

# PATIENT GROUP DIRECTION (PGD)

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

## **Documentation details**

| Reference no: | UHDB 113   |
|---------------|------------|
| Version no:   | V1         |
| Valid from:   | 20/09/2021 |
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## Change history

| Version<br>number | Change details | Date |
|-------------------|----------------|------|
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# Glossary

| Abbreviation | Definition |
|--------------|------------|
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|              |            |

Review date: 19/09/2024



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, <u>replace</u> previous names with the individuals involved for this version

| Name           | Designation                |  |
|----------------|----------------------------|--|
| VICKI MEREDITH | SENIOR SISTER OUTPATIENTS  |  |
| MR ANIL KUMAR  | CONSULTANT OPHTHALMOLOGIST |  |
| LISA NOCK      | PHARMACIST                 |  |

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

| Name of<br>antimicrobial<br>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   | James Hooley | Signed copy held in<br>Pharmacy | 17/09/2021 |
| Pharmacist: Medicines Safety Officer,<br>Chief Pharmacist or assigned<br>deputies) |              |                                 |            |

| Additional signatories (required as per legislation and locally agreed policy) |                |                                 |            |
|--|----------------|---------------------------------|------------|
| Role   | Name           | Sign                            | Date       |
| Pharmacist   | LISA NOCK      | Signed copy held in<br>Pharmacy | 03/09/2021 |
| Ophthalmologist  | MR ANIL KUMAR  | Signed copy held in<br>Pharmacy | 01/09/2021 |
| Senior Sister Outpatients  | VICKI MEREDITH | Signed copy held in<br>Pharmacy | 01/09/2021 |

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

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> <li>Qualified NMC Registered Nurse</li> <li>HCPC Registered Orthoptist</li> <li>Health Care Professionals (who can legally operate under<br/>PGDs) who have undergone additional training to administer<br/>drug outlined in this PGD and been assessed as competent.</li> </ul>   |
|--|---|
| Initial training                             | <ul> <li>Completion of all Essential-to-role training as outlined in the UHDB PGD policy.</li> <li>Individual has read and understood full content of this PGD and signed authorisation (section 7)</li> <li>The Registered Healthcare Professional will undertake training and will ensure he/she is competent in all aspects of this treatment.</li> </ul>  |
| Competency assessment                        | Staff operating under this PGD are encouraged to review their<br>competency using the <u>NICE Competency Framework for health</u><br><u>professionals using patient group directions</u><br>Individuals operating under this PGD are personally responsible for<br>ensuring they remain up to date with the use of all medicines<br>included in the PGD - if any training needs are identified these<br>should be discussed with either the authorising manager (section 7)<br>or the manager within the PGD working group (section 1) so that<br>further training can be provided as required. |
| Ongoing training and competency              | <ul> <li>Health care professionals must complete annual basic life<br/>support and anaphylaxis training to administer drugs under<br/>this PGD.</li> </ul>  |

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

| for medical advice | Discuss potential consequences/referral/records to be kept.<br>The practitioner is expected to use their own clinical judgement and<br>refer patients to OOHs GP/ A&E / Minor Injuries unit / Walk-in<br>centre as they see fit. |
|--------------------|--|
|                    | Provide appropriate details e.g. Eye casualty opening times.<br>Referral should be documented in the patients notes including details<br>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<br>administration                | <ul> <li>One drop to be instilled into the eye (s) prior to examination<br/>or treatment</li> </ul>  |
| Duration of treatment                                  | <ul> <li>The PGD allows a single drop only. If further mydriasis is<br/>required after an hour a prescription will be necessary.</li> <li>The lacrimal sac should be occluded for one minute following<br/>application to reduce systemic absorption.</li> </ul>   |
| Quantity to be supplied                                | For clinic use only  |
| Storage  | Stock must be securely stored according to UHDB medicines<br>policy and in conditions in line with SPC, which is available<br>from the electronic Medicines Compendium website:<br>www.medicines.org.uk<br>Store below 25°C.<br>Store in the original container in order to protect from light.  |
| Drug interactions                                      | <ul> <li>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:</li> <li>MAOI's (Current or within last 3 weeks)</li> <li>Anti-hypertensive agents</li> <li>Tricyclic antidepressants (current or within last week)</li> <li>Cardiac glycosides eg: Digoxin</li> <li>Quinidine</li> <li>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website:</li> <li>www.medicines.org.uk</li> </ul> |
| Identification &<br>management of adverse<br>reactions | <ul> <li>The following side effects are common with Phenylephrine:</li> <li><u>Local effects</u></li> <li>Eye pain and stinging on instillation</li> <li>Temporarily blurred vision and photophobia</li> <li>Conjuctival sensitisation</li> <li>Allergic reactions</li> <li>May precipitate closed angle glaucoma; monitor for sudden onset of acute ocular pain</li> </ul>  |

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| Management of and<br>reporting procedure for<br>adverse reactions <ul> <li>Healthcare professionals and patients/carers are encouraged<br/>to report suspected adverse reactions to the Medicines and<br/>Healthcare products Regulatory Agency (MHRA) using the<br/>Yellow Card reporting scheme on:<br/>https://vellowcard.mhra.gov.uk<br/> <li>Record all adverse drug reactions (ADRs) in the patient's medical<br/>record.</li> <li>Report via organisation incident policy (Datix).</li> <li>Because a severe toxic reaction to phenylephrine is of rapid<br/>onset and short duration treatment is primarily supportive.</li> <li>Serious or unusual adverse reactions that could conceivably be<br/>attributable to the drug should be reported to a Doctor.</li> <li>Anaphylaxis/Emergency Treatment at Derby and main<br/>Queens site:</li> <li>Call the crash team via switchboard</li> <li>Anaphylaxis/Emergency treatment at all other sites:</li> <li>Call the crash team via switchboard</li> <li>Mone routinely required for administration in department. May give<br/>copy of marketing authorisation holder's patient formation lealing</li> <li>Mone routinely required for administration in department. May give<br/>copy of marketing authorisation holder's patient formation lealing</li> </li></ul> <li>Verbal advice or on why drug administered, action of the drug and<br/>subsequent management of condition.</li> <li>Inform the individual/carer of possible side effects and their<br/>management.</li> <li>Transient stinging may occur on instillation. Do not<br/>drive or operate hazardous machinery until vision is back to<br/>normal.</li> <li>Remove contact lenses before using and do not wear during<br/>treatment course</li> <li>The individual/carer should be advised to seek medical advice in<br/>the event o</li> |                         | 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  |
|---|-------------------------|---|
| Written information to be<br>given to patient or carerNone routinely required for administration in department. May give<br>copy of marketing authorisation holder's patient information leaflet<br>(PL) which can be obtained from www.medicines.org.uk if requiredPatient advice / follow up<br>treatmentVerbal advice on why drug administered, action of the drug and<br>subsequent management of condition.<br>Inform the individual/carer of possible side effects and their<br>management.• Transient stinging may occur on instillation.<br>• Vision may be impaired for 6-9 hours after instillation. Do not<br>drive or operate hazardous machinery until vision is back to<br>normal.RecordsDocument using the system in place for your clinical area which may<br>include: ePMA; patient notes; Treatment card; Eye casualty card;  | reporting procedure for | <ul> <li>to report suspected adverse reactions to the Medicines and<br/>Healthcare products Regulatory Agency (MHRA) using the<br/>Yellow Card reporting scheme on:<br/><u>https://vellowcard.mhra.gov.uk</u></li> <li>Record all adverse drug reactions (ADRs) in the patient's medical<br/>record.</li> <li>Report via organisation incident policy (Datix).</li> <li>Because a severe toxic reaction to phenylephrine is of rapid<br/>onset and short duration treatment is primarily supportive.</li> <li>Serious or unusual adverse reactions that could conceivably be<br/>attributable to the drug should be reported to a Doctor.</li> <li>Anaphylaxis/Emergency Treatment at Derby and main<br/>Queens site:</li> <li>Call the crash team via switchboard</li> <li>Anaphylaxis/Emergency treatment at all other sites:</li> <li>Call 999</li> <li>Summon help</li> <li>Maintain airway</li> <li>CPR</li> </ul> |
| treatmentsubsequent management of condition.<br>Inform the individual/carer of possible side effects and their<br>management.• Transient stinging may occur on instillation.<br>• Vision may be impaired for 6-9 hours after instillation. Do not<br>drive or operate hazardous machinery until vision is back to<br>normal.<br>Remove contact lenses before using and do not wear during<br>treatment course<br>The individual/carer should be advised to seek medical advice in<br>the event of an adverse reaction.RecordsDocument using the system in place for your clinical area which may<br>include: ePMA; patient notes; Treatment card; Eye casualty card;  |                         | None routinely required for administration in department. May give copy of marketing authorisation holder's patient information leaflet   |
| include: ePMA; patient notes; Treatment card; Eye casualty card;  |                         | <ul> <li>Verbal advice on why drug administered, action of the drug and subsequent management of condition.</li> <li>Inform the individual/carer of possible side effects and their management.</li> <li>Transient stinging may occur on instillation.</li> <li>Vision may be impaired for 6-9 hours after instillation. Do not drive or operate hazardous machinery until vision is back to normal.</li> <li>Remove contact lenses before using and do not wear during treatment course</li> <li>The individual/carer should be advised to seek medical advice in</li> </ul>   |
| Either the system holding the record, or the healthcare practitioner  | Records                 | include: ePMA; patient notes; Treatment card; Eye casualty card;<br>Ophthalmic care pathway.  |



| <ul> <li>working under the PGD, must capture/document all of the following:</li> <li>name of individual, address, date of birth and GP with whom the individual is registered (if relevant)</li> <li>name of registered health professional</li> <li>name of medication supplied/administered</li> <li>date of supply/administration</li> <li>dose, form and route of supply/administration</li> <li>quantity supplied/administered</li> <li>batch number and expiry date (if applicable e.g. injections and implants)</li> <li>advice given, including advice given if excluded or declines treatment</li> <li>details of any adverse drug reactions and actions taken</li> <li>Confirm whether <u>supplied and/or administered</u> and that this was done via Patient Group Direction (PGD)</li> <li>Records should be signed and dated (or a password controlled erecords).</li> <li>All records should be clear, legible and contemporaneous.</li> <li>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.</li> </ul> |
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## 6. Key references

| <ul> <li>MCL Medicines practice guideline - Fatient Group Directions<br/>https://www.nice.org.uk/guidance/mpg2</li> </ul> | Key references | <ul> <li>Electronic Medicines Compendium <u>http://www.medicines.org.uk/</u></li> <li>Electronic BNF <u>https://bnf.nice.org.uk/</u></li> <li>NICE Medicines practice guideline "Patient Group Directions"</li> </ul> |
|---|----------------|---|
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Review date: 19/09/2024

#### 7. Registered health professional authorisation sheet

#### PGD Name & Version: Ophthalmology - Phenylephrine 2.5% Eye Drops [v1] PGD ref: UHDB 113

## Valid from: 20/09/2021 Expiry date: 19/09/2024

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.