**Application to Administer Methoxyflurane**

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| Applicant name |  | | |
| Contact email |  | | |
| Phone |  | | |
| Club Name |  | | |
| Club Address |  | | |
| Date PHEC obtained |  | Expiry |  |
| Date Pain Module obtained |  | Expiry |  |

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| **Issued: 19/10/2010 Review date: 29/06/2021** | |
| **Medicine Standing Order Title** | **SLSNZ Standing Order for Analgesia**  Pain relief for the conscious patient on a beach.  This standing order covers the provision of analgesia to conscious patients by surf lifeguards with the relevant training and qualifications to recognize when the use of such medications will bring benefit to the patient, and cause no harm. |
| **Rationale** | Often surf lifeguards are in isolated locations, where support from paramedics, doctors and medical clinics are not immediately available, and the patient must endure significant delays to be transported to further care. In these situations, lifeguards can alleviate some suffering and distress for the patient by providing analgesia. |
| **Organisation** | Surf Life Saving New Zealand and all clubs who meet the criteria for the storage and administration of analgesia. |
| **Scope** | For the treatment of pain in injured beachgoers who will experience delays in transfer to hospital, or significant discomfort during transfer. |
| **Medicine/s** | Methoxyflurane |
| **Dosage instructions for each medicine** | 3mL Methoxyflurane per dose inhaler AC Chamber  (max 2 doses) |
| **Route of administration** | Oral |
| **Indication/circumstances for activating the standing order** | Severe pain due to trauma |
| **Exclusions that apply to this standing order** | **Patient history of:**   * Renal impairment. * History or family history of malignant hyperthermia. * Known allergy to Methoxyflurane. * Use of Methoxyflurane within the last 7 days.   **Patient currently:**   * Unable to follow instructions. * Possibly suffering a head injury. * Intoxicated with drugs/alcohol. |
| **Competency/training requirements for the person(s) authorised to administer** | * Name and contact details on SLSNZ register. * Biannual renewal of PHEC and pain management qualification (see below). * Annual authority to administer signed by the SLSNZ Medical Director. * Completion of all documentation requirements for administration of Methoxyflurane. * Ensure that all SLSNZ policies and procedures surrounding the use of medications are adhered to.   The Pain Management qualification is of 4 hour duration and will include the effective use of Paracetamol as a total pain management regime. It will involve some pain physiology, use of pain relief with other resources such as splints and oxygen, and include formal assessment.  The training will cover the following:   * Identify when the use of Methoxyflurane is appropriate * Contraindications to the use of Methoxyflurane * How to administer Methoxyflurane * Patient monitoring * Side effects * Disposal of used Methoxyflurane canisters * Recording the use of Methoxyflurane for audit |
| **Countersigning and audit** | Pain relief report forms will be audited quarterly by the medical director. |
| **Definition of terms used in standing order** | POM: Patrol Operations Manual  PHEC: Pre-Hospital Emergency Care |
| **Additional information** | SLSNZ Guidelines on the Use of Analgesia  SLSNZ Policy – Use Of Methoxyflurane  SLSNZ Pain Relief Report Form |

I hereby confirm that I currently meet and will comply with all the requirements of this standing order.

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| **Signed by applicant:** | | | |
| Name: |  | Date: |  |

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| **Signed by issuer:** | | | |
| Name: | Dr Gary Payinda | Date: |  |
| Title: | Medical practitioner and SLSNZ Medical Director | | |

**Notes:**

This authority to administer is only valid for one year after signature by the medical director.