



Patient Group Direction PGD204
FOR THE ADMINISTRATION OR SUPPLY OF CHLORAMPHENICOL

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
Version	1.0
Issue Date	28/03/2025
Review Date	28/03/2028
Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD204 Chloramphenicol
Date published / issued:	28/03/2025
Date effective from:	01/05/2025
Version / issue number:	1.0
Document type:	Patient Group Direction
Document status:	Final
Author:	
Owner:	
Approver:	Medicines Management Group
Contact:	
Filename / location:	TBA

1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	29/09/2024	Initial draft		N/A
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD001a		Yes

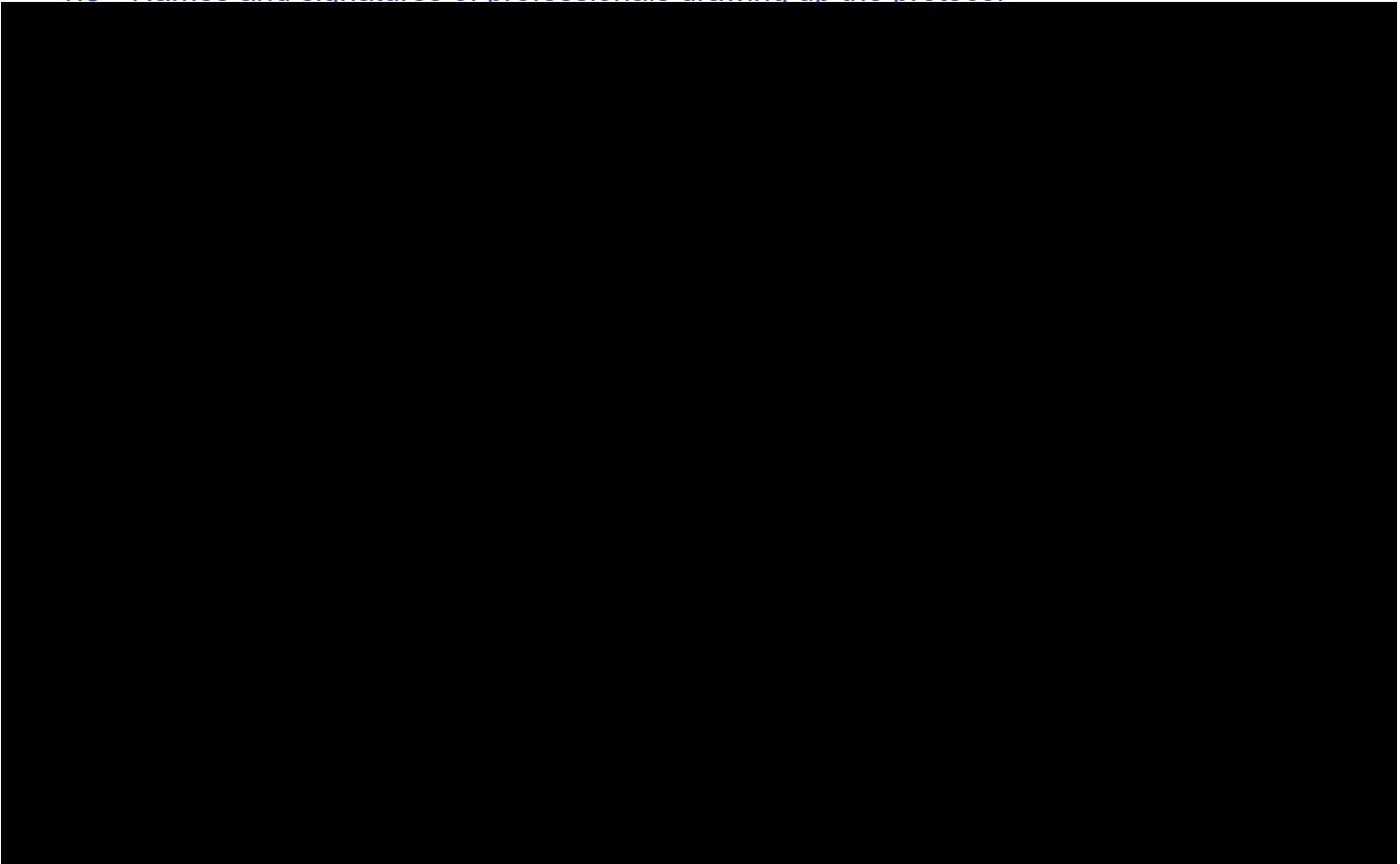
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	30/01/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	HCPC or NMC registered, qualified and year two trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board. Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses. Familiarisation with the use of Chloramphenicol, its indications, contra-indications and other details.
Continuing training requirements	The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” below. The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	<p>Treatment or prophylaxis of susceptible infections:</p> <ul style="list-style-type: none"> • Bacterial conjunctivitis • Superficial eye infection • After foreign body removal • Corneal abrasion
Criteria for inclusion	<ul style="list-style-type: none"> • Adults 16 years and over • Appropriate safety-netting can be made • Unable to make rapid referral to a community optometrist • Conjunctivitis: <ul style="list-style-type: none"> ○ Red eye with mucopurulent discharge ○ Symptoms not improving after three days of self-care • Corneal abrasions and FB removal: if superficial and not requiring referral to ED or community optometrist
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Same-day referral to a community optometrist can be made • Known allergy to Chloramphenicol or excipients of the drug (including paraffin, lanolin, borax and boric acid) • Ineffective treatment with antibiotics for the current infection • Pregnancy and breastfeeding • Acute porphyria • Personal or family history of blood dyscrasias • Glaucoma or dry eye syndrome • Laser eye surgery / treatment within the past 6 months • Previous known myelosuppression from Chloramphenicol • Patients taking any other myelosuppressive medications including penicillins and cephalosporins, cytotoxic drugs and chemotherapy • Patients experiencing the following symptoms: <ul style="list-style-type: none"> ○ Severe pain in the eye ○ Visual disturbance ○ Photophobia ○ Cloudy eye • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission
Action if patient is excluded or declines treatment	<p>Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to a community optometrist. If necessary, consider referral or transfer to a suitable receiving unit.</p>

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Chloramphenicol 1% w/v Eye Ointment 4g tube
Legal status	POM
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	Eye ointment – apply a 1cm line of ointment to the inside of the lower lid of the affected eye(s) and blink a few times
Dose and frequency of administration	All indications listed in this PGD: Apply 3-4 times per day until 48 hours after symptoms clear, to a maximum of 5 days
Maximum dose and number of treatments	Per notes above

6. Cautions and Identification & Management of Adverse Reactions

Cautions	No specific cautions within the scope of this PGD
Drug interactions	<ul style="list-style-type: none">• The effects of oral diabetes drugs, especially sulfonylureas, may be increased• The anticoagulants Warfarin, Phenindione or Acenocoumarol – Chloramphenicol can affect the anticoagulant effects and affect INR although the effects are very limited with topical use
Identification and management of adverse reactions	<p>Anaphylactic reactions to Chloramphenicol ointment are extremely unlikely but should be managed as per standard protocol / JRCALC guidance.</p> <p>Side-effects are so rare that their frequency is unknown, but can include: Angioedema, Bone marrow disorders, Eye stinging, Fever, Paraesthesia, Skin reactions</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <p>Any adverse reactions, and action taken, are to be recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.</p>

7. Patient Advice and Documentation

Patient advice (verbal and written)	<ul style="list-style-type: none"> • Explain treatment plan and gain consent • Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated • Patients using an oral contraceptive should be informed that Chloramphenicol does not affect its effectiveness • Patients must not wear contact lenses for the duration of the treatment, until at least 24 hours after finishing the course • If the patient's eyesight is affected (either by the medicine or the infection) they should be advised to not drive or operate machinery • Must complete the whole course, even if feeling better (note that this is to continue use for 48 hours after symptoms clear) • Any remaining ointment at the end of the course <u>must</u> be discarded and not kept for future use • Must see a community optometrist if symptoms worsen or do not resolve within the expected timeframe • Advise to contact GP / nurse / pharmacist / out-of-hours service if unexpected side effects or adverse reactions occur • Advised to call 999 if any life-threatening side-effects occur • Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not • Patients should be advised to maintain adequate hydration
Arrangements for referral to medical advice	Local arrangements apply
Additional facilities / supplies required	<p>None.</p> <p>There is no suitable alternative antibiotic to Chloramphenicol for indications listed in this PGD without seeking further advice. If the patient is excluded from this PGD refer to a community optometrist first, or their GP if no other option.</p>
Monitoring	<p>Patients with diabetes who take oral sulfonylureas should be advised to closely monitor their blood glucose level.</p> <p>Patients who take a vitamin K agonist anticoagulant should report that they're using Chloramphenicol to their INR clinic.</p>
Follow up	Patients should be advised to follow-up with a community optometrist or their GP if symptoms have not fully resolved by the end of the course

Details of treatment records required

The ePR, or other patient record, must contain the following:

- Name of the HCP using this PGD
- Patient's name, address and date of birth. CHI number is also preferred
- Name of medication and expiry date
- Date and time of administration / supply
- Dose, form and route of administration
- For supplied medicine:
 - Dose and frequency to take
 - Number of items supplied
- That it is administered and/or supplied under this PGD and not prescribed or via an exemption

The ePR, or other patient record, must also contain:

- The patient's medical and medication history
- Medication and safety-netting / worsening advice given to the patient / carer

All records should be clear, legible and contemporaneous.

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

General guidance on antimicrobial stewardship

[Antimicrobial stewardship](#) | [Medicines guidance](#) | [BNF](#) | [NICE](#)

Antimicrobial prescribing guidance

[Antimicrobial Prescribing](#) | [Right Decisions \(scot.nhs.uk\)](#)

Chloramphenicol in BNF

[Chloramphenicol](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Chloramphenicol on EMC

[Chloramphenicol 1.0% Antibiotic Eye Ointment SmPC \(medicines.org.uk\)](#)

[Chloramphenicol 1.0% Antibiotic Eye Ointment Patient Information Leaflet \(medicines.org.uk\)](#)

BNF Treatment Summaries

[Antibacterials, principles of therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Eye](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Eye, infections](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Eye infections, antibacterial therapy](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summaries (CKS)

[Conjunctivitis - infective](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Red eye](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

None relevant

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Date: 28/03/2025	Version: 1.0	Review Date: 28/03/2028