University Hospitals of Derby and Burton NHS Foundation Trust

PATIENT GROUP DIRECTION (PGD)

Administration of lidocaine hydrochloride 4% and fluorescein sodium 0.25 % eye drops
By registered practitioners working in ophthalmology clinics run by UHDB

Documentation details

Reference no:	UHDB162
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Expiry date:	13/06/2025

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
CLAIRE LOUCH	SISTER
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 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 Authorisation (legal requirement).			
Role	**Name**	**Sign**	**Date**
Medicines safety officer	**James Hooley**	**Signed copy held by Pharmacy**	**14/06/2022**

Additional signatories (required as per legislation and locally agreed policy)			
Role	**Name**	**Sign**	**Date**
Pharmacist	**Lisa Nock**	**Signed copy held by Pharmacy**	**09/05/2022**
Lead for Ophthalmology	**James Tildesley**	**Signed copy held by Pharmacy**	**09/06/2022**
Senior sister	**Vicki Meredith**	**Signed copy held by Pharmacy**	**04/05/2022**

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	-NMC Registered nurse - 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 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.
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 anaesthetise the surface of the eye (cornea) and to stain the cornea to assess for damage e.g abrasions, foreign bodies and ulcers and allowing the registered practitioner to carry out Goldmann tonometry.
Criteria for inclusion	-Adult patients for the above procedures -Paediatric patients of all ages requiring ophthalmic examination. -Consent gained – if under 16 years consider requirements for consent. -Can be used in pregnancy- see notes below.
Criteria for exclusion	-Consent not gained. -Previous or known allergy/hypersensitivity to lidocaine or fluorescein. - not to be used with soft contact lenses
Cautions including any relevant action to be taken	-Ensure emergency drugs and equipment, including adrenaline, are available for the treatment of anaphylaxis and emergencies, according to local policy. -use in caution in pregnancy and breastfeeding-seek advice from consultant. -use in caution in an inflamed eye as hyperamia can increase the rate of systemic absorption through the conjunctiva.
Action to be taken if the patient is excluded	• Record reasons for exclusion in patient notes • Advise patient on alternative treatment
Action to be taken if the patient or carer declines treatment	• Document advice given • Advise patient on alternative treatment
Arrangements for referral for medical advice	Contact ophthalmology consultant if required for advice on patient management. Escalation in very rare case of anaphylaxis as per 'management of adverse reactions' in section 5 below.

5. Description of treatment

Name, strength & formulation of drug	Lidocaine hydrochloride 4% and fluorescein sodium 0.25% minims
Legal category	prescription-only medicine (POM).
Route / method of administration	To be instilled into the eye immediately prior to examination
Indicate any off-label use (if relevant)	n/a
Dose and frequency of administration	1 drop to each eye sufficient enough to stain the cornea. Another drop can be used if not enough staining.
Duration of treatment	Single use for examination at that time.
Quantity to be supplied (leave blank if PGD is	*Administration PGD only.*

administration ONLY)	
Storage	Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below: Store below 25 (degrees). Do not freeze. 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:* **None known** 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: • Localised stinging on insertion • Skin disorder urticaria/rash • Allergic conjunctivitis or peri-orbital oedema • Rarely: anaphylaxis 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. • Serious adverse reactions (moderate harm or above as per NRLS definition) should be reported via trust incident management system (e.g. Datix) to ensure duty of candour and learning from harm during clinical use. ***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	Not routinely given in clinic but can Give marketing authorisation holder's patient information leaflet (PIL) provided with the product ig needed/requested.
Patient advice / follow up treatment	Inform the individual/carer of possible side effects and their management. 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, patients 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/dpcument 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 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 - Lidocaine hydrochloride 4% and fluorescein sodium 0.25 % eye drops [v1]

PGD ref: UHDB162

Valid from: 14/06/2022 Expiry date: 13/06/2025

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 any core PGD e-Learning or training records on My Learning Passport or within your department.
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 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.