

**CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR  
ACUTE BACTERIAL CONJUNCTIVITIS**

**CHLORAMPHENICOL EYE DROPS 0.5%**

**Version Control**

This document is only valid on the day it was printed

The current version of this document will be found the services page of South Staffordshire, Nottinghamshire and Derbyshire LPCs websites

**Revision History**


Date of this revision: March 2018

Date of next revision: Sept 2019 (or in response to new local/national guidelines)

Version	Date	Author	Change description
1.2/2018	March 2018	Andre Pickard, Gordon Heeley	Updated in line with local guidance

**Authorisation**

This document requires authorisation by the following individuals:

<b>Management</b>			
PGD Author	Andrew Pickard, Pharmacy Advisor - NHS England North Midlands Staffordshire and Shropshire		
<b>Authorisation</b>			
Name and Designation	Organisation	Signature	Date
Dr Anne-Marie Houlder – Deputy Medical Director	NHS England North Midlands		21/03/2018
Rebecca Woods – Head of Primary Care (Staffordshire & Shropshire)	NHS England North Midlands		21/03/2018
Andrew Pickard - Pharmacy Advisor	NHS England North Midlands		21/03/2018
Joanne Lunn – Head of Primary Care	NHS England North Midlands		23/03/2018

**CLINICAL CONTENT OF PATIENT GROUP DIRECTION FOR  
ACUTE BACTERIAL CONJUNCTIVITIS**

**CHLORAMPHENICOL EYE DROPS 0.5%**

<b>Staff Characteristics</b>	
1. Professional qualifications to be held by staff undertaking PGD	<ul style="list-style-type: none"> <li>Community pharmacists accredited by NHS England North Midlands to provide the Pharmacy First Extended Care Service (Pilot)</li> </ul>
2. Competencies required to be held by staff undertaking this PGD	<ul style="list-style-type: none"> <li>Has a clear understanding of the legal requirements to operate a PGD.</li> <li>Competent to follow and administer PGD showing clear understanding of indications for treatment (and subsequent actions to be taken) and the treatment itself.</li> <li>Has a clear understanding of the drug to be administered including side effects and contraindications.</li> <li>All clinicians operating within the PGD have a personal responsibility to ensure their on-going competency by continually updating their knowledge and skills.</li> </ul>
3. Specialist qualifications, training, experience and competence considered relevant to the clinical condition treated under this PGD	<ul style="list-style-type: none"> <li>The community pharmacist must be registered with the General Pharmaceutical Council and have attended the CPPE training workshop - <b>Advanced training in assessment and management of urgent cases</b> as approved by NHS England</li> </ul>

Clinical Details	
Indication	<p>Acute inflammation of the conjunctiva (membrane covering the white of the eye and the inside of the eyelid) of the eye that is indicative of a bacterial infection.</p> <p>This is characterised by irritation, itching, a sensation of grittiness in the eye, watering or sticky discharge, and/or blurred vision due to the discharge that clears with blinking</p> <p>Chloramphenicol 0.5% eye drops are considered first line treatment for acute bacterial conjunctivitis</p>
Inclusion Criteria	<p>Adults and children aged 3 months and over where there are features indicative of a bacterial infection.</p> <p><b>Moderate to severe infections only</b> where the patient considers the symptoms to be distressing or signs are judged to be severe from clinical experience.</p>
Exclusion Criteria	<ul style="list-style-type: none"> <li>• Those who are at high risk of serious complications because of significant heart, lung, kidney, liver, or neuromuscular disease; or who are immunocompromised.</li> <li>• Children under 3 months of age</li> <li>• Mild infections</li> <li>• Users of other prescribed eye drops or ointment</li> <li>• Dry eye syndrome</li> <li>• Glaucoma</li> <li>• Atypical symptoms of conjunctivitis</li> <li>• Suspected foreign body in the eye</li> <li>• Eye injury</li> <li>• Photophobia</li> <li>• Where vision has been affected</li> <li>• Severe pain within the eye / swelling around the eye / restricted eye movement</li> <li>• Unusual looking pupils or cloudy cornea</li> <li>• Eye surgery / laser treatment in the previous 6 months</li> <li>• Pregnancy / Breastfeeding</li> <li>• Recent trip abroad</li> <li>• Patient feels generally unwell</li> <li>• Previous conjunctivitis in the recent past</li> <li>• Hypersensitivity to chloramphenicol or to any other ingredients to the eye drops</li> </ul>

	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Family history of blood dyscrasias</li> <li>• Patients who have experienced myelosuppression during previous exposure to chloramphenicol</li> <li>• Copious discharge that re-accumulates after being wiped away</li> <li>• Patient taking bone marrow suppressant drugs</li> <li>• Enlarged lymph nodes in front of the ears (associated with Chlamydia / adenoviral type)</li> <li>• Eye inflammation associated with a rash on the scalp or face.</li> </ul>
<b>Management of excluded clients</b>	<ul style="list-style-type: none"> <li>• If patient meets exclusion criteria, refer to a medical practitioner where appropriate</li> <li>• Where the infection is considered to be mild, provide the following self-care advice; <ul style="list-style-type: none"> <li>- Infective conjunctivitis is a self-limiting illness that, for most people, settles without treatment within 1–2 weeks</li> <li>- Clean away infected secretions from eyelids and lashes with cotton wool soaked in water</li> <li>- Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious</li> <li>- Apply a cool compress to soothe the eye</li> </ul> </li> <li>• Record the reason for exclusion and any action taken on PharmOutcomes.</li> </ul>
<b>Management of patients requiring referral</b>	<p>If patient declines treatment or advice, ensure the following details are recorded on PharmOutcomes;</p> <ul style="list-style-type: none"> <li>• The advice given by the clinician</li> <li>• Details of any referral made</li> <li>• The intended actions of the patient (including parent or guardian).</li> </ul>

Drug Details	
Name, form & strength of medicine	Chloramphenicol Eye Drops 0.5%
Legal classification	Prescription Only Medicine (POM)
Route/Method	Topical
Dosage/Frequency/ Duration of Treatment	<p>Adults and children over 2 yrs: 1 drop every 2 hours for 48 hours then four hourly; treat for 5 days even if symptoms improve</p> <p>Infants 3 months to 2 years: 1 drop every 2 hours then reduce frequency as infection is controlled and continue for 48 hours after healing; frequency dependent on the severity of the infection for less severe infection three to four times a day is usually sufficient. Treat for a maximum of 5 days</p>
Quantity to supply/administer	<p>Supply 1 x 10ml bottle for one treatment episode</p> <p>Maximum of two treatment courses to be supplied in any six-month period</p>
Storage	Store between 2°C and 8°C. Discard within 28 days of opening
Cautions	<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>• The use of the eye drops may cause transient blurring of vision. Patients should not drive or operate hazardous machinery unless vision is clear.</li> </ul> <p>Please refer to current BNF <a href="http://bnf.org/bnf/">http://bnf.org/bnf/</a> and SPC for full details <a href="http://www.medicines.org.uk/emc/">http://www.medicines.org.uk/emc/</a></p>
Side Effects	<ul style="list-style-type: none"> <li>• Local sensitivity reactions such as transient irritation, burning, stinging and itching may occur</li> <li>• Blurred vision following administration of eye drops</li> </ul> <p>Use the Yellow Card System to report adverse drug reactions directly to the MHRA. <a href="http://yellowcard.mhra.gov.uk/">http://yellowcard.mhra.gov.uk/</a></p>
Drug interactions	<ul style="list-style-type: none"> <li>• Concomitant administration of chloramphenicol with other drugs liable to depress bone marrow function should be avoided.</li> </ul>
Advice to patients	<ul style="list-style-type: none"> <li>• Take and read patient information leaflet.</li> <li>• Advise that the risk of a serious complication, from</li> </ul>

	<p>untreated infective conjunctivitis is low.</p> <ul style="list-style-type: none"> <li>• Children need not be kept from school, nursery or childminders</li> <li>• Clean away infected secretions from eyelids and lashes with cotton wool soaked in water</li> <li>• Remove contact lenses, if worn, until all symptoms and signs of infection have completely resolved and any treatment has been completed for 24 hours.</li> <li>• Advise on correct administration of eye drops</li> <li>• Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious</li> <li>• Course of treatment is for 5 days even if symptoms improve</li> <li>• Patients may experience a transient burning or stinging sensation with treatment</li> <li>• Hypersensitive reactions possible though rare</li> <li>• A cold compress may soothe the eye</li> <li>• Store the eye drops in a refrigerator and discard after 5 days use</li> <li>• Blurred vision can occur, do not drive or operate machinery unless vision is clear</li> </ul>
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Please refer to current BNF <http://bnf.org/bnf/> or SPC for full details <http://www.medicines.org.uk/emc/>

Records and Follow Up	
<b>Follow up</b>	<ul style="list-style-type: none"> <li>• Seek medical attention if condition deteriorates.</li> <li>• If there is little or no improvement after 5 days of treatment consider use of Fusidic Acid 1% Eye Drops via PGD</li> <li>• If patient experiences severe side effects, discontinue treatment immediately and refer to GP</li> </ul>

<b>Records/audit trail</b>	<ul style="list-style-type: none"><li>• In discussion with the client enter consultation details onto the relevant module within PharmOutcomes or complete the paper proforma if unable to access PharmOutcomes at the time of the consultation. All consultations must be entered onto PharmOutcomes on the day that the consultation takes place.</li><li>• Details of the supply must also be made in the patients (PMR) record.</li><li>• All supplies of chloramphenicol eye drops must be labelled in accordance with the labelling requirements for a dispensed medicine as stated within Schedule 5 of The Medicines (Marketing Authorisations etc.) Regulations 1994. No 3144 as amended. In addition to the above, the label</li></ul>
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	<p>also state the words “Supplied under a PGD” to help with audit purposes.</p> <ul style="list-style-type: none"> <li>• Informed verbal consent should be obtained (for clients aged under 16 years Fraser guidelines should be followed)</li> <li>• Electronic patient records and/or the completed paper proforma should be retained for adults for a period of 10 years after attendance and for children until the child is 25 years old. Electronic patient medication records are recommended to be kept.</li> <li>• If the client is excluded a record of the reason for exclusion must be documented within PharmOutcomes and any specific advice that has been given.</li> <li>• In every case when a supply of chloramphenicol eye drops is made in accordance with this PGD, the Pharmacist must inform the patient’s GP of the supply within two working days. This will be done through secure nhs.net email accounts via PharmOutcomes once the consultation data has been recorded within the specified module. On the rare occasion where no nhs.net account is available to PharmOutcomes the Pharmacist will be informed by the system and must make alternative arrangements to send the information (within two working days).</li> </ul>
<b>Adverse drug reactions</b>	<p>All serious adverse reactions must be reported to MHRA via the yellow card system <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a>.</p> <p>A client presenting with a suspected serious ADR should be referred to their medical practitioner.</p>
<b>Date last reviewed: March 2018</b>	<b>Date for next review: September 2019</b>
<b>Expiry date: 31<sup>st</sup> December 2019</b>	<b>Version No: 1.2 / 2018</b>

<b>References</b>	<p>BNF – Current Version  Clinical knowledge summaries – Conjunctivitis (infective) - 2017  Antimicrobial prescribing guidelines in general practice (Staffordshire) – 2016  Antibiotic guidance for Shropshire and Powys Primary Care – 2015  Electronic Medicines Compendium - SPC  Chloramphenicol - 2017</p>
<b>Glossary</b>	<p>BNF – British National Formulary  CKS – Clinical Knowledge Summaries  SPC – Summary of Product Characteristics</p>

	PIL – Patient Information Leaflet PGD – Patient Group Direction PMR – Patient Medication Record POM – Prescription Only Medicine MHRA – Medicines and Healthcare Products Regulatory Agency ADR – Adverse Drug Reaction LPC – Local Pharmaceutical Committee
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### PGD Workgroup

The following individuals have been involved with the development and production of this PGD;

Andrew Pickard MRPharmS	Pharmacy Advisor – NHS England North Midlands
Dr Gill Hall FRPharmS	Service Development Officer – South Staffordshire LPC
Tania Cork MRPharmS	Chief Operating Officer – North Staffs and Stoke LPC
Peter Prokopa MRPharmS	Chief Officer – South Staffordshire LPC
Lindsey Fairbrother MRPharmS	Secretary – Shropshire LPC
Gordon Heeley MRPharmS	Treasurer – Nottinghamshire LPC

**Register of practitioners qualified to supply Chloramphenicol Eye Drops 0.5% via PGD**

Operation of this PGD is the responsibility of the commissioner and service providers.

The practitioner must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Contractors who are commissioned to provide the service will be notified of any amendments and provided with updated documentation for use by individual practitioners.

NHS England authorise this PGD for use by accredited Community Pharmacists delivering the service from community pharmacies that meet the requirements as outlined in the service specification and that have been commissioned by NHS England.

This page must be completed and retained by each individual Pharmacist who intends to work in accordance with this PGD.

**Professional Responsibility and Declaration**

- I have successfully completed the relevant training as outlined in the Service Specification and this Patient Group Direction
- I agree to maintain my clinical knowledge appropriate to my practice in order to maintain competence to deliver this service
- I am a registered pharmacist with the General Pharmaceutical Council
- I confirm that indemnity insurance is in place to cover my scope of practice
- I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this PGD

Name of professional (please print)	Signature	Date of signing

**PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY**