



**JOINT STATEMENT FROM THE ASSOCIATED MEMBERS' WORKING GROUP
AND CLINICAL STANDARDS COMMITTEE**

**THE ROLE OF NURSES IN MANAGING PERSISTENT BRADYCARDIA
DURING INTRAUTERINE CONTRACEPTIVE INSERTION BY A NURSE
IN SEXUAL HEALTH SERVICES.**

A frequently asked question of the Associate Members' Working Group (AMWG) has prompted a statement outlining the role of the nurse, who is fitting an intrauterine device in a sexual health clinic where there is no doctor and there is need for resuscitation following a medical emergency, such as persistent bradycardia during the insertion.

This statement compliments the Faculty's publication 'Service Standards for Resuscitation in Sexual Health Services' (FSRH 2006) and the CEU Guidance 'Intrauterine Contraception' (FSRH 2007, PP. 8-9), both of which should be read, followed and guide your practice.

1. A practitioner undertaking an invasive procedure, such as an IUD insertion should always be accompanied by a chaperone, qualified to assist in medical emergencies.
2. Intrauterine contraceptive insertion as with any invasive procedure in a non-anaesthetised patient can trigger a vasovagal response. If, after basic resuscitation measures, a persistent bradycardia occurs, the treatment of choice is to give intravenous (IV) atropine.
3. If you are adequately trained and competent to administer emergency IV drugs then it is within legal limits for you to do so. If you are not competent, then a health care professional (doctor, nurse, paramedic), who is competent in giving IV drugs **MUST** be present and available within the clinical environment.
4. In an emergency situation, atropine, like adrenaline, is classified as a medicine which may be administered for the purpose of saving life in an emergency and, as such, is exempt from the need for a prescription or PGD. (Medicines Act 1968).
5. If the woman's condition is causing concern then the emergency services should be summoned.
6. You should adhere to recognised practice as in managing any other medical emergency.
7. All action should be documented in line with NMC guidelines on Record Keeping (NMC 2002), and local policies and procedures.
8. Your Head of Service should be informed as soon as possible, and a critical incident form completed.

9. Employing organisations should be encouraged to have a policy and procedure, including appropriate training facilities, in place to support nurses in the administration of IV atropine.
10. Nurses are reminded to adhere to the NMC *Code* (2008) at all times.

References

Faculty of Sexual and Reproductive Healthcare (2006) *Service Standards for Resuscitation in Sexual Health Services*, London: FSRH.

<http://www.ffprhc.org.uk/admin/uploads/ServiceStandardsResuscitationSHServices.pdf>

Faculty of Sexual and Reproductive Healthcare (2007) *Intrauterine Contraception*, London: FSRH.

<http://www.ffprhc.org.uk/admin/uploads/CEUGuidanceIntrauterineContraceptionNov07.pdf>

Nursing and Midwifery Council (2002) *Guidelines for records and record keeping*, London: NMC.

<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=609>

Nursing and Midwifery Council (2008) *The Code. Standards of conduct, performance and ethics for nurses and midwives*, London: NMC.

<http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=606>

Resuscitation Council (UK) (2008) *Emergency treatment of anaphylactic reactions*, London: Resuscitation Council (UK).

<http://www.resus.org.uk/pages/reaction.pdf>

Royal Pharmaceutical Society of Great Britain (2009) *Medicines, Ethics and Practice* Number 33, July 2009 Section 1.2. Medicines for Human Use. London: RPSGB.

<http://www.rpsgb.org/pdfs/MEP33s1-2a.pdf>

Statutory Instrument 1989 No. 192 (C. 6) *The Medicines Act 1968 (Commencement No. 8) Order 1989*, London: HMSO.

http://www.opsi.gov.uk/si/si1989/Uksi_19890192_en_1.htm

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