Patient Group Direction For The Administration Of Oxybuprocaine 0.4% w/v Single Use Eye Drops For Ocular Anaesthesia By Nurses Working Within NHS Grampian

Lead Author:  
Specialist Pharmacist,  
Ophthalmology

Consultation Group:  
See relevant page in the PGD

Approver:  
NHSG Medicines Guidelines and Policies Group

Authorisation:  
NHS Grampian

Signature:  

Signature:  

NHSG Identifier:  
NHSG/PGD/Oxybuprocaine /MGPG1006

Review Date:  
December 2020

Date Approved:  
December 2018

Expiry Date:  
December 2021

NHS Grampian have authorised this Patient Group Direction to help patients by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 9
Revision History:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Summary of Changes</th>
<th>Reference and approval date of PGD that has been superseded</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>Statements regarding protecting the eye, and return of corneal sensitivity amalgamated and moved from Precautions and warnings and Route/Method of administration.</td>
<td>Advice (Verbal)</td>
</tr>
<tr>
<td>February 2019</td>
<td>Measurement of Intraocular Pressure (IOP) removed.</td>
<td>Inclusion criteria.</td>
</tr>
</tbody>
</table>

**NHS Grampian Identifier:** NHSG/PGD/Oxybuprocaine/MGPG1006

**Replaces:** NHSG/PGD/Oxybuprocaine/MGPG843

**Keyword(s):** PGD Patient Group Direction ocular anaesthesia eye drops benoxinate oxybuprocaine

**Policy Statement:** It is the responsibility of individual Nurse and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

**Review date:** The review date for a PGD needs to be decided on a case-by-case basis in the interest of individual safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

**Document:**
- Drafted: July 2018
- Completed: November 2018
- Approved: December 2018 (Published February 2019)
- Amended:
Organisational Authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

PGD Developed/Reviewed by;

| Medical Practitioner | Name: Dr John Olson  
Health Board: NHSG  
Title: Consultant Ophthalmic Physician  
Contact email: john.olson@nhs.net  
Signature |
|----------------------|----------------------------------------------------------|
| Senior representative of the professional group who will provide care under the direction. | Name: Lorna Stephen  
Health Board: NHSG  
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Signature |
| Lead Author | Name: Laura Quate  
Health Board: NHS Grampian  
Title: Specialist Pharmacist Ophthalmology  
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Signature |
| Pharmacist | Name: Lorraine Markmann  
Health Board: NHSG  
Title: Clinical Pharmacist  
Contact email: lmarkmann@nhs.net  
Signature |
Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction

Name:  
Laura Quate  
Breda Donnelly  
Manjula Kumarasamy  
Lorraine Markmann  
Lorna Stephen  
John Olson  
Janet Mitchell  
Linda Harper  
Catherine Noble

Title:  
Lead Author: Specialist Pharmacist, Ophthalmology  
Senior Representative of the Professional Group: SCN, Ophthalmology Outpatient Department, ARI  
Medical Practitioner: Consultant Ophthalmic Physician  
Pharmacist: Pharmacist, Dr Grays  
SCN, Ophthalmology Ward (203), ARI  
Ophthalmology Consultant and Clinical Lead  
Practice Education Facilitator, ARI  
Associate Nurse Director, GMED  
Operational Lead Nurse, Aberdeenshire H&SCP
### Clinical indication to which this PGD applies

| Definition of situation/condition | This Patient Group Direction (PGD) will authorise nurses to administer oxybuprocaine eye drops to individuals for ocular anaesthesia prior to ocular procedures which require local anaesthesia.

This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and individual Summary of Product Characteristics (SmPC). |
| Inclusion criteria | Individuals of any age within NHS Grampian requiring:
- The removal of a foreign body from the eye
- Ocular procedures which require local anaesthesia, e.g. prior to minor lid procedure (incision and drainage of chalazion and evertting sutures), as well as prior to intravitreal injections and washout with saline following chemical injury. |
| Exclusion criteria | Individuals may be administered oxybuprocaine under this PGD unless:
- They are a pre-term neonate
- They have known anaphylactic hypersensitivity to oxybuprocaine or any of its excipients
- There is an obvious penetrating eye injury – individual must be referred to an optician or ophthalmologist
- They are pregnant or breastfeeding. |
| Precautions and special warnings | • The use of oxybuprocaine drops may cause transient stinging and blurring of vision upon instillation. Individuals should be advised not to drive or operate hazardous machinery until normal vision is restored.
• Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute following instillation. This is especially advisable in children. |
| Action if excluded from treatment | Medical advice must be sought – refer to General Practitioner (GP) or relevant medical practitioner.

Document the reason for exclusion under the PGD and any action taken in the individual’s appropriate clinical records. |
### Action if treatment is declined
Inform/refer to the relevant medical practitioner if individual/person with parental responsibility declines treatment.

Document refusal, advice given and, if possible, reason for refusal, in appropriate clinical records.

### Consent
Prior to the administration of the medicine, valid consent to receiving treatment under this PGD must be obtained. Consent must be in line with current NHSG consent policy.

### Description of treatment available under the PGD

<table>
<thead>
<tr>
<th>Name form and strength of medicine</th>
<th>Minims Oxybuprocaine Hydrochloride 0.4% w/v. Single-use, sterile eye drops.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status</td>
<td>Minims Oxybuprocaine Hydrochloride 0.4% w/v is a Prescription-only Medicine (PoM).</td>
</tr>
<tr>
<td>Dosage/Maximum total dose</td>
<td>One to three drops, depending on indication.</td>
</tr>
<tr>
<td>Frequency of dose/Duration of treatment</td>
<td>Once only.</td>
</tr>
<tr>
<td>Maximum or minimum treatment period</td>
<td>Once only administration.</td>
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<tr>
<td>Route/Method of administration</td>
<td>Adults (including the Elderly) and Children</td>
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<tr>
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<td>Instil drop wise into the eye according to the recommended dosage.</td>
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<td>One drop is sufficient when dropped into the conjunctival sac to anaesthetise the surface of the eye to allow tonometry after one minute.</td>
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<td>A further drop after 90 seconds provides adequate anaesthesia for the fitting of contact lenses.</td>
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<td>Three drops at 90 second intervals provides sufficient anaesthesia for a foreign body to be removed from the corneal epithelium or for incision of a meibomian cyst through the conjunctiva.</td>
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<tr>
<td><strong>Quantity to be administered</strong></td>
<td>One to three drops, depending on indication.</td>
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<tr>
<td><strong>Storage requirements</strong></td>
<td>Store below 25°C. Do not freeze. Protect from light. Each minims unit should be discarded after use.</td>
</tr>
<tr>
<td><strong>Follow-up (if applicable)</strong></td>
<td>Individuals should not leave if they are feeling unwell without speaking to the healthcare professional who administered the medicine first. If necessary a doctor or the individuals GP should be contacted for advice.</td>
</tr>
<tr>
<td><strong>Advice (Verbal)</strong></td>
<td>Advise individual/person with parental responsibility what to expect and what to do for minor and major reactions. The anaesthetised eye should be protected from dust and bacterial contamination. Corneal sensitivity is normal again after about one hour. If serious adverse or persistent effects occur, the individual/person with parental responsibility should be advised to contact their GP/Accident and Emergency department/NHS24.</td>
</tr>
<tr>
<td><strong>Advice (Written)</strong></td>
<td>The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.</td>
</tr>
<tr>
<td><strong>Identifying and managing possible adverse reactions</strong></td>
<td>May cause transient stinging and blurring on instillation. This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions. <strong>BNF/BNFC:</strong> <a href="https://www.bnf.org">https://www.bnf.org</a> <strong>SmPC/PIL/Risk Minimisation Material:</strong> <a href="https://www.medicines.org.uk/emc/">https://www.medicines.org.uk/emc/</a> <a href="http://www.mhra.gov.uk/spc-pil/index.htm">http://www.mhra.gov.uk/spc-pil/index.htm</a> <a href="https://www.medicines.org.uk/emc/rmm-directory">https://www.medicines.org.uk/emc/rmm-directory</a> If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible.</td>
</tr>
</tbody>
</table>
Facilities and supplies required

The following should be available at sites where the medicine is to be administered:

- Appropriate storage facilities
- An acceptable level of privacy to respect individual’s right to confidentiality and safety
- Resuscitation equipment
- Immediate access to Epinephrine (Adrenaline) 1 in 1000 injection
- Access to a working telephone
- Another competent adult, who can summon urgent emergency support if required should ideally be present
- Access to medical support (this may be via the telephone)
- Approved equipment for the disposal of used materials
- Clean and tidy work areas, including access to hand washing facilities or alcohol hand gel
- Copy of the current PGD for the medicine specified in the PGD.

Characteristics of staff authorised to administer medicine(s) under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>Registered Nurses as recognised by the Nursing and Midwifery Council (NMC).</th>
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<tr>
<td>Specialist competencies</td>
<td>Approved by the organisation as:</td>
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<td>- Competent to assess the individual/person with parental responsibilities capacity to understand the nature and purpose of medicine(s) administration in order to give or refuse consent</td>
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<td>- Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual</td>
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<td>- Having undertaken appropriate training to carry out clinical assessment of individuals leading to a diagnosis that requires treatment according to the indications listed in the PGD</td>
</tr>
<tr>
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<td>- Competent to undertake administration of the medicine(s).</td>
</tr>
<tr>
<td>Ongoing training and competency</td>
<td>All professionals working under this PGD must:</td>
</tr>
<tr>
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<td>- Have undertaken PGD training as required/set out by NHSG</td>
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<tr>
<td></td>
<td>- Have attended basic life support training which is required to be updated annually</td>
</tr>
</tbody>
</table>
• Have undertaken NHS e-anaphylaxis training or equivalent (including annual updates) which covers all aspects of the identification and management of anaphylaxis
• Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct
• Have knowledge and familiarity of the following:
  o SmPC for the medicine(s) to be administered in accordance with this PGD.

**Responsibilities of professional manager(s)**

**Professional manager(s) will be responsible for;**

- Ensuring that the current PGD is available to all staff providing care under this direction.
- Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.
- Maintain up to date record of all staff authorised to administer the medicine(s) specified in this direction.

### Documentation

#### Authorisation of administration

Nurses working within NHS Grampian can be authorised to administer the medicine(s) specified in this PGD by their Nurse Manager/Consultant/Practice GPs.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD (Appendix 1).

A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional’s records, or as agreed within the individual Health Board and/or agreed locally.

#### Record of administration

An electronic or paper record for recording the screening of individuals and the subsequent administration of the medicine(s) specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum:

- Date and time of administration
- Individuals name and CHI
- Exclusion criteria, record why the medicine was not administered
- Record that valid consent to treatment under this PGD was obtained
- The name, dose, form, route of the medicine(s) administered
- Advice given, including advice given if excluded or declined treatment under this PGD
- Signature and name in capital letters of the healthcare professional who administered the medicine(s)
- Record of any adverse effects (advise individuals GP/relevant medical practitioner).

Depending on the clinical setting where administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate:
- Consent forms
- Child Health Information Services if appropriate
- Hand-held records such as red book if appropriate
- Individual's GP records if appropriate
- Secondary Care Medical Notes
- Occupational health systems
- Individual service specific systems.

Audit

All records of the medicine specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each practice/service where the PGD will be used will be responsible for annual audit to ensure a system of recording medicines administered under a PGD.

References

Electronic Medicines Compendium [http://www.medicines.org.uk](http://www.medicines.org.uk) Minims Oxybuprocaine Hydrochloride 0.4% w/v – Date of revision of text 16/07/12, accessed 19/07/18.

Appendix 1

Healthcare Professional Agreement to Administer Medicine(s) Under Patient Group Direction

I: ________________________________ (Insert name)

Working within: ________________________________ e.g. Area, Practice

Agree to administer the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Administration Of Oxybuprocaine 0.4% w/v Single Use Eye Drops For Ocular Anaesthesia By Nurses Working Within NHS Grampian

I have completed the appropriate training to my professional standards enabling me to administer the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: ________________________________

Print Name: ________________________________

Date: ________________________________

Profession: ________________________________

Professional Registration number/PIN: ________________________________
# Appendix 2

## Healthcare Professionals Authorisation to Administer Medicine(s) Under Patient Group Direction

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Lead manager/Professional</td>
<td>The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.</td>
</tr>
<tr>
<td>The Senior Nurse/Professional</td>
<td>The Senior Nurse/Professional who approves a healthcare professional to administer the medicine(s) under this PGD is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.</td>
</tr>
<tr>
<td>The Healthcare Professional</td>
<td>The Healthcare Professional that is approved to administer the medicine(s) under this PGD is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct.</td>
</tr>
</tbody>
</table>

### Patient Group Direction For The Administration Of Oxybuprocaine 0.4% w/v Single Use Eye Drops For Ocular Anaesthesia By Nurses Working Within NHS Grampian

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

<table>
<thead>
<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
<th>Signature</th>
<th>Date</th>
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