

Dear Pharmacist,

NHS England  
Cumbria, Northumberland, Tyne and Wear  
Area Team  
Waterfront 4  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY

To All Pharmacists delivering the  
2014/15 community pharmacy  
influenza vaccination programme for  
Public Health England (CNTW Area  
Team)

30<sup>th</sup> September 2014

**Regarding the current Adrenaline PGD and use of adrenaline for anaphylaxis.**

It has been highlighted to the Area Team that there are currently some difficulties in obtaining the 500mcg strength of adrenaline (auto-injector) injection, which is one of the strength options listed within CNTW Area Team's Adrenaline PGD (NECSAT 2014/008). It has also been raised that the dose range in the PGD stipulates a 500mcg dose to be administered in adults and does not provide the ability to administer a 300mcg dose instead, should a 500mcg adrenaline dose not be available.

As a result some pharmacists have not yet commenced influenza vaccinations as they have felt the PGD does not adequately cover the use of adrenaline for the above eventuality.

In light of this the Area team will review the current Adrenaline PGD (NECSAT 2014/008).

In the interim I would like to re-assure pharmacy providers of their ability to administer adrenaline for anaphylaxis, which is consistent with both legislation and national guidance, in that:

- The restriction imposed by The Prescription Only Medicines (Human Use) Order no 1830 (1997) on the administration of adrenaline, does not apply when it is used in an emergency to save a life. Therefore, for dosages not exceeding 1mg in 1ml, you are able to administer adrenaline without a patient specific direction being written or a patient group direction being in place.
- The Resuscitation Council (UK) Emergency treatment of anaphylactic reactions - Guidelines for healthcare providers (2008) includes dose recommendations for healthcare professionals treating anaphylaxis. These are based on what is considered to be safe and practical to draw up and inject in an emergency. Adrenaline auto-injectors are often given to patients at risk of anaphylaxis for their own use. If an adrenaline auto-injector is the only available adrenaline

preparation when treating anaphylaxis, then the healthcare provider should use it. All current auto-injectors strengths (150mcg, 300mcg and 500mcg) are licensed for the treatment of anaphylaxis.

Therefore, in the situation highlighted above, the health care professional is able to administer the most appropriate dose of adrenaline without the need of a PGD. If the recommended dose is not readily available, and only a lower dose is available, then this should be used, repeating the dose at the intervals recommended, while monitoring patient response. In all cases 999 should be called.

Yours Sincerely

A handwritten signature in black ink that reads "Mike Prentice". The signature is written in a cursive style with a large initial 'M' and 'P'.

Dr Mike Prentice

**Medical Director, (Cumbria, Northumberland, Tyne & Wear)**