

PATIENT GROUP DIRECTION (PGD)
Administration of
Oxybuprocaine Hydrochloride
By Registered Nurses, Emergency Nurse Practitioners (ENP)
and Emergency Care Practitioners (ECP)
In Emergency Department and Ambulatory care at Queens
Hospital, Burton and Minor Injuries departments at Samuel
Johnson and Sir Robert Peel community hospitals

Documentation details

Reference no:	UHDB121
Version no:	2.0
Valid from:	28/11/2024
Review date:	28/05/2027
Expiry date:	27/11/2027

Change history

Version number	Change details	Date
1	New format	August 2021
2	Scheduled review and update. No clinical changes.	October 2024

Glossary

Abbreviation	Definition

1. PGD template development (PGD Working Group)

PGD Working Group Membership (minimum requirement of consultant, pharmacist and a registered professional who can work under a PGD, or manages the staff who do). If this is a review of existing PGD, replace previous names with the individuals involved for this version

Name	Designation
Dr Venkata Thungala	Consultant Emergency Medicine
Nida Halim	Pharmacist
Nadine Watson	Emergency Nurse Practitioner

Where an antimicrobial is included, confirm the name, designation and date of the antimicrobial pharmacist who has reviewed this version

Name of antimicrobial pharmacist	Designation	Date Reviewed

2. Organisational authorisations

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

University Hospitals of Derby & Burton NHS Foundation Trust authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisation and/or services
In Emergency Department and Ambulatory care at Queens Hospital, Burton and Minor Injuries departments at Samuel Johnson and Sir Robert Peel community hospitals
Limitations to authorisation
Nil

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medication Safety Officer <i>(Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)</i>	James Hooley	Signed copy held in Pharmacy	28/11/2024

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Pharmacist <i>(Clinical Pharmacist from PGD working group)</i>	Nida Halim	Signed copy held in Pharmacy	01/11/2024
Lead ED Consultant <i>(Doctor)</i>	Dr Venkata Thungala	Signed copy held in Pharmacy	14/11/2024
Senior ENP <i>(Registered Professional representing users of the PGD)</i>	Nadine Watson	Signed copy held in Pharmacy	29/10/2024

Local enquiries regarding the use of this PGD may be directed to UHDB.PGDgovernance@nhs.net

Section 7 provides a registered health professional authorisation sheet. Individual professionals must be authorised by name to work to this PGD.

3. Characteristics of staff

Qualifications and professional registration	<ul style="list-style-type: none"> Registered professional with current professional registration operating within their usual scope of practice. Must be a profession permitted by current legislation to practice under a patient group direction.
Initial training	<ul style="list-style-type: none"> Completion of all Essential-to-role training as outlined in the UHDB PGD policy including core PGD training. Individual has read and understood full content of this PGD and signed authorisation (section 7) Completion of Medicines Management Drug Assessment
Competency assessment	<ul style="list-style-type: none"> Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the either authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
On-going training and competency	<ul style="list-style-type: none"> Annual Medicines Safety Training (essential to role) Organisation PGD eLearning Review/repeat initial training above when this PGD is revised Up to date mandatory training including anaphylaxis/CPR. The registered healthcare professional must actively take part in CPD and annual performance reviews Regular training in safeguarding children and vulnerable adults as per trust policy
<p><i>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.</i></p>	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Local anaesthesia for eye trauma (removal of foreign body) in adults and children
Criteria for inclusion	<ul style="list-style-type: none"> • Consent gained - if under 16 years consider requirements for consent • Patients identified as requiring topical ocular anaesthesia
Criteria for exclusion	<ul style="list-style-type: none"> • Consent not gained • Pregnancy • Breastfeeding • For management of ocular symptoms • Known hypersensitivity to the active ingredient or to any component of the product
Cautions including any relevant action to be taken	If allergy symptoms occur treat as per local allergy protocols
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> • Record reasons for exclusion in patient notes • Advise patient on alternative treatment • Refer to a prescriber if appropriate
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> • Explain to the patient the importance of treatment. • Offer alternative intervention/treatment. • Document in medical notes the reason for refusal, action taken, advise given • Escalate to ED doctor and consider prescribing an alternative medication/treatment if needed.
Arrangements for referral for medical advice	Refer to the appropriate medical practitioner in the care pathway Contact ophthalmology at Queens hospital Burton for further advice if required

5. Description of treatment

Name, strength & formulation of drug	Oxybuprocaine Hydrochloride 0.4% w/v eye drops (Benoxinate hydrochloride) (minims)
Legal category	Prescription-only Medicine (POM)
Route / method of administration	Instil drops into the conjunctival sac of the affected/ examined eye as per dose schedule below. Each Minims unit should be discarded after use.
Indicate any off-label use (if relevant)	Only to be used within the licensed indications
Dose and frequency of administration	<ul style="list-style-type: none"> • Three drops at 90 second intervals provides sufficient anaesthesia for a foreign body to be removed from the corneal epithelium • Corneal sensitivity is normal again after about one hour.

Duration of treatment	As required for examination purposes only
Quantity to be supplied (leave blank if PGD is administration ONLY)	N/A - Administration only
Storage	<p>Stocks must be stored in a lockable medicine cupboard/trolley specifically reserve for such purpose according to UHDB Medicine policy and in conditions in line with SPC.</p> <ul style="list-style-type: none"> • Store below 25 °C • Store in the original package. • Do not freeze • Protect from light
Drug interactions	No Specific interactions noted with other medicinal products
Adverse reactions	<p>Side effects are uncommon with this agent.</p> <ul style="list-style-type: none"> • Transient irritation, stinging and blurring of vision may occur on instillation. • In very rare cases, uncontrolled use, i.e. long-term and/or too frequent use, may result in keratopathy, hypopyon, or central corneal erosion including central scarring. • Corneal perforation may also be possible. • In rare cases, local anaesthetic preparations have been associated with allergic reactions (in the most severe instances, anaphylactic shock). <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic medicines compendium website. (See references)</p>
Management of and reporting procedure for adverse reactions	<p>If adverse reactions suspected/occurs:</p> <ul style="list-style-type: none"> • Assess patient using ABCDE and provide medical intervention appropriately. • Refer to ED or Medical Consultant immediately. • Use the MHRA Yellow Card scheme to report any suspected adverse reactions. Go to: https://yellowcard.mhra.gov.uk • Document any adverse drug reactions on patient's medical notes • Complete incident report via UHDB Trust incident management system (Datix)
Written information to be given to patient or carer	<p>None routinely required for administration in department. A copy of marketing authorisation holder's patient information leaflet (PIL) which can be obtained from www.medicines.org.uk can be given if required</p>
Patient advice / follow up treatment	<ul style="list-style-type: none"> • Inform the individual/carer of possible side effects and their management. • Advise that eye has been numbed is important not to rub it and to keep it free of dust and bacterial contamination. • Contact lenses should not be replaced until the effects of the drops have completely worn off. • Patients should be advised not to drive or operate heavy machinery until normal vision is restored. • The individual/carer should be advised to seek medical advice in the event of an adverse reaction.

Records	<p>Record the following information on ePMA (Electronic Prescribing system) UHDB</p> <p>Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following:</p> <ul style="list-style-type: none"> • name of individual, address, date of birth and GP with whom the individual is registered (if relevant) • name of registered health professional • name of medication supplied/administered. • date of supply/administration • dose, form, and route of supply/administration • quantity administered • batch number and expiry date (if applicable e.g., injections and implants) • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm administered via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password-controlled e-records). All records should be clear, legible, and contemporaneous.</p> <p>If you are not recording in ePMA (or other electronic system which has ability to generate audit reports) then a record of all individuals receiving treatment under this PGD should also be in the clinical area for audit purposes as per UHDB PGD policy.</p>
----------------	---

6. Key references

Key references	<ul style="list-style-type: none"> • Electronic Medicines Compendium https://www.medicines.org.uk/emc/product/3739/smpc#about-medicine accessed online 20/08/24 • Electronic BNF https://bnf.nice.org.uk/drugs/oxybuprocaine-hydrochloride/ accessed online 20/08/24 • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2
-----------------------	---

7. Registered health professional authorisation sheet

PGD Name [version]: QHB ED/MIU/Ambulatory Care - Oxybuprocaine [v2]

PGD ref: UHDB121

Valid from: 28/11/2024

Expiry date: 27/11/2027

Before signing check that the document you have read is published on Koha or is an in-date hard-copy with all necessary authorisations signed in section 2. The Name/Version/Ref of the document you have read **MUST** match this authorisation form.

Registered health professional

By signing this patient group direction you are indicating that

- You agree to and understand all content and commit to only work within this framework.
- You have completed any core PGD e-Learning or training records on My Learning Passport or within your department.
- You meet the staff characteristics and have completed any additional learning/competency outlined in Section 3 of this PGD.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

Authorising manager / Assessor

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of University Hospitals of Derby & Burton NHS Foundation Trust for the above named health care professionals who have signed the PGD to work under it.

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet must be retained by a manager in the clinical department where the PGD is in-use to serve as a record of those registered health professionals authorised to work under this PGD.