

PATIENT GROUP DIRECTIONS*

**The Supply of Chloramphenicol Eye Ointment 1%
for the treatment of bacterial conjunctivitis
by Community Pharmacists participating in the
NHS Cheshire Clinical Commissioning Group
Pharmacy First Minor Ailments Service**

Version 9

Date of introduction June 2021

(It is intended that this document will be updated in 2 years
subject to no amendments in the interim period)

Review Date May 2023

***HSC 2000/026 Patient Group Directions (England Only)**

Version Control: Chloramphenicol Eye Ointment 1% for the treatment of bacterial conjunctivitis

Version	Date of introduction	Author	Status	Comment
V1	August 2004	PGD Development and review group	Final	Review date July 2006
V2	August 2006	PGD Development and review group	Final	Review date July 2008
V3	August 2008	PGD Development and review group	Final	Review Date July 2010 V3 extended to September 2013 PGD group informed
V4	October 2013	PGD Development and review group	Draft	Document review awaiting ratification.
V5	April 2014	PGD Development and review group	Approved	Approved with minor amendments recommended by the PGD subgroup
V6	April 2016	PGD Development and review group	Draft	Awaiting development group comment
V6	April 2016	PGD Development and review group	Approved	Approved with minor amendments recommended by the PGD subgroup
V7	April 2017	PGD Development and review group	Approved	Approved by PGD subgroup on 8 March 2017
V8	April 2019	PGD Development and review group	Approved	Addition of NHS West Cheshire CCG. Change in eligible age range to between 3 months and 2 years. Approved by PGD subgroup on 12 December 2018.
V9	April 2021	PGD Development and review group	Draft	Updated with comments from Antimicrobial stewardship group; additional detail on self care in section 1.2 and 1.5; update to signatories

V9	June 2021	PGD subgroup	Approved	Approved with minor amendments recommended by the PGD subgroup on 17 Jun 2021
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Patient Group Direction:	Chloramphenicol 1% Eye Ointment for the treatment of bacterial conjunctivitis.
Clinical Department/Service:	Community Pharmacists participating in the Pharmacy First Minor Ailments Service commissioned by NHS Cheshire Clinical Commissioning Group

1. Clinical Condition

1.1	Define situation/condition	Bacterial conjunctivitis
1.2	Criteria for inclusion	<ul style="list-style-type: none"> • Child aged between 3 months and 2 years. • Red, irritated and muco-purulent sticky eye(s). • Glued lids on waking. • Treatment should only be offered if the condition is severe enough to warrant treatment and the conjunctivitis has persisted for 3 days or longer despite self care measures such as: <ul style="list-style-type: none"> ○ Bathing/cleaning the eyelids with cotton wool soaked in sterile saline or boiled and cooled water to remove any discharge. ○ Cool compresses applied gently around the eye area. • Parent/ carer agrees to treatment under this PGD.
1.3	Criteria for exclusion	<ul style="list-style-type: none"> • Patient does not meet the inclusion criteria for severity or duration of symptoms as stated above. • Under 3 months of age or over 2 years of age. • Facial swelling/cellulitis. • Any recent course of treatment (during previous 3-4 weeks). • Headache. • Photophobia. • Eye pain. • Corneal abrasion /ulcer.

		<ul style="list-style-type: none"> • Visual problems, including any change to visual acuity if this can be assessed. • Known blood dyscrasias including aplastic anaemia. • Viral conjunctivitis characterised 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 / prior adverse reaction to Chloramphenicol or any excipient in the product. • Pre-existing eye disease / concomitant treatment with other eye drops / eye ointment.
1.4	Cautions/additional information	<ul style="list-style-type: none"> • Refer to Summary of Product characteristics http://emc.medicines.org.uk • Public Health England recommends children do not need to be kept away from school, nursery or childminders due to conjunctivitis. This advice is not conditional upon treatment. If an outbreak is suspected, contact Public Health England for further advice.
1.5	Action if patient excluded	<ul style="list-style-type: none"> • Parents/guardians of patients who do not meet the inclusion criteria for severity or duration of symptoms should be advised that most conjunctivitis is self-limiting and does not require treatment with antibiotics; pharmacists should give patients the self care advice on the RCGP poster attached to the end of this PGD. • Advise the parent / carer that over-the-counter items (e.g. lubricants, antibiotics) are available to purchase for self care for children aged more than 2 years and adults. • Parents/guardians of patients who are excluded from treatment because of signs or symptoms of systemic disease or more serious eye conditions should be referred to GP practice or out of hours via NHS 111. The parent/guardian of the patient should be provided with a referral note to hand to the GP practice indicating the reasons for the referral. • Clearly record the decision on the patient's consultation proforma, advice given and any action taken.

1.6	Action if patient declines	Advise on symptoms of bacterial conjunctivitis including contagious nature. Record decision on the patient's consultation proforma, including any advice given and any action taken, refer to GP practice or out of hours via NHS 111 as appropriate.
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2. Characteristics of staff

2.1	Class of Health Professional for whom PGD is applicable (professional qualification and training)	Qualified pharmacist registered with the General Pharmaceutical Council (GPhC).
2.2	Additional requirements	<ul style="list-style-type: none"> 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.
2.3	Continued training requirements	<ul style="list-style-type: none"> Commitment to continuing updating and re-validation according to the accreditation requirements of the commissioning organisation. Commitment to keep up to date with clinical developments or changes to the recommendations for the medicine listed, as part of their Continual Professional Development.







3. Description of Treatment

3.1	Generic name of medicine and form	Chloramphenicol 1% Eye Ointment.
3.2	Legal status	POM
3.3	Storage	Room temperature not above 25°C.
3.4	Licensed or unlicensed	Licensed.
3.5	Dose(s)	Apply a small amount of ointment three to four times a day during waking hours to the affected eye(s).
3.6	Route/Method of Administration	Topical eye ointment.
3.7	Frequency of administration	As detailed above (3.5).
3.8	Total dose and number of times treatment can be administered over what time	<p>Continue treatment for 48 hours after symptom resolution.</p> <p>Supply 1x 4g tube for one treatment course – in exceptional circumstances two tubes may be supplied for one course of treatment if thought to be necessary e.g. if both eyes affected.</p> <p>The maximum duration of treatment is 10-14 days.</p> <p>Any recurrence within three months refer to GP.</p>

		Maximum of two treatment courses in any six-month period.
3.9	Side effects of drugs (including potential Adverse Drug Reaction)	<ul style="list-style-type: none"> Local sensitivity reactions such as transient irritation, burning, stinging and itching may occur. Refer to SPC and current BNF for full details.
3.10	Advice/management of adverse reactions/events	Seek advice from GP practice.
3.11	Procedure for reporting Adverse Drug Reactions (ADR's)	<ul style="list-style-type: none"> Report serious suspected adverse drug reactions (or all suspected ADRs if the medicine is black triangle) to the Medicines Health and Regulatory Agency using either the yellow cards or via www.yellowcard.gov.uk Record any adverse drug reaction in the patient's consultation record and PMR. Notify patients GP.
3.12	Information on follow up treatment	Contact GP if no improvement of symptoms within 2 days of starting treatment, or sooner if symptoms worsen.
3.13	Written/verbal advice for patient/carer before/after treatment.	<ul style="list-style-type: none"> Discuss side effects and administration with the patient's parent/guardian and provide a manufacturers patient information leaflet. Advise on symptoms of bacterial conjunctivitis including contagious nature. Record decision on the patients consultation proforma include any advice given to parent/carer and any action taken, refer to GP as appropriate. Advise that the infection can spread therefore need to wash hands after touching eyes (personal hygiene) and not to share towels etc. Advise not to touch the eye or lashes with the eye ointment nozzle as this may contaminate the medicine. Advise to discard eye ointment after completing the treatment. Consult the GP practice if symptoms do not improve after 2 days or sooner if symptoms worsen. <p><i>This instruction must be included on the label</i></p>
3.14	Specify method of recording supply/ administration, names of health professional, patient identifiers, sufficient to enable audit trail.	<p>Record the following in the patient's consultation proforma:</p> <ul style="list-style-type: none"> Advice given to patient. Date of supply. The signature of the person supplying the medicine.

4.0 Development of the PGD Multidisciplinary Group:

The group who have been involved in the development of this PGD included the following people:

Name	Designation	Signature	Date
Janet Kenyon	Assistant Director of Medicines Strategy and Optimisation NHS Cheshire Clinical Commissioning Group		8.6.2021
Dr Graham Duce	GP Prescribing Lead NHS Cheshire Clinical Commissioning Group.		17.6.2021
Dr Andrew Dunbavand	GP Prescribing Lead NHS Cheshire Clinical Commissioning Group.		8.7.2021
Suzanne Austin	Pharmacy Local Professional Network Chair.		17.6.2021
Susan Nixon	Minor Ailments Co-ordinator NHS Cheshire Clinical Commissioning Group.		17.6.2021
Dr Ildiko Kustos	Consultant Medical Microbiologist Countess of Chester Hospital NHS Foundation Trust		15.7.2021

5. References

- SPC for contraindications and cautions (<http://emc.medicines.org.uk/>)
- BNF for Children July 2020
- RCGP poster

Responsible Organisations:

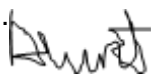
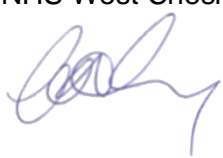
NHS Cheshire Clinical Commissioning Group

Responsibilities of each Organisation:

Each organisation is required to:

1. Approve the contents of this documentation (in the knowledge that it has been prepared by a multidisciplinary group as above).
2. Ensure that every PGD is approved and signed by a nominated Senior Pharmacist and Senior Doctor.
3. Ensure that the PGD is approved and signed by a senior member of staff, representative of the staff to whom the PGD relates e.g. Nurses, podiatrists, pharmacists etc.
4. Ensure that the PGD is approved and signed by the Clinical Governance Lead for the Organisation.
5. Ensure that individual health professionals working under the direction sign appropriate documentation

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Organisation (s)	NHS Cheshire Clinical Commissioning Group
<u>Approved by</u> Patient Group Direction Subgroup Chair Name Position Signature Date	Andrea Lunt Assistant Director of Medicines Strategy and Optimisation & Lead Pharmacist for PGD subgroup NHS Cheshire Clinical Commissioning Group  20.09.21
Governance Lead Name Position Signature Date	Dr Andrew McAlavey Joint Medical Director NHS West Cheshire Clinical Commissioning Group  17.09.21



LOOK OUT

If you think your child has infective conjunctivitis
(sometimes known as 'pink eye')

Infective conjunctivitis typically involves red or pink eyes that may be sticky or watery and can cause irritation, although the condition is usually pain free. Most cases clear up in a few days without any treatment.

You **DON'T** need to:

- See a GP or practice nurse
- Use antibiotics
- Keep them away from school (unless they are feeling particularly unwell)

You **DO** need to:

- Bathe any sticky or crusty coating on eyelids or eyelashes with water and cotton wool
- Keep their eyes uncovered
- Discourage them from touching their eyes
- Encourage them to wash their hands with soap and warm water regularly throughout the day
- Make sure they use their own towels and pillows
- Buy lubricant eye drops over the counter from a pharmacist in severe cases