



Agreement by Approved Healthcare Professional employed by East of England Ambulance Services NHS Trust

Statement by Nurses and Paramedics to act under this suite of Patient Group Directions for the administration of the Tranexamic Acid Injection
Effective From: 1st January 2022

I have received, read and fully understood these documents:

The EEAST Medicines Management Policy and this PGD

I have received training and I am competent and confident to administer or supply named medicines under this PGD. This has been confirmed by my manager.

I agree to act as an Approved healthcare professional within the terms of these PGDs and to administer or supply medicines in accordance with the Medicines Management Policy and this PGD.

In return, EEAST accepts vicarious liability for the Approved Healthcare professional acting under the terms of these PGDs.

My name will appear on the list of approved healthcare professionals authorised by EEAST to administer or supply under this PGD. The list of named authorised healthcare professionals together with a signed copy of the PGD will be held at the station and a scanned copy sent to medicinemanagement@eastamb.nhs.uk . The original PGD & this authorisation sheet will be retained by the individual clinician.

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own code of professional conduct.



Approved Practitioner Name and staff ID (print name):	
Registration No (Paramedic/Nurse)	
Signature:	Date:

Manager Approved (print name):	
Manager Signature:	Date:
Registration No (Paramedic/Nurse/Doctor)	