

PATIENT GROUP DIRECTION (PGD)

**Supply/Administration of Prednisolone 1% Eye Drops
By Registered Ophthalmic Nurse Practitioners at
UHDB.**

Documentation details

Reference no:	UHDB203
Version no:	1
Valid from:	19/10/2022
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Expiry date:	18/10/2025

Change history

Version number	Change details	Date
1.0	New UHDB format	06/10/2022

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 Eye Clinic
MR ANIL KUMAR	CONSULTANT
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
For use by nursing staff who have completed additional training to include assessment and diagnosis only

Organisational Authorisation (legal requirement).			
Role	Name	Sign	Date
Medicines safety officer	James Hooley	Signed copy held by Pharmacy	19/10/2022

Additional signatories (required as per legislation and locally agreed policy)			
Role	Name	Sign	Date
Pharmacist	LISA NOCK	Signed copy held by Pharmacy	06/10/2022
Doctor	MR JAMES TILDESLEY	Signed copy held by Pharmacy	06/10/2022
Senior Sister Outpatients	VICKI MEREDITH	Signed copy held by Pharmacy	06/10/2022

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	<ul style="list-style-type: none"> - Qualified NMC Registered Nurse - Health Care Professionals who have undergone additional training to administer drug outlined in this PGD and been assessed as competent.
Initial training	<ul style="list-style-type: none"> - Completion of all Essential-to-role training as outlined in the UHDB PGD policy. - Completion of local competency assessment for Ophthalmic Nurse Practitioners - Individual has read and understood full content of this PGD and signed authorisation (section 7) - Completion of on line PGD training - The Registered Healthcare Professional will undertake training and will ensure he/she is competent in all aspects of this treatment.
Competency assessment	<p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</p> <p>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.</p>
Ongoing training and competency	<ul style="list-style-type: none"> - The nurse will have due regard for the NMC Code of professional practice for nurses and midwives 2015, and the RCN/RPS guidelines relating to plus other relevant Department of Health Guidelines - Health care professionals must complete annual basic life support and anaphylaxis training to administer drugs under this PGD.
<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	Acute Anterior Uveitis
Criteria for inclusion	<ul style="list-style-type: none"> Patients aged 16 years and over with the above condition by Ophthalmic Nurse Practitioner
Criteria for exclusion	<ul style="list-style-type: none"> Known Glaucoma Acute untreated purulent ocular infections. Acute superficial herpes simplex (dendritic keratitis); vaccinia, varicella and most other viral diseases of the cornea and conjunctiva. Fungal diseases of the eye. Mycobacterial infection of the eye. Previous local or systemic reactions to the medicine Known or suspected hypersensitivity to any of the ingredients Pregnancy and breast feeding – refer for prescription
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> Ensure emergency drugs and equipment, including adrenaline, are available for the treatment of anaphylaxis and emergencies, according to local policy. Consider further medical advice or referral for the following: <ul style="list-style-type: none"> Patients with hyperaemia as systemic absorption could be increased
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> Record reasons for exclusion in patient notes Inform doctor Advise patient on alternative treatment
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> Document advice given Inform doctor Advise patient on alternative treatment Advise patient not to wear contact lenses during treatment
Arrangements for referral for medical advice	Inform doctor or suitably qualified specialist in ophthalmology. Discuss potential consequences/referral/records to be kept.

5. Description of treatment

Name, strength & formulation of drug	Predforte (prednisolone 1%) eye drops
Legal category	Prescription Only Medicine (POM)
Route / method of administration	Instilled into the affected eye(s)
Indicate any off-label use (if relevant)	None
Dose and frequency of administration	1 drop every 1 hour for 2-3 days then taper over 4 weeks.
Duration of treatment	Tapering dose over 4 weeks
Quantity to be supplied	

<p>(leave blank if PGD is administration ONLY)</p>	<p><i>1 bottle of appropriately overlabelled drops</i></p> <p>Labelling must meet the requirements outlined in Trust PGD Policy and associated training. The Pharmacy department over-label packs to meet legal requirements for supply. If you do not hold these appropriately over-labelled packs in stock, then a supply to patients is not appropriate.</p> <p>A prescription charge should be levied in clinical areas who are required to issue NHS prescription charges. Over the counter supplies of paracetamol are cheaper for the patient; signpost where possible</p>
<p>Storage</p>	<p>Stock must be securely stored according to UHDB medicines policy and in conditions in line with SPC as detailed below:</p> <ul style="list-style-type: none"> • Store below 25°C. Do not freeze. • Protect from light.
<p>Drug interactions</p>	<p><i>The following interactions have been identified and should be considered where it is known a patient is on the following medicines:</i></p> <ul style="list-style-type: none"> • Cobicistat (used to boost antiretroviral medicines) may increase systemic effects of prednisolone <p>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
<p>Identification & management of adverse reactions</p>	<ul style="list-style-type: none"> • Stinging on instillation • Transient blurring of vision, if affected do not drive or operate machinery until vision clears • Steroid induced glaucoma • Prolonged use may cause cataracts and thinning of cornea. • Hypersensitivity <p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p>
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • 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: Follow your local medical emergency procedures (e.g. 2222 / 3333 /

	<p>9999 procedures)</p> <ul style="list-style-type: none"> ➤ Summon help ➤ Maintain airway ➤ CPR ➤ Follow trust resuscitation guidelines
Written information to be given to patient or carer	Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.
Patient advice / follow up treatment	<ul style="list-style-type: none"> • Shake bottle well before use • Transient blurring of vision, if affected do not drive or operate machinery until vision clears. If blurring or visual disturbance does not resolve, seek advice from your doctor. • The individual/carer should be advised to seek medical advice in the event of an adverse reaction. • Do not discontinue without medical advice. • Discard bottle 28 days after opening • Punctal occlusion for 1 min following instillation.
Records	<ul style="list-style-type: none"> • Medical record/notes <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 supplied/administered • advice given, including advice given if excluded or declines treatment • details of any adverse drug reactions and actions taken • Confirm whether <u>supplied and/or administered</u> via Patient Group Direction (PGD) <p>Records should be signed and dated (or a password controlled e-records).</p> <p>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"> • <i>Electronic Medicines Compendium</i> Pred Forte - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) • <i>Electronic BNF</i> https://bnf.nice.org.uk/ • <i>NICE Medicines practice guideline "Patient Group Directions"</i> https://www.nice.org.uk/guidance/mpg2
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7. Registered health professional authorisation sheet

**PGD Name [version]: Ophthalmic Nurse Practitioners –
Prednisolone 1% Eye Drops [v1]**

PGD ref: UHDB203

Valid from: 19/10/2022

Expiry date: 18/10/2025

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

- 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.