 **Bacterial Conjunctivitis Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Bacterial Conjunctivitis |
| **Rationale** | Treatment of superficial bacterial conjunctivitis |
| **Scope (condition and patient group)** | Adult and children presenting with symptoms consistent with a bacterial eye infection. |
| **Red Flags** | Reduced visionNewbornsAbnormal corneal examinationAching, constant pain and significant photophobiaSystemic upset such as high fever, tachycardia or dehydration |
| **Assessment** | Symptoms: * Mucopurulent discharge
* Marked irritation
* Lid swelling
* Blurred vision

Signs: * Vision6/9 or better
* Cornea, iris and pupil normal

Check with Fluroscein drops for presence of foreign body or ulcers (if indicated). |
| **Indication** | **Treatment of superficial bacterial eye infection** |
| **Medicine** | **Chloramphenicol** 0.5% eye drops |
| **Dosage instructions** | Insert ONE drop into affected eye/s 4 to 6 times per day for 5 to 7 days or until the eye has been clear for 2 days |
| **Route of administration** | Eye drops (intra ocular) |
| **Quantity to be given** | 1 x 10mL bottle |
| **Contraindications** | Allergy to chloramphenicol or its excipients  |
| **Precautions** | * In order to minimise systemic absorption of the eye drops, apply pressure to the tear duct for 2 minutes immediately after administration.
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| **Additional information** | Warn patients that it takes 2-3 days before the irritation begins to subside even if the drops are effective.Can use symptomatic measures to help irritation, such as a cool flannel over lids.Bacterial conjunctivitis is highly contagious so take care to wash hands, use separate towels and avoid touching the face.Advice for contact lens wearers* Refrain from wearing lenses for the duration of the infection and for 48 hours after it has cleared.
* Throw out any disposable lenses and use new ones once the infection has cleared
* If using non-disposable lenses, ensure a full and complete cleaning and storage regime before reusing the lenses.
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| **Follow-up** | Routine follow-up is not required if no cellulitis.Advise patients to make another appointment if they experience a decline in vision, fever, diplopia or severe pain or any other ongoing concerns |
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| **Countersigning and auditing** | Countersigning is not required. Audited monthly.OR Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| Definition of terms used in standing order | None |

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| Medical Centre or Clinic: |  |

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| Signed by issuers |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Nurses operating under this standing order |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_