

6-4-18



J. YOUNG



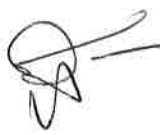
A. KEASKIN

**CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST**  
**AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH**  
**PROFESSIONALS TO ADMINISTER MEDICINES UNDER:** M. DAVIES

**PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF**  
**OXYBUPROCAINE 0.4% EYE DROPS**  
**BY**  
**REGISTERED HEALTH PROFESSIONALS**  
**IN**  
**EMERGENCY DEPARTMENTS**

CAF

**1. PGD AUTHORISATION**

Position	Name	Signature	Date
Acting Clinical Director of Pharmacy	Fiona Smith		23/3/18
Executive Director of Nursing	Brendan Brown		28/03/18
Medical Director	David Birkenhead	D. Birkenhead	28/3/18
Chairman of Medicines Management Committee	Anu Rajgopal		29/3/18

Date of Patient Group Direction: March 2018

If revision please tick box ☒

Valid Until: March 2020

Review Date: September 2019

Approved by the Trust Medicine Management Committee on: 24TH MAY 2018

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**2. CLINICAL CONDITION**

<b>Indication</b>	Patients with painful eye conditions Adults and Children
<b>Relevant National and Local Guidelines/Information sources</b>	Licensed indication
<b>Description of Patients included in treatment</b>	Patients with acute eye pain
<b>Description of Patients excluded from treatment under the terms of this PGD</b>	<ul style="list-style-type: none"> <li>• Patients presenting with contraindications as specified in product data sheet</li> <li>• Known sensitivity to oxybuprocaine</li> <li>• Penetrating eye injury</li> </ul>
<b>Action if excluded</b>	Refer to doctor or Advanced Clinical Practitioner
<b>Action if patient self excludes/declines</b>	Refer to doctor or Advanced Clinical Practitioner

**3. TREATMENT**

<b>Name, form and strength of medicine</b>	Oxybuprocaine Hydrochloride 0.4% eye drops
<b>Legal Status <i>GSL, P, POM</i></b>	POM
<b>Dose</b>	Up to 3 drops at 90 second intervals to affected eye for initial examination, and further drops to facilitate procedure It is advisable to compress the lacrimal sac at the medial canthus for one minute during and following the instillation of the drops to reduce systemic absorption
<b>Frequency of administration</b>	Once only
<b>Method and route of administration</b>	Topical – eye drops
<b>Supporting facilities required</b>	
<b>Quantity to supply/administer</b>	Maximum 3 drops to each eye for initial examination and then to facilitated procedure.
<b>Duration of treatment</b>	Once only
<b>Potential side effects</b>	Blurred vision and stinging which will quickly cease

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<b>Advice to patient/carer</b>	<ul style="list-style-type: none"> <li>• Advise patient they will experience initial blurred vision and stinging which will quickly cease</li> <li>• Patient advised not to drive or operate machinery until normal sight restored</li> </ul>
<b>Managing &amp; Reporting Adverse Events</b>	<ul style="list-style-type: none"> <li>• All suspected adverse drug reactions occurring after treatment following this PGD must be reported to a senior medical practitioner responsible for the area in which the direction is in use</li> <li>• The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure</li> <li>• All serious adverse drug reactions should be reported to the MHRA / CSM using the Yellow Card System. Yellow cards and guidance on its use are available at the back of the BNF or at <a href="http://www.yellowcard.gov.uk">www.yellowcard.gov.uk</a></li> </ul>
<b>Follow up</b>	As required by clinical condition
<b>When to refer to doctor</b>	Any reaction to medication
<b>Treatment record Specify method of recording supply/administration sufficient for audit trail</b>	<ul style="list-style-type: none"> <li>• Document in Electronic Patient Records in ED</li> <li>• Prescription as PGD</li> <li>• Name , dose, and frequency of drug,</li> <li>• Advice given, verbal or written</li> <li>• Signed and dated</li> </ul>

**4. STAFF**

<b>Professional Qualifications</b>	Registered Nurse or Registered Paramedic Current NMC or HCPC Registration
<b>Any Exceptions to above</b>	Bank and Agency Staff
<b>Specialist competencies, qualifications and experience</b>	Trust PGD Training Programme (ED)
<b>Continuing training &amp; education</b>	Update in line with clinical guidance

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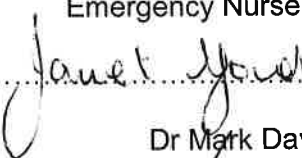
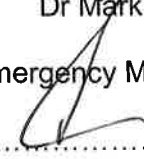


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**5. MANAGEMENT AND MONITORING**

<b>Records to be kept for Audit Purposes</b>	<b>STORAGE AND RETRIEVAL</b> <b>Pharmacy</b> will retain the original signed version of the PGDs <ul style="list-style-type: none"><li>• Adult – 8 years</li><li>• Children (under 18 years) <i>As the requirement is until child is 25 years old or for eight years after child's death and PGDs are not child specific – this would be indefinitely</i> (at least a minimum of 43 years)</li></ul> <b>Division/Author</b> is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
<b>Date of writing</b>	March 2018
<b>Name of manager holding record of names of those authorised to work under this PGD</b>	Louise Croxall – Matron, ED

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<b>Names of all authors of PGD (to include a Dr or Dentist)</b>	Print Name: Janet Youd Title: Emergency Nurse Consultant Signature:  Date: 20/3/18 Print Name: Dr Mark Davies Title: Emergency Medicine Consultant Signature:  Date: 21/3/18
<b>Lead Pharmacist involved in preparation of PGD</b>	Print Name: Lisa Hodgson Signature:  Date: 23/3/18
<b>Approval of Clinical Director</b>	Print Name: Mark Davies Signature:  Date: 21/3/18

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This Patient Group Direction is to be read and agreed and this Authorisation and Record of Agreement signed by all Health Professionals who will administer and/or supply treatment using it. It is the responsibility of each professional to practice only within the bounds of their own competence

A copy of the Patient Group Direction and the original, signed Record of Agreement must be held together by the Ward/Departmental Manager/Community Team Leader.

***'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing to work under it within my Professional Code of Practice/Conduct.'***

Name of Health Professional	Designation e.g. RGN	Signature of Health Professional	Signature of Ward/Departmental/Area Manager	Date