

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

CHLORAMPHENICOL 1% EYE OINTMENT AND 0.5% EYE DROPS

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Patients presenting to MIU needing prophylaxis following a corneal abrasion or the removal of a foreign body. This PGD does NOT cover any form of infective conjunctivitis ie that not associated with an injury, as this is no longer part of our remit as a Minor Injury Unit. See actions if excluded below.
Inclusion criteria	Adults and children presenting with 1. Corneal abrasions. 2. Following removal of foreign bodies.
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Children under 1 month of age <u>Infective conjunctivitis, this PGD is for prophylaxis after injury as detailed above</u> Known allergy to any constituents of the preparation. Previous treatment with an antibacterial eye drop for the same episode of infection Pregnancy or breastfeeding. Patients with a history of blood disorders. Penetrating eye injuries (seek ophthalmological opinion) Severe pain within eye Visual disturbance or light sensitivity Chemical splashes
Cautions - Seek further advice from doctor before proceeding and document advice	Previous conjunctivitis in the recent past; Glaucoma; Dry eye syndrome; Eye surgery or laser treatment in the last 6 months; Serious eye injury; Current use of other eye drops or eye ointment
Further information	In many cases treatment is NOT necessary as conjunctival infections are often self-limiting (64% of cases resolve on placebo treatment) Contact lenses must not be worn during the period of treatment or for 24 hours after stopping. Contact lens wearers with frequent infections should be referred to their optician/ophthalmologist/GP.
Action if patient declines or is excluded	Refer to doctor, community pharmacist, A & E as appropriate. Document refusal or action taken in patient's records.

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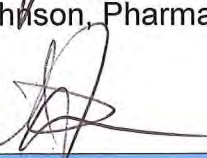

CHLORAMPHENICOL 1% EYE OINTMENT AND 0.5% EYE DROPS

Drug Details	
Name, form & strength of medicine	Chloramphenicol eye ointment 1% Chloramphenicol eye drops 0.5%
Legal status	Prescription Only Medicine (POM) or P depending on form
Route/Method	Topically to the affected eye(s)
Dosage / frequency	Ointment Apply to the inside of lower lid(s) of affected eye or eyes four times a day for 2 days, and then twice a day for 5 days or only at bedtime if drops are also used. Drops Put one drop into the affected eye(s) every 2 hours for 2 days, and then every 4 hours (waking hours only) for 5 days.
Duration of treatment	5 days or 48 hours after symptoms have resolved
Quantity to supply	Supply 4g tube of ointment or 10ml bottle of eye drops
Side effects	The ointment/ drops may sting or burn Vision may be blurred with ointment – do not drive or operate machinery of this occurs
Advice to patient/carer	Patient information leaflet from the pack. Verbal advice on using medication. Discard remainder after treatment finished (may be returned to a pharmacy). Wash hands after application. Seek medical advice if no better in 48h or if any deterioration Chloramphenicol is cheaper the buy OTC from a pharmacy than a prescription charge.

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Staff Characteristics	
Professional qualifications	Registered nurses and paramedics with a minor injuries qualification
Specialist competencies or qualifications	A registered nurse or paramedic with minor injuries qualification, after discussion and agreement with the MIU lead. Has completed the PGD online Open Learning Package and is therefore competent to supply and administer medicines under PGDs in this trust. Is trained in the management of anaphylaxis.
Continuing education & training	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth, Contact details of GP (if registered), Diagnosis, Form administered, batch details and expiry, Advice given to patient (including side effects), Signature/name of staff who supplied the medication, Details of any adverse drug reaction and actions taken including documentation in the patient's medical record, Referral arrangements (including self-care)
References/Resources and comments	County antibiotic guidelines, Summary of Product Characteristics, British National Formulary
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature:  Date: 4/4/19
Lead Pharmacist	Dr Alex Johnson, Pharmacist Signature:  Date: 10/4/19
Organisational Authorisation	
On behalf of Worcestershire health and Care NHS trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 4/4/19
Patient Group Direction Peer Reviewed by	
Senior Nurses MIU	

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ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: 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. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date