

PATIENT GROUP DIRECTION

**FOR THE SUPPLY OF CHLORAMPHENICOL EYE DROPS 0.5% (10ML) TO
ADULTS AND CHILDREN TWO YEARS AND OVER BY COMMUNITY
PHARMACISTS UNDER THE MINOR AILMENTS SERVICE IN NHS HIGHLAND**

THE COMMUNITY PHARMACIST SEEKING TO SUPPLY CHLORAMPHENICOL
EYE DROPS 0.5% (10ML) MUST ENSURE THAT ALL PATIENTS HAVE BEEN
SCREENED AND MEET THE CRITERIA BEFORE SUPPLY TAKES PLACE

NHS Highland has authorised this patient group direction to help patients by providing them
with more convenient access to an efficient and clearly defined service within NHS Highland.

It cannot be used until Appendix 1 & 2 is completed.

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Further information on the use of Patient Group Directions in NHS Highland and the PGD
procedure can be obtained from

<http://intranet.nhsh.scot.nhs.uk/Organisation/ADTC/PGDSG>

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Page 1 of 10	Date direction is not valid after: 10/12/2018

PATIENT GROUP DIRECTION FOR THE SUPPLY
OF CHLORAMPHENICOL EYE DROPS 0.5% (10ml)

Management and monitoring of patient group direction

Prepared by:	
Medical Practitioner	Name: Dr Andrew Pyott Title: Consultant Ophthalmologist Signature
Senior representative of the professional group who will provide care under the direction.	Name: Andrew Green Title: Area Regulations, Contracts & Controlled Drugs Pharmacist Contact details: Pharmacy Services, NHS Highland, John Dewar Building, Inverness, IV2 7GE Telephone: (01463) 706886 Fax: (01463) 713844 Signature
Pharmacist	Name: Alison MacDonald Title: Area Antimicrobial Pharmacist Signature
Authorised by:	
Patient Group Direction Sub-group Chair or Secretary	Name: Abhayadevi Tissington Title: Chair of the PGD Subgroup Signature
Date of ratification of the direction on behalf of the Area Drug & Therapeutics Committee	Date 11 th December 2018
Review Date	Three years from final ratification and every two years thereafter. Or when there is a change in clinical practice, evidence or the Summary of Product Characteristics for any of the medicines included is updated, whichever is first.

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PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 2 of 10	Date direction is not valid after: 10/12/2018

Clinical indication to which this patient group direction applies

Definition of situation/condition	Presentation in Community Pharmacy with a need for treatment of symptoms of acute bacterial conjunctivitis, and registered for the Minor Ailment Service (MAS).
Clinical criteria for inclusion	Acute bacterial conjunctivitis will give the sensation of a gritty or itchy eye or eyes, with possibly a purulent discharge or crusting of the eyelid margins. It will only have been present for a few days and is not associated with any reduction in vision. The affected eye(s) will often look slightly red / infected, but this is not usually very marked. Pain is not a feature of simple conjunctivitis. Most cases are viral or self-limiting and respond to simple eye cleansing measures by removing lash debris with boiled,cooled water and cotton wool. Treat with chloramphenicol eye drops only if the symptoms are severe or there is no improvement after a few days of eye cleansing..
Clinical criteria for exclusion	<p>Urgent referral :</p> <ul style="list-style-type: none"> - if on examining the tarsal conjunctiva of the lower lid there is no inflammation, this is not a case of conjunctivitis and should be referred - if painful, rather than itchy or gritty - if reduced visual acuity - if eye looks cloudy - if pupil looks unusual i.e. torn, irregular, dilated or sluggish/non-reactive to light - if pus level visible in anterior chamber - if any history of trauma to eye or head immediately prior to onset of symptoms - if possibility of foreign body on/in eye - if history of occupational welding or grinding without eye protection immediately prior to onset of symptoms - photophobia - acute glaucoma, where patient is suffering from severe nausea - eye surgery or laser treatment in the past 6 months - if no improvement within 48 hours of chloramphenicol treatment or worsening of symptoms - if associated with a rash on the scalp or face - conjunctivitis in the recent past - if viral infection is suspected <p>Routine referral :</p> <ul style="list-style-type: none"> - pregnancy - breast-feeding - already using other eye drops/ointment - dry eye syndrome (keratoconjunctivitis sicca) - personal or family history of bone marrow problems - glaucoma - taking/using medicines that interact with chloramphenicol eye drops/ointment <p>Patient not participating in MAS. Children under 2 years. Contact lenses.</p>

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PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 3 of 10	Date direction is not valid after: 10/12/2018

	Known hypersensitivity to chloramphenicol, benzalkonium chloride or disodium edetate.
Criteria for seeking further clarification from doctor	Patients who fall into the categories detailed in the exclusion criteria. Healthcare professionals should not supply/administer if they feel that it is inappropriate for the patient.
Action if patient excluded from treatment	Refer patient to general practitioner. The reason why the patient was excluded under the PGD will be documented in the patient's medication record (PMR).
Action if patient declines treatment	Refer patient to general practitioner. The reason why the patient declined treatment under the PGD will be documented in the patient's medication record (PMR).

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Page 4 of 10	Date direction is not valid after: 10/12/2018

Characteristics of staff authorised to take responsibility for the supply or administration of medicines under the patient group direction

Qualifications required	Pharmacist registered with the General Pharmaceutical Council
Initial training	<p>Received and understood training to undertake the supply of medicines under a PGD and must be familiar with the content of the PGD Powerpoint presentation.</p> <p>Has undertaken appropriate training to carry out clinical assessment of patients leading to a diagnosis that requires treatment according to the indications listed in the PGD.</p>
Competency assessment	
Ongoing training and competency	<ul style="list-style-type: none"> • Maintenance of own level of updating with evidence of continued professional development

Warning- document uncontrolled when printed	
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Page 5 of 10	Date direction is not valid after: 10/12/2018

Description of treatment available under the patient group direction

Name, form & strength of medicine	Chloramphenicol Eye Drops 0.5% 10ml
Legal status	POM
Indicate any off-label use (if relevant)	Not applicable
Route/Method of Administration	Ocular
Frequency of dose/duration of treatment	Adults and children 2 years and over - Apply one drop into the affected eye every two hours for the first 48 hours then reduce frequency to every four hours for the next 72 hours. Treatment should continue for 5 days even if the symptoms improve.
Quantity to be supplied	10ml
Maximum or minimum treatment period	5 days in both cases
Advice to be given to the patient before treatment	Store in a fridge between 2-8°C, and keep cap tightly closed between applications. Discard remainder 28 days after opening. Patients who present with such symptoms should be made aware of the condition's self-limiting nature and the possibility that antibacterial therapy may not be necessary – two thirds of cases resolve within 5 days without antibacterial treatment.
Written information to be given to the patient or carer	Patient information leaflet
Follow-up advice to be given to patient or carer	Sensitivity reactions such as transient irritation, burning, stinging, itching and dermatitis may occur. If no improvement within a few days or if the symptoms worsen then GP should be consulted.
Identifying and managing possible adverse reactions	Expiry extended from two to three years – see Review Date and footer. If an adverse reaction does occur (worsening red eye or swollen lids) stop the medication at once, give immediate treatment and inform GP as soon as possible. Report the reaction to the MHRA using the Yellow Card System. https://yellowcard.mhra.gov.uk/
Referral for medical advice	Appearance or suspicion of an adverse reaction, as above.
<i>Facilities and supplies required</i>	None
Special considerations/additional information	Access to current BNF. Refer to RPS Chloramphenicol 0.5% Eye Drops 1% Eye Ointment P Medicine Quick Reference Guide – see <i>References</i>
Details of records required	Following to be noted in the computerised patient medication records and on the CP 2 form : <ul style="list-style-type: none"> • Dose, frequency and the quantity supplied • Date of supply to patient

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PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 6 of 10	Date direction is not valid after: 10/12/2018

References	<p>BNF No. 70 Available at: https://www.medicinescomplete.com/mc/bnf/current/ Accessed on : 10th November 2015</p> <p>SPC Available at: http://www.medicines.org.uk/emc Accessed on: 10th November 2015</p> <p>PHE/HPA Primary Care Guidance, February 2013, next Review November 2014 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279888711402</p> <p>http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrimaryCareGuidance/#Antibiotic</p> <p>RPS Chloramphenicol 0.5% Eye Drops/1% Ointment P Medicine Quick Reference Guide, November 2011 http://www.rpharms.com/support-resources-a-z/chloramphenicol-quick-reference-guide.asp</p>
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PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 7 of 10	Date direction is not valid after: 10/12/2018

Appendix 1

Health professionals approved to provide care under the direction

To be retained in the community pharmacy as a record of those pharmacists who have signed the PGD.

An Individual Authorisation form (Appendix 2) should be completed and returned to the Pharmacy Services Office

The **lead nurse/professional** of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The **manager** who approves a healthcare professional to supply and/or administer medicines under the patient group direction, is responsible for ensuring that he or she is competent, qualified and trained to do so and for maintaining an up-to-date record of such approved persons in conjunction with the Head of Profession.

The **healthcare professional** who is approved to supply and/or administer medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration or supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

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Local clinical area(s) where these healthcare professionals will operate this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

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PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 8 of 10	Date direction is not valid after: 10/12/2018

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Warning- document uncontrolled when printed	
Lead reviewer: Andrew Green	Ratified by: PGD Subgroup of the ADTC
PGD number: 11_05_v6	Date direction comes into effect on: 11/12/2015
Page 9 of 10	Date direction is not valid after: 10/12/2018

Appendix 2

PATIENT GROUP DIRECTION

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Individual Authorisation

This PGD does not remove inherent professional obligations or accountability

The **healthcare professional** who is approved to supply medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that the supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

Note to Authorising Authority: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction and agree to provide the chloramphenicol eye drops in accordance with this PGD.

Name of Pharmacist _____

GPhC Registration Number _____

Normal Pharmacy Location
(if pharmacy locum please
provide contact details) _____

Signature _____ Date _____

Admin Assistant
Pharmacy Services Office
John Dewar Building,
Inverness Retail & Business Park
INVERNESS. IV2 7GE

Signed copy to be returned to _____

FAX:
01463 713844

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Page 10 of 10	Date direction is not valid after: 10/12/2018