**Patient Group Direction**

for Named Community Pharmacists to Supply

**CHLORAMPHENICOL EYE ointment 1%**

To patients aged 1 year and older

Under the Minor Ailments Service.

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**Number** 190

**Issued** October 2016

**Issue Number** 3

**Date of review** October 2019

**First Issued** October 2011

* If this PGD is past its review date then the content will remain valid until such time as the PGD review is complete and the new issue published

It is the responsibility of the person using this PGD to ensure that they are using the most recent issue. This can be found on the NHS Fife Intranet at [http://intranet.fife.scot.nhs.uk](http://intranet.fife.scot.nhs.uk)

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**Developed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Margery Reid</td>
<td>PGD Pharmacist NHS Fife</td>
<td></td>
<td>19.09.16</td>
</tr>
<tr>
<td>Dr Drew Smart</td>
<td>Medical Director NHS Fife Primary Care</td>
<td></td>
<td>21.09.16</td>
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<tr>
<td></td>
<td>Emergency Service</td>
<td></td>
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<tr>
<td>Dr David Griffith</td>
<td>Consultant Microbiologist NHS Fife</td>
<td></td>
<td>22.09.16</td>
</tr>
</tbody>
</table>

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**THIS PATIENT GROUP DIRECTION HAS BEEN APPROVED** on behalf of NHS Fife by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janette Owens</td>
<td>Associate Nurse Director NHS Fife</td>
<td></td>
<td>29.09.16</td>
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<td>Dr Seonaid McCallum</td>
<td>Associate Medical Director HSCP NHS Fife</td>
<td></td>
<td>01.11.16</td>
</tr>
<tr>
<td>Andrea Smith</td>
<td>Lead Pharmacist – Pharmacy Services NHS Fife</td>
<td></td>
<td>28.09.16</td>
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</tbody>
</table>

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PGD 190 Chloramphenicol eye ointment

Issue 3
1. **Clinical condition to which the patient group direction applies**

<table>
<thead>
<tr>
<th>Indication</th>
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<tbody>
<tr>
<td>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 slightly red/injected, but this is not usually very marked. Pain is not a feature of simple conjunctivitis</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children 1 year and over.</td>
<td></td>
</tr>
<tr>
<td>Presentation in Community Pharmacy with a need for treatment of symptoms of bacterial conjunctivitis, and registered for the Minor Ailment Service (MAS).</td>
<td></td>
</tr>
<tr>
<td>Informed consent to treatment obtained</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Exclusion criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient not eligible for MAS</td>
<td></td>
</tr>
<tr>
<td>Children under 1 year old</td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Breast-feeding</td>
<td></td>
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<tr>
<td>Known hypersensitivity to chloramphenicol or any excipient in the ointment (Consult Summary of Product Characteristics (SPC) or manufacturer’s Patient Information Leaflet (PIL).)</td>
<td></td>
</tr>
<tr>
<td>Family history of blood dyscrasias</td>
<td></td>
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<tr>
<td>Myelosupression during previous exposure</td>
<td></td>
</tr>
<tr>
<td>Consent to treatment refused</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Criteria</th>
<th></th>
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<tbody>
<tr>
<td><strong>Urgent referral:</strong></td>
<td></td>
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<tr>
<td>- severe pain within the eye, rather than itchy or gritty</td>
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<tr>
<td>- reduced visual acuity or disturbed vision</td>
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<tr>
<td>- eye inflammation associated with a rash on the scalp or face</td>
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<tr>
<td>- the eye looks cloudy</td>
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<tr>
<td>- the pupil looks unusual</td>
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<tr>
<td>- photophobia</td>
<td></td>
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<tr>
<td>- if pus level visible in anterior chamber</td>
<td></td>
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<tr>
<td>- if any history of trauma to eye immediately prior to onset of symptoms</td>
<td></td>
</tr>
<tr>
<td>- if possibility of foreign body on/in eye</td>
<td></td>
</tr>
<tr>
<td>- if no improvement within 48 hours</td>
<td></td>
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<tr>
<td><strong>Routine referral:</strong></td>
<td></td>
</tr>
<tr>
<td>- pregnancy</td>
<td></td>
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<tr>
<td>- breast feeding</td>
<td></td>
</tr>
<tr>
<td>- previous conjunctivitis in the recent past</td>
<td></td>
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<tr>
<td>- glaucoma</td>
<td></td>
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<tr>
<td>- dry eye syndrome</td>
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<tr>
<td>- eye surgery or laser treatment in the last 6 months</td>
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<tr>
<td>- current use of other eye drops or eye ointment</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action if excluded</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not use the PGD</td>
<td></td>
</tr>
<tr>
<td>The patient must be referred to a doctor.</td>
<td></td>
</tr>
<tr>
<td>The reason for referral should be documented</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Action if patient declines treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient must be referred to a doctor.</td>
<td></td>
</tr>
<tr>
<td>The reason for refusal should be documented</td>
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</tr>
<tr>
<td>Ensure awareness of implications of declining treatment</td>
<td></td>
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</tbody>
</table>
## 2. Medication details

<table>
<thead>
<tr>
<th>Name strength &amp; formulation of drug</th>
<th>Chloramphenicol 1% eye ointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route of administration</td>
<td>Topically to the eye/s</td>
</tr>
<tr>
<td><strong>Dosage</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Adults and children 1 year and over</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>If used together with chloramphenicol 0.5% eyedrops (PGD114)</strong>: Apply at night and continue for 48 hours after symptoms resolve to a maximum of 5 days’ treatment</td>
<td></td>
</tr>
<tr>
<td>• <strong>If used alone</strong>: Apply 3 to 4 times daily and continue for 48 hours after symptoms resolve to a maximum of 5 days’ treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency of administration</strong></td>
<td>As above in Dose/Dose Range</td>
</tr>
<tr>
<td><strong>Duration of treatment</strong></td>
<td>As above in Dose/Dose Range</td>
</tr>
<tr>
<td></td>
<td>To continue for 48 hours after symptoms resolve to a maximum of 5 days’ treatment</td>
</tr>
<tr>
<td><strong>Quantity to be supplied</strong></td>
<td>One 4g tube of Chloramphenicol 1.0% Eye ointment for each infected eye. Label for RIGHT and for LEFT eye.</td>
</tr>
<tr>
<td><strong>Patient advice verbal and written</strong></td>
<td></td>
</tr>
<tr>
<td>• The patient information leaflet should be given.</td>
<td></td>
</tr>
<tr>
<td>• Contact lenses should be removed during period of treatment.</td>
<td></td>
</tr>
<tr>
<td>• Continue for at least 48 hours after the eye appears normal.</td>
<td></td>
</tr>
<tr>
<td>• Use the tube labelled for each affected eye to avoid transferring infection.</td>
<td></td>
</tr>
<tr>
<td>• Store below 25°C and keep cap tightly closed between applications</td>
<td></td>
</tr>
<tr>
<td>• Try not to touch the eye or lashes with the nozzle as this may transfer infection.</td>
<td></td>
</tr>
<tr>
<td>• Do not reuse supply for another episode of conjunctivitis</td>
<td></td>
</tr>
<tr>
<td>• Blurring may occur. Patients should be warned not to drive or operate machinery unless vision is clear.</td>
<td></td>
</tr>
<tr>
<td>• Discard 28 days after opening.</td>
<td></td>
</tr>
<tr>
<td>• Advise patient that if condition worsens or if no sign of improvement within 48 hours they should seek further medical advice.</td>
<td></td>
</tr>
<tr>
<td><strong>Legal category</strong></td>
<td>Prescription Only Medicine</td>
</tr>
<tr>
<td><strong>Storage requirements</strong></td>
<td>Store below 25°C.</td>
</tr>
<tr>
<td></td>
<td>Protect from light.</td>
</tr>
<tr>
<td></td>
<td>Ensure within expiry date</td>
</tr>
<tr>
<td><strong>Identification and management of adverse reactions</strong></td>
<td>Occasional: Transient stinging on application</td>
</tr>
<tr>
<td></td>
<td>Rare: Allergic reaction (persistent burning, swelling of lids)</td>
</tr>
<tr>
<td></td>
<td>There have been rare reports of aplastic anaemia. However, the BNF states that chloramphenicol eye ointment is well tolerated and the recommendation that chloramphenicol eye ointmen should be avoided because of an increased risk of aplastic anaemia is not well founded.</td>
</tr>
<tr>
<td></td>
<td>Advise patient to seek medical advice for significant side effects or if concerned</td>
</tr>
<tr>
<td></td>
<td>All suspected serious reactions should be reported directly to the MHRA/Commission on Human Medicines through the Yellow Card scheme and recorded in the patient’s medical notes. Reports should be made online at <a href="http://www.mhra.gov.uk/yellowcard">www.mhra.gov.uk/yellowcard</a>. Advice may be obtained from Yellow Card Centre Scotland on 0131 242 2919</td>
</tr>
<tr>
<td><strong>Additional facilities/supplies</strong></td>
<td>Access to a BNF/BNFc</td>
</tr>
</tbody>
</table>
3. **Staff characteristics**

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>• Pharmacist with current General Pharmaceutical Council registration</th>
</tr>
</thead>
</table>
| Specialist competencies or qualifications | • Registered Pharmacist competent to undertake supply of medicines under Patient Group Directions.  
• It is the responsibility of the named community pharmacist using this PGD to ensure that treatment with the drug detailed in this direction is appropriate. If in any doubt, advice should be sought and recorded before the preparation is supplied |
| Continued training requirements | • Updates on the management of conjunctivitis when appropriate  
• Maintain own professional level of competence and knowledge in this area.  
• Keep up-to-date with information on contraindications, cautions and interactions for Chloramphenicol Eye ointment from the BNF, SPC and PIL and refer to a doctor if necessary |

4. **Referral arrangements/Audit trail**

| Arrangements for referral to medical advice | • The patient may be referred to a doctor at any stage, if this is necessary, in the professional opinion of the pharmacist.  
• Patients should be referred to the doctor if treatment proves to be ineffective in relieving the symptoms |
| Records/Audit trail | The approved practitioner must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols. The information relating to the supply of medication of each individual must include as a minimum in the computerised patient information records and on the CP 2 form:  
• Patient's name and date of birth  
• CHI number if available  
• Dose  
• Brand, batch number and expiry date of medicine,  
• Date given and by whom.  
All records must be clear and legible and, ideally, in an easily retrievable format.  
Depending on the clinical setting where the supply of medication is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate:  
• GP practice computer,  
• Individuals GP records.  
• Pharmacy Record and or PMR |
| References/Resources & comments | • BNF / BNFC latest edition available at [www.medicinescomplete.org](http://www.medicinescomplete.org)  
• Summary of Product Characteristics Chloramphenicol 1% eye ointment available at [www.medicines.org.uk](http://www.medicines.org.uk)  

**This Patient Group Direction has been assessed for Equality and Diversity Impact**
5. Management and monitoring of Patient Group Direction

Pharmacist Agreement

Supply of Chloramphenicol Eye Ointment 1% by Community Pharmacists

I__________________________________________, confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which the supply of the medicine will take place and agree to provide this medicine only in accordance with this PGD.

I understand that it is the responsibility of the pharmacist to act in accordance with the Code of Ethics for Pharmacists and to keep an up to date record of training and competency.

Name of Pharmacist ____________________________________________

GPharm Council Registration No. _________________________

Normal Pharmacy Location ____________________________________________

Signature ____________________________________________

Date ____________________________________________

Note:

A copy of this agreement must be signed by each pharmacy practitioner who wishes to be authorised to use the PGD for the supply of Chloramphenicol Eye Ointment under MAS.

Please fax a copy of this page to Pharmacy services on 01383 741395

Each authorised pharmacy practitioner should be provided with an individual copy of the authorised PGD.