NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

# Patient Group Direction for the Administration/Supply of Medicines Included in the Ophthalmic PGD Formulary by Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside and Western Isles

| | | |
|---|---|---|
| **Lead Author:**<br>Medicines Management Specialist Nurse NHSG | **Consultation Group**:<br>See relevant page in the PGD | **Approver:**<br>NoS PGD Group<br><br>**Authorisation:**<br>NHS Grampian |
| **Signature:**<br>  | | **Signature:**<br>  |
| **NoS Identifier:**<br>NoS/PGD/OphthalmicForm/ MGPG1301 | **Review Date:**<br>July 2024<br><br>**Expiry Date:**<br>July 2025 | **Date Approved:**<br>July 2022 |

**NHS Grampian, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.**

**Uncontrolled when printed**

**Version 1**

## Revision History:

| | | |
|---|---|---|
| **Reference and approval date of PGD that has been adapted and/or superseded** | New PGD adapted from NHSG and NHST existing PGDs. | |
| **Date of change** | **Summary of Changes** | **Section heading** |
| December 2021 | New PGD Formulary based on existing NHSG and NHST ophthalmic PGDs. | |
| | | |
| | | |

**NoS Identifier:** NoS/PGD/OphthalmicForm/MGPG1301
**Keyword(s):** PGD Patient Group Direction Nurse Optometrist Orthoptist Carbomer Chloramphenicol Cyclopentolate Fluorescein Tropicamide Phenylephrine Oxybuprocaine Proxymetacaine Tetracaine Povidone Iodine

**Policy Statement:**
It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

| | | |
|---|---|---|
| Document: | Drafted: | December 2021 |
| | Completed: | June 2022 |
| | Approved: | July 2022 (September 2022) |
| | Amended & reauthorized: | |

## Organisational Authorisations

**This PGD is not legally valid until it has had the relevant organisational authorisation.**

**PGD Developed/Reviewed by;**

| | |
|---|---|
| **Medical practitioner** | **Name:** Dr Lucia Kuffova<br>**Health Board:** NHSG<br>**Title:** Consultant Ophthalmologist<br>**Contact email:** lucia.kuffova@nhs.scot<br>**Signature** .....<br>**Date Signed:** 18/09/2022 |
| **Senior representative of the professional group who will provide care under the direction** | **Name:** Benjaporn Walls<br>**Health Board:** NHSS<br>**Title:** Specialist Nurse Ophthalmology<br>**Contact email:** Benjaporn.walls@nhs.scot<br>**Signature** .....<br>**Date Signed:** 09/09/2022 |
| **Lead author** | **Name:** Frances Adamson<br>**Health Board:** NHSG<br>**Title:** Medicines Management Specialist Nurse<br>**Contact email:** frances.adamson@nhs.scot<br>**Signature** .....<br>**Date Signed:** 06/09/2022 |
| **Pharmacist** | **Name:** Laura Quate<br>**Health Board:** NHSG<br>**Title:** Specialist Pharmacist, Ophthalmology<br>**Contact email:** laura.quate@nhs.scot<br>**Signature** .....<br>**Date Signed:** 27/09/2022 |

**Approved for use within NoS Boards by;**

| North of Scotland (NoS) PGD Group Chair | Signature | Date Signed |
|---|---|---|
| Lesley Coyle |  | 06/09/2022 |

**Authorised and executively signed for use within NoS Boards by;**

| NHS Grampian Chief Executive | Signature | Date Signed |
|---|---|---|
| Professor Caroline Hiscox |  | 29/09/2022 |

## Management and Monitoring of Patient Group Direction

### PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction.

| Name: | Title: |
|---|---|
| Frances Adamson | **Lead Author:** Medicines Management Specialist Nurse NHSG |
| Laura Quate | **Pharmacist:** Specialist Pharmacist, Ophthalmology NHSG |
| Dr Lucia Kuffova | **Medical Practitioner:** Consultant Ophthalmologist NHSG |
| Benjaporn Walls | **Senior Representative:** Specialist Nurse Ophthalmology NHSS |
| Breeda Donnelly | Eye Outpatients Nurse Manager NHSG |
| Dr Paul Johnstone | Consultant Ophthalmologist NHST |
| Susan Donlevy | Specialist Nurse NHST |
| Liam Callaghan | Chief Pharmacist NHSWI |
| Mary McFarlane | Interim Director of Pharmacy NHSS |
| Russell Mackay | Clinical Pharmacist NHSO |

# Patient Group Direction for the Administration/Supply of Medicines Included in the Ophthalmic PGD Formulary by Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside and Western Isles

## Clinical indication to which this PGD applies

| | |
|---|---|
| **Definition of situation/ Condition** | This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD to administer and/or supply medicines included in the Ophthalmic PGD Formulary to individuals attending outpatient clinics and in-patients on ophthalmic wards.<br><br>This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC). |
| **Inclusion criteria** | This PGD should be used to administer/supply medicines as included in the Ophthalmic PGD Formulary to:<br><br>• Individuals aged 2 years of age and over (with the exception of cyclopentolate and tropicamide see monographs for specific age of inclusion)<br>  ○ who are attending ophthalmic outpatient clinics<br>  ○ over who are in-patients on ophthalmic wards<br>• Individuals as per the specific inclusion criteria of each medicine.<br><br>Prior to the administration/supply of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy. |
| **Exclusion criteria** | Individuals may be administered/supplied a medicine specified in the Ophthalmic PGD Formulary under this PGD unless:<br><br>• They are less than 2 years of age (with the exception of cyclopentolate and tropicamide see monographs for specific age of exclusion)<br>• They have a known or suspected allergy/adverse reaction/hypersensitivity to the medicine or any of its excipients<br>• They meet any of the exclusion criteria listed in the individual medicine monographs<br>• There is no valid consent received. |

| | |
|---|---|
| **Precautions and special warnings** | The medicines included in this PGD should be used **only** for the specific indication(s) and age group listed in the individual medicine monographs. Individuals of a different age group, or who are suffering from a condition other than that specified in the monograph, should be referred to a prescriber or appropriate medical professional.<br><br>If there is any doubt about the correct diagnosis or any concern about the appropriate use of the medicine, then medical advice should be sought.<br><br>See individual medicine monographs for specific precautions and special warnings for each medicine. |
| **Action if excluded from treatment** | Medical advice must be sought – refer to relevant medical practitioner.<br><br>Document the reason for exclusion under the PGD and any action taken in the individual's appropriate clinical records. |
| **Action if treatment is declined** | Inform/refer to the relevant medical practitioner if individual/parent/carer declines treatment.<br><br>Document that the administration was declined, the reason and advice given in appropriate clinical records. |

**Description of treatment available under the PGD**

| | |
|---|---|
| **Name form and strength of medicine** | See individual medicine monographs. |
| **Legal status** | The medicines included in this PGD are all either Prescription-only Medicine (POM), Pharmacy-only Medicine (P) or General Sales List Medicines (GSL). |
| **Is use out with SmPC?** | See individual medicine monographs. |
| **Dosage/Maximum total dose** | See individual medicine monographs. |
| **Frequency of dose/Duration of treatment** | See individual medicine monographs. |
| **Maximum or minimum treatment period** | See individual medicine monographs. |

| | |
|---|---|
| **Route/Method of administration** | See individual medicine monographs. |
| **Quantity to be administered/ supplied** | See individual medicine monographs. |
| **Storage requirements** | See individual medicine monographs. |
| **Additional Information** | See individual medicine monographs. |
| **Follow-up (if applicable)** | Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the medicine first. If necessary a doctor or the individuals GP should be contacted for advice. |
| **Advice (Verbal)** | • Advise individual/parent/carer what to expect and of the possible side effects and their management.<br>• If serious adverse or persistent effects occur, the individual/parent/carer should be advised to contact their GP/Accident and Emergency department/NHS24.<br>• Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme. |
| **Advice (Written)** | The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/parent/carer. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand. |
| **Identifying and managing possible adverse reactions** | See individual medicine monographs.<br><br>**This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.**<br><br>**BNF/BNFC**:<br>BNF British National Formulary - NICE<br>BNF for Children British National Formulary - NICE<br><br>**SmPC/PIL/Risk Minimisation Material:**<br>Home - electronic medicines compendium (emc)<br>MHRA Products \| Home<br>RMM Directory - (emc) |

| | |
|---|---|
| | If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible.<br><br>Document in accordance with locally agreed procedures in the individual's record.<br><br>Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA |
| **Facilities and supplies required** | The following are to be available at sites where the medicine is to be administered/supplied:<br>• Appropriate storage facilities or pharmaceutical refrigerator<br>• An acceptable level of privacy to respect individual's right to confidentiality and safety<br>• Basic airway resuscitation equipment (e.g. bag valve mask)<br>• Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection<br>• Access to a working telephone<br>• Another competent adult, who can summon urgent emergency support if required should ideally be present<br>• Access to medical support (this may be via the telephone)<br>• Approved equipment for the disposal of used materials<br>• Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel<br>• A copy of this current PGD in print or electronically. |

## Characteristics of staff authorised to administer/supply medicine(s) under PGD

| | |
|---|---|
| **Professional qualifications** | Registered nurses as recognised by the Nursing and Midwifery Council (NMC) and orthoptists with a degree or diploma in orthoptics, and registered with the Health and Care Professions Council (HCPC). |
| **Specialist competencies** | **Approved by the organisation as:**<br>• Competent to assess the individual's/parent's/carer's capacity to understand the nature and purpose of the medicine administration/supply in order to give or refuse consent<br>• Aware of current treatment recommendations and competent to discuss issues about the medicine with the individual<br>• Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD |

| | |
|---|---|
| | • Competent to undertake administration/supply of the Medicine<br>• Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions<br>• Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD. |
| **Ongoing training and competency** | **All professionals working under this PGD must:**<br>• Have undertaken PGD training as required/set out by each individual Health Board<br>• Have attended basic life support training either face to face or online and updated in-line with individual Board requirements<br>• Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and management of anaphylaxis in-line with individual Board requirements<br>• Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD.<br>• Have knowledge and familiarity of the following;<br>  ○ SmPC for the medicine(s) to be administered in accordance with this PGD. |
| **Responsibilities of professional manager(s)** | **Professional manager(s) will be responsible for;**<br><br>Ensuring that the current PGD is available to all staff providing care under this direction.<br><br>Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.<br><br>Maintain up to date record of all staff authorised to administer/supply the medicine(s) specified in this direction. |

## Documentation

| | |
|---|---|
| **Authorisation of Administration/ supply** | Nurses working within NHS Grampian, Orkney, Shetland, Tayside and Western Isles can be authorised to administer/supply the medicine(s) specified in this PGD by their Professional Line Manager/Consultant/Practice GPs. |

| | |
|---|---|
| | Orthoptists working within NHS Grampian, Orkney, Shetland, Tayside and Western Isles can be authorised to administer/supply the medicine(s) specified in this PGD by their Professional Manager or Consultant.<br><br>All authorised staff are required to read the PGD and sign the Agreement to Administer/Supply Medicines Under PGD (Appendix 1).<br><br>A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board. |
| **Record of administration** | An electronic or paper record must be completed to allow audit of practice.<br><br>An electronic/Hospital Electronic Prescribing and Medicines Administration (HEPMA) record of the screening and subsequent administration/supply, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes.<br><br>If a paper record is used for recording the screening of individuals and the subsequent administration/supply, or not of the medicine(s) specified in this PGD, it should include as a minimum:<br>• Date and time of administration/supply<br>• Individuals name and CHI<br>• Exclusion criteria, record why the medicine was not administered/supplied (if applicable)<br>• Record that valid consent to treatment under this PGD was obtained<br>• The name, dose, form, route (batch number, expiry date and anatomical site where appropriate for injectable medicines) of the medicine administered/supplied<br>• Advice given, including advice given if excluded or declined treatment under this PGD<br>• Signature and name in capital letters of the healthcare professional who administered/supplied the medicine, and who undertook the assessment of the individual's clinical suitability for the administration/supply of the medicine<br>• Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). |

<table>
<tr><td></td><td>Depending on the clinical setting where administration/supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate:<br>• Secondary Care Medical Notes<br>• HEPMA<br>• Individual service specific systems.<br><br>Local policy should be followed with respect to sharing information with the individual's General Practitioner.<br><br>All records should be clear, legible and contemporaneous and in an easily retrievable format.</td></tr>
<tr><td>Audit</td><td>All records of the medicine(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.</td></tr>
<tr><td>References</td><td>Electronic Medicines Compendium<br>http://www.medicines.org.uk<br><br>
<table>
<tr><th>Medicine</th><th>Date of Revision</th><th>Date Accessed</th></tr>
<tr><td>Carbomer 0.2% eye gel w/w (GelTears®)</td><td>5/10/17</td><td>15/06/22</td></tr>
<tr><td>Chloramphenicol 0.5% w/v eye drops (Martindale)</td><td>20/09/21</td><td>15/06/22</td></tr>
<tr><td>Chloramphenicol 1% eye ointment (Martindale)</td><td>09/05/18</td><td>15/06/22</td></tr>
<tr><td>Fluorescein Sodium 1% Eye Drops Solution (Minims)</td><td>23/04/15</td><td>15/06/22</td></tr>
<tr><td>Fluorescein Sodium 2% Eye Drops Solution (Minims)</td><td>23/04/15</td><td>15/06/22</td></tr>
<tr><td>Povidone Iodine 5% w/v Eye Drops Solution (Minims)</td><td>September 2019</td><td>15/06/22</td></tr>
<tr><td>Proxymetacaine Hydrochloride 0.5% w/v eye drops solution (Minims)</td><td>27/11/15</td><td>15/06/22</td></tr>
<tr><td>Tetracaine Hydrochloride 1% w/v eye drops (Minims)</td><td>January 2015</td><td>15/06/22</td></tr>
</table></td></tr>
</table>

Medicines & Healthcare products Regulatory Agency (MHRA) MHRA Products | Home

| Medicine | Date of Revision | Date Accessed |
|---|---|---|
| Cyclopentolate Hydrochloride 1% w/v eye drops (Minims) | 07/01/21 | 15/06/22 |
| Oxybuprocaine Hydrochloride 0.4% w/v eye drops (Minims) | 31/03/20 | 15/06/22 |
| Phenylephrine Hydrochloride 2.5% w/v eye drops (Minims) | 03/06/16 | 15/06/22 |

British National Formulary and British National Formulary for Children https://www.bnf.org/products/bnf-online/ accessed 15/06/22.

**Appendix 1**

## Healthcare Professional Agreement to Administer/Supply Medicine(s) Under Patient Group Direction

**I:** _____ (Insert name)

**Working within:** _____ e.g. Area, Practice

Agree to administer/supply the medicine(s) contained within the following Patient Group Direction:

## Patient Group Direction for the Administration of Medicines Included in the Ophthalmic PGD Formulary by Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside and Western Isles

I have completed the appropriate training to my professional standards enabling me to administer/supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

**Signed:** _____

**Print Name:** _____

**Date:** _____

**Profession:** _____

**Professional Registration number/PIN** _____

**Appendix 2**

## Healthcare Professionals Authorisation to Administer/Supply Medicine(s) Under Patient Group Direction

| |
|---|
| **The Lead manager/Professional** of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated. |
| **The Senior Nurse/Professional** who approves a healthcare professional to administer/supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons. |
| **The Healthcare Professional** that is approved to administer/supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration/supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct. |
| **Patient Group Direction for the Administration of Medicines Included in the Ophthalmic PGD Formulary by Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside and Western Isles** |
| **Local clinical area(s) where the listed healthcare professionals will operate under this PGD:** |

| Name of Healthcare Professional | Signature | Date | Name of Manager | Signature | Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

| Patient Group Direction for the Administration of Medicines Included in the Ophthalmic PGD Formulary by Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside and Western Isles | | | | | |
|---|---|---|---|---|---|
| **Name of Healthcare Professional** | **Signature** | **Date** | **Name of Manager** | **Signature** | **Date** |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

**Appendix 3**

# Ophthalmic PGD Formulary

**Contents**

| Carbomer 0.2% W/W Eye Gel (Administration/Supply) | |
|---|---|
| **Legal Status** | P |
| **Indication** | Treatment of clinical symptoms of mild dry eyes (which include dryness, scratchy, gritty, foreign body sensation, burning and redness).<br><br>Individuals who have received an intravitreal injection. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Transient blurring of vision may occur if too much gel is instilled at one time or if gel is used too frequently. This effect can last up to an hour. If affected, the individual should be advised not to drive or operate hazardous machinery until normal vision is restored.<br><br>Recovery can be aided by blinking vigorously for a few seconds. If this fails, the lower eyelid should be manipulated until the gel returns to the lower fornix and normal vision is restored.<br><br>If individuals experience eye pain, vision changes, irritation of the eyes or persistent redness on instillation, they should discontinue use and consult their doctor.<br><br>The preparation may contain benzalkonium chloride which may cause eye irritation.<br><br>Individuals must be instructed to remove contact lenses prior to application of this preparations. After instillation there should be an interval of at least 15 minutes before reinsertion. |
| **Dose/Maximum total dose** | **Dry eye:** One drop should be applied into the conjunctival fold of each affected eye three to four times daily or as needed depending on severity of symptoms of dry eye.<br><br>**Post intravitreal injection:** One drop should be applied into the conjunctival fold of the injected eye three times daily for three days post injection to reduce the feeling of discomfort. |

| Carbomer 0.2% W/W Eye Gel (Administration/Supply) | |
|---|---|
| **Frequency of dose/Duration of treatment** | **Dry eye:** One drop should be applied into the conjunctival fold of each affected eye three to four times daily or as needed depending on severity of symptoms of dry eye for as long as necessary.<br><br>**Post intravitreal injection:** One drop should be applied into the conjunctival fold of the injected eye three times daily for three days post injection. |
| **Maximum or minimum treatment period** | See Frequency of dose/Duration of treatment section above. |
| **Route/Method of Administration** | Ocular administration with drops to be instilled in the affected eye(s). |
| **Quantity to be administered /supplied** | Administration: See Dose/Maximum total dose section above.<br><br>Supply: One 10g tube |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>In clinical trials, the most frequently reported adverse reactions were blurred vision occurring in 11% of individuals and eyelid margin crusting occurring in 7.79% of individuals.<br><br>Other more uncommon adverse effects reported include ocular discomfort or irritation, periorbital oedema, conjunctival oedema, eye pain, eye pruritus, ocular hyperaemia, increased lacrimation and contact dermatitis.<br><br>Hypersensitivity is a potential adverse effect.<br><br>Corneal irritation due to preservative could also possibly occur with prolonged use.<br><br>There are no known interactions with other medicinal products. |

| Carbomer 0.2% W/W Eye Gel (Administration/Supply) | |
|---|---|
| **Advice** | • If the individual also uses other eye drops, they should allow an interval of 5 minutes between application of their drops and the carbomer 0.2% eye drops. Due to the viscosity of the carbomer product, it should be the last of the drops instilled.<br>• As with other ophthalmic preparations, transient blurring of vision may occur on instillation. If affected, the individual should be advised not to drive or operate hazardous machinery until normal vision is restored.<br>• After 28 days the individual should be advised to return any excess gel to their community pharmacy for destruction. |
| **Follow up (If applicable)** | Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing.<br><br>The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice.<br><br>The individual should see their optician or pharmacy if they need to continue to receive treatment for dry eye. |
| **Storage** | The product should be transported in the original packaging. It should be stored below 25°C.<br><br>Any remaining gel should be discarded 28 days after first opening the tube. When supplied the individual should be advised to return any excess gel to their community pharmacy for destruction. |

| Chloramphenicol 0.5% W/V Antibiotic Eye Drops (Administer/Supply) | |
|---|---|
| **Legal Status** | P |
| **Indication** | Bacterial conjunctivitis.<br><br>Minor eye surgery for prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Family or personal history of blood dyscrasias including aplastic anaemia<br>• Myelosuppression during previous exposure to chloramphenicol<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Chloramphenicol is absorbed systemically from the eye and systemic toxicity has been reported.<br><br>In severe bacterial conjunctivitis and in cases where infection is not confined to the conjunctivae, the topical use of chloramphenicol should be supplemented by appropriate systemic treatment. Therefore, the individual should be referred to seek medical advice.<br><br>The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, the individual should be referred to an appropriate medical practitioner. |
| **Dose/Maximum total dose** | **Minor eye surgery:** The drops should be applied to the affected eyelid(s) 4 times daily for 3 days post procedure.<br><br>**Bacterial conjunctivitis:** Apply one drop into the affected eye(s) every 2 hours for the first 48 hours and 4 hourly thereafter, continue for 48 hours after healing. Use should not exceed a maximum of 5 days.<br><br>If both eyes are affected, a bottle should be supplied for each eye separately to prevent any risk of cross contamination should infection be present. |

| Chloramphenicol 0.5% W/V Antibiotic Eye Drops (Administer/Supply) | |
|---|---|
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration with drops to be instilled in the affected eye(s). |
| **Quantity to be administered/ supplied** | Administration: See Dose/Maximum total dose section above.<br><br>Supply: One 10mL bottle per eye affected. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Occasional: Transient stinging on instillation. The individual should be advised that this should resolve however, if it does not then to stop using and seek further medical advice.<br><br>Rare: Allergic reaction (persistent burning and swelling of eye lid). Advise to discontinue use immediately and seek further medical advice. |
| **Advice** | • Contact lenses should be removed during period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment.<br>• For bacterial conjunctivitis continue for at least 48 hours after the eye appears normal, up to a maximum of 5 days treatment.<br>• Following minor eye surgery if eye is not healed after 5 days of treatment – advise individual to seek advice from their GP.<br>• The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, the individual should seek advice from their GP. |

| Chloramphenicol 0.5% W/V Antibiotic Eye Drops (Administer/Supply) | |
|---|---|
| | • Store in fridge (between 2-8ºC).<br>• Keep cap tightly closed between applications and discard 28 days after opening. Advise the individual to return any excess solution to their community pharmacy for destruction. |
| **Follow up (If applicable)** | Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing.<br><br>The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store upright at 2°C to 8°C in a dry place away from strong sunlight (for example keep in a fridge) and do not freeze.<br><br>Store in the original carton to protect from light.<br><br>Any remaining solution should be discarded 28 days after first opening the bottle. When supplied the individual should be advised to return any excess solution to their community pharmacy for destruction. |

| Chloramphenicol 1% W/W Antibiotic Eye Ointment (Administer/Supply) | |
|---|---|
| **Legal Status** | P |
| **Indication** | Minor lid surgery.<br><br>Bacterial conjunctivitis.<br><br>Prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Family or personal history of blood dyscrasias including aplastic anaemia<br>• Myelosuppression during previous exposure to chloramphenicol<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Chloramphenicol is absorbed systemically from the eye and systemic toxicity has been reported.<br><br>In severe bacterial conjunctivitis and in cases where infection is not confined to the conjunctivae, the topical use of chloramphenicol should be supplemented by appropriate systemic treatment. Therefore, the individual should be referred to seek medical advice.<br><br>The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, the individual should be referred to an appropriate medical practitioner. |
| **Dose/Maximum total dose** | **Minor lid surgery:** The ointment should be applied to the affected eyelid(s) 4 times daily for 3 days post procedure<br><br>**Bacterial conjunctivitis and prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions:** One application of around 1 cm of ointment to the affected eye(s) 3 to 4 times a day and continue for 48 hours after healing. Use should not exceed a maximum of 5 days. |

| Chloramphenicol 1% W/W Antibiotic Eye Ointment (Administer/Supply) | |
|---|---|
| | If both eyes are affected, a tube should be supplied for each eye separately to prevent any risk of cross contamination should infection be present. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration to be instilled in the affected eye(s). |
| **Quantity to be administered/ supplied** | Administration: See Dose/Maximum total dose section above.<br><br>Supply: One 4g tube per affected eye. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Transient burning or stinging sensations may occur with the use of Chloramphenicol Antibiotic Eye Ointment.<br><br>More serious side effects include bone marrow depression and rarely aplastic anaemia, angioneurotic oedema, anaphylaxis, urticaria, fever, vesicular and maculopapular dermatitis have been reported and are causes for discontinuation. Advise to discontinue use immediately and seek further medical advice. |
| **Advice** | • Contact lenses should be removed during period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment.<br>• Continue for at least 48 hours after the eye appears normal, up to a maximum of 5 days treatment.<br>• If eye is not healed after 5 days of treatment – advise individual to seek advice from GP.<br>• Keep cap tightly closed between applications. |

| Chloramphenicol 1% W/W Antibiotic Eye Ointment (Administer/Supply) | |
|---|---|
| | • Shelf life once opened is 28 days, individuals should be advised to discard the medicines after course of treatment and to return any unused ointment to their community pharmacy. |
| **Follow up (If applicable)** | Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing.<br><br>The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Do not store above 25°C. Protect from light.<br><br>Any remaining ointment should be discarded 28 days after first opening the tube. When supplied the individual should be advised to return any excess ointment to their community pharmacy for destruction. |

| Cyclopentolate Hydrochloride 1% Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | As a topical mydriatic and cycloplegic.<br><br>Routine refraction and fundus examination. |
| **Inclusion Criteria** | As per main PGD inclusion criteria and additionally:<br>• Any child aged between 6 months to 12 years of age. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Are less than 6 months of age<br>• Are over 12 years of age<br>• Confirmed or suspected narrow-angle glaucoma as an acute attack may be precipitated. |
| **Precautions and Special Warnings** | Individuals will stay in the care of the hospital for at least 45 minutes after instillation of the eye drops to allow monitoring and management of any adverse effects if they occur. |
| **Dose/Maximum total dose** | Maximum of one drop into each eye as a single dose.<br><br>Not to be repeated. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. One drop of cyclopentolate 1% solution to be instilled into the eye(s) 30 to 60 minutes before eye examination.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | For all indications: One drop into each eye as a single dose. |

| Cyclopentolate Hydrochloride 1% Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Local: Transient stinging and blurring of vision may occur following administration of this product.<br><br>If any of the following side effects do occur they should be documented in the individual's case notes to avoid unnecessary repeated application:<br>• Swelling and redness of the eyelids and conjunctiva with lacrimation.<br>• Pain due to raised intraocular pressure.<br>• Contact dermatitis.<br>• Conjunctivitis. |
| **Advice** | • Contact lenses should be removed during period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment<br>• May cause transient blurring of vision on instillation. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store below 25°C. Do not freeze. Protect from light. |

| Fluorescein Sodium 1% and 2% Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | P |
| **Indication** | Corneal staining to aid detection of foreign bodies and/or corneal/sclera lesions<br><br>Goldmann tonometry procedure. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Individuals with soft contact lenses (unless removed).<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Special care should be taken to avoid microbial contamination. *Pseudomonas aeruginosa* grows well in fluorescein solutions, therefore, a single dose solution is preferred. Each minim unit should be discarded after a single use. |
| **Dose/Maximum total dose** | 1-2 drops of either 1% or 2% solution to the affected eye as a single dose. Choice of 1% or 2% should be decided as per each individual Boards protocols.<br><br>**Note:** 1-2 drops of either 1% or 2% solution should be sufficient to achieve staining. However, sufficient solution should be applied to stain the damaged areas and this may exceed the indicated 1-2 drops on occasion.<br><br>**Maximum dose is 3 drops per affected eye.** |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. Instil one drop at a time into the eye. Excess may be washed away with sterile saline solution.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide |

| Fluorescein Sodium 1% and 2% Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children.<br><br>Fluorescein does not stain a normal cornea, but conjunctival abrasions are stained yellow or orange, corneal abrasions or ulcers are stained a bright green and foreign bodies are surrounded by a green ring. |
| **Quantity to be administered** | For all indications and strengths: 1-2 drops into each eye as a single dose. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Fluorescein can cause transient stinging and blurring of vision on instillation. Temporary staining of the surrounding tissue may also occur. |
| **Advice** | • Explain the procedure and inform the individual of the result.<br>• Remove soft contact lenses and refrain from wearing for at least 12 hours after treatment.<br>• Do not wear contact lenses if there is damage to the cornea; healing will take about 2 days.<br>• Advise individual not to drive or operate hazardous machinery until vision clear.<br>• Advise that any yellow staining of eye is temporary. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store below 25°C. Do not freeze. Protect from light. |

| Oxybuprocaine Hydrochloride 0.4% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | For ocular anaesthesia prior to ocular procedures which require local anaesthesia including;<br>• Tonometry<br>• Fitting/removal of Contact lens<br>• Biometry/A-Scan<br>• Minor lid procedure<br>• Intravitreal injections<br>• Washout with saline following chemical injury.<br>• Removal of sutures or foreign Body. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Pregnancy<br>• Breastfeeding<br>• Where there is an obvious penetrating eye injury – individual must be referred to an optician or ophthalmologist. |
| **Precautions and Special Warnings** | The anaesthetised eye should be protected from dust and bacterial contamination. |
| **Dose/Maximum total dose** | 1 - 3 drops, depending on indication as a single dose into each eye.<br><br>1 drop is sufficient when dropped into the conjunctival sac to anaesthetise the surface of the eye to allow tonometry after one minute.<br><br>A further drop after 90 seconds provides adequate anaesthesia for the fitting of contact lenses.<br><br>3 drops at 90 second intervals provides sufficient anaesthesia for a foreign body to be removed from the corneal epithelium or for incision of a meibomian cyst through the conjunctiva. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |

| Oxybuprocaine Hydrochloride 0.4% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. Instil drop wise into the eye according to the recommended dosage.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | 1 – 3 drops depending on indication into each eye as a single dose. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Oxybuprocaine may cause transient stinging and blurring of vision on instillation. |
| **Advice** | • Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. Individuals should be advised to avoid touching the eye until the anaesthesia has worn off.<br>• Corneal sensitivity is normal again after about one hour. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store below 25°C. Do not freeze. Protect from light. |

| Phenylephrine 2.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | Phenylephrine is a directly acting sympathomimetic agent used topically in the eye as a mydriatic. It may be indicated to dilate the pupil for segment ocular imaging or prior to surgery. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Individuals with cardiac disease, aneurysms, thyrotoxicosis, type 1 diabetes, hypothyroidism, uncontrolled hypotension or hypertension and tachycardia<br>• Individuals on monoamine oxidase inhibitors, tricyclic antidepressants and anti-hypertensive agents (including beta-blockers)<br>• Individuals with closed angle glaucoma (unless previously treated with iridectomy)<br>• Individuals with a narrow angle prone to glaucoma precipitated by mydriatics<br>• Elderly adults with severe arteriosclerotic, cardiovascular or cerebrovascular disease<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Use with caution in individuals with cerebral arteriosclerosis or long-standing bronchial asthma.<br><br>Ocular hyperaemia can increase the absorption of phenylephrine given topically.<br><br>The lowest dose necessary to produce the desired effect should always be used. Additionally, phenylephrine 2.5% w/v eye drops may be combined with other mydriatics/cycloplegics to produce adequate mydriasis/cycloplegia. Heavily pigmented irides may require larger doses and caution should be exercised to avoid overdosage. |
| **Dose/Maximum total dose** | **Adults and children over 16 years of age:**<br>**Prior to examination and assessment:** 1 drop into the affected eye 10 mins prior to assessment. Maximum of 2 drops in each eye. |

| Phenylephrine 2.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | **Prior to surgery:** 1 drop into each eye. If necessary dose may be repeated **only once** one hour after the first drop. Maximum dose is 2 drops into each eye.<br><br>**Children under 16 years of age for all indications:** Apply one drop topically to the eye. Maximum dose is 1 drop to each eye. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. The use of a drop of topical anaesthetic a few minutes before instillation of phenylephrine is recommended to prevent stinging.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | See Dose/Maximum total dose section above. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>May cause transient blurring and photophobia of vision on instillation. On instillation an initial burning sensation may be experienced if not administered after an anaesthetic. This may last for up to 30 seconds.<br><br>Systemic side effects are rare but include palpitations, tachycardia, arrhythmias, hypertension, and coronary artery |

| Phenylephrine 2.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | spasm. These have usually occurred in individuals with pre-existing cardiac disease.<br><br>If an adverse reaction does occur inform ophthalmologist as soon as possible. |
| **Advice** | • Advice on instillation an initial burning sensation may be experienced which may last up to 30 seconds.<br>• Individuals should be warned not to drive or operate hazardous machinery unless vision is clear. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store below 25°C. Do not freeze. Store in the original container in order to protect from light. |

| Povidone Iodine 5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | Povidone Iodine 5% w/v eye drops, solution is indicated for cutaneous peri-ocular and conjunctival antisepsis prior to ocular surgery and/or intravitreal injection to support post-procedural infection control. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Povidone Iodine 5% w/v eye drops, solution is contraindicated for intra-ocular or peri-ocular injection<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Concomitant use with topical ophthalmic formulations containing mercury-based preservatives is to be avoided.<br><br>Cross-reactions with iodinated contrast agents have not been reported. Hypersensitivity (anaphylactoid reactions) to iodinated contrast agents or anaphylactic reaction to shellfish are **not** contraindications for povidone iodine 5% w/v eye drops administration. |
| **Dose/Maximum total dose** | Instil 2 to 3 drops of the solution onto the eye(s) and leave for two minutes. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. Leave the drops on the eye(s) for two minutes before rinsing. Using a suitable syringe, irrigate the eye(s) thoroughly with minims saline 0.9% w/v eye drops solution until the characteristic colour of the iodine solution disappears.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide |

| Povidone Iodine 5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | Instil 2 to 3 drops of the solution onto the eye(s) and leave for two minutes. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>May cause transient blurring and photophobia of vision on instillation. On instillation an initial burning sensation may be experienced. This may last for up to 30 seconds.<br><br>Contact dermatitis. Irritant effect on the membrane that lines the eyelid and the white of the eye causing redness, blisters and itching.<br><br>Conjunctival redness – redness of the whites of the eyes.<br><br>Residual yellow discoloration of the eyes and transient brown discoloration of the skin.<br><br>Allergic type reactions, including difficulty breathing or swallowing, swelling of the face, lips, throat or tongue (anaphylactic shock and anaphylactoid reaction), skin rash with irritation and hives - red, raised, itchy bumps (urticaria).<br><br>If an adverse reaction does occur inform ophthalmologist as soon as possible. |
| **Advice** | • Advice on instillation an initial burning sensation may be experienced which may last up to 30 seconds.<br>• Individuals should be warned not to drive or operate hazardous machinery unless vision is clear. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |

| Povidone Iodine 5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Storage** | Store between 2°C and 8°C.<br>Store in the original package to protect from light.<br>The product may be stored without refrigeration at not more than 25°C for up to one month. |

| Proxymetacaine Hydrochloride 0.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | For ocular anaesthesia prior to ocular procedures which require local anaesthesia including;<br>• Tonometry<br>• Fitting/removal of Contact lens<br>• Minor lid procedure<br>• Intravitreal injections<br>• Washout with saline following chemical injury.<br>• Removal of sutures or foreign Body. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Pregnancy<br>• Breastfeeding<br>• Where there is an obvious penetrating eye injury – individual must be referred to an optician or ophthalmologist. |
| **Precautions and Special Warnings** | Proxymetacaine hydrochloride is not miscible with fluorescein however, fluorescein can be added to the eye after it has been anaesthetised with Minims Proxymetacaine hydrochloride.<br><br>Tonometers soaked in sterilising or detergent solutions should be thoroughly rinsed with sterile distilled water prior to use.<br><br>Use with caution in an inflamed eye as hyperaemia greatly increases the rates of systemic absorption through the conjunctiva. |
| **Dose/Maximum total dose** | 1 – 7 drops, depending on indication as a single dose.<br><br>**Deep anaesthesia minor lid surgery:** Instil 1 drop every 5 - 10 minutes for 5 - 7 applications.<br><br>**Removal of sutures:** Instil 1 or 2 drops 2 to 3 minutes before removal of stitches.<br><br>**Removal of foreign bodies, contact lens fitting/removal and washout:** Instil 1 or 2 drops prior to operating, fitting/removal or washout. |

| Proxymetacaine Hydrochloride 0.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | **Tonometry and intravitreal injections:** Instil 1 or 2 drops immediately before measurement or injection. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration. Instil drop wise into the eye according to the recommended dosage.<br><br>A period of at least one minute should be allowed after administration of Proxymetacaine hydrochloride 0.5%, before subsequent administration of other topical agents.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | 1 – 7 drops into each eye as single doses depending on indication. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>Proxymetacaine may cause transient stinging and blurring of vision on instillation. |
| **Advice** | • The anaesthetised eye should be protected from dust and bacterial contamination. Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. Individuals should be advised to avoid touching the eye until the anaesthesia has worn off. |

| Proxymetacaine Hydrochloride 0.5% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| | • Corneal sensitivity is normal again after about one hour. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store at 2 - 8°C. Do not freeze. Keep container in the outer carton.<br><br>If necessary, the product may be stored at temperatures not exceeding 25°C for up to 1 month only. |

| Tetracaine Hydrochloride 1% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | For ocular anaesthesia prior to intravitreal injections. |
| **Inclusion Criteria** | As per main PGD inclusion criteria. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Tetracaine is hydrolysed in the body to p-amino-benzoic acid and should not therefore be used in individuals being treated with sulphonamides<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | The anaesthetised eye should be protected from dust and bacterial contamination.<br><br>The cornea may be damaged by prolonged application of anaesthetic eye drops. |
| **Dose/Maximum total dose** | 1 drop per eye up to a maximum of 4 drops per eye. |
| **Frequency of dose/Duration of treatment** | Up to 4 drops per eye. |
| **Maximum or minimum treatment period** | See Frequency of dose/Duration of treatment section above. |
| **Route/Method of Administration** | Ocular administration.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |
| **Quantity to be administered** | 1 – 4 drops per eye. |

| Tetracaine Hydrochloride 1% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>May cause transient blurring of vision on instillation. On instillation an initial burning sensation may be experienced. This may last for up to 30 seconds.<br><br>Corneal disorders such as superficial punctuate keratitis or oedema may be observed following short-term application of tetracaine (amethocaine) eye drops for topical anaesthesia.<br><br>If an adverse reaction does occur inform ophthalmologist as soon as possible. |
| **Advice** | • Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. Individuals should be advised to avoid touching the eye until the anaesthesia has worn off.<br>• Individuals should be warned not to drive or operate hazardous machinery unless vision is clear. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Do not store above 25°C. Store in the original package in order to protect from light. Do not freeze. |

| Tropicamide 1% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Legal Status** | POM |
| **Indication** | As a topical mydriatic and cycloplegic in segment imaging and ocular exams. |
| **Inclusion Criteria** | As per main PGD inclusion criteria and additionally;<br>• Individuals 5 years of age and over. |
| **Exclusion Criteria** | As per main PGD exclusion criteria and additionally:<br>• Individuals less than 5 years of age<br>• Tropicamide is contraindicated in narrow angle glaucoma and in eyes where the filtration angle is narrow, as an acute attack of angle closure glaucoma may be precipitated.<br>• Pregnancy<br>• Breastfeeding. |
| **Precautions and Special Warnings** | Use with caution in an inflamed eye, as hyperaemia greatly increases the rate of systemic absorption through the conjunctiva.<br><br>Tropicamide may cause increased intraocular pressure. The possibility of undiagnosed glaucoma should be considered in some individuals, such as elderly individuals. |
| **Dose/Maximum total dose** | 1 drop followed by a second drop after an interval of 5 minutes. A further 1 drop may be instilled after 30 minutes, if required. Maximum of 3 drops per eye. |
| **Frequency of dose/Duration of treatment** | See Dose/Maximum total dose section above. |
| **Maximum or minimum treatment period** | See Dose/Maximum total dose section above. |
| **Route/Method of Administration** | Ocular administration.<br><br>Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the naso-lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children. |

| Tropicamide 1% W/V Eye Drops Solution (Minims) (Administer) | |
|---|---|
| **Quantity to be administered** | 1 drop up to a maximum of 3 drops if eye(s) are not adequately dilated. |
| **Potential Adverse Reactions** | Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC.<br><br>The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects:<br><br>May cause transient blurring of vision on instillation. On instillation an initial burning sensation may be experienced. This may last for up to 30 seconds.<br><br>Bright light (such as daylight) may be uncomfortable for a few hours after receiving.<br><br>Dry mouth. This is caused by the active substance being absorbed through the tear duct and causing a common effect for this type of medicine. This effect should wear off within a couple of hours.<br><br>If an adverse reaction does occur inform ophthalmologist as soon as possible. |
| **Advice** | • Advise on instillation an initial burning sensation may be experienced which may last up to 30 seconds.<br>• Individuals should be warned not to drive or operate hazardous machinery unless vision is clear. |
| **Follow up (If applicable)** | The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary an appropriate medical practitioner should be contacted for advice. |
| **Storage** | Store below 25°C. Do not freeze. Protect from light. |