

**Chloramphenicol eye ointment 1% (P)**

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

<b>Clinical Condition</b>	
<b>Indication</b>	Corneal abrasions. Following removal of foreign bodies from under the eyelid. Superficial eye infections.
<b>Inclusion criteria</b>	Clinical examination of the eye confirming the above condition.
<b>Exclusion criteria</b>	Penetrating eye injuries Known allergy to any constituents of the ointment. (especially lanolin) Pregnancy or breastfeeding Patients with a history of blood disorders.
<b>Cautions/Seek further advice</b>	For conjunctivitis consider self-care with OTC purchase instead if appropriate. Contact lenses must not be worn for the duration of the treatment. Use TTO packs which can then be given to the patient if appropriate Access to resuscitation facilities including adrenaline 1 in 1000 for treatment of anaphylaxis
<b>Action if patient declines or is excluded</b>	Refer to supervising doctor/receiving facility as appropriate. Document refusal or action taken in patient's records.

<b>Drug Details</b>	
<b>Name, form &amp; strength of medicine</b>	Chloramphenicol eye ointment 1%
<b>Route/Method</b>	Applied to the affected eye
<b>Dosage</b>	Small amount
<b>Frequency</b>	As per TTO pack supplied
<b>Duration of treatment</b>	5 days.
<b>Maximum or minimum treatment period</b>	3 to 7 days
<b>Quantity to administer</b>	Small amount
<b>Side effects</b>	angioedema; bone marrow disorders; eye stinging; fever; paraesthesia; skin reactions
<b>Advice to patient/carer</b>	The patient should be warned that the ointment may sting also that their vision will be blurred. Contact lenses should not be worn during the course of treatment. Discard after treatment finished.
<b>Follow up</b>	In A&E or Kidderminster eye unit (as appropriate)

**Administration and Supply**  
**PATIENT GROUP DIRECTION (PGD) FOR**  
**Chloramphenicol eye ointment 1% (P)**

**Worcestershire Acute Hospitals NHS**  
**Trust**

<b>Staff Characteristics</b>	
<b>Professional qualifications</b>	Registered Nurse or Paramedic with a current registration and working in Urgent Care
<b>Specialist competencies or qualifications</b>	<ul style="list-style-type: none"> <li>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</li> <li>Has undertaken appropriate training for working under PGDs for the supply and administration of medicines</li> </ul>
<b>Continuing education &amp; training</b>	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.

<b>Referral Arrangements and Audit Trail</b>	
<b>Referral arrangements</b>	N/A
<b>Records/audit trail</b>	<ul style="list-style-type: none"> <li>Patient's name, address, date of birth and consent given</li> <li>Contact details of GP (if registered)</li> <li>Diagnosis</li> <li>Dose and form administered</li> <li>Advice given to patient (including side effects)</li> <li>Signature/name of staff who administered or supplied the medication, and also, if relevant, signature/name of staff who removed/discontinued the treatment</li> <li>Details of any adverse drug reaction and actions taken including documentation in the patient's medical record</li> <li>Referral arrangements (including self-care)</li> </ul>

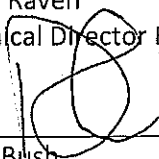
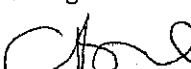

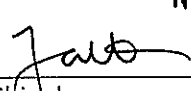
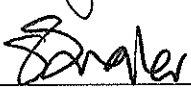

<b>References/Resources and comments</b>	Notes: SPC – Summary of Product Characteristics BNF – British National Formulary
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This patient group direction must be agreed to and signed by all health care professionals involved in its use. The Trust Pharmacy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

<b>Organisation</b>	<b>Worcestershire Acute Hospitals NHS Trust</b>
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Clinical Authorisation	
<b>Lead Doctor</b>	Name: David Raven Position: Clinical Director Emergency Medicine Signature:  Date: 13/12/23
<b>Lead Nurse/Allied Health Professional</b>	Name: Clare Bush Position: DDN Urgent Care Signature:  Date: 8.12.2023
<b>Lead Pharmacist</b>	Name: Tina Evans Position: Team Lead Pharmacist for Urgent Care Signature:  Date: 11.1.24
Organisational Authorisation	
<b>Chief Medical Officer</b>	Name: Christine Blanshard <del>PP WATSON</del> ACMD Signature:  Date: 29/1/24
<b>Chief Nursing Officer</b>	Name: Sarah Shingler Signature:  Date: 24/1/24.
<b>Director of Pharmacy</b>	Name: Tania Carruthers Signature:  Date: 25/3/24

Patient Group Direction Peer Reviewed by		
Name	Position	Date
Mr. Abdul Jalil	Consultant in Emergency Medicine	June 2020

