



PATIENT GROUP DIRECTION

**FOR THE SUPPLY OF CHLORAMPHENICOL EYE DROPS 0.5% (10ML) TO
ADULTS AND CHILDREN 1 YEAR 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*.

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*It cannot be used until Appendix 1 is completed for each clinical area.

For further information on the use of Patient Group Directions in NHS Highland and the PGD procedure can be obtained from the Secretary of the PGD Subgroup of the Area Drug and Therapeutics Committee on 01463 706942

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Lead reviewer: Mary Morton	Ratified by: PGD Subgroup of the ADTC
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**PATIENT GROUP DIRECTION FOR THE SUPPLY
OF CHLORAMPHENICOL EYE DROPS 0.5% (10ML)**

Management and monitoring of patient group direction

Prepared by:	
Medical Practitioner	<p>Name: Dr Iain Kennedy Title: General Medical Practitioner Signature</p>
Senior representative of the professional group who will provide care under the direction.	<p>Name: Mary V Morton Title: Head of Community Pharmaceutical Services Contact Details: Pharmacy Services, NHS Highland, John Dewar Building, Highlander Way, Inverness, IV2 7GE. Telephone: (01463) 706886 Fax: (01463) 713844 Signature</p>
Pharmacist	<p>Name: Anna MacLennan Title: Prescribing Support Pharmacist Signature</p>
Authorised by:	
Patient Group Direction Sub-group <i>Chair or Secretary</i>	<p>Name: Helen Tissington Title: Chair PGD Subgroup Signature</p>
Date of ratification of the direction on behalf of the Area Drug & Therapeutics Committee	<i>Date 4th June 2008</i>
Review Date	Two 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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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 bacterial conjunctivitis, and registered for the Minor Ailment Service (MAS).
Clinical criteria for inclusion	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 <u>slightly</u> red / infected, but this is not usually very marked. Pain is not a feature of simple conjunctivitis.
Clinical criteria for exclusion	<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 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- if no improvement within 48 hours <p>Routine referral :</p> <ul style="list-style-type: none">- pregnancy- breast feeding <p>Patient not participating in MAS. Children under 1 year. Pregnancy, Breast feeding Known hypersensitivity to chloramphenicol, benzalkonium chloride or disodium edetate.</p>
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.

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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 refused treatment under the PGD will be documented in the patient's medication record (PMR).

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

Qualifications required	Community Pharmacist registered as a practicing member of the Royal Pharmaceutical Society
Additional requirements specialist qualifications, training, experience and competence necessary	Received and understood training to undertake the administration and supply of medicines under a PGD.
Continuing training requirements	Individual requirements identified through CPD.

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Description of treatment available under the patient group direction

Name of medicine	Chloramphenicol Eye Drops 0.5% 10ml
Legal status	POM
Route/Method of Administration	Ocular
Frequency of dose/ duration of treatment	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 for a total of five (5) days.
Follow up treatment	None
Advice to be given to patient before the treatment	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.
Identifying and managing possible adverse reactions	Sensitivity reactions such as transient irritation, burning, stinging, itching and dermatitis may occur. 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.
Referral for medical advice	Appearance or suspicion of an adverse reaction, as above.
Facilities and supplies required	None
Special considerations/additional information	Access to current to BNF
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
References	

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Appendix I**Health professionals approved to provide care under the direction**

The **professional 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. For clinical governance purposes, the manager should also feedback to the secretary of the PGD subgroup giving information on which clinical areas will be using the PGD.

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 Professional Manager	Signature	Date

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