

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%**

For children aged from 3 months to 2 years

by registered pharmacists for the

### **Treatment of Superficial Eye Infections**

under the NHS Cheshire and Merseyside Wirral Minor Ailments  
Service

Version number: 5



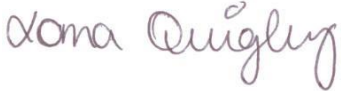
## Change history

Version number	Change details	Date
1.0	Original Document developed with the PGD Development and review group	May 2015
2.0	Review and Amendments by the PGD Development and review group	March 2016
2.1	Updated in line with Wirral CCG self care policy	February 2017
3	Review and Amendments by the PGD development and review group	February 2020
4	PGD extended to 31 <sup>st</sup> March 2024	March 2023
5	PGD extended to 30 <sup>th</sup> June 2024	March 2024

## PGD development

Name	Job title and organisation
Lead author Nicola Bradley Updated by Lynne Sahlman Updated by Abigail Cowan (February 2020)	Medicines Management Pharmacists Midlands and Lancashire Commissioning Support Unit (MLCSU) Medicines Optimisation Pharmacist, MLCSU
Lead doctor Dr Diane Atherton	GP, Prescribing Lead, Wirral Health & Care Commissioning (WHCC)
Lead pharmacist Rob Hebdon	Senior Medicines Optimisation Pharmacist, MLCSU
Representative of other professional group using PGD Nick Thayer	Community Pharmacy Cheshire and Wirral (CPCW)
Other members of the PGD working group: Richard Crockford, Deputy Director of Quality and Safety, WHCC	

## PGD authorisation

Name	Job title and organisation	Signature	Date
<b>Senior doctor</b> Dr S Jalan	GP, Clinical Lead for Urgent Care and Medicines Management, WHCC		21.02.2020
<b>Senior pharmacist</b> Rob Hebdon	Senior Medicines Optimisation Lead, MLCSU		13.03.2020
<b>Person signing on behalf of Wirral CCG</b> Lorna Quigley	Director of Quality and Patient Safety Outcomes, WHCC		24.02.2020

## 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 Ailment 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

<p><b>Clinical condition or situation to which this PGD applies</b></p>	<p>Superficial Eye Infections</p>
<p><b>Inclusion criteria</b></p>	<p>Patient has already tried self-care treatment such as:  <b>Use a clean cotton wool (1 piece for each eye). Boil water and then let it cool down before then:</b></p> <ul style="list-style-type: none"> <li>• <b>Gently rub the eyelashes to clean off crusts</b></li> <li>• <b>Hold a cold flannel on the eyes for a few minutes to cool them down.</b></li> </ul> <p>Child aged 3 months to 2 years presenting with a red, irritated/sticky eye including the following situations:</p> <ul style="list-style-type: none"> <li>• Bacterial conjunctivitis (muco-purulent)</li> <li>• External and internal sty</li> <li>• Parent/guardian agrees to treatment under this PGD.</li> <li>• Children over 2 and adults should be advised to purchase chloramphenicol in accordance with Self-Care Policy, if appropriate</li> </ul>
<p><b>Exclusion criteria</b></p>	<ul style="list-style-type: none"> <li>• No consent obtained from parent/guardian</li> <li>• Babies/infants under 3 months of age</li> <li>• Severe infections, including evidence of pre-septal cellulitis</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</li> </ul>

Valid from: 1st April 2024

Review date: March 2019, March 2020

Expiry date: 30th June 2024

	<p>the scalp or face</p> <ul style="list-style-type: none"> <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>• 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</li> <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 patient 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 patient 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> <i>Include ▼ for <a href="#">black triangle medicines</a></i>	Chloramphenicol 1.0% Eye Ointment
<b>Legal category</b>	P (maximum pack size 4gram)
<b>Indicate any <a href="#">off-label use</a> (if relevant)</b>	N/A
<b>Route/method of administration</b>	Topical
<b>Dose and frequency</b>	During waking hours, apply a small amount of ointment three to four times a day to the affected eye(s). Continue treatment for 48 hours after healing. Maximum duration of treatment 5 days.
<b>Quantity to be administered and/or supplied</b>	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.
<b>Maximum or minimum treatment period</b>	Maximum treatment period of five days.
<b>Adverse effects</b>	Local sensitivity reactions such as transient irritation, burning, stinging and itching may occur. Refer to SPC or current BNF for full details
<b>Records to be kept</b>	The following will be recorded in the patient's consultation proforma: <ul style="list-style-type: none"> <li>• Advice given to patient</li> <li>• Patients name, address, date of birth and GP (if registered)</li> <li>• Date and time of supply</li> <li>• The batch number and expiry date</li> <li>• Name of person supplying the medicine</li> </ul>

## Patient information

<p><b>Verbal/written advice to be given to patient</b></p>	<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 patient 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 ointment nozzle as this may contaminate the medicine.</li> <li>• Advise patient to discard eye ointment after completing the treatment.</li> <li>• Contact lens wearers should be advised to remove contact lenses for the duration of treatment and for 24 hours after treatment has been completed</li> <li>• If patients are using other (prescribed) eye drops/ointments, they should be advised to apply these first, wait 5 minutes, then apply the Chloramphenicol eye ointment.</li> <li>• Consult your GP if symptoms do not improve after 3 days or sooner if symptoms worsen. <b>This instruction must be included on the label.</b></li> <li>• Advise the patient not to drive or operate machinery unless vision is clear.</li> <li>• Patient information is available on the NHS website at: <a href="https://www.nhs.uk/">https://www.nhs.uk/</a></li> </ul>
<p><b>Follow-up advice to be given to patient or carer</b></p>	<p>Contact GP if no improvement of symptoms after 3 days or sooner if symptoms worsen</p>



## Appendices

### **Appendix A Key references**

1. NHS website. <https://www.nhs.uk/conditions/conjunctivitis/> (accessed February 2020)
2. Clinical Knowledge Summaries Guideline. <https://cks.nice.org.uk/conjunctivitis-infective> - last updated April 2018 (Accessed February 2020)
3. [Summary of Product Characteristics \(SPC\)](#) (Accessed February 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