Guidance for provision of a *Pharmacist Only* medicine

Chloramphenicol for ophthalmic use

*Approved indication: bacterial conjunctivitis*

Consider professional obligations

A  Professional standards  
B  Privacy  
C  Documentation

Assess patient’s needs

Consider:

D  Ocular symptoms  
E  Co-existing symptoms  
F  Prior similar episodes  
G  Lifestyle, medical and family history, and current medicines

Confirm recommendation is appropriate

Consider:

H  Efficacy of treatment options  
I  Age  
J  Contraindications and precautions  
K  Use in pregnancy and lactation

Provide counselling (supported by written information)

Consider:

L  Dose  
M  How to administer  
N  Treatment expectations  
O  Adverse effects  
P  Referral pathways  
Q  Other advice

Refer

- Severe eye pain or swelling  
- Loss of, reduced or blurred vision  
- Restriction of eye movement  
- Cloudy cornea  
- Pupils that look abnormal  
- Injury to the eye or suspicion of a foreign body in the eye  
- A history of welding without eye protection  
- Patient feels generally unwell  
- Has had similar symptoms in recent weeks  
- Glaucoma  
- Dry eye syndrome  
- Using other eye drops or eye ointments  
- Eye surgery or laser treatment in the past six months  
- History of bone marrow problems  
- Recently travelled overseas

Refer if necessary

- Photophobia  
- Copious yellow-green purulent discharge  
- Contact lens wearer

Refer if necessary

- Age <2 years  
- Contraindications

This document is designed to provide guidance to pharmacists on a range of issues including appropriate and effective processes, desired behaviour of good practice, how professional responsibilities may be best fulfilled, and expected outcomes. At all times, pharmacists must meet any legislative requirements and are expected to exercise professional judgment in adapting the guidance provided here to presenting circumstances.
Explanatory notes

A. Professional Standards
The Professional Practice Standards (PPS) outline the appropriate actions to be taken by pharmacists and trained pharmacy staff in response to a direct product- or symptom-based request.

The Code of ethics for pharmacists provides guidance on the ethical framework through which effective health services should be delivered.

B. Privacy
Pharmacists must meet their obligations in relation to respecting the patient’s privacy and confidentiality in the provision of Pharmacist Only medicines and associated patient counselling.

C. Documentation
Pharmacists are encouraged to document the service provided according to the PPS (See Standard 1: Fundamental pharmacy practice).

D. Ocular symptoms
Bacterial conjunctivitis is typically characterised by:
- Discharge that may be sticky and mucopurulent. Patients may find it difficult to open their eyes in the morning, due to dried crust. The discharge may cause some blurring, particularly upon waking.
- Red or pink conjunctiva (the transparent surface that covers the white of the eye and the inside of the eyelid).
- A burning or gritty sensation in the eye. It usually starts in one eye and then spreads to the other.

Other common conditions can produce similar ocular symptoms. However:
- Viral conjunctivitis is associated with a more watery discharge.
- Allergic conjunctivitis is associated with a watery discharge and itching.

It is essential to exclude serious causes of a red eye that can lead to permanent impairment of vision. Referral to an optometrist or general practitioner is required in the presence of any of the following:
- Copious yellow-green purulent discharge that accumulates after being wiped away.
- Infection not confined to conjunctivae.
- Contact lens wear.
- Susicion of a superficial foreign body in the eye.

Immediate referral to an ophthalmologist or hospital emergency department should be considered in the presence of any of the following:
- Loss of, reduced or blurred vision.
- Eye or head injury.
- Photophobia.
- Pain in the eye.
- Susicion of a penetrating foreign body in the eye.
- Restriction of eye movement.
- Cloudy cornea.
- Pupils that look abnormal, i.e. irregular, torn, dilated or not reactive to light.
- A history of welding without eye protection immediately prior to onset of symptoms.

E. Co-existing symptoms
Co-existing symptoms may assist in differentiating bacterial conjunctivitis from other common conditions that can produce similar ocular symptoms:
- Viral conjunctivitis is often associated with an upper respiratory tract infection.
- Allergic conjunctivitis is often associated with symptoms of hayfever or allergic rhinitis.

Referral to an optometrist or general practitioner to confirm aetiology may be appropriate if the patient has co-existing symptoms.

Referral to an optometrist or general practitioner is required if the patient feels generally unwell. Consider referral in circumstances where it is difficult to ascertain whether the patient feels generally unwell (i.e. young children >2 years).

F. Prior similar episodes
Referral to an optometrist or general practitioner is required if the patient has had similar symptoms in recent weeks.

G. Lifestyle, medical and family history, and current medicines
Referral to an optometrist or general practitioner is required if the patient:
- Has a history of glaucoma, or a family history of glaucoma.
- Has dry eye syndrome.
- Is using other eye drops or eye ointments at the time of presentation.
- Has a history of bone marrow problems – individual or family (local application of chloramphenicol has been associated with rare cases of bone marrow hypoplasia, including aplastic anaemia and death).
- Has recently travelled overseas.

Immediate referral to an ophthalmologist or hospital emergency department should be considered if the patient:
- Has acute glaucoma, where the patient is suffering from severe nausea, headache, blurred vision, eye pain, or visual halos.
- Has had eye surgery or laser treatment in the past six months.

H. Efficacy of treatment options
The majority of acute bacterial conjunctivitis cases spontaneously resolve within five days.

There are generally no complications if left untreated. The purpose of treatment is to speed resolution and reduce the likelihood of transmission.

Bacterial conjunctivitis may be treated with chloramphenicol ophthalmic preparations provided there is no reason to refer the patient. However, in mild cases, it may be sufficient to use propamidine 0.1% eye drops.

I. Age
Chloramphenicol ophthalmic preparations can be used in children of any age. However, pharmacists should consider that in infants, the eyes are developing and it is difficult to exclude serious causes of a red eye that can lead to permanent impairment of vision without ocular examination.

Referral to an optometrist or general practitioner is appropriate for children <2 years.

J. Contraindications and precautions
Ophthalmic chloramphenicol is contraindicated in patients with a history of hypersensitivity and/or toxic reaction to chloramphenicol or to any other ingredient in the drops or ointment base, and in patients with a family history of blood dyscrasias.

K. Use in pregnancy and lactation
Ophthalmic chloramphenicol is classed category A.

Although the use of systemic chloramphenicol by the mother may cause serious toxicity in the infant or fetus, topical chloramphenicol in the recommended dose is safe to use during pregnancy, and single courses of eye drops are considered safe in breastfeeding.

L. Dose
For bacterial conjunctivitis use chloramphenicol 0.5% eye drops, one or two drops every two hours initially, decreasing to six-hourly as the infection improves, for up to five days.

Chloramphenicol 1% eye ointment may be used at bedtime.

Alternatively, the eye ointment may be applied every three hours.

Treatment should continue for at least two days after the eye appears normal.

M. How to administer
Conjunctivitis is contagious. Before and after application, hands should be washed and dried. To administer eye drops or ointment, the head should be tilted back and the lower eyelid gently pulled out to form a pouch.

For drops, the bottle should be squeezed to release one drop into the lower eyelid. Do not touch the eyelids or lashes. See APF23 Instructions for the administration of different dosage forms: eye drops for more detailed instructions.

This process should be repeated for application of each drop, and for the other eye, if both eyes are infected.

For ointment, 1.5 cm should be applied into the lower eyelid.

To reduce the likelihood of contamination, the lid of the eye drops or ointment should be placed on a clean surface, ensuring it is not facing down.

N. Treatment expectations
Symptoms should improve within 48 hours of commencing treatment. Patients should be advised to consult an optometrist or general practitioner if symptoms deteriorate or do not improve within this timeframe. This may indicate infection by non-susceptible organisms.

The development of alarm symptoms (e.g. pain, loss of vision, photophobia) is likely to require urgent referral to an ophthalmologist or hospital emergency department.

O. Adverse effects
Adverse effects are usually minor and may include a transient stinging sensation in the eye when applying the drops. Local allergic reactions manifest as eye redness and swelling. Transient blurring of vision may occur, and patients should be advised not to drive or operate machinery unless their vision is clear.

Rare adverse effects may include allergy, e.g. local reactions, angioedema, anaphylaxis, dermatitis. Treatment should be immediately discontinued in such cases.
P. Referral pathways
Consider the following when determining an appropriate referral pathway for patients:

- Patients with ocular symptoms requiring further investigation should be referred to an optometrist or a GP with appropriate expertise and equipment (i.e. slit lamp).
- Referral to a GP may be the most appropriate pathway in the presence of systemic symptoms.
- Referral to an ophthalmologist or hospital emergency department is recommended in circumstances requiring immediate referral (see Section D: Ocular symptoms and Section G: Lifestyle, medical and family history, and current medicines).

Q. Other advice
Prior to opening, the drops should be stored in the fridge (2–8 °C). After opening, the drops and ointment can be stored below 25 °C for up to one month and should then be discarded. Conjunctivitis is highly contagious. Eye drops or ointment should never be shared with another person. Sharing of towels or face washers should be avoided.

Provision of a consumer medicine information (CMI) leaflet and Red and dry eyes Self Care Fact Card or other printed information for consumers is appropriate.

References
9. Pharmacy Department, the Royal Women's Hospital. Pregnancy and breastfeeding medicine guide. Melbourne: Royal Women's Hospital, 2010.