

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 Drops 0.5%**

**For Children aged 3 months to 2 years**

by registered pharmacists for the

## **Treatment of Superficial Eye Infections**

under the Liverpool Clinical Commissioning Group Minor Ailments  
Service

Version number: 1.0




## Change history

Version number	Change details	Date
1.0	Original document developed with the Liverpool Medicines Optimisation Group (MOC)	November 2020

## PGD development

Name	Job title and organisation
Lead author	Peter Johnstone Head of Medicines Optimisation Liverpool CCG
Lead doctor	Dr Fiona Ogden-Forde Clinical lead for Prescribing Liverpool CCG
Lead pharmacist	Peter Johnstone Head of Medicines Optimisation Liverpool CCG
Representative of other professional group using PGD	Matt Harvey Pharmacist Chair of Liverpool Pharmaceutical Committee
Other members of the PGD working group: Members of Liverpool Medicines Optimisation Committee (November 2020)	

## PGD authorisation

Name	Job title and organisation	Signature	Date
<b>Senior doctor</b>	Dr Fiona Ogden-Forde Clinical lead for Prescribing Liverpool CCG		5 <sup>th</sup> March 2021
<b>Senior pharmacist</b>	Peter Johnstone Head of Medicines Optimisation Liverpool CCG		5 <sup>th</sup> March 2021
<b>Person signing of behalf of CCG</b>	Jane Lunt Head of Quality / Chief Nurse Liverpool CCG		17 <sup>th</sup> March 2021

## 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
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

<b>Clinical condition or situation to which this PGD applies</b>	Superficial Eye Infections
<b>Inclusion criteria</b>	<p>Carer has already tried self-care treatment such as:</p> <ul style="list-style-type: none"> <li>• Use a clean cotton wool (1 piece for each eye). Boil water and then let it cool down before then:</li> <li>• Gently rub the eyelashes to clean off crusts</li> <li>• Hold a cold flannel on the eyes for a few minutes to cool them down.</li> </ul> <ul style="list-style-type: none"> <li>• Child aged 3 months and under 2 years presenting with a red, irritated/sticky eye including the following situations: <ul style="list-style-type: none"> <li>• Bacterial conjunctivitis (muco-purulent)</li> <li>• External and internal stye</li> <li>• Self care has been tried for 7 days</li> <li>• Parent/carer agrees to treatment under this PGD</li> </ul> </li> </ul>
<b>Exclusion criteria</b>	<ul style="list-style-type: none"> <li>• No consent obtained</li> <li>• Babies/infants under 3 months of age</li> <li>• Severe infections, including evidence of pre-septal cellulitis</li> <li>• Less than 7 days since onset</li> <li>• Any recent course of treatment (3-4 weeks)</li> <li>• Headache</li> <li>• Photophobia</li> <li>• Eye pain</li> <li>• Corneal abrasion/ulcer</li> <li>• Visual problems, including any change to visual acuity if this can be assessed.</li> <li>• Known personal or family history of blood dyscrasias including aplastic anaemia</li> <li>• Viral conjunctivitis demonstrated by thin watery discharge</li> <li>• The pupil looks unusual</li> <li>• The eye looks cloudy</li> <li>• Glaucoma</li> <li>• Dry eye syndrome</li> <li>• Eye inflammation associated with a rash on the scalp or face</li> <li>• Suspected foreign body in the eye</li> <li>• Eye surgery or laser treatment in the last 6 months</li> <li>• Evidence of injury to the eye</li> <li>• Known hypersensitivity/allergy to chloramphenicol or any other excipient in the product</li> <li>• A history of bone marrow suppression during previous exposure to chloramphenicol</li> </ul>

<b>Cautions (including any relevant action to be taken)</b>	<ul style="list-style-type: none"> <li>Refer to Summary of Product Characteristics <a href="http://www.medicines.org.uk/emc/">http://www.medicines.org.uk/emc/</a></li> </ul>
<b>Arrangements for referral for medical advice</b>	<ul style="list-style-type: none"> <li>Supply the carer with a referral note to hand to the GP indicating the reasons for the referral</li> </ul>
<b>Action to be taken if patient excluded</b>	<ul style="list-style-type: none"> <li>Refer to GP practice</li> <li>Clearly record the decision on the patient's consultation proforma including any advice given and action taken.</li> </ul>
<b>Action to be taken if carer declines treatment</b>	<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>

## Details of the medicine

<b>Name, form and strength of medicine</b>	Chloramphenicol 0.5% Eye Drops
<b>Legal category</b>	POM (maximum pack size 10ml)
<b>Indicate any off-label use (if relevant)</b>	N/A
<b>Route/method of administration</b>	Topical
<b>Dose and frequency</b>	<p>During waking hours, instil one drop every 2 hours to the affected eye(s) for the first 48 hours, then reduce to one drop four times a day as infection is controlled.</p> <p>Continue treatment for 48 hours after healing.</p> <p>Maximum duration of treatment 5 days.</p>
<b>Quantity to be administered and/or supplied</b>	Supply 1 x 10ml bottle for one treatment episode – two bottles if bilateral
<b>Maximum or minimum treatment period</b>	Maximum treatment period of five days.
<b>Adverse effects</b>	<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>
<b>Records to be kept</b>	<p>The following will be recorded in the patient's consultation proforma:</p> <ul style="list-style-type: none"> <li>Advice given to carer</li> <li>Patients name, address, date of birth and GP</li> <li>Date and time of supply</li> <li>The batch number and expiry date</li> <li>The signature of the person supplying the medicine</li> </ul>

## Patient information

<b>Verbal/written advice to be given to patient / carer</b>	<ul style="list-style-type: none"><li>• Discuss side effects and administration with the patient and provide a manufacturers patient information leaflet.</li><li>• Advise carer that the infection can spread therefore need to wash hands after touching eyes (personal hygiene) and not to share towels etc.</li><li>• Advise patient not to touch the eye or lashes with the eye drops nozzle as this may contaminate the medicine.</li><li>• Advise carer that their eyes may sting for a short time after using the eye drops.</li><li>• Advise carer to discard eye drops after completing the treatment.</li><li>• If patients are using other (prescribed) eye drops, they should be advised to apply these first, wait 5 minutes, and then apply the Chloramphenicol eye drops.</li><li>• Consult your GP if symptoms do not improve after 3 days or sooner if symptoms worsen (pan mersey. “advise the person to seek further help if symptoms persist beyond 5 days treatment - <b>This instruction must be included on the label.</b></li><li>• Patient information is available on the NHS website at; <a href="https://www.nhs.uk/">https://www.nhs.uk/</a></li></ul>
<b>Follow-up advice to be given to patient or carer</b>	Contact GP if no improvement of symptoms after 3 days or sooner if symptoms worsen

## Appendices

### **Appendix A Key references**

1. Clinical Knowledge Summaries Guideline at <https://cks.nice.org.uk/conjunctivitis-infective> - last updated April 2018 (Accessed November 2020)
2. Summary Product Characteristic (SPC) at (Accessed November 2020)
3. NHS Website - <https://www.nhs.uk/medicines/chloramphenicol/> (Accessed November 2020)

### **Appendix B Health professionals' agreement to practise**

I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD.

Name of pharmacist	Signature	Senior representative authorising pharmacist	Date