Clinical Condition

**Situation to which the PGD applies**
The administration of cyclopentolate 1% to ophthalmic patients attending inpatients, outpatients, Withington Community Hospital (WCH) Emergency Eye Centre (EEC) and Acute Referral Centre (ARC) for the purposes of dilation of the pupil(s) prior to fundal examination and patients attending EEC/ARC with corneal abrasions/corneal foreign bodies/secondary iritis where there is ciliary spasm.

**Inclusion criteria**
- Adults requiring dilation of the pupil(s) in the situations described above

Three PGDs are available. Tropicamide should be considered first line; phenylephrine and cyclopentolate can be considered (in that order) where exclusions exist.

**Exclusion criteria**
- Patients under 18 years of age
- Known hypersensitivity to cyclopentolate or any component of the preparation
- Narrow Angle Glaucoma and in eyes where the filtration angle is narrow (an acute attack of Angle Closure Glaucoma may be precipitated).

It is the responsibility of the practitioner to ensure that any medication currently being received by the patient is appropriate with the drug detailed in the PGD.

**Caution / need for further advice**
- Use with caution in patients at special risk, such as debilitated or aged patients.
- Use with caution in an inflamed eye (‘red eye’), as hyperaemia greatly increases the rate of systemic absorption through the conjunctiva. Refer to an Ophthalmologist.
- Safety of use in pregnancy or lactation has not been established and should only be used if essential. Patient should be referred to an Ophthalmologist.

**Action if the patient is excluded**
In the case of hypersensitivity consider use of an alternate PGD or refer to the supervising Ophthalmologist. Fully document reason for exclusion and all actions taken in the patient’s notes.

**Action if the patient declines**
Patients not wishing to be included should be referred to an Ophthalmologist for discussion and advice. Fully document reason and all actions taken in the patient’s notes.
## Staff Characteristics

### Qualifications
Nurses currently registered with the Nursing & Midwifery Council (NMC) and who hold an ophthalmic nursing qualification.

Nurse who are registered with NMC, but who don’t hold an ophthalmic qualification must have completed the eye drop assessment as per Trust protocol.

### Additional requirements
- Assessed as competent to instil eye drops by Senior Nurse during local induction
- Must have completed appropriate training for working under PGDs
- Must have completed relevant Safe Handling of Medicines training
- Must have completed mandatory resuscitation training according to Trust policy. This includes training on the initial treatment of anaphylaxis
- Has undertaken appropriate training to carry out clinical assessment of patients leading to diagnosis that requires treatment according to the indications listed in this PGD.

### Continuing training and education
- Must have knowledge of the relevant CMFT Medicines Policy
- Must complete update training for administration / supply of medicines under PGDs according to PGD policy
- Must complete mandatory Safe Handling of Medicines training according to Medicines Policy
- Must complete mandatory resuscitation training according to Trust policy. This includes training on the initial treatment of anaphylaxis.
- It is the responsibility of the health professional to maintain their own competency to practice within this PGD. Further training may be necessary (at the discretion of the responsible manager) when the PGD is reviewed.
- Practitioners must have a review of their requirement to undertake this element of their role at their annual appraisal. They must be able to demonstrate that they have the required knowledge and skills to support the use of this PGD in practice e.g. by use of the NICE Competence Framework.

The head of nursing or the head of the professional group to whom the PGD applies must maintain a record of the names of individual health professionals and the training received.
# Drug Details

| **Name, form and strength of medicine** | Minims cyclopentolate hydrochloride 1% eye drops solution |
| **Route / method** | Topically to one or both eye(s). Remove contact lenses prior to instillation. Where multiple agents are used, proxymetacaine should be used with an interval of at least two minutes before the mydriatic/cycloplegic agent (tropicamide or cyclopentolate) to reduce the risk of dilution and/or overflow. |
| **Dosage** | One or two drops into the eye(s) to be examined from a single patient use Minim of cyclopentolate 1%. Maximum effect is induced in 30 - 60 minutes after instillation. |
| **Frequency** | For anterior and posterior uveitis (if associated with signs of anterior uveitis) and for the breakdown of posterior synechiae: One or two drops are instilled every 6 - 8 hours. Resistance to cycloplegia can occur in patients with dark skin and/or patients with a dark iris, therefore, the strength of cyclopentolate used should be adjusted accordingly. |
| **Total dose / number** | One or two drops. Refer patients who fail to dilate should be referred to medical staff. |
| **Maximum or minimum treatment period** | One or two drops |
| **Quantity to supply / administer** | Maximum two drops from one Minim in each eye to be examined. |
| **Side effects** | Local irritation may result following the use of this product. The frequency of this effect occurring is dependent on the concentration instilled. Systemic cyclopentolate toxicity is dose-related and is uncommon following administration of 1% solution and would not be expected to occur following instillation of 0.5% solution. Toxicity is usually transient and is manifest mainly by CNS disturbances. Any CNS disturbances are characterised by signs and symptoms of cerebellar dysfunction and visual and tactile hallucinations. Peripheral effects typical of anti-cholinergic, such as flushing or dryness of the skin and mucous membranes, have not been observed with topical cyclopentolate in children or adults. Temperature, pulse and blood pressure are not normally affected. Photophobia and blurring of vision. Patient should be advised not to drive or operate machinery until their sight has returned to normal. Maximal mydriasis occurs in 60 - 90 minutes and can last for up to 24 hours. |

### PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF

**Cyclopentolate 1% Eye Drops (Minims)**

Summary of Product Characteristics (SPC – [www.medicines.org.uk](http://www.medicines.org.uk)) for a full list of known side effects.

#### Concurrent medication

No recorded interaction with other medications.

It is the responsibility of the practitioner to ensure that any medication currently being received by the patient is appropriate with the drug detailed in the PGD.


#### Adverse events

If there is a history suggestive of allergy to cyclopentolate hydrochloride 1% or related drugs, please review NICE Clinical Guidance ([http://www.nice.org.uk/guidance/cg183/chapter/1-recommendations#nonspecialist-management-and-referral-to-specialist-services-2](http://www.nice.org.uk/guidance/cg183/chapter/1-recommendations#nonspecialist-management-and-referral-to-specialist-services-2)) and consider whether a referral to an allergy service is indicated.

Adrenaline injection and access to a telephone must be available when cyclopentolate hydrochloride 1% is administered.

- If the patient does have an anaphylactic reaction when given cyclopentolate hydrochloride 1% follow the procedure set out by CMFT. The patient must subsequently be referred to an allergy service.

For any other adverse reactions, seek medical advice as necessary

In the event of any adverse reaction:

- Record the adverse reaction and action taken in the patient’s notes
- Inform the patient’s GP
- Record the incident as per local incident reporting policy
- Report the adverse reaction under the Yellow Card scheme (submit online at [http://yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk) or complete one of the forms found at the back of the BNF)

#### Advice to be given to patient / carer

A copy of the manufacturer’s patient information leaflet (PIL) must be made available to the patient whenever a medicine is supplied / administered under PGD.

Explain procedure and inform patient of the result

Give patient a copy of any available information leaflet.

Advise patient their pupils will be enlarged.

Do not drive or operate machinery for 24 hours or until the vision is clear.

Document all advice given in the patient’s notes.

#### Follow up

Refer to medical staff if pupils fail to dilate
## Audit Trail

### Records
The following points should be recorded as a minimum:
- Patient’s name, address, date of birth and NHS number
- Contact details of GP (if registered)
- Diagnosis / symptoms / indication
- Dose, form, route and site (where appropriate) administered / supplied
- Signature, name and designation of practitioner who administered / supplied the medication
- Details of any adverse drug reaction and actions taken including documentation in the patient’s medical record.

### Labelling
Not applicable. 
Store below 25°C. Do not freeze. Protect from light.

### References
**PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF**

**CYCLOPENTOLATE 1% EYE DROPS (MINIMS)**

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## Individual Authorisation

By signing this PGD you are agreeing that:

- You have read and understood the content;
- To the best of your knowledge, the content of the PGD is correct and supports best practice;
- You will act within the parameters of the PGD;
- You take responsibility for maintaining your competence and ongoing training requirements to continue to use the PGD safely.

**PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.**

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

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<tr>
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Date applicable: 1 July 2015
Version: 3.1
Review date: 1 January 2017
Expiry date: 30 June 2017
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