Administration

PATIENT GROUP DIRECTION (PGD) FOR

Worcestershire Acute Hospitals NHS Trust

Tetracaine (Amethocaine) Hydrochloride minims 1% (POM)

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

| Clinical Condition | | | |
|-------------------------------|--|--|--|
| Indication | Examination of the eye. | | |
| | Removal of foreign bodies from the eye. | | |
| | To facilitate eye irrigation. | | |
| Inclusion criteria | Patients who require examination of the eye and are unable to | | |
| | open eye | | |
| | Patients who require removal of corneal foreign bodies. | | |
| Exclusion criteria | Premature babies. | | |
| | Potential perforation of the orbit. | | |
| | Acutely infected eye. | | |
| - | Known allergy to the drug | | |
| Cautions/Seek further | Breastfeeding – no data available about secretion in breast milk | | |
| advice | Not to be used with contact lenses in situ. | | |
| | Not to be used repetitively as an analgesic. | | |
| | May be washed away with sterile saline solution. | | |
| Action if patient declines or | Refer to supervising doctor/receiving facility as appropriate. Document | | |
| is excluded | refusal or action taken in patient's records. | | |
| Drug Details | | | |
| Name, form & strength of | Tetracaine (Amethocaine) Hydrochloride minims 1% | | |
| medicine | | | |
| Route/Method | One drop into the eye(s). | | |
| Dosage | One drop | | |
| Frequency | Once only | | |
| Duration of treatment | One only | | |
| Maximum or minimum | Once only | | |
| treatment period | | | |
| Quantity to administer | One drop | | |
| bide effects | May sting | | |
| | Anaesthesia may last for several hours | | |
| | Can give rise to dermatitis in sensitive patients - if problematic | | |
| | contact GP. | | |
| Advice to patient/carer | May sting | | |
| | Anaesthesia may last for several hours | | |
| i | Can give rise to dermatitis in sensitive patients - if problematic | | |
| | contact GP. | | |
| 1 | Can wear contact lenses after 2 hours | | |
| | Advice on wearing eye pad if appropriate | | |
| | Patients should not work in any potential hazardous environment | | |
| | for at least 6 hours. | | |

Date approved: 08/11/2023 Medicines Safety Committee Ref : DA/AE/02

08/11/2026 Expiry date:

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|-----------|------|------|---|
| | N/A | | 1 |
| Follow up | IN/A | | I |
| Tonott ap | | | |

| Staff Characteristics | | | |
|--|---|--|--|
| Professional qualifications | Urgent Care | | |
| Specialist competencies or qualifications | Has undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD Has undertaken appropriate training for working under PGDs for the supply and administration of medicines | | |
| Continuing education & training | The practitioner should be aware of any change to the recommendations for the medicine listed. It is the responsibility of the individual to keep up- to-date with continued professional development. | | |

| Referral Arrangements and Referral arrangements | To GP or Ophthalmology as necessary |
|--|---|
| Records/audit trail | Patient's name, address, date of birth and consent given Contact details of GP (if registered) Diagnosis Dose and form administered Advice given to patient (including side effects) Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment Details of any adverse drug reaction and actions taken including documentation in the patient's medical record Referral arrangements (including self-care) |

| Notes: SPC – Summary of Product Characteristics BNF – British National Formulary |
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This patient group direction must be agreed to and signed by all health care professionals involved in its use. The Trust Pharmacy Department will hold the original signed copy. The PGD must be easily accessible in the clinical setting Organisation

Worcestershire Acute Hospitals NHS Trust

| Clinical Authorisation | | | | |
|---|--|--|--|--|
| Lead Doctor | Name: David Raven | | | |
| | Position: Divisional Director Urgent Care | | | |
| · · · | | | | |
| | Signature: Date: 13/12/23 | | | |
| Lead Nurse/Allied Health | | | | |
| Professional | Position: Divisional Director of Nursing Urgent Care | | | |
| | Signature: CAO Date: 8:12,2023 | | | |
| Lead Pharmacist | Name: Tina Evans | | | |
| | Position: Team Lead Pharmacist for Urgent Care | | | |
| | | | | |
| | Signature: Thomas Date: 11.1.24 | | | |
| Organisational Autho | risation | | | |
| Chief Medical Officer | Name: Christine Blanshard p warrow ACMO | | | |
| | FI TO THE FI | | | |
| | Signature: Juto Date: 29/1/24 | | | |
| Chief Nursing Officer | Name: Sarah Shingler | | | |
| | Signature: | | | |
| Diversion (D) | | | | |
| Director of Pharmacy | Name: Tania Carruthers | | | |
| | | | | |
| | Signature: Hartle Date: 22/2/214 | | | |
| 12. 11. 11. 11. 11. 11. 11. 11. 11. 11. | Signature: Date: 23/3/24 | | | |

| - alicin oroup | Direction Peer Reviewed by | |
|--|--|------|
| Name | Position | Date |
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Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

<u>Note to Authorising Managers</u>: Staff authorised to use PGDs may wish to have an individual record of the PGDs they are signed up to, if so use 'PGD Individual Staff Record' sheet. If specifically requested, authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD.

| Name of Professional | Signature | Authorising Manager | Date |
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