

NHS LANARKSHIRE

PATIENT GROUP DIRECTION

**SUPPLY OF CHLORAMPHENICOL EYE DROPS 0.5%
UNDER THE MINOR AILMENT SERVICE**

**Effective date : 1 July 2008
Review date : 30 June 2010**

Name of Medicine :	Chloramphenicol Eye Drops 0.5%
Legal Classification :	POM
PGD Ref No :	NHS LANARKSHIRE EMAS CHLORAMPHENICOL JULY 2008
Replacing PGD Ref No :	NHS LANARKSHIRE EMAS CHLORAMPHENICOL JULY 2006

Effective Date :	1 July 2008
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Professional Group authorised to use PGD :	<p>Community Pharmacist registered as a member of the Royal Pharmaceutical Society.</p> <p>The pharmacist should have an up to date knowledge of the most recent RPSGB Practice guidance for the use of OTC chloramphenicol eye drops, recognizing that this PGD allows treatment of children aged 1 yr and over.</p>
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PGD /reviewed* by : (*delete as appropriate)			
	Doctor	Pharmacist	NHS Board
Name	P. McMenemy	A Thorburn	Lanarkshire
Signature	P McMenemy*	A Thorburn*	
Date	24/6/08	25/6/08	

Approved for use by Primary care Drugs & Therapeutics Committee : 19/6/08

Approved on behalf of NHS Board			
	Name	Signature	Date
Medical Director	Dr A Graham	A Graham*	24/6/08
Chief Pharmacist, Primary Care	G Lindsay	G Lindsay*	24/6/08

* Original Signatures on File with G Lindsay

To apply to use this PGD, please sign and return page 5

Description of Treatment	
Name of medicine :	Chloramphenicol
POM/P/GSL :	POM
Pharmaceutical Form :	Eye Drops
Strength :	0.5%
Dosage :	Adults and children 1 years and over - Apply one (1) drop at least every two (2) hours then reduce frequency to four hourly after 48 hours as infection is controlled and continue for 48 hours after healing. Sleep need not be interrupted in order to administer the drops.
Total Dosage:	For a total of five (5) days
Route of Administration :	Ocular
Frequency of Administration :	Adults and children 1 years and over - Apply one (1) drop at least every two (2) hours then reduce frequency as infection is controlled and continue for 48 hours after healing
Duration of Treatment :	For a total of five (5) days
Total Treatment Quantity :	10ml
Clinical Situation for use of this PGD	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 change in vision. The affected eye(s) will often look <u>slightly</u> red/injected, but this is not usually very marked. Pain is not a feature of simple conjunctivitis.
Inclusion Criteria	<p>Presentation in Community Pharmacy with a need for treatment of symptoms of bacterial conjunctivitis, and registered for the Minor Ailment Service (MAS).</p> <p>This PGD authorises supply of the POM pack of Chloramphenicol including its use for patients of 1 year of age or over.</p>
Exclusion Criteria	<p>Patient not participating in MAS.</p> <p>Children under 1 year.</p> <p>Patient or family history of blood dyscrasias or aplastic anaemia</p> <p>Concurrent administration of medicines which may depress bone marrow</p> <p>Recurrence of symptoms within last three months</p> <p>Pregnancy, Breast feeding</p> <p>Known hypersensitivity to chloramphenicol, benzalkonium chloride or disodium edetate.</p>
Action if patient is excluded from treatment under this PGD	Refer to GP

Referral Criteria	<p>Urgent referral :</p> <ul style="list-style-type: none"> - if painful, rather than itchy or gritty - if reduced visual acuity - if eye looks cloudy - if pus level visible in anterior chamber - if any history of trauma to eye, or grinding, immediately prior to onset of symptoms - if possibility of foreign body on/in eye - if history of welding without eye protection immediately prior to onset of symptoms - if no improvement within 48 hours of starting the drops - any signs of periorbital cellulitis - any signs of photophobia <p>Routine referral :</p> <ul style="list-style-type: none"> - pregnancy - breast feeding - present for more than 2 weeks despite self care measures with no urgent referral symptoms.
Adverse Effects	<p>Occasional : Transient stinging on instillation. Rare : Allergic reaction (persistent burning, swelling of lids)</p>
Follow-up treatment	None
Written/Verbal Advice to be given to patient	<p>Patient Information Leaflets. Contact lenses should be removed during period of treatment. Continue for at least 48 hours after the eye appears normal. Store in a fridge (between 2-8°), and keep cap tightly closed between applications. Discard 28 days after opening.</p>
Record required of Supply/Administration	<p>Following to be noted in the computerised patient information records and on the CP 2 form :</p> <ul style="list-style-type: none"> • Dose, frequency and the quantity supplied • Date of supply to patient

In the event of a Suspected Adverse Drug Reaction complete a yellow card and submit to

CSM Scotland
CARDS
FREEPOST NAT 3271
EDINBURGH
EH16 4BR

A yellow card can be found at the rear of the BNF.

Also record findings, advice and actions in person's record.

Agreement by Practitioner

**SUPPLY OF CHLORAMPHENICOL EYE DROPS 0.5
by COMMUNITY PHARMACISTS**

I have read and fully understand the Patient Group Direction for the supply of Chloramphenicol Eye Drops 0.5% and agree to provide this medicine only in accordance with this PGD.

Name of Pharmacist _____

RPSGB Registration Number _____

Normal Pharmacy Location _____

Pharmacy Contractor Code _____

Signature : _____ Date : _____

Note :

A copy of this agreement must be signed by each pharmacist who wishes to be authorised to use the PGD for the supply of Chloramphenicol Eye Drops under MAS.

Each authorised pharmacist should ensure they have an individual copy of the clinical content of this PGD and a photocopy of the page showing their signature

The pharmacist is not authorised to apply the PGD until they have signed and returned this form to:

Please sign and return this page to:

<p>Anne Buchanan, Secretary to Chief Pharmacist, Primary Care Strathclyde hospital, MOTHERWELL ML1 3BW</p> <p>Fax 01698 245091</p>
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