Patient Group Direction

CHLORAMPHENICOL

**PGD Details**

<table>
<thead>
<tr>
<th>Version</th>
<th>1.0</th>
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<tbody>
<tr>
<td>Legal category</td>
<td>POM</td>
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<tr>
<td>Staff grades</td>
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<tr>
<td></td>
<td>☑ Paramedic (Non-ECP)</td>
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<td>☑ Nurse (Non-ECP)</td>
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<td>☑ Emergency Care Practitioner (Paramedic)</td>
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<td>☑ Emergency Care Practitioner (Nurse)</td>
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<tr>
<td>Approved by</td>
<td>Medicines Management Group</td>
</tr>
<tr>
<td>Date issued</td>
<td>01/02/2013</td>
</tr>
<tr>
<td>Review date</td>
<td>31/01/2015</td>
</tr>
<tr>
<td>Clinical Publication Category</td>
<td>MANDATORY (RED) - No deviation from document permissible</td>
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**Clinical Requirements**

<table>
<thead>
<tr>
<th>Competencies</th>
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<td>- Successful completion of a competency assessment in the use of this medicine for the indications stated;</td>
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<tr>
<td>- Completion of education in both the legal and professional aspects of PGD administration and the supply of medicines;</td>
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<td>- Registered paramedics must have successfully completed a recognised Emergency Care Practitioner course;</td>
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<td>- Registered nurses must be employed as Nurse Practitioners or have successfully completed a recognised Emergency Care Practitioner course.</td>
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<tr>
<th>Continuing education</th>
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<td>- The clinician is responsible for keeping him/herself aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of their own individual scope of practice.</td>
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### Clinical Situation

- Treatment of acute bacterial conjunctivitis;
- Prophylactic use in cases of diagnosed corneal abrasion.

**Advise people with clinical features of infective conjunctivitis that:**

- Most people with infective conjunctivitis get better, without treatment, within 1–2 weeks;
- For most people, use of a topical ocular antibiotic makes little difference to recovery from infective conjunctivitis;
- Up to 10% of people treated with topical ocular antibiotics complain of adverse reactions to treatment;
- The risk of a serious complication from untreated infective conjunctivitis is low;
- Consider offering a topical ocular antibiotic to a person with infective conjunctivitis when:
  - Infective conjunctivitis is severe, or likely to become severe, providing serious causes of a red eye can be confidently excluded;
  - Schools and childcare organisations require treatment before allowing a child to return;
  - They understand the limitations of treatment but still prefer treatment. When a topical ocular antibiotic is supplied because of the person’s preference for treatment, consider advising them to delay starting treatment for 7 days to see if the condition will resolve spontaneously.

### Inclusion criteria

- Patients with signs and symptoms of acute bacterial conjunctivitis;
- Patients with diagnosed corneal abrasion;
- Patients with evidence of ‘rust-ring’ after removal of foreign body.

### Exclusion criteria

- Hypersensitivity to chloramphenicol or other constituents;
- Pregnancy or lactation;
- Severe infections requiring supplementary systemic treatment;
- Reduced visual acuity;
- Suspected viral or fungal eye infections.
## Cautions
- If a corneal abrasion is considered to be extensive then the patient should receive specialist advice.

## Side effects
- Hypersensitivity reactions;
- Transient stinging or blurring of vision;
- Burning sensation.

## Action if excluded
- If patient meets exclusion criteria refer to medical practitioner;
- Record on patient clinical record the reason for exclusion and any action taken.

## Action if patient declines
- If patient declines treatment or advice, ensure the patient clinical record details:
  - The advice given by the practitioner;
  - Details of any referral made;
  - The intended actions of the patient (including parent or guardian).

### Description of Treatment

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Chloramphenicol</th>
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| Presentation       | 0.5% eye drops (10ml)  
                   | 1.0% eye ointment (4g) |
| Route              | Topical ophthalmic use |
| Method             | Administration  
                   | Supply |

**Dose**
- Bacterial conjunctivitis:
  - Eye drops: Apply one drop to the affected eye(s) at least every two hours for 24hrs then reduce frequency as infection is controlled to four times a day and continue for one week (or 48 hrs after healing);
  - Eye ointment: Apply to the affected eye(s) either at night (if eye drops used during the day) or three to four times daily (if ointment used alone).
- Prophylactic use:
  - Eye drops: Apply one drop to the affected eye(s) four times a day for five days;
  - Eye ointment: Apply to the affected eye(s) three to four times a day for five days.
### Frequency
- See Dosage

### Duration of treatment
- Bacterial conjunctivitis: Seven days or 48 hours after healing;
- Prophylactic use: Five days.

### Quantity to supply
- 1 X 10ml bottle per affected eye;
- 1 X 4g ointment per affected eye;
- Ensure that each pack of medicine supplied is labelled with the patient’s name, the date and the Trust’s contact details.

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### Follow Up

#### Referral arrangements and safety netting
- Ensure that there is a communication to the patient’s registered GP to inform him/her about the consultation, the outcomes of that consultation and any treatment given using local mechanisms. This information must also be available to other healthcare professionals who may be required to administer care to the patient following the consultation.
- The recommendation that chloramphenicol eye drops should be avoided because of an increased risk of aplastic anaemia is not well founded but patients with a history of aplastic anaemia should be referred to a medical practitioner.
- Corneal ulcers require specialist treatment and must be referred to a specialist unit.
- Advise patient that if signs of hypersensitivity occur, stop using the medicine and contact GP for advice.
- Warn patient not to drive or operate hazardous machinery if vision is blurred.
- Advise patient to seek medical attention if symptoms persist or if their condition deteriorates.
Advice to patients

- Do not wear contact lenses while using chloramphenicol and for 48 hours after treatment is completed;
- Good hygiene is important to stop the spread of infection. Do not share face towels with other people, etc.);
- Side effects may be experienced which may include transient stinging or blurring of vision;
- Tube must be discarded at the end of the course.

Advise patient on correct technique for administration:

- Wash hands before and after application;
- Eye drops are generally instilled into the pocket formed by gently pulling down the lower eyelid and keeping the eye closed for as long as possible after application. The ointment melts rapidly and blinking helps it to spread. One drop is all that is needed;
- Medication once opened should be stored at room temperature and can be discarded after a seven day period;
- Ensure that one bottle / tube is used for each eye and not shared, to reduce risk of further infection.

Records

- Complete patient clinical record.

References

- British National Formulary 64, September 2011;
- Clinical Knowledge Summaries http://www.cks.library.nhs.uk;
This patient group direction must be signed by the Chief Executive Officer, Medical Director and Pharmaceutical Advisor to be legally valid.
### Individual Authorisation (Staff Copy)

<table>
<thead>
<tr>
<th>Individual</th>
<th>Name</th>
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<tbody>
<tr>
<td>Signature</td>
<td>Date / /</td>
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<table>
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<tr>
<th>Authorising officer</th>
<th>Name</th>
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- I have read and understood the Patient Group Direction and agree to supply this medicine only in accordance with this document.
- 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.
- This signed page must be retained by the member of staff, together with the full PGD, which must be available in clinical practice.
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