NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For The Supply/Administration Of Medicines Included In The Ophthalmic PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside And Western Isles

Lead Author: Specialist Nurse Ophthalmology, NHSS	**Consultation Group:** See relevant page in the PGD	**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature: 		**Signature:** 
NoS Identifier: NoS/PGD/OphthalmicForm/ 1673	**Review Date:** June 2027 **Expiry Date:** June 2028	**Date Approved:** June 2025

NHS Grampian, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals 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 2

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	NoS/PGD/OphthalmicForm/MGPG1301, Version 1	
Date of change	**Summary of Changes**	**Section heading**
March 2025	Added Apraclonidine Hydrochloride (Iopidine®) 1% W/V Eye Drops	Monograph
May 2025	Added Tropicamide 0.28mg/Phenylephrine 5.4mg and Ophthalmic Insert (Mydriasert®) 0.28mg/5.4mg.	Monograph
July 2025	Note added about products used within individual boards	Definition of situation/Condition

NoS Identifier: NoS/PGD/OphthalmicForm/1673
Keyword(s): PGD, Patient Group Direction, nurse, optometrist, orthoptist, apraclonidine, carbomer, chloramphenicol, cyclopentolate, fluorescein, mydriasert, oxybuprocaine, phenylephrine, povidone iodine, proxymetacaine, tetracaine, tropicamide

Policy Statement: It is the responsibility of the individual healthcare professionals 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 safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Document:	Drafted:	March 2025
	Completed:	May 2025
	Approved:	July 2025 (published – July 2025)
	Amended and re-authorised:	Add date

Organisational Authorisations

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

PGD Developed/Reviewed by;

Medical practitioner	**Name:** Mr Christopher Scott **Health Board:** NHSG **Title:** Consultant Ophthalmologist **Contact email:** christopher.scott2@nhs.scot **Signature:** ..... **Date:** 23/07/2025
Senior representative of the professional group who will provide care under the direction	**Name:** Breeda Donnelly **Health Board:** NHSG **Title:** Eye Out-Patients Senior Charge Nurse **Contact email:** breeda.donnelly@nhs.scot **Signature:** ..... **Date:** 24/07/2025
Lead author	**Name:** Benjaporn Walls **Health Board:** NHSS **Title :** Specialist Nurse Ophthalmologist **Contact email:** benjaporn.walls@nhs.scot **Signature:** ..... **Date:** 24/07/2025
Pharmacist	**Name:** Jane Wylie **Health Board:** NHSS **Title :** Lead Clinical Pharmacist, Acute and Specialist Services **Contact email:** jane.wylie1@nhs.scot **Signature:** ..... **Date:** 23/07/2025

Approved for use within NoS Boards by;

North of Scotland (NoS) PGD Group Chair	Signature	Date Signed
Lesley Coyle		24/07/2025

Authorised and executively signed for use within NoS Boards by;

NHS Grampian Chief Executive	Signature	Date Signed
Adam Coldwells – Interim Chief Executive		24/07/2025

Management and Monitoring of Patient Group Direction

PGD Consultative Group

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

Name:	Title:
Benjaporn Walls	**Lead Author:** Specialist Nurse, Ophthalmology NHSS
Jane Wylie	**Pharmacist:** Lead Clinical Pharmacist, Acute and Specialist Services NHSS
Mr Christopher Scott	**Medical Practitioner:** Consultant Ophthalmologist NHSG/NHSS
Breeda Donnelly	**Senior Representative:** Eye Out-patients Senior Charge Nurse, NHSG
Lisa Hutchison	Senior Charge Nurse, Ophthalmology NHST
David Knight	Consultant Ophthalmologist, NHSWI
Russell Mackay	Clinical Pharmacist, NHSO

Patient Group Direction For The Supply/Administration Of Medicines Included In The Ophthalmic PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside And Western Isles

Clinical indication to which this PGD applies

Definition of situation/ Condition	This Patient Group Direction (PGD) will authorise approved healthcare professionals as detailed in the characteristics of staff authorised to work under this PGD, to supply and/or administer medicines included in the Ophthalmic PGD Formulary to individuals attending outpatient clinics and in-patients on ophthalmic wards. This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), and the individual Summary of Product Characteristics (SmPC). **Note:** Not all medicines contained in the Ophthalmic PGD Formulary (Appendix 3) will be used by all Boards. Therefore, professionals working under this PGD should familiarise themselves with the medicines that are used in their own individual board and consult the appropriate medicine monograph before undertaking administration/supply.

Inclusion criteria	This PGD should be used to administer and/or supply medicines as included in the Ophthalmic PGD Formulary to:
	
	• Individuals aged 2 years of age and over (with the exception of cyclopentolate and tropicamide, see monographs for specific age of inclusion), who are:
	  o Attending ophthalmic outpatient clinics.
	  o In-patients on ophthalmic wards.
	• Individuals as per the specific inclusion criteria of each medicine.
	
	Prior to the supply/administration of the medicine, valid consent to receiving treatment (patient or individual with parental consent) under this PGD must be obtained. Consent must be in line with current individual NHS Boards consent policy.

Exclusion criteria	Individuals may be administered/supplied a medicine specified in the Ophthalmic PGD Formulary under this PGD unless: • They are less than 2 years of age (with the exception of cyclopentolate and tropicamide, see monographs for specific age of exclusion).

	• They have a known or suspected allergy, adverse reaction or hypersensitivity to the medicine or any of its excipients. • They meet any of the exclusion criteria listed in the individual medicine monographs. • There is no valid consent received.
Precautions and special warnings	The medicines included in this PGD should be used **only** for the specific indication(s) and age group listed in the individual medicine monographs. Individuals of a different age group or who are suffering from a condition other than that specified in the monograph, should be referred to a prescriber or appropriate medical professional. If there is any doubt about the correct diagnosis or any concern about the appropriate use of the medicine, then medical advice should be sought. See individual medicine monographs for specific precautions and special warnings for each medicine. Patients should be given advice on appropriate storage and disposal of medicines as per individual monograph. Any expired drops, or medicines remaining at the end of the treatment course should be safely disposed of via their community pharmacy or returned to clinic. Healthcare professionals should not supply or administer if it is outwith their individual competency or if they feel it is inappropriate for the patient.
Action if excluded from treatment	Medical advice must be sought – refer to 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/parent/carer declines treatment. Document that the administration or supply was declined, the reason and advice given in appropriate clinical records.

Description of treatment available under the PGD

Name form and strength of medicine	See individual medicine monographs

Legal status	The medicines include in this PGD are all either Prescription-only Medicine (POM), Pharmacy-only Medicine (P) or General Sales List Medicine (GSL). In accordance with the MHRA all medicines **supplied** under a PGD **must** either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Is the use out with the SmPC?	See individual medicine monographs.
Dosage/Maximum total dose	See individual medicine monographs.
Frequency of dose/Duration of treatment	See individual medicine monographs.
Maximum or minimum treatment period	See individual medicine monographs.
Route/Method of administration	See individual medicine monographs. If more than one ophthalmic medicinal product is being used, the medicines must be administered at least 5 minutes apart. Eye ointments should be administered last.
Quantity to be administered /supplied	See individual medicine monographs.
Storage requirements	See individual medicine monographs.
Additional Information	See individual medicine monographs.
Follow-up (if applicable)	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.
Advice (Verbal)	• Advise individual/parent/carer what to expect and of the possible side effects and their management. • If serious adverse or persistent effects occur, the individual/parent/carer should be advised to contact their GP/Accident and Emergency department/NHS24.

	• Individuals/carers should be advised to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme.
Advice (Written)	The Patient Information Leaflet (PIL) contained in the medicine(s) should be made available to the individual/parent/carer. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.
Identifying and managing possible adverse reactions	See individual medicine monographs. **This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SmPC for details of all potential adverse reactions.** **BNF/BNFC**: BNF British National Formulary - NICE BNF for Children British National Formulary - NICE **SmPC/PIL/Risk Minimisation Material:** Home - electronic medicines compendium (emc) MHRA Products | Home RMM Directory - (emc) If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible. Document in accordance with locally agreed procedures in the individual's record. Report any suspected adverse reactions using the Yellow Card System. Yellow Card Scheme - MHRA.
Facilities and supplies required	The following are to be available at sites where the medicine is to be supplied/administered: • Appropriate storage facilities including pharmaceutical refrigerator where appropriate. • Tonometer (Apraclonidine) to measure intraocular pressure (IOP). • Access to electronic BNF/BNFc/SmPC/Medicines Complete. • An acceptable level of privacy to respect individual's right to confidentiality and safety. • Basic airway resuscitation equipment (e.g. bag valve mask).

	• 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. • A copy of this current PGD in print or electronically.

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

Professional qualifications	Registered nurses as recognised by the Nursing and Midwifery Council (NMC), orthoptist with a degree or diploma in orthoptics and registered with the Health and Care Professions Council (HCPC).
Specialist competencies	**Approved by the organisation as:** • Competent to assess the individual's/parents/carers capacity to understand the nature and purpose of the medicine supply/administration in order to give or refuse consent. • Aware of current treatment recommendations and be competent to discuss issues about the medicine with the individual/parent/carer. • Having undertaken appropriate training to carry out clinical assessment of individuals identifying that treatment is required according to the indications listed in the PGD. • Competent to undertake supply/administration of the Medicine. • Competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions. • Competent to work under this PGD and authorised by name as an approved person to work under the terms of the PGD.
Ongoing training and competency	**All professionals working under this PGD must:** • Have undertaken NoS PGD module training on TURAS Learn. • Have attended basic life support training either face to face or online and updated in-line with individual Board requirements. • Have undertaken NHS e-anaphylaxis training or equivalent which covers all aspects of the identification and

	management of anaphylaxis in-line with Board requirements. • Maintain their skills, knowledge and their own professional level of competence in this area according to their individual Code of Professional Conduct. **Note:** All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of the medicine. If any training needs are identified these should be discussed with those responsible for authorisation to act under the PGD. • Have knowledge and familiarity of the following; o SmPC for the medicine(s) to be supplied/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 supply/administer the medicine(s) specified in this direction.

Documentation

Authorisation of supply/ administration	Nurses working within NHS Grampian, Orkney, Shetland, Tayside and Western Isles can be authorised to supply/administer the medicine(s) specified in this PGD by their Professional Line Manager/Consultant/Practice GPs. Orthoptists working within NHS Grampian, Orkney, Shetland, Tayside and Western Isles can be authorised to administer/supply the medicine(s) specified in this PGD by their Professional Manager or Consultant. All authorised staff are required to read the PGD and sign the Agreement to Supply and/or 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.
Record of supply/ administration	An electronic or paper record must be completed to allow audit of practice.

	An electronic/HEPMA record of the screening and subsequent supply/administration, or not of the medicine(s) specified in this PGD should be made in accordance with individual Health Board electronic/HEPMA recording processes. If a paper record is used for recording the screening of individuals and the subsequent supply/administration, or not of the medicine(s) specified in this PGD, it should include as a minimum: • Date and time of supply/administration • Individuals name and CHI • Exclusion criteria, record why the medicine was not supplied/administered (if applicable) • Record that valid consent to treatment under this PGD was obtained • The name, dose, form, route (batch number, expiry date and anatomical site where appropriate for injectable medicines) of the medicine(s) administered/supplied • Advice given, including advice given if excluded or declined treatment under this PGD • Signature and name in capital letters of the healthcare professional who supplied/administered the medicine, and who undertook the assessment of the individual's clinical suitability for the administration/supply of the medicine • Record of any adverse effects and the actions taken (advise individuals' GP/relevant medical practitioner). Depending on the clinical setting where supply/administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • Secondary Care Medical Notes • HEPMA • Individual service specific systems • Child Health Information Services if appropriate. Local policy should be followed with respect to sharing information with the individual's General Practitioner. All records should be clear, legible and contemporaneous and in an easily retrievable format.

<table>
<tr><td>Audit</td><td>All records of the medicine(s) 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 supplied/administered under a PGD.</td></tr>
<tr><td>References</td><td>Electronic Medicines Compendium
http://www.medicines.org.uk

British National Formulary and British National Formulary for Children https://www.bnf.org/products/bnf-online/

<table>
<tr><th>Medicine</th><th>Date of Revision</th><th>Date Accessed</th></tr>
<tr><td>Apraclonidine (Iopidine) 1% w/v eye drops</td><td>23/12/2022</td><td>07/03/2025</td></tr>
<tr><td>Carbomer 0.2% w/w eye gel</td><td>09/10/2017</td><td>07/03/2025</td></tr>
<tr><td>Chloramphenicol 0.5% w/v eye drops</td><td>10/08/2021</td><td>07/03/2025</td></tr>
<tr><td>Chloramphenicol 1% w/w antibiotic eye ointment</td><td>19/07/2023</td><td>07/03/2025</td></tr>
<tr><td>Cyclopentolate Hydrochloride 1% w/v eye drops</td><td>14/05/2024</td><td>07/03/2025</td></tr>
<tr><td>Fluorescein Sodium 1% w/v eye drops</td><td>28/07/2016</td><td>07/03/2025</td></tr>
<tr><td>Fluorescein Sodium 2% eye drops</td><td>28/07/2016</td><td>07/03/2025</td></tr>
<tr><td>Mydriasert® 0.28mg/5.4mg ophthalmic insert</td><td>07/01/2025</td><td>06/05/2025</td></tr>
<tr><td>Oxybuprocaine Hydrochloride 0.4% w/v eye drops</td><td>06/04/2020</td><td>07/03/2025</td></tr>
<tr><td>Phenylephrine Hydrochloride 2.5% w/v eye drops</td><td>27/02/2025</td><td>07/03/2025</td></tr>
<tr><td>Povidone Iodine 5% w/v eye drops</td><td>12/11/2019</td><td>07/03/2025</td></tr>
<tr><td>Proxymetacaine Hydrochloride 0.5% w/v eye drops</td><td>09/03/2016</td><td>07/03/2025</td></tr>
<tr><td>Tetracaine Hydrochloride 1% w/v eye drops</td><td>29/07/2015</td><td>07/03/2025</td></tr>
<tr><td>Tropicamide 1% w/v eye drops</td><td>22/09/2016</td><td>07/03/2025</td></tr>
</table>
</td></tr>
</table>

NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1

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

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

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

Patient Group Direction For The Supply/Administration Of Medicines Included In The Ophthalmic PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside And Western Isles, Version 2

I have completed the appropriate training to my professional standards enabling me to supply/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: _____

NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2

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

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.
The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply/administer the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Supply/Administration Of Medicines Included In The Ophthalmic PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside And Western Isles, Version 2
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply/Administration Of Medicines Included In The Ophthalmic PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Orkney, Shetland, Tayside And Western Isles, Version 2					
Name of Healthcare Professional	**Signature**	**Date**	**Name of Manager**	**Signature**	**Date**

Appendix 3

Ophthalmic PGD Formulary

Note: Not all medicines contained in the Ophthalmic PGD Formulary will be used by all Boards. Therefore, professionals working under this PGD should familiarise themselves with the medicines that are used in their own individual board and consult the appropriate medicine monograph before undertaking administration/supply

Apraclonidine Hydrochloride (Iopidine®) 1% W/V Eye Drops (Administer)	
Legal status	POM
Indication	• Pre-intravitreal injection: In patients with history of raised intra-ocular pressure associated with intravitreal injection or previous sight loss immediately following intravitreal injection. Apraclonidine hydrochloride (Iopidine®) 1% W/V Eye Drops will be documented in patient's management plan e.g. MediSIGHT. • Post intravitreal injection: In patients with loss of vision associated with raised pressure.
Inclusion Criteria	• As per main PGD inclusion criteria. • Prior to intravitreal injection if previous history of raised pressure after injection document on e.g. MediSIGHT. • Any patient with loss of vision (unable to see hand movements) in the treated eye immediately following intravitreal injection and/or intra-ocular >29mmHg.
Exclusion Criteria	• As per main PGD exclusion criteria. • Severe or unstable/uncontrolled cardiovascular disease. • Patients receiving monoamine oxidase inhibitor therapy (MAOIs), systemic sympathomimetic agents or Tricyclic antidepressants (TCAs), see www.medicinescomplete.com and 'Stockley's Interaction Checker' to check for interactions if necessary. Examples of MAOIs: phenelzine, isocarboxazid, moclobemide. Examples of TCAs: nortriptyline, amitriptyline, trazodone, dosulepin. • Iodipine 1% is not recommended for use in children.
Precautions and Special Warnings	Should the patient be excluded from the treatment or not consent, the duty Consultant Ophthalmologist must immediately be contacted. Patients who develop an exaggerated reduction in intraocular pressure should be closely monitored.
Dose/Maximum total dose	• **Pre intravitreal injection**: One drop is applied into the conjunctival fold of the eye to be treated, 30 minutes prior to intravitreal injection if intraocular pressure >25mmHg or apraclonidine hydrochloride (Iopidine®) 1% W/V Eye Drops is stated on management plan. • **Post intravitreal injection**: One drop is applied into the conjunctival fold of the treated eye post intravitreal injection immediately following intravitreal injection if there is a loss of vision (unable to see hand movements) and/or intraocular pressure >29mmHg.

Apraclonidine Hydrochloride (Iopidine®) 1% W/V Eye Drops (Administer)	
Frequency of dose/Duration of treatment	• **Pre intravitreal injection**: One drop is applied into the conjunctival fold of the eye to be treated if intraocular pressure >25mmHg or apraclonidine hydrochloride (Iopidine®) 1% W/V Eye Drops is stated on management plan. • **Post intravitreal injection**: One drop into the conjunctiva of the treated eye post intravitreal injection immediately following intravitreal injection if there is a loss of vision (unable to see hand movements) and/or intraocular pressure >29mmHg.
Maximum or minimum treatment period	Maximum 2 drops per eye at each visit for intravitreal injection. See Frequency of Dose/Duration of treatment section above.
Route/Method of administration	Ocular administration with drops to be instilled in the affected eye(s).
Quantity to be administered /supplied	Administer: See Dose/Maximum total dose section above.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC Common adverse reactions include redness, inability to close eye, unusual or uncomfortable feeling in the eye, dry eye and pupillary dilation. It may also result in a dry feeling in the nose and mouth and unusual taste in the mouth. Nasolacrimal occlusion or gently closing the eyelid after instillation is recommended. This may reduce the systemic absorption of medications administered via the ocular route and result in a decrease in systemic side effects.
Advice	May cause drowsiness. If affected, do not drive or use tools or heavy machinery.
Follow-up (if applicable)	Patients requiring apraclonidine hydrochloride (Iopidine®) 1% W/V Eye Drops post intravitreal injection should be discussed with Consultant Ophthalmologist after administration for further advice. Vision and intraocular pressure should be re-checked 15 minutes after apraclonidine hydrochloride (Iopidine®) 1% W/V Eye Drops has been administered.

Apraclonidine Hydrochloride (Iopidine®) 1% W/V Eye Drops (Administer)	
	Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing. Individual should not leave the clinical area if they feel unwell without the individual/parent/carer speaking to the healthcare professionals who administered the medicine first. If necessary a doctor or the individuals GP should be contacted for advice.
Storage	The product should be stored below 25°C. Do not freeze. Protect from direct light.

Carbomer 0.2% w/w Eye Gel (Administer/Supply)	
Legal status	P
Indication	Treatment of clinical symptoms of mild dry eye(s), which include dryness, scratchy, gritty, foreign body sensation, burning and redness. Individuals who have received an intravitreal injection.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	Transient blurring of vision may occur if too much gel is instilled at one time, or gel is used too frequently. This effect can last for up to an hour. If affected, the individual should be advised not to drive or operate hazardous machinery until normal vision is restored. Recovery can be aided by blinking vigorously for a few seconds. If this fails, the lower eyelid should be manipulated until the gel returns to the lower fornix and normal vision is restored. If individuals experience eye pain, vision changes, irritation of the eye(s) or persistent redness on usage, they should discontinue the use and consult their doctor. The preparation may contain benzalkonium chloride which may cause eye irritation. Individuals must be instructed to remove contact lenses prior to application of this preparation. After instillation, there should be an interval of at least 15 minutes before re-insertion of the contact lenses.
Dose/Maximum total dose	• **Dry eye**: One drop should be applied into the conjunctival fold of each affected eye, three to four times daily or as needed, depending on severity of dry eye symptoms. • **Post intravitreal injection**: One drop should be applied into the conjunctival fold of the injected eye, three times daily for three days post injection, to reduce the feeling of discomfort.

Carbomer 0.2% w/w Eye Gel (Administer/Supply)	
Frequency of dose/Duration of treatment	• **Dry eye**: One drop should be applied into the conjunctival fold of each affected eye, three to four times daily or as needed, depending on severity of dry eye symptoms, for as long as necessary. • **Post intravitreal injection**: One drop should be applied into the conjunctival fold of the injected eye, three times daily for three days post injection.
Maximum or minimum treatment period	See Frequency of Dose/Duration of treatment section above.
Route/Method of administration	Ocular administration with drops to be instilled in the affected eye(s).
Quantity to be administered /supplied	**Administration**: See Dose/Maximum total dose section above. **Supply**: One 10g tube.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: • In clinical trials, the most frequently reported adverse reactions were blurred vision occurring in 11% of individuals and eyelid margin crusting occurring in 7.79% of individuals. • Other more uncommon adverse effects reported include: ocular discomfort or irritation, periorbital oedema, conjunctival oedema, eye pain, eye pruritus, ocular hyperaemia, increased lacrimation and contact dermatitis. Hypersensitivity is a potential adverse effect. Corneal irritation due to preservative could also possibly occur with prolonged use. There are no known interactions with other medicinal products.
Advice	• If the individual also uses other eye drops, they should allow an interval of 5 minutes between application of their drops and the carbomer 0.2% eye gel. Due to the viscosity

Carbomer 0.2% w/w Eye Gel (Administer/Supply)	
	of the carbomer product, it should be the last of the drops instilled. • As with other ophthalmic preparations, transient blurring of vision may occur on instillation. If affected, the individual should be advised not to drive or operate hazardous machinery until normal vision is restored. • Any remaining gel should be discarded 28 days after first opening the tube.
Follow-up (if applicable)	Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing. The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice. The individual should see their optician or pharmacy if they need to continue to receive treatment for dry eye.
Storage	The product should be transported in the original packaging. It should be stored below 25°C.

Chloramphenicol 0.5% w/v Eye Drops (Administer/Supply)	
Legal status	P
Indication	• Bacterial conjunctivitis. • Minor eye surgery for prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Family or personal history of blood dyscrasias including aplastic anaemia. • Myelosuppression during previous exposure to chloramphenicol. • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	Chloramphenicol is absorbed systemically from the eye and systemic toxicity has been reported. In severe bacterial conjunctivitis and in cases where infection is not confined to the conjunctivae, the topical use of chloramphenicol should be supplemented by appropriate systemic treatment. Therefore, the individual should be referred to seek medical advice. The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, the individual should be referred to an appropriate medical practitioner.
Dose/Maximum total dose	• **Bacterial conjunctivitis**: Apply one drop into the affected eye(s) every two hours for the first 48 hours and four hourly thereafter, continue for 48 hours after healing. Use should not exceed a maximum of five days. • **Minor eye surgery**: The drops should be applied to the affected eye(s) four time daily, for three days post procedure. If both eyes are affected, a bottle should be supplied for each eye separately, to prevent any risk of cross contamination should infection be present.

Chloramphenicol 0.5% w/v Eye Drops (Administer/Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with drops to be instilled in the affected eye(s).
Quantity to be administered /supplied	**Administration**: See Dose/Maximum total dose section above. **Supply**: One 10mL bottle per affected eye.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: **Occasional**: Transient stinging on instillation. The individual should be advised that this should resolve, however if it does not, then to stop using and seek further medical advice. **Rare**: Allergic reaction (persistent burning and swelling of eye lid). Advise to discontinue use immediately and seek further medical advice.
Advice	• Contact lenses should be removed during the period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment. • For bacterial conjunctivitis, continue for at least 48 hours after the eye appears normal, up to a maximum of five days treatment course. • Following minor eye surgery, if eye is not healed after five days of treatment advise individual to seek advice from their GP. • The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during the treatment, the individual should seek advice from their GP.

Chloramphenicol 0.5% w/v Eye Drops (Administer/Supply)	
Follow-up (if applicable)	Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing. The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store in fridge between 2 and 8°C and do not freeze. Store in the original carton to protect from light. Any remaining drops should be discarded 28 days after first opening the bottle or discarded after the treatment course is complete.

Chloramphenicol 1% w/v Eye Ointment (Administer/Supply)	
Legal status	P
Indication	• Bacterial conjunctivitis. • Minor lid surgery. • Prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Family or personal history of blood dyscrasias including aplastic anaemia. • Myelosuppression during previous exposure to chloramphenicol. • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	Chloramphenicol is absorbed systemically from the eye and systemic toxicity has been reported. In severe bacterial conjunctivitis and in cases where infection is not confined to the conjunctivae, the topical use of chloramphenicol should be supplemented by appropriate systemic treatment. Therefore, the individual should be referred to seek medical advice. The use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, the individual should be referred to an appropriate medical practitioner.
Dose/Maximum total dose	• **Bacterial conjunctivitis and prophylaxis of infection following removal of sub-conjunctival foreign body or corneal abrasions**: One application of around 1cm of ointment to the affected eye(s), three to four times a day and continue for 48 hours after healing. Use should not exceed a maximum of five days. • **Minor lid surgery**: The ointment should be applied to the affected eyelid(s) four time daily, for three days post procedure. If both eyes are affected, a tube should be supplied for each eye separately, to prevent any risk of cross contamination should infection be present.

Chloramphenicol 1% w/v Eye Ointment (Administer/Supply)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration to be instilled in the affected eye(s).
Quantity to be administered /supplied	**Administration**: See Dose/Maximum total dose section above. **Supply**: One 4g tube per affected eye.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Transient burning or stinging sensations may occur with the use of chloramphenicol eye ointment. More serious side effects include bone marrow depression and rarely aplastic anaemia, angioneurotic oedema, anaphylaxis, urticarial, fever, vesicular and maculopapular dermatitis have been reported and are the causes for discontinuation. Advise to discontinue use immediately and seek further medical advice.
Advice	• Contact lenses should be removed during the period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment. • For bacterial conjunctivitis, continue for at least 48 hours after the eye appears normal, up to a maximum of five days treatment course. • Following minor lid surgery, if eye is not healed after five days of treatment- advise individual to seek advice from their GP. • Keep cap tightly closed between applications. • Shelf life once opened is 28 days, individuals should be advised to discard the medicines after the course of treatment.

Chloramphenicol 1% w/v Eye Ointment (Administer/Supply)	
Follow-up (if applicable)	Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing. The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Do not store above 25°C and protect from light. Any remaining ointment should be discarded 28 days after first opening the tube or discarded after the treatment course is complete.

Cyclopentolate Hydrochloride 1% w/v Eye Drops (Administer)	
Legal status	POM
Indication	As a topical mydriatic and cycloplegic in a routine refraction, fundus examination in children or prior to eye surgery.
Inclusion Criteria	As per main PGD inclusion criteria and additionally: • Any child aged between 6 months to 12 years of age.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Are less than 6 months old. • Are over 12 years old. • Are confirmed or suspected of narrow angle glaucoma as an acute attack may be precipitated • Use in children with organic brain syndromes, including congenital or neuro-developmental abnormalities, particularly those predisposing to epileptic seizures.
Precautions and Special Warnings	Tachycardia and cardiac symptoms are sometimes observed and therefore cyclopentolate should be used with caution in patients with cardiovascular disease. Individuals will stay in the care of the hospital for at least 45 minutes after instillation of the eye drops to allow monitoring and management of any adverse effects if they occur.
Dose/Maximum total dose	Maximum of one drop into each eye as a single dose. Not to be repeated.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with drops to be instilled into the eye(s), 30 to 60 minutes before eye examination. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.

Cyclopentolate Hydrochloride 1% w/v Eye Drops (Administer)	
Quantity to be administered /supplied	**Administration**: One drop into each eye as a single dose.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Transient stinging sensations and blurring of vision may occur following administration of cyclopentolate. If any of the following side effects do occur, they should be documented in the individual's case notes to avoid unnecessary repeated application: • Swelling and redness of the eyelids and conjunctiva with lacrimation. • Pain due to raised intraocular pressure. • Contact dermatitis. • Conjunctivitis.
Advice	• Contact lenses should be removed during the period of treatment and soft contact lenses should not be replaced for 24 hours after completing treatment. • Consider withholding feeding for four hours after examination due to risk of systemic absorption. • May cause transient blurring of vision on instillation. • Sensitivity of light can occur due to pupillary dilatation and this effect can last for up to 24 hours. Blurred vision can remain for 2 to 4 hours. Parents should be advised whether their child may return to school or nursery and if so, teachers should be made aware. There will be sensitivity to bright light.
Follow-up (if applicable)	Advise of the possible adverse effects and where to seek advice in the event of a suspected adverse reaction developing. The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C and protect from light. Do not freeze.

Fluorescein Sodium 1% and 2% Eye Drops (Administer)	
Legal status	P
Indication	• Corneal staining to aid detection of foreign bodies and/or corneal/sclera lesions. • Goldmann tonometry procedure.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Individuals with soft contact lenses (unless removed). • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	Special care should be taken to avoid microbial contamination. *Pseudomonas aeruginosa* grows well in fluorescein solutions, therefore a single dose solution is preferred. Each minim unit should be discarded after a single use.
Dose/Maximum total dose	One to two drops of either 1% or 2% solution to the affected eye as a single dose. Choice of either 1% or 2% should be decided as per each individual Board protocols. **Note**: One to two drops of either 1% or 2% solution should be sufficient to achieve staining. However, on occasion, the damaged area may require extra drops to provide sufficient staining. **Maximum dose is three drops per affected eye.**
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s). Excess may be washed away with sterile saline solution. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.

Fluorescein Sodium 1% and 2% Eye Drops (Administer)	
	Fluorescein does not stain a normal cornea. Conjunctival abrasions are stained a yellow or orange. Corneal abrasions or ulcers are stained a bright green. Foreign bodies are surrounded by a green ring.
Quantity to be administered /supplied	**Administration**: For all indications and strengths, one to two drops into each eye as a single dose.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Fluorescein may cause transient stinging sensations and blurring of vision on instillation. Temporary staining of the surrounding tissue may also occur.
Advice	• Explain the procedure and inform the individual of the result. • Remove soft contact lenses and refrain from wearing for at least 12 hours after treatment. • Do not wear contact lenses if there is damage to the cornea. Healing will take about 2 days. • Advise individual not to drive or operate hazardous machinery until vision is clear. • Advise that any yellow staining of eye is temporary.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C and protect from light. Do not freeze.

Tropicamide 0.28mg/Phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) (Administer)	
Legal status	POM
Indication	Pre-operative mydriasis such as cataract surgery.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Should not be used during pregnancy and breast feeding unless necessary. • Children under 12 years old. • Individuals with soft contact lenses (unless removed). • Individuals with closed angle glaucoma, unless previously treated with iridectomy.
Precautions and Special Warnings	• Tropicamide 0.28mg/phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) should not be left in the conjunctival sac for more than 2 hours as local adverse reactions may occur. The time of instillation must be clearly documented. • In patients with narrow angle prone to glaucoma precipitated by mydriatic. • In patients with severe dry eyes as potential irritation on conjunctiva may occur. A drop of saline solution can improve insert tolerance. • Due to sympathomimetic activity of tropicamide 0.28mg/phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®), it may cause elevation of blood pressure, tachycardia, cardiac arrhythmia, tremor, pallor, headaches, dry mouth. Caution is advised in patients with cardiac disorders, hyperthyroidism, atherosclerosis or prostate disorders.
Dose/Maximum total dose	One single ophthalmic insert per operated eye. Should the inset be accidentally expelled from the eye, a new one can be inserted. Maximum of 2 hours before surgery. Tropicamide 0.28mg/phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) can be removed as soon as mydriasis is deemed sufficient for the operation and at the latest, within the next 30 minutes.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.

Tropicamide 0.28mg/Phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) (Administer)	
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ophthalmic insert.
Quantity to be administered /supplied	**Administration**: As a single dose per operated eye.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Tropicamide 0.28mg/phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) may cause transient stinging sensations, blurred vision, visual discomfort due to prolonged pupil dilation, and superficial punctuate keratitis. Corneal ulcer and corneal oedema were reported due to forgotten insert.
Advice	Due to tropicamide 0.28mg/phenylephrine 5.4mg Ophthalmic Insert (Mydriasert®) has long lasting visual disturbances, the patient should be advised to protect the eye against bright lighting after the end of intervention. Do not drive, operate machinery or engage in other hazardous activities until vision is clear. Avoid rubbing or touching the eye when the insert is in place in case the insert is dislodged.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C.

Oxybuprocaine Hydrochloride 0.4% w/v Eye Drops (Administer)	
Legal status	POM
Indication	For ocular anaesthesia prior to ocular procedures which require local anaesthesia including: • Contact tonometry • Fitting or removal of contact lenses • Biometry and/or A-Scan • Minor lid procedure • Intravitreal injection • Washout procedure following chemical injury • Removal of sutures or foreign body
Inclusion Criteria	As per main PGD inclusion criteria
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Pregnancy • Breastfeeding • Where there is an obvious penetrating eye injury, the individual must be referred to an optician or ophthalmologist.
Precautions and Special Warnings	The anaesthetised eye should be protected from dust and bacterial contamination.
Dose/Maximum total dose	One to three drops, depending on indication as a single dose into the eye(s). • Tonometry: One drop is sufficient to anaesthetise the surface of the eye(s), 1 minute prior to tonometry. • **Contact lenses fitting**: One drop into the eye(s) prior to the fitting. A further drop after 90 seconds can be instilled to provide adequate anaesthesia. • **Foreign body removal**: Three drops at 90 seconds interval can provide sufficient anaesthesia for a foreign body to be removed from the corneal epithelium. • **Minor lid procedure**: Three drops at 90 seconds interval can provide sufficient anaesthesia for incision of a Meibomian cyst through the conjunctiva.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.

Oxybuprocaine Hydrochloride 0.4% w/v Eye Drops (Administer)	
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s), according to the recommended dosage. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	**Administration**: One to three drops, depending on indication, into each eye as a single dose.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Oxybuprocaine may cause transient stinging sensations and blurring of vision on instillation.
Advice	• Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. • Individuals should be advised to avoid touching the eye(s) until the anaesthesia is worn off. • Corneal sensitivity is return back to normal again after about one hour.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C and protect from light. Do not freeze.

Phenylephrine 2.5% w/v Eye Drops (Administer)	
Legal status	POM
Indication	Phenylephrine is a directly acting sympathomimetic agent used topically in the eye as a mydriatic in: • Routine eye examination or screening. • Prior to eye surgery such as cataract surgery.
Inclusion Criteria	As per main PGD inclusion criteria
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Individuals with cardiac disease, aneurysms, thyrotoxicosis, type 1 diabetes, hypothyroidism, uncontrolled hypotension or hypertension and tachycardia. • Individuals on monoamine oxidase inhibitor therapy (MAOIs), tricyclic antidepressants (TCAs) and anti-hypertensive agents (including beta-blockers), see www.medicinescomplete.com and 'Stockley's Interaction Checker' to check for interactions if necessary. Examples of MAOIs: Phenelzine, Isocarboxazid, Moclobemide. Examples of TCAs: Nortriptyline, Amitriptyline, Trazodone, Dosulepin. • Individuals with closed angle glaucoma, unless previously treated with iridectomy. • Individuals with a narrow angle prone to glaucoma precipitated by mydriatics. • Elderly adults with severe arteriosclerotic, cardiovascular or cerebrovascular disease. • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	• Use with caution in individuals with cerebral arteriosclerosis or long-standing bronchial asthma. • Ocular hyperaemia can increase the absorption of phenylephrine given topically. • The lowest dose necessary to produce the desired effect should always be used. Additionally, phenylephrine 2.5% eye drops may be combined with other mydriatics/cycloplegics to produce adequate mydriasis/cycloplegia. Heavily pigmented irides may require larger doses and caution should be exercised to avoid over dosage. • Medical advice must be sought, if use in individuals under exclusion criteria.

Phenylephrine 2.5% w/v Eye Drops (Administer)	
Dose/Maximum total dose	• **Fundus examination**: One drop into the eye(s), 10 minutes prior to assessment, in adults and children over 16 years of age. If necessary, one drop can be repeated once only, at least one hour after the first drop. Maximum of two drops in each eye. • **Prior to cataract surgery**: Three drops into the operated eye(s) at 5 minutes interval to provide sufficient mydriasis. • **Children under 16 years of age**: For all indications, one drop into the eye(s). Maximum of one drop in each eye.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s), according to the recommended dosage. The use of a drop of topical anaesthetic a few minutes before instillation of phenylephrine is recommended, to prevent stinging sensation. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	**Administration**: One to two drops, depending on indication, into each eye as a single dose.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Phenylephrine may cause transient blurring and photophobia of vision on instillation. An initial burning sensation may be experienced if not administered after an anaesthetic. This may last for up to 30 seconds.

Phenylephrine 2.5% w/v Eye Drops (Administer)	
	Systemic side effects are rare but include palpitations, tachycardia, arrhythmia, hypertension and coronary spasm. These have usually occurred in individuals with pre-existing cardiac disease. If an adverse reaction does occur, inform ophthalmologist as soon as possible.
Advice	• A burning sensation may be experienced lasting up to 30 seconds. • May cause temporarily blurred vision. Individuals should be warned not to drive or operate hazardous machinery until vision is clear.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C and protect from light. Do not freeze.

Povidone Iodine 5% w/v Eye Drops (Administer)	
Legal status	POM
Indication	Povidone Iodine 5% eye drop is indicated for cutaneous peri-ocular and conjunctival antisepsis, to support post-procedural infection control, prior to: • Ocular surgery. • Intravitreal injection.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Where there is a contra-indication. • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	Concomitant use with topical ophthalmic formulations containing mercury-based preservatives (e.g. thiomersal) is to be avoided. Cross-reactions with iodinated contrast agents have not been reported. Hypersensitivity (anaphylactoid reactions) to iodinated contrast agents or anaphylactic reaction to shellfish are **not** contraindications for povidone iodine 5% eye drops administration. Repeated applications of povidone-iodine to the ocular surface related to long-term ophthalmic therapy with intravitreal injections may result in tear firm abnormalities. Patients with dry eye syndrome should be monitored and can be supplied with carbomer gel.
Dose/Maximum total dose	Two to three drops as a single dose into the eye(s), and leave for 2 minutes before the procedure.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.

Povidone Iodine 5% w/v Eye Drops (Administer)	
Route/Method of administration	Ocular administration with one drop at a time into the eye(s) for 2 minutes before rinsing. Using a suitable syringe, irrigate the eye(s) thoroughly with minims Saline 0.9% eye drops until the characteristic colour of the Iodine solution disappears. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	**Administration**: Two to three drops into the eye(s) as a single dose, and leave for 2 minutes.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Povidone iodine may cause transient blurring and photophobia of vision on instillation. On instillation, an initial burning sensation may be experienced. This may last for up to 30 seconds. • Contact dermatitis: Irritant effect on the membrane that lines the eyelid and the white parts of the eye may cause redness, blisters and itching. • Conjunctival redness: Redness of the white parts of the eye. • Residual yellow discolouration of the eyes and transient brown discolouration of the skin may occur. • Allergic reactions: Difficult breathing or swallowing, swelling of the face, lips, throat or tongue (anaphylactoid reaction and anaphylactic shock), skin rash with irritation, hives or urticarial. • If an adverse reaction does occur, inform ophthalmologist as soon as possible.
Advice	• An initial burning sensation may be experienced, which may last up to 30 seconds. • Individuals should be warned not to drive or operate hazardous machinery unless vision is clear.

Povidone Iodine 5% w/v Eye Drops (Administer)	
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	• Store between 2°C and 8°C. Do not freeze. • Store in the original package to protect from light. • The product may be stored without refrigeration at not more than 25°C for up to one month. Ensure expiry date clearly marked on box when taken out of fridge.

Proxymetacaine Hydrochloride 0.5% w/v Eye Drops (Administer)	
Legal status	POM
Indication	For ocular anaesthesia prior to ocular procedures which require local anaesthesia including: • Contact tonometry. • Fitting or removal of contact lenses. • Minor lid procedure. • Intravitreal injection. • Washout procedure following chemical injury. • Removal of sutures or foreign body.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Pregnancy. • Breastfeeding. • Where there is an obvious penetrating eye injury, the individual must be referred to an optician or ophthalmologist.
Precautions and Special Warnings	• Proxymetacaine hydrochloride is not miscible with fluorescein. However, fluorescein can be added to the eye after it has been anaesthetised with minims Proxymetacaine hydrochloride. • Use with caution in an inflamed eye as hyperaemia greatly increases the rate of systemic absorption through the conjunctiva.
Dose/Maximum total dose	One to seven drops, depending on indication as a single dose into the eye(s). • **Tonometry and intravitreal injection**: One to two drops into the eye(s), immediately before measurement or injection. • **Contact lenses fitting/removal, Removal of foreign bodies, and Chemical washout procedure**: One to two drops into the eye(s) 5 minutes prior to the fitting, removal, or washout. • **Removal of sutures**: One to two drops into the eye(s), 3 minutes prior to the procedure. • **Minor lid procedure requiring deep anaesthesia**: One drop every 5 to 10 minutes for 5 to 7 applications.

Proxymetacaine Hydrochloride 0.5% w/v Eye Drops (Administer)	
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s), according to the recommended dosage. A period of at least 1 minute should be allowed after administration of Proxymetacaine hydrochloride 0.5% before subsequent administration of other topical agents. Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	**Administration**: One to seven drops, depending on indication, into each eye as a single dose.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Proxymetacaine may cause transient stinging sensations and blurring of vision on instillation.
Advice	• Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. • The anaesthetised eye should be protected from dust and bacterial contamination. • Individuals should be advised to avoid touching the eye(s) until the anaesthesia is worn off. • Corneal sensitivity is return back to normal again after about one hour.

Proxymetacaine Hydrochloride 0.5% w/v Eye Drops (Administer)	
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	• Store at 2 and 8°C. Do not freeze. • Keep container in the outer carton. • If necessary, the product may be stored at temperature not exceeding 25°C for up to one month. Ensure expiry date clearly marked on box when taken out of fridge.

Tetracaine Hydrochloride 1% w/v Eye Drops (Administer)	
Legal status	POM
Indication	For ocular anaesthesia prior to intravitreal injection.
Inclusion Criteria	As per main PGD inclusion criteria.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Tetracaine is hydrolysed in the body to p-aminobenzoic acid and should not, therefore be used in individuals being treated with sulphonamides (e.g. sulfasalazine or co-trimoxazole). • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	The anaesthetised eye should be protected from dust and bacterial contamination. The cornea may be damaged by prolonged application of anaesthetised eye drops.
Dose/Maximum total dose	One drop per eye, up to a maximum of four drops per eye.
Frequency of dose/Duration of treatment	Up to four drops per eye.
Maximum or minimum treatment period	See Frequency of dose/Duration of treatment section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s). Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	One to four drops per eye.

Tetracaine Hydrochloride 1% w/v Eye Drops (Administer)	
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Tetracaine may cause transient stinging sensations and blurring of vision on instillation. On instillation, an initial burning sensation may be experienced. This may last for up to 30 seconds. Corneal disorders such as superficial punctate keratitis or oedema may be observed following short-time application of Tetracaine (amethocaine) eye drops for topical anaesthesia. If an adverse reaction does occur, inform ophthalmologist as soon as possible.
Advice	• Protection of the eye from rubbing, irritating chemicals and foreign bodies during the period of anaesthesia is very important. • The anaesthetised eye should be protected from dust and bacterial contamination. • Individuals should be advised to avoid touching the eye(s) until the anaesthesia is worn off.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	• Store below 25°C. Do not freeze. • Store in the original package in order to protect from light.

Tropicamide 1% w/v Eye Drops (Administer)	
Legal status	POM
Indication	As a topical mydriatic and cycloplegic in segment imaging, ocular examination, and pre-operative mydriatic.
Inclusion Criteria	As per main PGD inclusion criteria and additionally: • Individuals 5 years of age and over.
Exclusion Criteria	As per main PGD exclusion criteria and additionally: • Individuals less than 5 years of age. • Tropicamide is contraindicated in narrow angle glaucoma and in eyes where the filtration angle is narrow. As an acute attack of angle closure glaucoma may be precipitated. • Pregnancy. • Breastfeeding.
Precautions and Special Warnings	• Use with caution in an inflamed eye as hyperaemia greatly increases the rate of systemic absorption through the conjunctiva. • Tropicamide may cause increased intraocular pressure. The possibility of undiagnosed glaucoma should be considered in some individuals such as elderly individuals.
Dose/Maximum total dose	One drop into the eye(s), followed by a second drop after an interval of 5 minutes. A further one drop may be instilled after 30 minutes, if required. Maximum of three drops per eye.
Frequency of dose/Duration of treatment	See Dose/Maximum total dose section above.
Maximum or minimum treatment period	See Dose/Maximum total dose section above.
Route/Method of administration	Ocular administration with one drop at a time into the eye(s). Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This will block the passage of the drops via the naso-lacrimal duct to the wide

Tropicamide 1% w/v Eye Drops (Administer)	
	absorption area of the nasal and pharyngeal mucosa. It is especially advisable in children.
Quantity to be administered /supplied	One drop and up to a maximum of three drops, if the eye(s) are not adequately dilated.
Potential Adverse Reactions	Refer to the product Summary of Product Characteristics (SmPC) for full details of known adverse effects and BNF/BNFC. The below list details only commonly reported adverse effects (>1 in 100) and does not represent all the product's known adverse effects: Tropicamide may cause transient stinging sensations and blurring of vision on instillation. On instillation, an initial burning sensation may be experienced. This may last for up to 30 seconds. Bright light may be uncomfortable for a few hours after instillation. Dry mouth may be experienced. This is caused by the active substance being absorbed through the tear duct and causing a common side effect for this type of medicine. This effect should wear off within a couple of hours. If an adverse reaction does occur, inform ophthalmologist as soon as possible.
Advice	• An initial burning sensation may be experienced, which may last up to 30 seconds. • Individuals should be warned not to drive or operate hazardous machinery unless vision is clear.
Follow-up (if applicable)	The individual should not leave if they feel unwell without the individual/parent/carer speaking to the healthcare professional who administered the medicine first or orthoptists. If necessary, an appropriate medical practitioner should be contacted for advice.
Storage	Store below 25°C and protect from light. Do not freeze.