

6-4-18

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J. Young





CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST A. KEASKIN
AUTHORISATION AND RECORD OF AGREEMENT OF NAMED HEALTH
PROFESSIONALS TO SUPPLY OR ADMINISTER MEDICINES UNDER: M. DANIES

**PATIENT GROUP DIRECTION FOR THE SUPPLY OF
 CHLORAMPHENICOL EYE DROPS**

**BY
 REGISTERED HEALTH PROFESSIONALS
 IN
 EMERGENCY DEPARTMENTS**

CAZ ✓

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		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

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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

Indication	Patients sustaining minor injuries or infections to the eye, as per departmental guidance
Relevant National and Local Guidelines/Information sources	Licensed accepted treatment
Description of Patients included in treatment	Children and adults over 2yrs of age.
Description of Patients excluded from treatment under the terms of this PGD	Patients with a hypersensitivity to Chloramphenicol or any component of the preparation.
Action if excluded	Refer to Doctor or Advanced Clinical Practitioner
Action if patient self excludes/declines	Refer to Doctor or Advanced Clinical Practitioner

3. TREATMENT

Name, form and strength of medicine	Chloramphenicol 0.5% eye drops
Legal Status <i>GSL, P, POM</i>	P
Dose	One drop to affected eye
Frequency of administration	QDS
Method and route of administration	Topical application to affected eye
Supporting facilities required	Nil
Quantity to supply/administer	One bottle
Duration of treatment	Five days
Potential side effects	Transient stinging, itching, irritation, burning or blurring of vision
Advice to patient/carer	Patient informed of the reason for giving the drops Informed of blurring of vision Do not drive until vision clear Do not wear contact lenses Wash hands before and after administration

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Managing & Reporting Adverse Events	<ul style="list-style-type: none"> • 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. • The healthcare professional administering/supplying from the PGD must also report the ADR using Trust incident reporting procedure • 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 www.yellowcard.gov.uk
Follow up	Review by health professional as appropriate to clinical condition
When to refer to doctor	If condition does not improve or worsens
Treatment record Specify method of recording supply/administration sufficient for audit trail	<ul style="list-style-type: none"> • Document in electronic patient record • Prescription – include name and dose of drug, volume/quantity supplied, duration of treatment • Advice given - verbal or written • Sign and date all documentation

4. STAFF

Professional Qualifications	Registered Nurse or Registered Paramedic Current NMC or HCPC registration
Any Exceptions to above	Bank or Agency Staff
Specialist competencies, qualifications and experience	Emergency Nurse Practitioner Programme (ED) or Advanced Clinical Practitioner Programme (inc. Trainees) Trust PGD training
Continuing training & education	Update, in line with changing clinical practice

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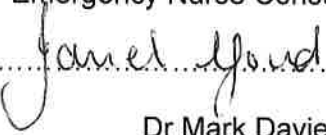



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5. MANAGEMENT AND MONITORING

Records to be kept for Audit Purposes	STORAGE AND RETRIEVAL Pharmacy will retain the original signed version of the PGDs <ul style="list-style-type: none"> • Adult – 8 years • 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) Division/Author is responsible for keeping the record/retrieval method of those authorised to work under a PGD/signature sheet to comply with the above
Date of writing	March 2018
Name of manager holding record of names of those authorised to work under this PGD	Louise Croxall – ED Matron

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

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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