University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of PHENYLEPRHINE 2.5% eye drops
By Registered Nurses at University Hospitals of Derby and Burton

Documentation details

Reference no:	UHDB 113
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Change history

Version number	Change details	Date

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
VICKI MEREDITH	SENIOR SISTER OUTPATIENTS
LOLA LAWUYI	CONSULTANT OPHTHALMOLOGIST
SUZANNE SMITH	PHARMACIST

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
n/a	n/a	n/a

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
All UHDB sites and in clinics operated by UHDB staff at peripheral sites
Limitations to authorisation

Organisational approval (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines Safety Officer *Pharmacist: Medicines Safety Officer, Chief Pharmacist or assigned deputies)*	James Hooley	**Signed copy held by Pharmacy**	**07/11/2024**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Pharmacist	**SUZANNE SMITH**	**Signed copy held by Pharmacy**	**23/10/2024**
Ophthalmologist	**Ms LOLA LAWUYI**	**Signed copy held by Pharmacy**	**06/11/2024**
Senior Sister Outpatients	**VICKI MEREDITH**	**Signed copy held by Pharmacy**	**23/10/2024**

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	- Qualified NMC Registered Nurse - HCPC Registered Orthoptist - Health Care Professionals (who can legally operate under PGDs) who have undergone additional training to administer drug outlined in this PGD and been assessed as competent.
Initial training	- Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Individual has read and understood full content of this PGD and signed authorisation (section 7) The Registered Healthcare Professional will undertake training and will ensure he/she is competent in all aspects of this treatment.
Competency assessment	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 either the authorising manager (section 7) or the manager within the PGD working group (section 1) so that further training can be provided as required.
Ongoing training and competency	- Health care professionals must complete annual basic life support and anaphylaxis training to administer drugs under this PGD.
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisation policies.	

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	To produce mydriasis prior to examination of eye or cataract or retinal surgery or laser therapy or prior to intravitreal injection
Criteria for inclusion	Patients over 16 years requiring mydriasis prior to examination or treatment as listed above
Criteria for exclusion	• Consent not gained • Known hypersensitivity to the phenylepherine or to any component of the product - see Summary of Product Characteristics • Closed angle glaucoma (unless previously treated with iridectomy) • A narrow angle prone to glaucoma precipitated by mydriatics. • Cardiac disease • Uncontrolled hypertension (BP >160/100) • Aneurysms • Thyrotoxicosis • Long-standing insulin dependent diabetic mellitus • Tachycardia • Patients on: • Monamine oxidase inhibitors • Tricyclic anti-depressants • Anti-hypertensive agents (including beta-blockers) • Children under 16 years • Pregnant women.
Cautions including any relevant action to be taken	*Note: if the decision for action is to consult with a doctor/dentist, you must exclude this group of patients.* • Breast feeding patients • Corneal epithelial damage • Ocular hyperaemia • Patients with diabetes, cerebral arteriosclerosis or long standing bronchial asthma. • Susceptibility to angle-closure glaucoma. To reduce the risk of precipitating an attack of narrow angle glaucoma, evaluate the anterior chamber angle before use • orthostatic hypotension; • hyperthyroidism;
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Refer to a prescriber for consideration of alternative agent if appropriate
Action to be taken if the patient or carer declines treatment	• Document refusal and advice given in patient notes • Document action taken • Refer to a prescriber for consideration of alternative agent if appropriate
Arrangements for referral	Inform doctor or suitably qualified specialist in ophthalmology.

for medical advice	Discuss potential consequences/referral/records to be kept. The practitioner is expected to use their own clinical judgement and refer patients to OOHs GP/ A&E / Minor Injuries unit / Walk-in centre as they see fit. Provide appropriate details e.g. Eye casualty opening times. Referral should be documented in the patients notes including details of reason for referral and any signposting information given

5. Description of treatment

Name, strength & formulation of drug	Phenylephrine eye drops, 2.5%
Legal category	Pharmacy medicine (P)
Route / method of administration	One drop to be instilled into the eye (s) prior to examination or treatment.
Indicate any off-label use (if relevant)	N/A
Dose and frequency of administration	• One drop to be instilled into the eye (s) prior to examination or treatment. • A 2nd drop may be instilled after 10 minutes if further mydriasis required.
Duration of treatment	• Max 2 drops. If further mydriasis required this must be assessed and prescribed by a prescriber. The lacrimal sac should be occluded for one minute following application to reduce systemic absorption.
Quantity to be supplied	For clinic use only
Storage	***Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website:*** www.medicines.org.uk Store below 25°C. Store in the original container in order to protect from light.
Drug interactions	*The following interactions have been identified and should be considered where it is known a patient is on the following medicines:* • *MAOI' s (Current or within last 3 weeks)* • *Anti-hypertensive agents* • *Tricyclic antidepressants (current or within last week)* • *Cardiac glycosides eg: Digoxin* • *Quinidine* *A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk*
Identification & management of adverse reactions	The following side effects are common with Phenylephrine: Local effects • Eye pain and stinging on instillation • Temporarily blurred vision and photophobia • Conjuctival sensitisation • Allergic reactions

	• May precipitate closed angle glaucoma; monitor for sudden onset of acute ocular pain Systemic effects • Palpitations • Tachycardia • Extrasystoles • Cardiac arrhythmias • Hypertension A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk
Management of and reporting procedure for adverse reactions	• **Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: https://yellowcard.mhra.gov.uk** • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via organisation incident policy (Datix). • Because a severe toxic reaction to phenylephrine is of rapid onset and short duration treatment is primarily supportive. • Serious or unusual adverse reactions that could conceivably be attributable to the drug should be reported to a Doctor. • **Anaphylaxis/Emergency Treatment at Derby and main Queens site**: • Call the crash team via switchboard • **Anaphylaxis/Emergency treatment at all other sites:** ➢ Call 999 ➢ Summon help ➢ Maintain airway ➢ CPR • Follow trust resuscitation guidelines
Written information to be given to patient or carer	None routinely required for administration in department. May give copy of marketing authorisation holder's patient information leaflet (PIL) which can be obtained from www.medicines.org.uk if required
Patient advice / follow up treatment	Verbal advice on why drug administered, action of the drug and subsequent management of condition. Inform the individual/carer of possible side effects and their management. • Transient stinging may occur on instillation. • Vision may be impaired for 6-9 hours after instillation. Do not drive or operate hazardous machinery until vision is back to normal. Remove contact lenses before using and do not wear during treatment course The individual/carer should be advised to seek medical advice in the event of an adverse reaction.
Records	Document using the system in place for your clinical area which may include: ePMA; patient notes; Treatment card; Eye casualty card; Ophthalmic care pathway.

	Either the system holding the record, or the healthcare practitioner working under the PGD, must capture/document all of the following: • 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 supplied/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 whether supplied and/or administered and that this was done via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records). All records should be clear, legible and contemporaneous. 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.

6. Key references

Key references	• *Electronic Medicines Compendium* http://www.medicines.org.uk/ • *Electronic BNF* https://bnf.nice.org.uk/ • *NICE Medicines practice guideline "Patient Group Directions"* https://www.nice.org.uk/guidance/mpg2

7. Registered health professional authorisation sheet

PGD Name & Version: Ophthalmology - Phenylephrine 2.5% Eye Drops [v2]
PGD ref: UHDB 113

Valid from: 07/11/2024 Expiry date: 06/11/2027

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

a) You agree to and understand all content and commit to only work within this framework.
b) You have completed the PGD e-Learning package via My Learning Passport (or ESR).
c) 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 should be retained 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.