3.3 Standing Order for supply of Amethocaine Hydrochloride eye drops

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Standing order for Amethocaine Hydrochloride eye drops</th>
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</thead>
<tbody>
<tr>
<td>Trade Name(s)</td>
<td>Minims Amethocaine Eye Drops</td>
</tr>
<tr>
<td>Presentation</td>
<td>Clear, colourless sterile eye drops 0.5% (5mg/mL), or 1% (10mg/mL) Single patient, single use</td>
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<tr>
<td>Indication</td>
<td>Production of local anaesthesia in the eye. Reduces pain to facilitate adequate eye exam</td>
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<tr>
<td>Contraindications</td>
<td>Current use of sulphur based antibiotics (sulphonamides)</td>
</tr>
<tr>
<td>Precautions</td>
<td>Instruct patient not to rub or touch the affected eye while anaesthesia persists. Should be used with caution in children, as this group is more susceptible to drug effects.</td>
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<tr>
<td>Dose</td>
<td>1 drop into affected eye/s, repeated every 5 minutes if necessary. Up to 3 drops may be used for foreign body removal</td>
</tr>
<tr>
<td>Dose frequency</td>
<td>Single dose</td>
</tr>
</tbody>
</table>

**Administration**

- **To be administered in hospital only.**
- Ensure contact lenses are removed
- Instil dose into affected eye/s
- (see Emergency Eye Manual pg. 26 for eye drop instructions)
- Instruct patient not to rub or touch the affected eye while anaesthesia persists

**Storage**

Refrigerate and store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.

**Adverse effects**

- On instillation an initial burning sensation may be experienced. This may last for up to 30 seconds
- Blurred vision, lacrimation (watery eyes)
- Persistent use may result in corneal damage
- Never give patient anaesthetic drops to take home

**Nursing Accreditation Requirements**

An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a Local Facilitator, in accordance with the NDEC Education and Accreditation Framework.

**Documentation**

Administration record is to be documented by the administering nurse. Document on the “once only” section of the appropriate medication chart. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration.

**Related Documents**


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1 The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration