



Medical Directive

Title: Assessment and Treatment of Pink Eye (Conjunctivitis)

Number: HFHT 04

Activation Date: March 1, 2010

Review due by: March 1, 2011

Sponsoring/Contact Person(s) **Laurel Cooke RN, Clinical Practice Leader, HFHT**
(name, position, contact particulars): 905-667-4848 ext 127, laurel.cooke@hamiltonfht.ca

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Assessment for, and treatment of, Pink Eye (Conjunctivitis) by Registered Nurses or Registered Practical Nurses, either in person or over the phone.</p>		
Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. All active patients of HFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), who require assessment for, and treatment of, Pink Eye (Conjunctivitis).</p>		
Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 1 Implementer Approval Form
<p>1. Hamilton FHT Registered Nurses (RN) *</p> <p>2. Hamilton FHT Registered Practical Nurses (RPN) *</p> <p>* The implementing RN/RPN must receive orientation from the authorizing physician, with regards to the task. The RN/RPN and authorizing physician must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RN/RPN indicating acceptance of this medical directive.</p>		
Indications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Verbal consent received from the patient for the implementing RN/RPN to assess and treat for Pink Eye (Conjunctivitis).</p> <p>2. Patient symptoms consistent with Pink Eye (Conjunctivitis), including: weepy eye(s), goopy or crusty eye(s)—particularly upon waking, discoloration of the white of the eye (ie. pink or red), itchy/irritated eye(s).</p>		

Contraindications:

1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.
2. Patient complains of **eye pain**.
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.
3. Patient reports **decreased vision**.
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.
4. Patient has **eye injury**.
 - For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an urgent appointment with the physician and/or consults with the physician for further direction on patient care: in a timely manner as per usual practice with urgent calls.

Consent:

Appendix Attached: Yes No

Title:

1. Patients of HFHT Family Physicians.
2. RN/RPN obtains verbal patient consent prior to the implementation of care.

Guidelines for Implementing the Order / Procedure:

Appendix Attached: Yes No

Title:

1. For assessment and treatment of Patients who meet the **Indications** described above:
 - The RN/RPN assesses the patient for symptoms of Pink Eye (Conjunctivitis) including: weepy eye(s), goopy or crusty eye(s)—particularly upon waking, discoloration of the white of the eye (ie. pink or red), itchy eye(s), and previous contact with children.
 - If the above assessment is conducted in the office setting consideration should be given to evaluation of visual acuity using a Snellen chart or other reliable assessment tool.
 - The RN/RPN documents the assessment in the EMR as per the documentation guidelines below.
 - The RN/RPN forwards a prescription for to the patient's pharmacy per the attached Order Table.
 - If the patient is a child, the caregiver is advised that the child can return to school 24 hours after initiating treatment.
 - In the infections that may develop intermittently in the immature tear ducts of children (dacryocystitis), hot compresses and massage of the area over the tear duct may be useful as adjunct to the solution.
 - Patients are also informed of requirement for infection control and frequent handwashing for the duration of treatment.

Documentation and Communication:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 3 Recommended Format for a Prescription or Requisition
<ol style="list-style-type: none"> 1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice. * 3. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation. <p>* Potter, P.A. & Perry, A.G. (2006). <i>Fundamentals of Nursing</i>. St. Louis: Mosby.</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RN/RPN. 3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RN/RPN. 	
Administrative Approvals (as applicable):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Not Applicable	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 2 Authorizer Approval Form
<ol style="list-style-type: none"> 1. Hamilton FHT Family Physician 'Authorizer Approval Form'/ Signatures attached. 	

Order Table Form: Assessment and Treatment of Pink Eye (Conjunctivitis)

Order	Indications	Contraindications	Notes (Optional)
<p>Gentamycin (Garamycin): 2 drops QID x 5-7 days.</p>	<p>For treatment of superficial bacterial infections of the conjunctiva, cornea, eyelids, tear ducts and skin adjacent to the eye.</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Contact lens wear during treatment</p>	<p>Caution for all medications on this list:</p> <p>Consult with physician regarding treatment during pregnancy and lactation</p> <p>Patients should be advised to avoid contaminating the tip of the multidose tube through contact with the eye, eyelid or any other objects during administration.</p>
<p>Fucithalamic acid 1% 1 drop BID x 5-7 days</p>	<p>Treatment of superficial infections of the eye and its adnexa (i.e., conjunctivitis) caused by fusidic acid susceptible strains of the designated bacteria in adults and children (≥2 years of age).</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Contact lens wear during treatment</p> <p>Enterobacteriaceae and Pseudomonas are resistant to fusidic acid.</p>	
<p>Ofloxacin (Ocuflox): 1 to 2 drops every 2 to 4 hours for the first 2 days, and then 4 times daily in the affected eye(s) for 8 days.</p>	<p>For the treatment of conjunctivitis when caused by susceptible strains of the following bacteria: Gram-positive bacteria: <i>S. aureus</i>, <i>S. epidermidis</i>, <i>S. pneumoniae</i>. Gram-negative bacteria: <i>H. influenzae</i>.</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Contact lens wear during treatment</p> <p>Safety and effectiveness of ofloxacin in children have not been established.</p>	

<p>Polymyxin B gramicidin (Neosporin Eye and Ear Solution) 1 or 2 drops in the affected eye 2 to 4 times a day, or more frequently as required for up to 7 days.</p>	<p>For treatment of bacterial conjunctivitis</p> <p>OTC preparation</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Contact lens wear during treatment</p> <p>Neosporin is not recommended for use in neonates and infants (<2 years)</p>	<p>After a maximal course, treatment should not be repeated for at least 3 months.</p>
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References

Canadian Pharmacists Association (2005). Compendium of Pharmaceuticals and Specialties. Online version (e-CPS).

Pilla, N.J., Rosser, W.W., Pennie, R.A., and the Anti-infective Review Panel. (2005). Anti-infective Guideline for Community-acquired Infections. Toronto:MUMS Guideline Clearinghouse.

Appendix 3 Recommended Format for a Prescription or Requisition

Assessment and Treatment of Pink Eye (Conjunctivitis)

Medical Directive # HFHT 04

A prescription or requisition for laboratory specimen complete pursuant to a medical directive must include:

- Name and Number of the Directive
- Name of Authorizer
- Name and Signature of the Implementer

The following sample illustrates the recommended format for including this information. The format readily signifies to pharmacists that they have the proper order, permitting them to dispense the prescribed medication, in accordance with legislative and regulatory requirements. Should there be questions about the prescription the pharmacist would contact the implementer. If questions cannot be resolved the physician or authorizer would be contacted for clarification. The physician or authorizer is recorded as the prescriber. Where requested a copy of the medical directive can be forwarded to the pharmacist. The sample prescription is appended to the directive.

The same convention would apply to requisitions received by medical laboratory technicians that are completed pursuant to a directive.

Dr. J.D. Authorizer, MD, CCFP.
Hamilton Family Health Team
10 George Street
Hamilton, ON
905 667-4848

Date: March 1, 2010
Patient: Christa Jones, 100 Main Street, Hamilton

Septra DS, BID
Mitte: 7 days
Repeat: 0

(Signature)

Dr. J.D. Authorizer, MD, CCFP /R.F. Jane Smith RN
(R.F. Jane Smith RN, HFHT 03)