



Patient Group Direction for the supply of Chloramphenicol 0.5% eye drops to named patients registered with the Minor Ailment Service attending Community Pharmacies in NHS Borders

This document authorises the supply of Chloramphenicol 0.5% eye drops by pharmacists to named patients registered on the Minor Ailment Service who meet the criteria for inclusion under the terms of the document

The pharmacist seeking to supply Chloramphenicol 0.5% eye drops must ensure that all clients have been screened and meet the criteria before supply takes place

The purpose of this Patient Group Direction is to allow the supply of the prescription only medicine pack of Chloramphenicol 0.5% eye drops on the Minor Ailment Service

PGD previously approved: October 2017

PGD was reviewed on May 2019

The direction will be reviewed by: May 2021

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Clinician Responsible for Training and Review: Adrian MacKenzie, Lead Pharmacist, Community Pharmacy.

Specialist clinical review by: Anne Duguid, Antimicrobial Pharmacist

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1. This Patient Group Direction relates to the following specific preparation:

Name of medicine, Strength, Formulation	Chloramphenicol 0.5% eye drops
Legal status	POM Prescription Only Medicine
Storage	Store between 2°C and 8°C. Protect from light.
Dose	Adults and children 1 years and over - Apply one (1) drop every two (2) hours then reduce frequency as infection is controlled and continue for 48 hours after healing, frequency dependent on the severity of the infection. Sleep need not be interrupted in order to administer the drops.
Route/method	Ocular
Frequency	Adults and children 1 years and over - Apply one (1) drop every two (2) hours then reduce frequency as infection is controlled and continue for 48 hours after healing, frequency dependent on the severity of the infection.
Total dose Quantity (Maximum/Minimum)	Maximum 5 days treatment (10ml bottle)
Advice to Patients	<p>Supply Patient Information Leaflet.</p> <p>Contact lenses should be removed during period of treatment and for at least 24h after completion of treatment.</p> <p>Continue for at least 48 hours after the eye appears normal.</p> <p>Blurred eyesight may occur straight after using this medicine. If this happens, do not drive or use any tools or machines until you can see clearly.</p> <p>Advise to contact nurse/GP if condition worsens or symptoms persist beyond the five day treatment period</p> <p>Store in a fridge (between 2-8°), and keep cap tightly closed between applications. Discard 28 days after opening.</p>

Relevant Warnings	<p>Side Effects</p> <p>Occasional: Transient stinging on instillation.</p> <p>Rare : Allergic reaction (persistent burning, swelling of lids)</p> <p>Rarely bone marrow depression and aplastic anaemia have been reported</p> <p>Rarely hypersensitivity reactions eg. angioedema and anaphylaxis have been reported</p> <p>Advise to contact nurse/GP if side effects occur</p>
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2. Clinical condition

Clinical Condition to be treated	<p>Conjunctivitis will give the sensation of a gritty or itchy eye or eyes, with possibly a purulent discharge or crusting of the eyelid margins. It will only have been present for a few days and is not associated with any reduction in vision. The affected eye(s) will often look <u>slightly</u> red/infected, but this is not usually very marked. Pain is not a feature of simple conjunctivitis.</p>
Criteria for inclusion	<p>Presentation in Community Pharmacy with a need for treatment of symptoms of bacterial conjunctivitis, and registered for the Minor Ailment Service (MAS).</p>
Criteria for exclusion	<p>Patient not participating in MAS.</p> <p>Children under 1 year.</p> <p>Pregnancy, Breast feeding</p> <p>Known hypersensitivity to chloramphenicol, or any other components of the medicine.</p> <p>Recurrence of symptoms within last three months</p> <p>Personal or family history of blood dyscrasias including aplastic anaemia</p> <p>Myelosuppression during previous exposure to chloramphenicol</p> <p>Concurrent administration of medicines which may depress bone marrow</p> <p>Informed non-consent</p>
Action if excluded/ Referral criteria	<p>Refer to GP or GP out of hours service</p> <p>Urgent Referral should also be made if patient presents with an eye</p> <ul style="list-style-type: none"> - if painful, rather than itchy or gritty - if reduced visual acuity - if eye looks cloudy - if pus level visible in anterior chamber - if any history of trauma to eye, or grinding, immediately prior to onset of symptoms - if possibility of foreign body on/in eye - if history of welding without eye protection immediately prior to onset of symptoms

	<ul style="list-style-type: none"> - if no improvement within 48 hours of starting drops - any signs of photophobia - pupil looks unusual - eye inflammation associated with rash on scalp or face - glaucoma - dry eye syndrome - Eye surgery or laser treatment in the last 6 months - Any signs of periorbital cellulitis <p>Routine referral should be considered if patient:</p> <ul style="list-style-type: none"> - pregnant - breast feeding - present for more than 2 weeks despite self care measures with no urgent referral symptoms
Action if declines	Document refusal in PMR and if patient declines alternative management refer to the GP or out of hours service.
Interactions with other medicaments and other forms of interaction	<p>Chymotrypsin will be inhibited if given simultaneously with chloramphenicol.</p> <p>The concomitant administration of chloramphenicol with other drugs liable to depress bone marrow function should be avoided.</p>

3. Records-A CP2 form should be generated and the consultation recorded on the Pharmacy PMR

1. The following records should be kept (either paper or computer based)

The GP practice

The patient name and CHI number

The medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered

The signature and printed name of the approved healthcare professional who supplied or administered the medicine

Whether patient met the inclusion criteria and whether the exclusion criteria were assessed

Quantity supplied / received and current stock balance

2. Preparation, audit trail, data collection and reconciliation-

Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient by patient basis.






3. Storage- Store between 2-8°C

4. Professional Responsibility -

- ❖ All Health Professionals will ensure he/she has the relevant training and is competent in all aspects of medication, including contra-indications and the recognition and treatment of adverse effects. He/she will attend training updates as appropriate.
- ❖ Pharmacist must be registered with the GPhC and contracted to provide the Minor Ailment Service.
- ❖ Sources of Evidence used for the PGD creation should be stated

5. References

- ❖ British National Formulary (BNF) current edition
<https://www.bnf.org/>
- ❖ Borders Joint Formulary (BJF)
<http://intranet/BordersFormulary/index.html>
- ❖ Electronic medicines Compendium
<https://www.medicines.org.uk/emc/>

Patient Group Direction for the supply of Chloramphenicol Drops 0.5% by pharmacists providing the Minor Ailment Scheme in NHS Borders			
Job Title	Name	Signed	Date
Senior Doctor/Dentist for relevant clinical area	Cliff Sharp		7/6/19
NHS Borders Director of Pharmacy	Alison Wilson		17/5/19
NHS Borders Senior Health Professional for Clinical Area	Nicky Berry		5/6/19
NHS Borders Consultant Microbiologist	Ed James		10/6/19
PGD AUTHORISED ON <u>07/06/2019</u> BY NHS BORDERS ADTC/CHAIRPERSON			
Signed by ADTC CHAIRPERSON: 			
Name: Alison Wilson			
<p>The Health Professionals named below, being contractors of NHS Borders based atPharmacy are authorised to provide and/or administer this medication under this Patient Group Direction and agree to provide and/or administer this medication in accordance with this Patient Group Direction</p>			
Name of Health Professional	Job Title	Signed	Date