



National reference:
CYM-24008
PGD 0212A

Community Pharmacy Common Ailment Service Patient Group Direction

for the supply of

Chloramphenicol 1% w/w eye ointment

in **Powys Teaching Health Board**

Operational from: 01 April 2025

Review Date: 30 January 2028

Expiry Date: 31 March 2028

Version number: 2.0



PGD for the supply of chloramphenicol 1% w/w eye ointment for the treatment of bacterial conjunctivitis by pharmacists delivering the Common Ailment Service component of the Clinical Community Pharmacy Service

Reference: Chloramphenicol 1% w/w eye ointment CAS PGD
 Version no: 2.0
 Valid from: 01 April 2025
 Review date: 30 January 2028
 Expiry date: 31 March 2028

Welsh Medicines Advice Service has developed this PGD for local authorisation

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)¹. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter, amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: welshmedicines.information@wales.nhs.uk

Change history:

Version number	Change details	Date
1.0	Original PGD template developed.	07 March 2023
2.0	PGD reviewed and updated to align with other national PGD templates. Text removed regarding preference to a formulation based on age. Inclusion criteria changed to individuals aged 31 days and over Number of packs supplied changed to one. PGD exclusion criteria aligned to updated conjunctivitis formulary monograph and the recommendations made by the National GOSW Clinical Leads, Primary Care Services NWSSP and Optometry Wales.	28 January 2025




¹ this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

1. PGD development

This PGD has been developed by the following health care professionals on behalf of NHS Wales

This section MUST REMAIN when a PGD is adopted by an organisation

PGD Development

Name	Designation	Signature
Main author – Dianne Burnett	National Lead Pharmacist Medicines Advice. Welsh Medicines Advice Service, Cardiff and Vale UHB	
Expert reviewer – Carys James	Community Pharmacy Facilitator, Cwm Taf Morgannwg UHB	
Expert reviewer - Nicky Davies	Primary Care Medical Director, Central Betsi Cadwaladr UHB	

This PGD has been peer reviewed by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the WMAS PGD Policy and ratified by the All-Wales PGD Advisory Board.

Expert Panel – Community Pharmacy Clinical Advisory Group

Name	Designation
Adam Mackridge	Strategic Lead Pharmacist for Community Pharmacy, Betsi Cadwaladr UHB and Chair of Community Pharmacy Clinical Advisory Group (CPCAG)
Louise Allen	Head of Community Pharmacy, PCIC, Cardiff and Vale UHB
Amy David	Primary Care Pharmacist, Swansea Bay UHB
Meryl Davies	Lead Antimicrobial Pharmacist Primary and Community Care, Health Protection Team, Public Health Wales
Emlyn Pritchard	Head of Primary Care Medicines Management, Powys THB
Rachel James	Advanced Pharmacist Medicines Management, Hywel Dda UHB
Richard Evans	Community Pharmacy Lead, Aneurin Bevan UHB
Anna Burgess	Digital Lead Pharmacist, Welsh Medicines Advice Service, Cardiff and Vale UHB
Jason Carroll	Principal Pharmacist Community Services, Cwm Taf Morgannwg UHB
Emma Hinks	Deputy Chief Pharmaceutical Officer, Welsh Government
Carys James	Community Pharmacy Facilitator, Cwm Taf Morgannwg UHB
Debra Roberts	Head of Programme Development, Associate Dean, HEIW
Dianne Burnett	National Lead Pharmacist Medicines Advice. Welsh Medicines Advice Service, Cardiff and Vale UHB

Date CPCAG approval of PGDs: 11 February 2025

Date All Wales PGD Advisory Board ratification: 17 February 2025

*PGD for the supply of **chloramphenicol 1% w/w eye ointment for bacterial conjunctivitis**
as part of the Community Pharmacy Common Ailment Service
Valid from: 01 April 2025 Expiry Date: 31 March 2028*



2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

Powys Teaching Health Board authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	DocuSigned by: <i>Kate Wright</i> 1F267952823F473...	3/6/2025
Clinical Governance Lead for PTHB	Amanda Edwards	DocuSigned by: <i>Amanda Edwards</i> 74A4E51A42E9473...	3/27/2025
Senior Pharmacist Lead for Community Pharmacies, PTHB	Emlyn Hughes	DocuSigned by: <i>Emlyn Pritchard</i> EB776BA7283F49B...	3/5/2025
Senior Representative of Professional Group using PGD/Prescribing Advisor	Matthew Hicks	Signed by: <i>Matthew Hicks</i> 01F017E1634D479...	3/26/2025

Local enquiries regarding the use of this PGD may be directed to:

welshmedicines.information@wales.nhs.uk

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

Retention statement

The final authorised copy of this PGD should be kept by the authorising organisation completing section 3 for 8 years after the PGD expires if the PGD relates to adults only, and for 25 years after the PGD expires if the PGD relates to children only or adults and children.

Provider organisations adopting authorised versions of this PGD should also retain copies for the periods specified above.



3. Characteristics of Staff

<p>Qualifications and professional registration</p>	<p>This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).</p>
<p>Additional requirements</p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ be employed by or providing services on behalf of a pharmacy listed in the All-Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service. ➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing Appendix B. ➤ be familiar with the medicine and alert to changes in the Summary of Product Characteristics (SmPC). ➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs). ➤ be named in the All-Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service. ➤ have met the training requirements for the service as published by HEIW (Health Education and Improvement Wales). ➤ be familiar with the British National Formulary (BNF) and SmPC entries for chloramphenicol 1% w/w eye ointment. ➤ have awareness of the adverse drug reactions associated with chloramphenicol 1% w/w eye ointment. <p>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</p>
<p>Ongoing training and competency</p>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service. ➤ be aware of any updates made to the products in the SmPC and BNF. ➤ be aware of any updates to relevant national and local guidelines. ➤ as registered professionals, be professionally accountable and must work within their competence. <p>A record of any training and competency assessments undertaken must be maintained.</p>



4. Clinical condition

<p>Clinical condition or situation to which this PGD applies</p>	<p>For the treatment of bacterial conjunctivitis in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p>
<p>Inclusion criteria</p>	<p>Chloramphenicol 1% w/w eye ointment can be given to:</p> <p>Individuals aged 31 days and over, presenting with symptoms of bacterial conjunctivitis and:</p> <ul style="list-style-type: none"> ➤ they have no contraindications to chloramphenicol 1% w/w eye ointment – see SmPC. ➤ where informed consent has been given (patient, parent/guardian, carer).
<p>Exclusion criteria²</p> <p>(continued over page)</p>	<p>Advise the following individuals to call or attend a Wales General Ophthalmic Service (WGOS) for triage without delay. (If the individual is unable to access a WGOS registered optometrist, advise them to attend the emergency eye casualty or A&E without delay):</p> <ul style="list-style-type: none"> ➤ if they have the following eye symptoms which might suggest acute glaucoma, keratitis/iritis, corneal ulceration, presence of pseudomembrane: <ul style="list-style-type: none"> ○ marked redness in affected eye(s) along with headache*, any eye pain and/or photophobia*. ○ halos around lights, flashing lights/wavy lines, nausea/vomiting. ○ change in visual acuity. ➤ if the pupil looks unusual. ➤ if the eye looks cloudy. ➤ in the presence of discharge that is mucopurulent, copious and rapidly progressive (may indicate gonococcal infection) or suspected chlamydial conjunctivitis. ➤ if a herpes virus infection is suspected. ➤ in suspected periorbital or orbital cellulitis. ➤ if individuals have had recent (in the last 6 months) eye surgery/eye procedure or laser treatment. ➤ if there is a history of trauma (mechanical, chemical or ultraviolet) or a possible foreign body is present. ➤ if an individual is complaining of pain with ocular movement. ➤ any contact lens wearer. Individuals should be referred to the nearest available optician for assessment; if same day assessment is not feasible, the individual should be referred to eye casualty. The individual should be advised to take their contact lenses with them as special diagnostic tests may be required.

² Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

Exclusion criteria

(continued)

- if the individual is experiencing worsening symptoms despite treatment.
- if symptoms reoccur or persist for more than 7 to 10 days after initiating treatment.
- if conjunctivitis is thought to be due to molluscum contagiosum. (presence of clusters of small round papules which may be white, pink or brown with a waxy, shiny appearance).
- if there is diagnostic uncertainty.

* Any individual presenting with headache, photophobia AND fever refer to GP to rule out meningitis.

Advise the following individuals to see a GP or community pharmacist independent prescriber as appropriate without delay:

- neonates (within 30 days of birth) with red sticky eye.
- individuals with conjunctivitis that maybe associated with an undiagnosed severe systemic condition such as rheumatoid arthritis or immunocompromise.
- individuals who are pregnant.
- individuals who are breastfeeding.
- individuals who present with possible symptoms of meningitis (headache, photophobia AND fever).

The following individuals should also not receive treatment:

- if the individual is already using other eye ointments or eye drops (e.g. for dry eye syndrome or glaucoma).
- in individuals with a history of myelosuppression during previous exposure to chloramphenicol.
- if the individual is taking medication that can depress bone marrow function.
- if there is a family or personal history of blood dyscrasia including aplastic anaemia.
- if they have had more than 1 previous episode of conjunctivitis in the last 12 months.
- to individuals with known hypersensitivity to chloramphenicol 1% w/w eye ointment.
- to individuals with known hypersensitivity to any of the excipients – see [SmPC](#).
- if informed consent has not been given by the patient, parent, guardian or carer; where patients do not agree to share relevant clinical information or there is no valid consent.
- if the pharmacist is unable to undertake an appropriate assessment, in order to determine the need for the medicine and that it would be appropriate for the patient to use it.

(continued over page)



<p>Exclusion criteria (continued)</p>	<ul style="list-style-type: none"> ➤ to individuals who are unable to administer the product effectively themselves or who do not have a parent/guardian/carer to administer or apply the medication for them.
<p>Cautions (including relevant actions to be taken)</p>	<p>Please refer to the SmPC for chloramphenicol 1% w/w eye ointment for full details of special warnings and precautions for use.</p> <ul style="list-style-type: none"> ➤ The ointment may cause transient blurring of vision on installation. Individuals who experience this shouldn't drive or operate hazardous machinery unless vision is clear. ➤ Bone marrow hypoplasia including aplastic anaemia has been reported rarely following topical use of chloramphenicol. ➤ Individuals should avoid allowing the tip of the container to come into contact with the eye or surrounding structures as this could cause injury to the eye. ➤ Ocular preparations, if handled improperly can become contaminated by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions. <p>See also drug interactions section below for additional cautions.</p>
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> ➤ If the patient meets the exclusion criteria, refer to a WGOS registered optometrist OR appropriate medical practitioner. The urgency with which a referral needs to be made is based on the presenting symptoms following clinical examination. ➤ Explain the reasons for exclusion to the individual and document in the consultation record. ➤ If the individual declines, advise of the consequences of not receiving treatment and document the advice given and details of any referral made and their (patient, parent/carer or guardian) intended actions. ➤ Where there are safeguarding concerns, seek advice from local safeguarding services.
<p>Further advice</p>	<p>If there is any doubt about the administration of the medication or patient's fitness or suitability to receive the medication, a doctor or appropriate Independent Prescriber should be consulted.</p> <ul style="list-style-type: none"> ➤ Refer to SmPC, BNF and the All Wales Common Ailments Service.



5. Description of treatment

Name, strength & formulation of drug	Chloramphenicol 1% w/w eye ointment
Legal category	POM
Black triangle ▼	No
Off-label use	<p>No.</p> <p>Medicines should be stored according to the conditions detailed in the storage section in this document. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by Pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs sits with the pharmacy making the supply.</p>
Route / method of administration	<p>Ocular (topical).</p> <p>Wash and dry your hands before and after use.</p> <p>Remove the cap before use and replace it immediately afterwards.</p> <p>Do not touch the nozzle with your fingers.</p> <p>Make sure the nozzle does not touch the eye(s).</p> <p>Sit or stand in front of a mirror.</p> <p>Tilt the head back and look at the ceiling.</p> <p>Pull lower eyelid gently downwards with a clean finger.</p> <p>Hold the tube close to the eye and gently squeeze about 1cm of ointment into the space between the lower eyelid and the eye.</p> <p>Close the eye for a few minutes.</p> <p>Let go of the eyelid and blink a few times. This will help spread the ointment over the eye.</p> <p>Repeat for the other eye, if affected.</p>
Dose and frequency of administration	<p>Individuals aged 31 days or more:</p> <p>Place a small amount (about 1 cm) in the affected eye(s) in the space between the lower eyelid and the eye THREE to FOUR times daily. Continue for 48 hours after infection has cleared, up to maximum of SEVEN days.</p> <p>N.B. if, in the opinion of the pharmacist, the infection is severe, the individual should not be given treatment and should be referred for ophthalmological assessment.</p>
Duration of treatment	This PGD only allows for the duration stated in the dosage schedule above.



<p>Quantity to be supplied</p>	<p>Appropriately labelled pack to provide treatment for SEVEN days.</p> <p>1 x 4 g pack to provide 7 days treatment at a dose of 3-4 times daily application.</p>
<p>Storage</p>	<p>Medicines must be stored securely and in accordance with product SmPC.</p> <p>Discard 28 days after opening.</p>
<p>Disposal</p>	<p>Dispose according to guidance in the Welsh Health Technical Memorandum 07-01 Safer management of healthcare waste, and relevant local policy or guidance.</p>
<p>Drug interactions</p>	<p>Since low systemic concentrations of chloramphenicol are expected after topical (ocular) use, the risk of relevant interactions is expected to be low. However, since systemic absorption can follow topical (ocular) application, the possibility of interactions should be borne in mind.</p> <p>Contraindications</p> <ul style="list-style-type: none"> ➤ Concomitant administration of chloramphenicol with other drugs liable to depress bone marrow function for example azathioprine and cyclophosphamide. <p>Cautions</p> <ul style="list-style-type: none"> ➤ Guanfacine: chloramphenicol (oral) is predicted to increase the exposure to guanfacine. Advise the individual to see their GP if they experience an increase in adverse effects from guanfacine such as: <ul style="list-style-type: none"> ○ bradycardia. ○ hypotension. ○ sedation. <p>A detailed list of drug interactions can be found in the SmPC and the BNF.</p>
<p>Identification & management of adverse reactions</p> <p>(continued over page)</p>	<p>Advise the patient that if any of the following side effects occur, discontinue treatment immediately and contact the emergency department or dial 999:</p> <ul style="list-style-type: none"> ➤ allergic reactions such as sudden wheeziness, difficulty with breathing, speaking and swallowing. ➤ swelling of the eyelids, face or lips. ➤ rash or itching (especially affecting your whole body). <p>The following side effects have been reported by patients using chloramphenicol eye ointment:</p> <p>Frequency Not known (cannot be estimated from the available data):</p> <ul style="list-style-type: none"> ➤ transient burning or stinging sensation. ➤ bone marrow depression, aplastic anaemia. ➤ angioneurotic oedema, anaphylaxis, urticaria, fever.



<p>Identification & management of adverse reactions</p> <p>(continued)</p>	<ul style="list-style-type: none"> ➤ vesicular and maculopapular dermatitis. ➤ transient blurring of vision on installation. Individuals who experience this shouldn't drive or operate hazardous machinery unless vision is clear. <p>N.B. detailed lists of adverse reactions are available in the SmPC, and the BNF. Prior to issuing medication, please refer to these resources to check that there has been no change to the potential adverse reactions listed above.</p>
<p>Patient or carer advice/follow up</p>	<p>Supply the marketing authorisation holder's patient information leaflet (PIL).</p> <p>Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ bacterial conjunctivitis is usually self-limiting and typically resolves within 5-7 days without treatment. ➤ if symptoms have not resolved after 7 days of treatment, they should see a WGOS registered optometrist. ➤ the use of topical chloramphenicol may occasionally result in overgrowth of non-susceptible organisms including fungi. If any new infection appears during treatment, advise the individual to see a WGOS registered optometrist or their GP. ➤ symptoms may be eased with self-care measures such as: <ul style="list-style-type: none"> ➤ wiping eyelashes gently with cooled, boiled water to clean off crusts with a clean cotton wool pad (1 piece for each eye). ➤ cool compresses applied gently e.g. wet flannel around the eye area for a few minutes. ➤ good hygiene is essential: <ul style="list-style-type: none"> ○ hands should be washed regularly with soap and water (particularly after touching infected secretions). ○ avoid rubbing the eyes. ○ pillows or towels should not be shared. ○ close contact with others should be avoided. ➤ there is no need to stay away from work or school if otherwise well, but nursery and primary schools may have an exclusion policy. ➤ if they get any side effects, to talk to their optometrist, doctor, or pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme. This includes any possible side effects not listed in the PIL. ➤ to seek medical advice if their condition deteriorates and/or they become systemically unwell. ➤ to read the PIL before taking the medication. ➤ to visit the NHS website on bacterial conjunctivitis for more information. ➤ to return any unused medicines to a pharmacy for disposal: do not dispose of medicines in the bin, down the sink or toilet.



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Records

The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation.

If the patient is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.



Appendices

Appendix A: Key references

- All Wales Medicines Strategy Group. All Wales Common Ailments Formulary. August 2023. Updated September 2024. Available from: <https://awttc.nhs.wales> [accessed 06 January 2025].
- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 06 January 2025].
- General Pharmaceutical Council. In Practice: Guidance on Confidentiality. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 29 October 2024].
- General Pharmaceutical Council. In Practice: Guidance on Consent. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 29 October 2024].
- National Institute for Health and Care Excellence: Clinical Knowledge Summaries. Conjunctivitis-infective. Last revised October 2022. Available from: <https://cks.nice.org.uk> [accessed 06 January 2025].
- NHS 111 Wales Health A-Z. Available from: <https://111.wales.nhs.uk> [accessed 06 January 2025].
- NHS Medicines A-Z. Available from: <https://www.nhs.uk> [accessed 06 January 2025].
- NHS Wales. Welsh Health Technical Memorandum 07-01 – Safe management of healthcare waste. Published 2013. Available from: <https://nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/whtms-library/whtm-07-01-safe-management-of-healthcare-waste-pdf/> [accessed 29 October 2024].
- Patient Group Directions. Medicines practice guideline [MPG2]. Updated March 2017. Available from: <http://www.nice.org.uk/guidance/mpg2/resources> [accessed 29 October 2024].
- Summary Product Characteristics (SmPC). Available from: <https://products.mhra.gov.uk/> [accessed 06 January 2025].
- Yellow Card Reporting. Available from: <https://yellowcard.mhra.gov.uk/> [accessed 29 October 2024].



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Appendix B: Healthcare Professionals Agreement to Practice

**Authorisation for the use of the Patient Group Direction for the supply of:
Chloramphenicol 1% w/w eye ointment by community pharmacists under the
Clinical Community Pharmacy Service, Common Ailment Service (bacterial
conjunctivitis) commissioned by [Powys Teaching Health Board]**

Patient Group Directions do not remove inherent professional obligations or accountability.

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD **confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct.** One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

Name and address of pharmacy:

For registered professional

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.

Name of registered pharmacist	Signature	GPhC number	Date

This authorisation sheet should be kept to serve as a record of those practitioners authorised to work under this PGD in accordance with the retention statement in the [organisational authorisation section](#).