

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

FUSIDIC ACID 1% 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	For 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. This PGD only applies to patients who cannot use chloramphenicol
Inclusion criteria	Individuals one year of age and older who cannot use chloramphenicol due to hypersensitivity or other exclusion 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 one year Infection that has not arisen directly and acutely from an eye injury (eg due to an abrasion or FB) No hypersensitivity to chloramphenicol Allergy to fusidic acid or sodium fusidate or any of the constituents. Previous treatment with antibiotics for the same episode Chemical splashes, Penetrating eye injuries (seek ophthalmological opinion) Severe pain within the eye. Visual disturbance or light sensitivity
Cautions - Seek further advice from doctor	Previous conjunctivitis in the recent past; Glaucoma; Dry eye syndrome; Eye surgery or laser treatment in the last 6 months; Severe eye injury; Current use of other eye drops or eye ointment
Further information	Bacterial resistance has been reported to occur with the use of fusidic acid. As with all antibiotics, extended or recurrent use may increase the risk of developing antibiotic resistance. Should not wear contact lenses whilst using the drops - The microcrystalline fusidic acid may cause scratches in the contact lens or cornea. Contact lens users with frequent infections should be referred to their optician / ophthalmologist / GP
Action if patient declines or is excluded	Refer as appropriate to doctor, community pharmacist, nurse prescriber, A & E as appropriate. Document refusal or action taken in patient's records.

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

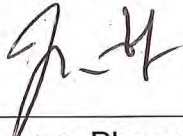


FUSIDIC ACID 1% EYE DROPS

Drug Details	
Name, form & strength of medicine	Fusidic Acid 1% sterile eye drops
Legal status	Prescription Only Medicine (POM)
Route/Method	Topically to the affected eye(s)
Dosage / frequency	One drop into the affected eye(s) twice a day
Duration of treatment	Continue for at least 48 hours after the eye returns to normal but minimum 5 days
Quantity to supply	1 x 5g tube
Side effects	Transient stinging, burning & blurring of vision
Advice to patient/carer	Give manufacturer's patient information leaflet Discard any remaining drops at the end of the treatment (may be returned to a pharmacy). Seek medical advice if no improvement in 48 hours, if pain, reduced vision or other worrying symptoms develop or if spots or blisters develop on the skin next to eye. Fucithalmic [®] may cause a transient blurring of vision following application. When vision is not affected, Fucithalmic [®] has no or negligible influence on the ability to drive or to use machines.

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

FUSIDIC ACID 1% EYE DROPS

Staff Characteristics	
Professional qualifications	Registered nurses and paramedics with a minor injuries qualification
Specialist competencies or qualifications	A registered nurse or paramedic with a 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 & Care Trust	Michelle Clarke, Director of Nursing & Quality Signature:  Date: 4/4/19
Patient Group Direction Peer Reviewed by	
Senior Nurses MIUs	

Supply of Medicine

PATIENT GROUP DIRECTION (PGD) FOR

FUSIDIC ACID 1% EYE DROPS

Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR 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