

Nurse Led Botulinum A Toxin Injection Clinic Policy For Specialist Nurses within the Oculoplastic Speciality in Ophthalmology Department

Approved By:	MSS CMG Quality and Safety Board
Date of Original Approval:	MAY 2007 (Version 1)
Trust Reference:	C56/2007
Version:	Version 3
Supersedes:	Version 2 - 2020
Trust Lead:	Chitra Susan Abraham (Occuloplastics specialist nurse) Manju Mathai (Oculoplastics specialist nurse) Mrs Joyce Burns (Oculoplastic Consultant)
Board Director Lead:	Mr Sampath
Date of Latest Approval:	September 2023
Next Review Date:	September 2026

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope - Who the Policy applies to and any specific exemptions	4
3	Definitions and Abbreviations	4
4	Roles- Who Does What	4
5	Policy Implementation and Associated Documents - What needs to be done.	6
6	Education and Training	6
7	Process for Monitoring Compliance	7
8	Equality Impact Assessment	8
9	Supporting References, Evidence Base and Related Policies	8
10	Process for Version Control, Document Archiving and Review	9

Appendices		Page
1	Care pathway for patient requiring Botulinum Atoxins Injections	11
2	Day of Treatment in the Nurse Led Clinic	14
3	Safe Disposal of Vials, Syringes and Materials	16
4	Outpatient Botulinum A toxin prescription	19
5	Record of observation Chart	22
6	Competency Record Form Chart	23
7	LCAT Assessors Recording Form	24
8	Record of Supervised Practice	25

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

June 2020

KEY WORDS

Botulinum Toxin Nurse Led Clinic

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for nurse led Botulinum A Toxin Injection Clinic for specialist nurses within the oculoplastic speciality in the ophthalmology department and offers guidance to enable qualified nurses with ophthalmic experience to perform Botulinum A toxin injections.

This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

Botulinum A toxin is given to patients to relieve blepharospasm or hemifacial spasm.

Over the past 27 years, a number of professional and legislative documents have provided the impetus for the expansion of nurse-led services. This began with the 'New Deal' for junior medical staff (NHSME, 1991), which resulted in the reduction in the number of junior doctors hours, and the subsequent re-allocation of some routine medical duties to nursing staff. This in turn was facilitated by the Royal College of nursing document. 'The nature, scope and value of ophthalmic nursing' (RCN 2016), which allowed nurses to expand their roles within their own and the organisations capabilities. More recently, the Department of Health (DOH 2018) has published a number of papers emphasising the expanded role of nurses in increasing the efficiency and quality of service provision within the National Health Service (NHS). The NHS five year plan (2019) emphasises that the new NHS roles and careers will be shaped to reflect the future needs and priorities and will be supported by Health Education England (HEE)(2017).

This document offers guidance to enable qualified nurses with ophthalmic experience to perform Botulinum A toxin injections

This practice will take place in the ophthalmic department within UHL. This document applies to adult patients over the age of eighteen

1.2 The subcutaneous administration of Botulinum A Toxin is most commonly achieved by injecting the prepared Botulinum A Toxin into facial area of the patient

1.3 The perceived benefits include:

- 1) This role is an expansion of nursing practice to enhance patient care as opposed to taking over the role of medical staff.

- 2) Greater efficiency in terms of waiting time for treatment. The nurse will have a regular session in clinic, giving patients the opportunity to attend at a convenient date and time for their procedure to be carried out.

2 POLICY SCOPE

2.1 This policy applies to qualified nurses with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the administration of Botulinum A toxin injections.

2.2 The qualified nurse undertaking this procedure must be a first level registered nurse with at least two years acute ophthalmic experience, either within eye theatres, Eye Emergency Department or Oculoplastic. This training relates only to registered nurses and does not incorporate any other associated health care professionals.

2.3 The Oculoplastic Consultant Ophthalmologists, Service Manager and the Head of Nursing support the expansion in nursing practice.

3 DEFINITIONS AND ABBREVIATIONS

NMC – The Nursing and Midwifery Council

GPhC – The General Pharmaceutical Council

4 ROLES

4.1 The executive director responsible for oversight of this policy is the Chief Nurse.

4.2 Line Managers

Line managers are responsible for:

- a) Identifying and supporting the appropriate staff to attend the necessary training and complete the assessment of competence in practice
- b) Verifying the competence of staff in the administration of Botulinum A toxin injections every three years through the appraisal process and in line with the Competency Refresher Assessment for the Administration of Medicines by Nurses and Midwives Policy and Procedure (Trust reference number B13/2009).
- c) Maintaining a record via euhl of staff who are competent in the preparation and administration of Botulinum A toxin ensuring that numbers of staff trained meet service need

4.3 Authorised Staff - Preparation and Administration

4.3.1 All staff who undertake Botulinum A toxin injections preparation and administration must be authorised by their line manager and Oculoplastic Consultant and carry out this activity as an integral part of the key responsibilities within their role and not considered outside their scope of professional practice.

4.3.2 Staff who may undertake this role will be on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and the practice of preparation and administering Botulinum A

toxin considered 'within normal scope of practice'. These are Oculoplastic Nurses and Development Oculoplastic Nurses.

4.3.3 All authorised staff must have undertaken appropriate education and training (see section 6) which must be identified through the appraisal process and be included in their Personal Development Plan (PDP).

4.3.4 There is no set time frame expected for staff to undertake this role, however it is recommended that staff should have at least two years acute ophthalmic experience, either within eye theatre, Eye Emergency Department or Oculoplastic.

4.3.5 Staff moving between units or community setting must remain competent to administer Botulinum A toxin injections within their area of competence.

4.4 Authorised Staff - Checking

4.4.1 All Botulinum A toxin injections and diluting Normal Saline 0.9% must be independently checked by authorised staff which must be trained in the preparation and administration.

4.4.2 All staff who undertake Botulinum A toxin injections checking must be authorised by their line manager and carry out this activity as an integral part of the key responsibilities within their role and not considered outside their scope of professional practice.

4.4.3 The role of the independent checker is to make sure that:

- a) The correct medication has been selected
- b) The medication and all diluent are in date
- c) The medication has been correctly prepared as per prescription
- d) The correct dose of administration have been calculated and undertake any calculations independently to verify
- e) The correct medication is administered to the correct patient
- f) Check Consent Prior to administration
- g) Check Botulinum A toxin database prior to administration to patient

4.5 Chief Pharmacist

4.5.1 The Chief Pharmacist holds ultimate responsibility for the adequate resourcing of the aseptic unit to ensure it meets Quality Assurance of Aseptic Preparation Services (QAAPS) Guide standards.

4.5.2 Stock should be replaced at the end of each session by sending the relevant form to pharmacy.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Staff need to be compliant with the Medicine Management Training

5.2 Staff need to be compliant with the LCAT assessed training in the administration of Botulinum A toxin injections before given it independently.

5.3 Reasonable Adjustments

- a) Reasonable adjustments will be made for staff with an identified learning difference where possible.
- b) Staff who believe that they have a learning difference will be supported using the Equality, Diversity and Inclusion Policy (Trust Reference B61/2011)

5.4 Disposal of the Botulinum A toxin injections vials after use according to Trust policy of Hazardous Substance

5.5 Drug chart

- a) Pre-determined dose to follow as instructed in patient notes and outpatient Botulinum A toxin drug chart.
- b) Outpatient Botulinum A toxin drug chart to be amended on each time when there is a change in Botox dosage
- c) After initial assessment, if the nurse identifies any need for dose alterations patients to be discussed with consultant prior to the injection.
- d) However in community setting an independent prescriber who is also an oculoplastic trained nurse may change the dose following patient assessment up to 5.0 IU per site with a maximum of 50 units in total per episode.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff who undertake Botulinum A toxin injections preparation and administration must:

- a) Complete the training and assessment programme run by the Oculoplastic Team in the Ophthalmology Department
- b) Have completed a period of supervised practice, the time span of which will be agreed by the assessor but ideally to be completed within 6 months.
- c) Have evidence of assessment and competency signed by an LCAT or other appropriate assessor (see section 7.4)
- d) The nurse preparing for this expanded role will undertake advanced training and assessment under the supervision of the Consultant, Fellow, Specialist Registrar or Oculoplastic specialist nurse. This will include:
 - Observation of the Consultant, Fellow, Specialist Registrar, Oculoplastic specialist nurse.
 - Supervised practice by the Consultant, Fellow, Specialist Registrar or Oculoplastic specialist nurse.
 - Practical summative assessment by the Consultant only.
- e) The nurse will be assessed to ensure that they have the required level of competence before being allowed to treat patients independently.
- f) The Head of Nursing will assess professional responsibilities and accountabilities.

- g) Accept responsibility for updating knowledge and skills and provide evidence every three years of this as agreed with line manager as part of the appraisal process or other competency refresher programmes within the Trust.

6.2 Staff new to the Trust and / or who have been trained elsewhere must:

- a) Provide evidence accepted by their line manager of the training and assessment of competence they have successfully completed. If the member of staff does not have any evidence of successful completion then they may need to undertake the Botulinum A toxin injections training. This must be discussed with their line manager
- b) Read the relevant Trust policies and undertake additional local training relating to equipment and documentation as required.
- c) Undertake a final sign off practical assessment by an Oculoplastic Consultant only

6.3 To be able to assess the knowledge and competencies of others in Botulinum A toxin injections preparation and administration the assessor must:

- a) Be confident and competent in performing the skill and practice the skill regularly
- b) Have a sound knowledge of current policies and procedures
- c) The assessor is identified by the line manager .The Oculoplastic Consultant, Oculoplastic Fellow, or an Oculoplastic specialist nurse who is currently conducting nurse led Botox clinics can be assessors.
- d) The final assessment signed off by Oculoplastic Consultant only.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Audits regarding Botulinum A toxin injections preparation and administration practices must be identified

Auditing the practice of the nurse:

- 1) This will be achieved by measuring outcomes through retrospective evaluation. A record will be kept of all patients treated by the trained nurse; these records will be audited to determine any patients who have had any serious adverse events to the Botulinum A injection or have had to re attend as an emergency patient. In addition, every year 15 patient notes will be pulled at random, to be assessed by the Consultant. Following evaluation of the audit results, any necessary changes to practice will be made, thus ensuring safe treatment for patients requiring Nurse Led Botulinum A toxin injection. The frequency of the audit will be reassessed annually
- 2) Patient satisfaction questionnaires will be utilised as a tool to monitor and adapt practice accordingly. This should help to maintain a positive experience of care by patients and their relatives/carers.
- 3) Clinical supervision/LCAT assessment yearly by oculoplastic consultant only

Additionally the nurse should ensure that they have a summary of performance and potential by having an appraisal every year, with their line manager at which SMART (**S**mart, **M**easurable, **A**greed, **R**ealistic and **T**ime Bound) objectives are set in the

personal development plan with a 6 monthly review. The nurse must ensure the appropriate action is taken to maintain standards.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 References

British National Formulary (2018) BNF 70 September 2017-March 2018. Royal Pharmaceutical Society. London. www.BNF.org

Department of Health. (2019) *The NHS Long term Plan*; <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Health Education England(2017) *Multi-professional framework for advanced clinical practice in England* <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

Mejia. N. I et al., (2005) *Long-Term Botulinum Toxin Efficacy, Safety and Immunogenicity. Movement Disorders. 20(5). pp592-597*

National Health Service Management Executive. (1991) Junior Doctors; The New Deal. NHSME.

Nursing and Midwifery Council (2018) *The Code-Professional standards of practice and behaviour for nurses, midwives and nursing associates.* NMC London.

UHL NHS Trust (2005). *Patient Group Directions Policy.*

Department of Health(2018) *Career Framework for Specialist Nurses*

<https://www.health-ni.gov.uk/publications/career-framework-specialist-nurses>

Royal college of nursing (2016) *The nature, scope and value of ophthalmic nursing*

9.2 Policies

Leicestershire Medicines Code (available via INsite Documents)

Management of Reported Medication Errors Policy (Trust reference B45/2008)

Policy for the Identification of Actual or Suspected Latex allergy (B29/2005)

UHL Infection Prevention & Control Policies (available via INsite Documents)

UHL Health and Safety Policy (A17/2002)

UHL Control of Substances Hazardous to Health (COSHH) Policy (B10/2002)

UHL Personal Protective Equipment at work Policy (PPE) (B9/2004)

The Assessment of Administration of Medicines by Nurses and Midwives Policy and Procedure (B13/2009)

UHL Injectable Medicines Guide

Equality, Diversity and Inclusion Policy (Trust Reference B61/2011)

RCN Dyslexia, dyspraxia and dyscalculia: A toolkit for nursing staff (2010)

9.3 Professional Guidelines

GPhC (2012) *Standards of Conduct, Ethics and Performance*

NMC (2015) *The Code: Professional standards and behaviour for nurses and midwives*

NMC (2007) *Standards for Medicines Management – minor update 2015*

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

10.2 This policy will be reviewed every 5 years by the Senior Nurse in Oculoplastic Department and also the Oculoplastic Lead Consultant and Service Management

10.3 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
<p>Key performance indicators / audit standards on the Botulinum A toxin Injections chart:</p> <p>a) Patient satisfaction b) Effectiveness c) Length of effectiveness d) Side effects</p>	Senior Oculoplastic Specialist Nurse	Patient Feedback Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Audit is incorporated into the Botox DATABASE to check compliance	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Medication Errors	Medicines Safety Officer	DATIX – incident reporting	Quarterly	Medicines Optimisation Committee CMG Heads of Nursing

1. Introduction

This guidance provides a step-by-step pathway for patients requiring Botulinum A toxins Injections.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the Botulinum A toxin injection.

3. Recommendations, Standards and Procedural Statements

This procedure should be used in conjunction with the Leicester Medicines Code.

Patients can present in one way only:

As a direct referral from the Oculoplastic Consultants.

The following criteria must be met when listing a patient for the Nurse-led Botulinum A toxin injection clinic:

1. Adequate clinical examination and documentation in the medical notes by a qualified ophthalmologist. This must include:
 - Assessment of corrected visual acuity
 - Full ocular examination.
2. The decision to offer a 'Nurse-Led Botulinum A Toxin Injection' will be made by the Consultant. The Consultant or Oculoplastic fellow will administer the first two doses of Botulinum A toxin to determine the subsequent Botulinum A toxin regime in the Nurse-led clinic.
3. An informed written consent to be gained by the consultant or oculoplastic medical team for initiating the Botulinum A Toxin injection by explaining any listed side effects or complications: namely
 - Ptosis
 - Diplopia
 - Face asymmetry
 - Bruising

- Epiphora
4. A patient information leaflet (Blepharospasm or hemifacial spasm) to be provided by the consultant or oculoplastic team at the time of consenting the patient for treatment.
 5. The reasons for the procedure, its complications, and that an appropriate qualified nurse will perform the procedure must be explained to the patient (and, if appropriate, their relatives) by the Consultant.
 6. When listing a patient for a 'Nurse-Led Botulinum A Toxin Injection Clinic' the clinician must not list any patients that fall into the exclusion criteria, namely:
 - a) Patients who are pregnant or are breast feeding.
 - b) Neuromuscular disorders, e.g. Myasthenia gravis.
 - c) Patients taking aminoglycoside antibiotics e.g. gentamycin

*Medic **must be** FRCOphth or MRCOphth: must hold the FRCOphth or equivalent qualifications as recognised by the General Medical Council.

Care Pathway for patients requiring Botulinum A toxins Injections	
No.	Action
1	Check Patient Identity
2	Adequate clinical examination and documentation in the medical notes by a qualified ophthalmologist.
3	The decision to offer a 'Nurse-Led Botulinum A Toxin Injection' will be made by the Consultant. The Consultant or Oculoplastic fellow will administer the first two doses of Botulinum A toxin to determine the subsequent Botulinum A toxin regime in the Nurse-led clinic.
4	An informed written consent to be gained by the consultant or oculoplastic medical team for initiating the Botulinum A Toxin injection by explaining any listed side effects or complications
5	A patient information leaflet (Blepharospasm or hemifacial spasm) to be provided by the consultant or oculoplastic team at the time of consenting the patient for treatment.
6	The reasons for the procedure, its complications, and that an appropriate qualified nurse will perform the procedure must be explained to the patient (and, if appropriate, their relatives) by the Consultant.
7	When listing a patient for a 'Nurse-Led Botulinum A Toxin Injection Clinic' the clinician must not list any patients that fall into the exclusion criteria: Patients who are pregnant or are breast feeding.

Care Pathway for patients requiring Botulinum A toxins Injections

- | | |
|--|--|
| | a) Neuromuscular disorders, e.g. Myasthenia gravis.
b) Patients taking aminoglycoside antibiotics e.g. gentamycin |
|--|--|

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Pathway patients Botulinum Atoxins Injections

1. Introduction

This guidance provides a step-by-step pathway for patients attending the nurse led clinic for Botulinum A toxin Injection.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the Botulinum A toxin injection.

3. Recommendations, Standards and Procedural Statements

The practitioner / qualified nurse must:

- Check that visual acuity is assessed on day of treatment.
- Check that the Botulinum A toxin injection referral has been requested by the appropriate medical staff.
- Check that the patient is willing to have the procedure carried out by a nurse.
- Reiterate explanation of procedure and answer any questions.
- Confirm that original treatment was initiated by the doctor and written consent done accordingly. Acquire verbal consent for procedure. Explaining any listed side effects or complications, namely:
 - a) Ptosis
 - b) Diplopia
 - c) Face asymmetry
 - d) Bruising
 - e) Epiphora
- Ascertain whether the patient has benefited from the previous injection to determine if the same dose of is to be administered.
- Determine whether the previous dose of Botulinum A toxin has started to wear off.
- Touch the patient's skin with the finger at the points where the injection is to be given.
- Administer Botulinum A toxin injection as per Consultant established

dosage.

- For Botulinum A toxin deactivation procedure and sharps disposal see appendix 3

The qualified nurse must refer to an Oculoplastic Consultant Surgeon at any stage where further advice is required.

3.1 Post Procedural Care

When the patient is initially listed for the procedure they are given a 'Patient Information Leaflet' on 'Blepharospasm or Hemifacial spasm' by the listing clinician. This leaflet explains every aspect of the procedure. Following treatment the nurse should reiterate the information given in the leaflet regarding possible side effects. This includes instructions for patient if experience side effects, namely:

- a) Ptosis
- b) Diplopia
- c) Face asymmetry
- d) Bruising
- e) Epiphora

Should the patient experience any of the above they should contact the eye department using the contact numbers listed in the Patient Information Leaflet. If the patient has lost the Patient Information Leaflet, nurse should give another one to the patient before leaving the department.

The nurse will remind the patient that the effects of the Botulinum A toxin will not be apparent for at least 24 - 48 hours after leaving the department.

Patients can then be discharged home.

An electronic clinic attendance letter will be dictated and then forwarded to patient's G.P containing the following information:

- a) Name of patient Hospital Number Date of clinic visit
- b) Under the care of (Named Consultant)
- c) Diagnosis
- d) Treatment
- e) Medication
- f) Follow-up appointment date arranged

Day of Treatment in the Nurse Led Clinic	
No.	Action
1	Check that visual acuity is assessed on day of treatment.
2	Check that the Botulinum A toxin injection referral has been requested by the appropriate medical staff.
3	Check that the patient is willing to have the procedure carried out by a

Day of Treatment in the Nurse Led Clinic	
	nurse.
4	Reiterate explanation of procedure and answer any questions.
5	Confirm that original treatment was initiated by the doctor and written consent done accordingly. Acquire verbal consent for the day procedure. Explaining any listed side effects or complications.
6	Ascertain whether the patient has benefited from the previous injection to determine if the same dose of is to be administered.
7	Determine whether the previous dose of Botulinum A toxin has started to wear off.
8	Touch the patient's skin with the finger at the points where the injection is to be given.
9	Administer Botulinum A toxin injection as per Consultant established dosage.
10	For Botulinum A toxin deactivation procedure and sharps disposal see appendix 3
11	Following treatment the nurse should inform the patient regarding possible side effects and emergency contact number to be given
12	Patients can then be discharged home
13	A standardised UHL NHS Trust clinic letter is forwarded to patient's G.P.

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Day of Treatment in the Nurse Led Clinic

1. Introduction

This guidance provides a step-by-step pathway Safe Disposal of Vials, Syringes and Materials.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the Botulinum A toxin injection.

3. Recommendations, Standards and Procedural Statements

When finish with the injection of Botulinum A toxin with a single patient make sure the disposal is done as below:

- Post injection, all syringes and needles used in the Botulinum A toxin vial is then disposed in a purple lid (cytotoxic) sharps bin.
- Any residual Botulinum A toxin injection remaining in the vial is also disposed in the (cytotoxic) sharps bin.

Safe Disposal of Vials, Syringes and Materials	
No.	Action
1	Post injection, all syringes and needles used in the Botulinum A toxin vial is then disposed in a purple lid (cytotoxic) sharps bin.
2	Any residual Botulinum A toxin injection remaining in the vial is also disposed in the (cytotoxic) sharps bin.

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Safe Disposal Vials Syringes Materials Botulinum Atoxins Injections

Outpatient Botulinum A toxin Prescription

1. Introduction

This guidance provides a step-by-step pathway regarding Outpatient Botulinum A toxin Prescription.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the Botulinum A toxin injection.

3.Recommendations, Standards and Procedural Statements

When injecting Botulinum A Toxin into face of the patient make sure:

- Pre-determined dose to follow as instructed in patient notes and outpatient Botulinum A toxin drug chart.
- After initial assessment, if the nurse identifies any need for dose alterations patients to be reassessed by consultant prior to the injection.
- Outpatient Botulinum A toxin drug chart to be amended on each time when there is a change in Botox dosage

Safe Disposal of Vials, Syringes and Materials	
No.	Action
1	Pre-determined dose to follow as instructed in patient notes and outpatient Botulinum A toxin drug chart
2	After initial assessment, if the nurse identifies any need for dose alterations patients to be reassessed by consultant prior to the injection
3	Outpatient Botulinum A toxin drug chart to be amended on each time when there is a change in Botox dosage

SAMPLE – Botox Administration Chart

Drug Allergies				S Number:	
Medication	Reaction	Sign	Date	Patient Name:	
No known allergies []				DOB:	
Adult Outpatient BOTOX administration record			UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST		
Consultant Ophthalmology, LRI				Balmoral Clinic,	
Botox Prescribed dose:					
Prescribers Signature/Name:					
Indication : administration:				Frequency of	
Date given	Time Given	Route	Given By	Batch no/Expiry Date	

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Botulinum Atoxins Injections Prescription

Appendix 5

Record of observation

Ward / Department Name.....

Date	Patient record Number	Comments	Signature of practitioner	Signature of practitioner

Appendix 6

Competency Record Form

NAME AND AREA OF WORK OF STAFF MEMBER

NAME OF SKILL

NOTE TO ASSESSOR-when assessing please ensure comments are included on-procedure competence, safety, communication, infection prevention, documentation and team working. Each skill requires a minimum of 10 observed/supervised practices.

DATE	POSITIVE FEATURES	AREAS FOR IMPROVEMENT	SIGNATURE AND PRINT NAME OF ASSESSOR

Appendix 7

University Hospitals of Leicester 
 NHS Trust
 C56/2007

LCAT Assessors Recording Form

Your Name : Skill:	Date:	ASSESSOR :
COMPETENCE CATEGORY	POSITIVE FEATURES	WEAKNESSES / OMISSIONS
Communication and working with the patient		
Safety		
Infection control		
Procedural competence		
Team working		

Record of Supervised Practice

I (10th assessor) hereby confirms
that..... (name of staff member) is competent to practice
in skill.

Date.....
Printed.....

Signed and

I...(Staff member) hereby confirm that I have completed 10
workplace supervised practices and now feel competent to use my skill of
.....in the workplace and have no further issues at this
time with practicing this skill.

Date.....
Printed.....

Signed and

A copy of the competency record must be kept by the individual staff member for their
own professional records and a copy must be given to their line manager for their
professional file.

Advice must be sought from line manager if competencies not achieved after 10
supervised practices.

This line signifies the end of the document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	Chitra Susan Abraham		Job Title: Nurse Specialist
Reviewed by:	Joyce Burns - Consultant oculoplastic surgeon		
Approved by:	Joyce Burns - Consultant oculoplastic surgeon MSS Q&S Board		Date Approved: September 2023
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
May 2007	1		
2020	2	Joyce Burns and Chitra Susan Abraham	Changes made on utilisation of outpatient Botulinum A toxin prescription
September 2023	3	Joyce Burns and Chitra Susan Abraham	No changes
DISTRIBUTION RECORD:			
Date	Name	Dept	Received