NHS Foundation Trust

Authorised for use across NHS Somerset ICB Practices or ICB commissioned services by:

Bernice Cooke, Deputy Chief Nursing Officer & Director of Nursing for NHS Somerset ICB (Acting as Clinical Governance Lead)

Signed:  Date: 13/6/24

Valid from: 17th June 2024
Expiry Date: 10th November 2026

TO BE COMPLETED BY GP SURGERY / Commissioned service:

I, Doctor ……, as clinical lead for …… surgery, have read and approved this PGD for use by appropriate HCPC Registered Physiotherapists working at my surgery / commissioned service. I understand that I am responsible for ensuring that staff have adequate training to ensure that this injection is administered to patients in strict accordance with this PGD.

Signed…….. Dated……

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The HCPC Registered Physiotherapists named below are authorised to administer as specified under this Patient Group Direction, while working at:

…… (INSERT SERVICE / PRACTICE NAME)

In signing this document, I confirm the following:

- I have read and understood the above mentioned PGD.
- I agree to practice only within the bounds of my own competence and in accordance with my Code of Professional Conduct.
- I have the qualifications required under the staff characteristics detailed in the PGD
- I am competent to operate under this PGD.
- I will provide the service in accordance with this PGD

NAME *(please print)*	**TITLE**	**SIGNATURE**	**AUTHORISING MANAGER** *(please print)*	**MANAGER'S SIGNATURE**	**DATE**

- **Complete additional pages as necessary.**
- **Retain original signed pages (1) and (2) with authorising manager.**

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- **For the treatment of intra-articular or extra-articular musculoskeletal lesions**

N.B. You must be authorised by name, under the current version of this PGD before you attempt to work in accordance with it.

1. Clinical Condition

Definition of condition/situation	• Treatment of patients with intra-articular or extra-articular musculo-skeletal lesions usually used with a local corticosteroid injection.
Criteria for inclusion	• Adult patients, aged 18 years and over, seen in Somerset ICB GP practice or referred to the Physiotherapy Musculoskeletal Service & Orthopaedic Assessment Service. • Suffering with joint or soft-tissue pain • Appropriate consent obtained. • Where a corticosteroid injection is considered appropriate to alleviate: - Arthritis - Capsulitis - Bursitis - Tendinopathy and tenosynovitis - Enthesopathy - Neuromas - Ganglion cysts - Entrapment and impingement syndromes of nerve and soft tissues. • Where appropriate, as a diagnostic local anaesthetic block
Exclusion criteria	• Children under the age of 18 years. • No valid consent to treatment. • First trimester of pregnancy • Known hypersensitivity, including anaphylaxis to local anaesthetic or any amide type local anaesthetic, or any other excipient of the injection or, having shown hypersensitivity after previous administration. • Known or suspected local or systemic infection. • Previously infected joint. • Osteomyelitis adjacent to the joint to be treated • Active rash/broken skin at site of injection. • Injection into a prosthetic joint • Haemarthrosis. • Tendon regions at high risk of rupture. • 3 injections to same joint in previous 12 months. • Treatment of spinal joints. • Treatment of fractured or unstable joints. • Treatment of hip joints. • Uncontrolled coagulopathy. • Uncontrolled hypertension.

	• Patients with Cushing's disease. • Due to undergo major surgery to the joint/structure considered for injection within the next 3 months (EULAR guidance 2021) • Complete heart block • Hypovolaemia
Caution	Caution is necessary when using local anaesthetics in the following situations. In such cases the health care professional may wish to seek further medical advice before continuing: • Myasthenia Gravis • Epilepsy • Congestive heart failure • Bradycardia • Respiratory depression • Where agents are known to interact with Lidocaine either to increase its availability or additive effects • Hepatic or end renal insufficiency • Persons suffering with porphyria • Effect may be reduced when injected into inflamed areas • Pregnancy 2nd and 3rd trimester • Breastfeeding • Debilitated patients • Elderly patients Facilities for resuscitation should be available when administering local anaesthetics.
Action if excluded	• Explain the reasons for exclusion to the individual and document in the consultation record. • Refer to supervising prescriber as appropriate. Where necessary refer the individual to a suitable health service provider and/or provide them with information about further options.
Action if patient refuses medication	• Where treatment declined, record reason for decline (where given) in the consultation record. • Refer to medical practitioner/suitable health service provider and/or provide them with information about further options as appropriate

2. Characteristics of Staff

Professional qualification to be held by staff working under this PGD	• HCPC Registered Physiotherapists • Current contract of employment or locum agreement within Somerset NHS Foundation Trust

Additional requirements	**Initial training** • Trust PGD training (online via LEAP) • Appropriate training to carry out clinical assessment of a patient leading to diagnosis that requires treatment according to the indications listed in this PGD • Has undertaken specific teaching and has been assessed as competent to administer injectable medications to patients presenting with appropriate musculoskeletal conditions. The specific training requirements for each distinct profession will be reflected in local SOPs. • Training and competence in all aspects of drug administration for the medicine covered by this PGD including contraindications and the recognition of anaphylaxis. • Trust Adult Basic Life Support (Level 2) training. • Trust Anaphylaxis training. • The practitioner should be aware of any change to recommendations or professional guidelines for the medication listed. **Competency assessment** • Successful completion of Trust generic PGD training • Demonstration of all necessary competencies to administer the product under this PGD **Ongoing training and competency** • Individuals operating under this PGD are personally responsible for keeping up to date with the use of all medicines included in the PGD and to work within the limitations of individual scope or practice. • If any training needs are identified these should be discussed with the PGD authorising manager/line manager and further training provided as required • Organisational PGD and/or medication training as required by the Trust. • Evidence of CPD in Musculoskeletal Injection therapy as required by Somerset NHS Foundation Trust. • Injection competency assessment every two years • Annual resuscitation training. • Annual anaphylaxis training. • Annual infection control training. • Completion and submission of Continuous Professional Development as required by the HCPC

System for recording names of individuals authorised to supply and / or administer drugs under this Patient Group Direction	For commissioned service staff, Healthcare Professional to complete Individual Authorisation (page 2 of PGD) signed by authorising manager. Copies to be kept by / sent to: • Authorising manager in GP practice • Individual HCPC Registered Physiotherapist • Provider Physiotherapy service lead manager • Provider Medicines Management Team

3. Description of Treatment

Name of Medicine	Lidocaine (lignocaine) Hydrochloride 1% injection (10mg/ml) Lidocaine (lignocaine) Hydrochloride 2% injection (20mg/ml)
Legal Class	POM (Prescription Only Medicine)
Storage	• Store at less than 25°C. • Store in original packaging • Protect from light.
Method or route of administration	Intra-articular or extra-articular injection using an appropriately sized needle. Lidocaine is injected prior to or after administration of any corticosteroid. As per injection therapy policy. NB: The injections **must not** be given intravenously or intrathecally
Dose to be used (including criteria for use of differing doses)	Lidocaine hydrochloride 1% should be used as a preference, unless a small volume is needed for small joints or due to a medicinal shortage. The dose and volume of local anaesthetic injection is clinically determined for each individual patient by the named Physiotherapist depending on the joint size, size of the intra-articular or extra-articular musculoskeletal lesion and the severity of the condition. Lidocaine 1% (10mg in 1ml) injection: • Max advised amount 100 mg (10ml) • Max licensed dose 200 mg (20ml) Lidocaine 2% (20mg in 1ml) injection: • Max advised dose 40mg (2ml) • Max licensed dose 200 mg (10ml)

Frequency	• Where there is multiple joint involvement, treatment may be by intra-articular or extra-articular injection to multiple sites as appropriate. **Maximum or minimum treatment period** • Intra-articular at least three months between injections, apart from injections to the glenohumeral joint for frozen shoulder, where a successful injection may be repeated after 3-4 weeks. • Extra-articular injections can be repeated when necessary if symptoms do not fully resolve, up to a maximum of three injections per episode
Other information	**Interactions** **All concurrent medications must be checked for interactions.** A detailed list of drug interactions is available in the BNF www.bnf.org and the individual product SPC, available from the electronic Medicines Compendium www.medicines.org.uk Where a clinically significant interaction is identified discuss with appropriate medical/independent non-medical prescriber If practitioners are in doubt regarding drug interactions, the duty pharmacist can be contacted on: 01823 368265 or email: medicinesmanagement@somersetft.nhs.uk **Adverse reactions** Adverse reactions to Lidocaine are rare and are usually the result of raised plasma concentrations due to accidental intravascular injection, excessive dosage or rapid absorptions from highly vascular areas, or may results from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org • Hypersensitivity reactions • Dizziness, light-headedness, nervousness, tremor, circumoral paraesthesia, tongue numbness, drowsiness, convulsions, coma • Excitatory or depressant nervous system reactions • Blurred vision, diplopia, transient amaurosis • Tinnitus, hyperacusis • Hypotension, bradycardia, myocardial depression, cardiac arrhythmias and possible cardiac arrest or circulatory collapse • Methaemoglobinaemia • Dyspnoea, bronchospasm, respiratory depression, respiratory arrest. • Nausea, vomiting • Rash, urticaria, angioedema, face oedema

Advice and information to patient/carer including follow-up	• The patient has been given, read and understood the **Product Patient Information Leaflet** and the **Trust Patient Information Leaflet on Joint and Soft Tissue Injections** (available in PGD section here), and consents to treatment. • If condition worsens or symptoms persist, then seek further medical advice or any adverse effect experienced • Give appropriate advice leaflets and arrange necessary ongoing care. **Adverse effects:** Any serious adverse reaction should be documented e.g. in the consent forms, patient's medical record and the GP should also be informed. Unusual /persistent side effects should be followed up with a medical practitioner. Any **serious** adverse events that may be attributable to the drug should be reported to the MHRA using the yellow card system https://yellowcard.mhra.gov.uk/ and also follow the local incident reporting procedure.
Specify method of recording supply /administration including audit trail	It is a legal requirement to keep auditable records of administration and supply of medication via a PGD. All records should be kept in line with national guidance. This includes individual data, master copies of the PGD and lists of authorised practitioners. All records should be clear, legible and contemporaneous and made in appropriate patient notes. The following will be recorded in the patient's clinical records: • Record that supply/administration is via Patient Group Direction (PGD) • Patient's name, address, date of birth & NHS number • Written Consent, NHS Consent form no 3. • Indications for use • Advice given to patient/carer (to include side effects and Patient Information Leaflet if provided) • Name of medicine / dose/ quantity supplied or administered • Brand, batch number and expiry date of medicine • Name of registered professional, signature, and date. Electronic records must have individual identifiers for healthcare professionals for audit trail • Document any adverse reactions and actions taken • All significant events/incidents/near misses occurring in relation to the supply / administration of a medicine under this PGD must be reported to the Trust on the relevant incident form in a timely manner • Aftercare and any referral arrangements made

References used in the development of this PGD:	• Summary of Product Characteristics Lidocaine 1% • EULAR recommendations for intra-articular therapies 2012 EULAR • PCRMM Joint and soft tissue Injection recommendations 2021 PCRMM link

Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from 17th June 2024 and expires 10th November 2024

Version History

Version	Date	Brief Summary of Change	Owner's Name
2.1	May 2020	Somerset Partnership PGD full review	Paul Aldwinckle, Orthopaedic Specialist Podiatrist, SPFT
2.2	July 2020	Minor amendments and transfer to CCG template	
2.3	Aug 2020	Minor amendment to allow all qualified physiotherapists and amend typo	
2.4	May 2022	Somerset Foundation Trust PGD full review. Minor formatting changes by Somerset CCG. Reviewed and approved by Somerset CCG Prescribing & Medicines Management Group	Simon Ingram, First Care Practitioner Clinical Lead, SFT
3.0	May 2024	Full review & update to align with Somerset NHS Foundation Trust PGD including expiry date. Formatting changes. Reviewed & approved by Somerset Medicines Programme Board. Link added to SFT Joint & Soft Tissue Injection patient leaflet. ICB signatory updated.	Karen Larsen, Specialist Musculoskeletal Practitioner, OASIS, SFT