

This Patient Group Direction (PGD) must only be used by registered pharmacists who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

for the supply of

Chloramphenicol Eye Ointment 1.0%

by registered pharmacists for the

Treatment of Superficial Eye Infections

under the Wirral Clinical Commissioning Group Minor Ailments Service

Version number: 1.0

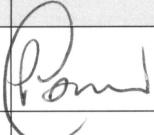



Change history

Version number	Change details	Date

PGD development

Name	Job title and organisation
Lead author Nicola Bradley	Community Pharmacy Manager for the Wirral Minor Ailments Scheme North West Commissioning Support Unit (NWCSU)
Lead doctor Dr Hannah McKay	GP, Urgent Care Lead Wirral CCG
Lead pharmacist Steve Riley	Senior Prescribing Advisor, NWCSU
Representative of other professional group using PGD Melanie Carrol	Community Pharmacy Cheshire and Wirral (CPCW)
Other members of the PGD working group: Jasmeen Islam, Deputy Head of Medicines Management, NWCSU Dr J Cunniffe, Consultant in Medical Microbiology, Wirral University Teaching Hospital Sue Smith, Lead Nurse for Quality and Patient Safety, Wirral CCG	

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr P Cowan	GP, Lead for Unplanned Care, Wirral CCG		12/5/15
Senior pharmacist Steve Riley	Senior Prescribing Advisor, NWCSU		11/5/15
Senior representative of professional group using the PGD Melanie Carrol	Contractor Support & Development Pharmacist Community Pharmacy Cheshire and Wirral (CPCW)		12.5.15
Person signing on behalf of Wirral CCG Lorna Quigley	Director of Quality and Patient Safety Outcomes Wirral Clinical Commissioning Group		11/5/15

PGD adoption by the provider

Name	Job title and organisation	Signature	Date
Signatures to be determined locally, if relevant			

Training and competency of registered pharmacist

	Requirements of registered pharmacists working under the PGD
Qualifications and professional registration	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC)
Initial training	Competent to work under Patient Group Directions, including satisfactory completion of training to administer/supply in accordance with this Patient Group Direction. Working as a community pharmacist and accredited to provide the Minor Ailments Service levels 1 and 2
Competency assessment	CPPE Declaration of Competence Documents (DoCs)
Ongoing training and competency	Commitment to continuing updating and re-validation according to the accreditation requirements of the commissioning organization. Commitment to keep up-to-date with clinical developments in this area or changes to the recommendations for the medicine listed, as part of their Continual Professional Development.

Clinical condition

Clinical condition or situation to which this PGD applies	Superficial Eye Infections
Inclusion criteria	<p>Adult or child aged 3 months or over presenting with a red, irritated/sticky eye including the following situations:</p> <ul style="list-style-type: none"> • Bacterial conjunctivitis (muco-purulent) • External and internal stye <p><i>Patient agrees to treatment under this PGD.</i></p>
Exclusion criteria	<ul style="list-style-type: none"> • Pregnant or breastfeeding • Babies/infants under 3 months of age • Severe infections, including evidence of pre-septal cellulitis • Any recent course of treatment (3-4 weeks) • Headache • Photophobia • Eye pain • Corneal abrasion/ulcer • Visual problems, including any change to visual acuity if this can be assessed. • Have known aplastic anaemia • Viral conjunctivitis demonstrated by thin watery discharge • The pupil looks unusually cloudy • Eye inflammation associated with a rash on the scalp or face • Suspected foreign body in the eye • Eye surgery or laser treatment in the last 6 months • Evidence of injury to the eye • Known hypersensitivity/allergy to chloramphenicol or any other excipient in the product
Cautions (including any relevant action to be taken)	<ul style="list-style-type: none"> • Extra care should be taken with contact lens wearers because of complications. Beware of risks of keratitis, corneal opacity or photophobia, signaling discomfort or visual disturbances • Refer to Summary of Product Characteristics http://www.medicines.org.uk/emc/
Arrangements for referral for medical advice	<ul style="list-style-type: none"> • Supply the patient with a referral note to hand to the GP indicating the reasons for the referral
Action to be taken if patient excluded	<ul style="list-style-type: none"> • Refer to GP practice • Clearly record the decision on the patient's consultation proforma including any advice given and action taken.

Valid from: May 2015
 Review date: March 2016
 Expiry date: March 2016

Action to be taken if patient declines treatment	<p>Advise on symptoms of bacterial conjunctivitis including contagious nature and the potential of developing secondary infection.</p> <p>Record the decision on the patient's consultation proforma including any advice given and action taken. Refer to GP as appropriate</p>
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Details of the medicine

Name, form and strength of medicine <i>Include ▼ for <u>black triangle medicines</u></i>	Chloramphenicol 1.0% Eye Ointment
Legal category	POM
Indicate any <u>off-label use</u> (if relevant)	N/A
Route/method of administration	Topical
Dose and frequency	<p><i>Apply a small amount of ointment three to four times a day to the affected eye(s).</i></p> <p><i>Continue treatment for 48 hours after healing. Maximum duration of treatment 5 days.</i></p>
Quantity to be administered and/or supplied	Supply 1 x 4g tube for one treatment episode – in exceptional circumstances two tubes may be supplied for one course of treatment if thought to be necessary.
Maximum or minimum treatment period	Maximum treatment period of five days.
Adverse effects	<p>Local sensitivity reactions such as transient irritation, burning, stinging and itching may occur.</p> <p>Refer to SPC or current BNF for full details</p>
Records to be kept	<p>The following will be recorded in the patient's consultation proforma:</p> <ul style="list-style-type: none"> • Advice given to patient • Patients name, address, date of birth and GP • Date and time of supply • The batch number and expiry date • The signature of the person supplying the medicine

Patient information

<p>Verbal/written advice to be given to patient</p>	<ul style="list-style-type: none"> • Discuss side effects and administration with the patient and provide a manufacturers patient information leaflet. • Advise patient that the infection can spread therefore need to wash hands after touching eyes (personal hygiene) and not to share towels etc. • Advise patient not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine. • Advise patient to discard eye drops after completing the treatment. • Contact lens wearers should be advised to remove contact lenses for the duration of treatment. • If patients are using other (prescribed) eye drops, they should be advised to apply these first, wait 5 minutes, then apply the Chloramphenicol eye drops. • Consult your GP if symptoms do not improve after 2 days or sooner if symptoms worsen. This instruction must be included on the label. • Advise the patient not to drive or operate machinery unless vision is clear.
<p>Follow-up advice to be given to patient or carer</p>	<p>Contact GP if no improvement of symptoms after 2 days or sooner if symptoms worsen</p>

