Torbay and South Devon NHS
NHS Foundation Trust

Patient Group Direction 2106 version 1.0
Supply of Chloramphenicol Ointment 1% or Fucithalmic 1% Viscous Eye Drops by Registered Nurses working in the Ophthalmic Unit employed by Torbay and South Devon NHS Foundation Trust

Date of Introduction: October 2017
Review Date: September 2019

Developed By	Name	Signature	Date
Physician	Consultant Ophthalmologist		
Pharmacist			
Lead Professional	Ophthalmic Senior Sister		

Note: The Lead Professional is responsible for ensuring the co-ordination, composition, consultation, revision and distribution of the PGD to practitioners who will be using the PGD as well as ensuring that the PGD is no longer used if becomes out of date and once it has expired.

The Clinical Effectiveness Department will write to the Lead Professional approximately 4 months before the review date as a reminder that a review is required.

Ratified on behalf of: TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	
Medicines Management Committee Chair	
Signed:	
Name:	Clinical Director – Pharmacy and Prescribing
Date:	
Lead Officer	
Signed:	
Name:	Medical Director
Date:	

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Objective	To ensure effective treatment of blepharitis in nurse-led clinics

1. Clinical Condition

Definition of condition/situation	▪ All patients who have been diagnosed with blepharitis, according to local protocol
Facilities required	▪ TTA pre-packs of chloramphenicol eye ointment and fucithalmic viscous eye drops ▪ Hand washing facilities ▪ Adequate lighting ▪ Ability to obtain prompt medical assistance for advice, or in case of emergency
Criteria for inclusion	▪ Patients who have been diagnosed with blepharitis attending pre-op pre assessment ▪ Patients who have been diagnosed with blepharitis attending electrolysis clinic ▪ Patients who have been diagnosed with blepharitis attending for intravitreal injections
Criteria for exclusion	▪ Patients who have a known allergy to chloramphenicol or fucithalmic or to the preservatives in either of the preparations. (Use fucithalmic if allergic to chloramphenicol). ▪ Patients wearing contact lenses ▪ Chloramphenicol ointment must not be administered to patients who have experienced bone marrow suppression during previous exposure to chloramphenicol
Action if excluded	▪ Refer to medical practitioner **(or non-medical prescriber if appropriate)** or alternative action as indicated by related protocol and document in patient's records
Action if patient refuses medication	▪ Document informed refusal in patient's records and action taken: a) Referral to protocol b) Referral to appropriate medical practitioner

2. Characteristics of Staff

Qualifications required	Registered nurses
Additional requirements	▪ Working knowledge of relevant Organisation Policies, including Medicines Policy and associated Standard Operating Procedures, Anaphylaxis Policy and Consent Policy. ▪ Working knowledge of relevant Organisation protocols ▪ Evidence of continuing professional development, (and any training and competence relevant to this PGD) ▪ Working knowledge of the NMC Standards for Medicines Management 2007, (updated 2010) www.nmc-uk.org and other relevant codes of professional practice

3. Description of Treatment

Name of Medicine Supplied	**Chloramphenicol Ointment 1%**
Legal Class	POM (Prescription Only Medicine)/ P (Pharmacy Medicine)
Storage	Do not store above 25°C. Protect from light.
Dose to be used (including criteria for use of differing doses)	Apply a small amount (0.5-1cm length of ointment)
Method or route of administration	Topically applied to the eye lid margin top and bottom
Total dose and number of times drug to be given. Details of supply (if supply made)	▪ Apply four times daily a week before surgery or for 7 days as appropriate. ▪ Supply one tube per patient ▪ Supply must be appropriately labelled with patient's name/number, drug name, strength and form, clear dosage instructions, the date of supply and name and address of supplying centre.
Contra-indications	See exclusion criteria
Cautions	See advice section below
Interactions	If patient is taking any other medications consult BNF Appendix 1 for any potential interactions.
Potential side-effects and adverse reactions	▪ Temporary blurring of vision ▪ Local irritation e.g. - Burning sting - Itching - Dermatitis ▪ Hypersensitivity reactions may present as angioneurotic oedema, urticarial, anaphylaxis, fever and vesicular and maculopapular dermatitis. ▪ Rare- bone marrow hypoplasia including aplastic anaemia and death have been reported as following ocular administration Unusual or life threatening reactions require immediate medical attention.
Management of potential side-effects and adverse reactions	▪ If any hypersensitivity reaction occurs, treatments should be immediately discontinued. ▪ Patients should be referred to a medical practitioner or non-medical prescriber as appropriate.

Advice and information to patient/carer including follow-up	▪ Local irritation may occur ▪ If chloramphenicol eye ointment gets into the eye it may cause temporary blurring of the vision; patients should be advised not to drive or operate machinery should this occur. ▪ If any new infection or any other new eye problem appears during treatment, the patient should consult their GP. ▪ Medical advice should be sought if there is no improvement in the condition after 2 days or if symptoms worsen at any time. ▪ Contact lenses should not be worn during the course of treatment or for at least 24 hours after the treatment course has finished and until the eye/s have completely healed. ▪ Do not use if you are allergic to chloramphenicol or any of the ingredients ▪ Unusual or life threatening reactions require immediate medical attention. ▪ Package patient information leaflet (PIL) to be given with the ointment.
Specify method of recording supply /administration including audit trail	The following will be recorded in the patient's records: ▪ The diagnosis and treatment ▪ The quantity supplied ▪ The frequency of administration and duration of treatment ▪ The time and date of supply ▪ The signature and name of the person supplying the medication ▪ Endorse 'PGD' Document allergies and other adverse drug reactions clearly in patient records and inform the GP and other relevant practitioners/patient/carer for further reporting and action if required. Report any adverse drug reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) through the yellow card reporting system (www.mhra.gov.uk).

3. Description of Treatment

Name of Medicine Supplied	**Fucithalmic® 1% w/w Viscous Eye Drops**
Legal Class	POM (Prescription Only Medicine)
Storage	Store below 25°C. Keep the tube tightly closed. The tube should be discarded one month after opening.
Dose to be used (including criteria for use of differing doses)	1 drop
Method or route of administration	Topically applied to the eye lid margin top and bottom
Total dose and number of times drug to be given. Details of supply (if supply made)	▪ Apply one drop twice daily a week before surgery or for 7 days as appropriate ▪ Supply one 1 x 5g TTA pack ▪ Supply must be appropriately labelled with patient's name/number, drug name, strength and form, clear dosage instructions, the date of supply and name and address of supplying centre
Contra-indications	▪ See exclusion criteria
Cautions	▪ See advice section below
Interactions	▪ None Known
Potential side-effects and adverse reactions	▪ Transient itching, burning or stinging sensation following instillation ▪ Hypersensitivity reactions. ▪ Periorbital oedema ▪ Rash ▪ Urticaria ▪ Angioedema
Management of potential side-effects and adverse reactions	▪ If any hypersensitivity reaction occurs, treatments should be immediately discontinued. ▪ Patients should be referred to a medical practitioner or non-medical prescriber as appropriate. Unusual or life threatening reactions require immediate medical attention.

Advice and information to patient/carer including follow-up	▪ Transient itching, burning or stinging sensations may occur with the use of Fucithalmic eye drops. ▪ Medical advice should be sought if there is no improvement in the condition after 2 days or if symptoms worsen at any time. ▪ Contact lenses should not be worn during the course of treatment or for at least 24 hours after the treatment course has finished and until the eye/s have completely healed. ▪ Do not use if you are allergic to Fucithalmic or any of the ingredients ▪ Unusual or life threatening reactions require immediate medical attention. ▪ Package patient information leaflet (PIL) to be given with the drops.
Specify method of recording supply /administration including audit trail	The following will be recorded in the patient's records: ▪ The diagnosis and treatment ▪ The quantity supplied ▪ The frequency of administration and duration of treatment ▪ The time and date of supply ▪ The signature and name of the person supplying the medication ▪ Endorse 'PGD' Document allergies and other adverse drug reactions clearly in patient records and inform the GP and other relevant practitioners/patient/carer for further reporting and action if required. Report any adverse drug reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) through the yellow card reporting system (www.mhra.gov.uk).

4. Other Information

Follow up treatment:	The patient will be followed up on the day of surgery or at their next visit.
Arrangements for medicine supply:	TTA packs to be supplied from Eye Unit stock.
Arrangements for medical referral:	Refer to Consultant Ophthalmologist as appropriate
Lines of accountability:	Ophthalmic Senior Sister Lead Consultant Ophthalmologist

5. Appendices

References used in the development of this PGD:	▪ National Institute for Health and Care Excellence, 2013, NICE medicines practice guidelines [MPG2] Patient Group Directions | Guidance and guidelines | NICE ▪ eBNF (Accessed Oct 17) ▪ Current SPC (Accessed Feb 2017) ▪ Local Formulary
Audit details	Annual audit of notes co-ordinated by Unit Nurse Manager
Training	▪ Clinical condition: In-house training to work in Eye Surgery Unit and competencies in the appropriate key skills. ▪ Medical treatment: As above, and as detailed in this PGD. Must be fully aware of properties, cautions, side effects and contra-indications of all products administered in the procedure. Familiarity and understanding of Trust Medicines Policy ▪ Competency assessment: In-house training to work in Eye Surgery Unit and competencies in the appropriate key skills. ▪ Frequency of training / review process: 2 yearly.

Please refer to the summary of product characteristics for full information

This Patient Group Direction is operational from the start of October 2017 and expires end of September 2019

Version History

Version	Date	Brief Summary of Change	Owner's Name
v 1.0	October 2017	Development of new PGD in response to a request from the Ophthalmology Unit for surgical pre-assessment to supply Chloramphenicol Ointment 1% or Fucithalmic 1% Viscous Eye Drops at Nurse Led Clinics	Torbay and South Devon NHS Foundation Trust

For more information on the status of this document, contact:	Medicines Governance Team Administrator Pharmacy Department Torbay Hospital tsdft.medicinesgovernance@nhs.net
Date of Issue	**October 2017**
Reference	PGD 2106 v 1.0 Chloramphenicol Ointment & Fucithalmic Eye Drops
Path	Medicines Governance / PGDs / PGD 2106 v 1.0 Chloramphenicol & Fucithalmic Eye Drops Oct17-Sept19

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Objective: To treat blepharitis

The individual practitioners named below are authorised to operate within the above PGD, being employees of Torbay and South Devon NHS Foundation Trust

CLINICAL AREA	LOCATION / DEPARTMENT

The following list must be kept with a copy of the PGD in each clinical area using that PGD. Each practitioner will receive and sign for an individual copy of the PGD. Only fully competent, qualified and trained professionals may operate within PGDs.

I agree to administer/supply the above preparation in accordance with this Patient Group Direction and I have received an up to date copy of the ratified PGD:

NAME *(please print)*	PROFESSIONAL TITLE	SIGNATURE	AUTHORISING MANAGER *(please print)*	MANAGER'S SIGNATURE	DATE

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Ref No:	2106		
Document title:	Chloramphenicol Ointment 1% or Fucithalmic 1% Viscose Eye Drops		
Purpose of document:	Patient Group Direction		
Date of issue:	17 November 2017	**Next review date:**	30 September 2019
Version:	1	**Last review date:**	
Author:	Consultant Ophthalmologist		
Directorate:	Medical Services		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Medical Director Chair, Trust Medicines Management Committee		
Date approved:	8 November 2017		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

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	Yes	*No*
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Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
17 November 2017	1	New	Medical Director Chair, Trust Medicines Management Committee