Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Opthamology SSTP – for assessment and dilation
Approval

I, Paul Burgess, A/Chief Health Officer:

(a) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(b) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 18/11/2024

A/Chief Health Officer

Schedule A

Title	Publication Date	Author
Tetracaine 1%, Oxybuprocaine 0.4%, Fluorescein 2% sodium, Eye Drops for Ophthalmic Assessment Scheduled Substance Treatment Protocol (SSTP)	18 November 2024	Ophthalmology, Northern Territory Government, Department of Health.
Phenylephrine & Tropicamide Eye Drops for Eye Dilation prior to examination (children over 5 years old & adults) Substance Treatment Protocol (SSTP)	18 November 2024	Ophthalmology, Northern Territory Government, Department of Health.
Cyclopentolate for Eye Dilation prior to examination (Children under 5 years) Scheduled Substance Treatment Protocol (SSTP)	18 November 2024	Ophthalmology, Northern Territory Government, Department of Health.

SSTP

Tetracaine 1%, Oxybuprocaine 0.4%, Fluorescein 2% sodium, Eye Drops for Ophthalmic Assessment Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	NT Health services
Health Professionals authorised by this SSTP	Orthoptists Nurses
Scheduled Substance(s)	Oxybuprocaine 0.4% for ocular use (local anaesthetic) Tetracaine (amethocaine) 1% for ocular use (local anaesthetic) Fluorescein sodium 2% for ocular use (local a diagnostic stain)
Indication	For assessment of; • Ocular surface and cornea • Intraocular Pressure via Goldman Applanation Tonometry
Contraindications and/or Exclusions*	• Known allergy to Oxybuprocaine or any other local anaesthetic • Known allergy to Tetracaine or any other local anaesthetic • Tetracaine not to be used if a patient is on sulphonamides (acetazolamide) • Known allergy to Fluorescein • Fluorescein not to be used with soft contact lenses (CL) in, CL need to be removed Oxybuprocaine Hydrochloride 0.4% not to be used during pregnancy or lactation
Dose and Route*	• Step 1: Oxybuprocaine* 0.4%: 1 drop into eye(s) Wait 3-5 minutes follow with • Step 2: Fluorescein 2%: 1 drop into eye(s) *Oxybuprocaine 0.4% is the preferred local anaesthetic, if this is unavailable Tetracaine 1%: 1 drop into eye(s) can be used as a substitution for step 1
Administration	Drops are to be administered: • Into each eye(s) to be examined To reduce systemic absorption, compress the lacrimal sac at the medial cantus for a minute during and following the administration of each eye drop

Dose Frequency*	One drop into your eye(s) of oxybuprocaine 0.4% or Tetracaine 1%: repeat in 1–2 minutes if necessary (up to 6 drops) and before starting the assessment on your eye(s). One or two drops into your eye(s) of Fluorescein 2% before starting assessment on your eye(s)
Drug Interactions*	• Oxybuprocaine: Anticholinesterases. Members of this class include donepezil, edrophonium, galantamine, neostigmine, pyridostigmine and rivastigmine. • Tetracaine: Sulphonamides. Members of this class include sulphamethoxazole, sulphasalazine, celecoxib, probenecid, frusomide, hydrochlorothiazide
Monitoring requirements*	**Post Installation;** No monitoring required
Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Orthoptists*** • Be registered with the Australian Orthoptic Board with no conditions or undertakings which may limit delivery of clinical services directly to patients • Maintain continuing professional development related to skills and competencies required for the delivery of medicines ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients • Be in a workplace alongside an eye health professional (Ophthalmologist, Orthoptist, Optometrist, Nurse Practitioner) • Nurses who have a Graduate Certificate in Ophthalmic Nursing can dilate pupils in the absence of an eye health professional • Maintain continuing professional development related to skills and competencies required for the delivery of medicines **All health professionals following this protocol must:** • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required.
Documentation *(including necessary information to the patient)*	The health professional must: • Complete all clinical documentation requirements as outlined by the Health Service. • Documented specific medicine administered (i.e. oxybuprocaine or tetracaine) and fluorescein and indicate it has been administered as per Eye Drops for Ophthalmic Assessment SSTP. ***Education***

<table>
<tr><td></td><td colspan="3">Prior to administering patient should be educated about the side effects of the eye drops including;
Fluorescein – yellow haze to vision, yellow stain of conjunctiva, lid margins
Tetracaine & Oxybuprocaine – numbness of the eye, short term stinging</td></tr>
<tr><td>Related Documents</td><td colspan="3">Minims Amethocaine (Tetracaine) Eye Drops - NPS MedicineWise
Minims Lidocaine (Lignocaine) & Fluorescein Eye Drops - NPS MedicineWise
Minims Oxybuprocaine Eye Drops - NPS MedicineWise
Local Eye Induction Training package</td></tr>
<tr><td rowspan="2">Unit Head/s (Medical Officer)</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td></td><td>Dr Tim Henderson, Director of Ophthalmology</td><td>27/09/2024</td></tr>
<tr><td rowspan="2">Medicine Governance Committee Chair</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td></td><td>Jennifer Collins, Co-Chair of NT Medicines & Therapeutics Committee</td><td>04/11/2024</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2024/324769</td><td>Adjunct Prof Paul Burgess A/Chief Health Officer</td><td>18/11/2024</td></tr>
<tr><td>Period of effect</td><td colspan="3">This SSTP is in effect until 18/11/2026 unless revoked earlier</td></tr>
<tr><td colspan="4">References:
* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration</td></tr>
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SSTP

Phenylephrine & Tropicamide Eye Drops for Eye Dilation prior to examination (children over 5 years old & adults) Substance Treatment Protocol (SSTP)

Areas Applicable	All NT Health Services
Health Professionals authorised by this SSTP	Orthoptists Nurses
Scheduled Substance(s)	Phenylephrine 2.5% for ocular use Phenylephrine 10% for ocular use Tropicamide 1% for ocular use
Indication	Eye dilation prior to examination by an eye health professional
Contraindications and/or Exclusions*	***Contraindications*** • Neonates, preterm infants and children with spastic paralysis or brain damage • Intraocular Pressure (IOP) greater than 23mmHg • Patient has significant head injury • Patient has had, or is, referred for selective Laser Trabeculoplasty or Laser Iridotomy • Patient has Acute angle-closure glaucoma, or is, referred for narrow angles, or at risk of future for angle-closure glaucoma • Patient is referred for Gonioscopy • Patient has pre-existing cardiovascular disease • Patient has long standing bronchial asthma • Patients referred to eye clinic for neurological review • Recent or new Relative Afferent Pupillary Defect (RAPD) • Lenticular subluxation • Known allergy to Phenylephrine, Tropicamide, or any of the excipient ingredients in the eye drops • Pregnancy • Do not use 10% phenylephrine in children under the age of 18 or elderly persons greater than 75 years old as this may increase the risk of systemic toxicity; use 2.5% phenylephrine in children under the age of 18 and older adults aged greater than 75yrs)

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	Precautions • Topical phenylephrine can cause blood pressure elevation. If patients are taking anti-hypertensive medications or insulin-dependent diabetes use Phenylephrine 2.5% do NOT use phenylephrine 10%.
Dose and Route*	**Children aged over 5 years and under 18 years:** Step 1: Administer into the eye(s) 1 drop of Phenylephrine 2.5% Wait 2 to 5 minutes Step 2: Administer into the eye(s) 1 drop of Tropicamide 1% **Adults aged between 18 years and 75 years:** Step 1: Administer into the eye(s) 1 drop of Phenylephrine 2.5%* Wait 2 to 5 minutes Step 2: Administer into the eye(s) 1 drop of Tropicamide 1% *Use Phenylephrine 10% if patient is recorded to have a poor dilation response to Phenylephrine 2.5% **Adults aged greater than 75 years:** Step 1: Administer into the eye(s) 1 drop of Phenylephrine 2.5% Wait 2 to 5 minutes Step 2: Administer into the eye(s) 1 drop of Tropicamide 1%
Administration	Drops are to be administered: • into each eye(s) to be examined • 15 to 20 minutes before eye examination To reduce systemic absorption, compress the lacrimal sac at the medial canthus for a minute during and following the administration of the each drop
Dose Frequency*	Single doses to achieve therapeutic effect – appropriate dilation of pupils. Repeated doses are approved for adequate pupil dilation for eye assessment. **Children aged over 5 years and under 18 years:** up to two doses: wait 15-20 minutes after initial dose; check pupils if inadequate dilation repeat 1 drop of Phenylephrine 2.5%, wait 2 to 5 minutes then, instil 1 drop of Tropicamide 1% **Adults aged over 18 years:** up to four doses: wait 15-20 minutes after initial dose; check pupils if inadequate dilation repeat 1 drop of Phenylephrine 2.5%, wait 2 to 5 minutes then, instil 1 drop of Tropicamide 1%
Drug Interactions*	Tropicamide may interact with • the antihypertensive action of carbachol, • Pilocarpine or ophthalmic cholinesterase inhibitors • the gastromotility action of cisapride Phenylephrine may interact with:

	• Monoamine oxidase inhibitors (MAOI): There is an increased risk of adrenergic reactions when used simultaneously and within 3 weeks of stopping a MAOI. • Tricyclic anti-depressants (TCA): The pressor response to adrenergic agents and the risk of cardiac arrhythmia may be potentiated in patients taking tricyclic anti-depressants and for a few days after stopping a TCA. • Halothane & other anaesthetic agents: Because of the increased risk of ventricular fibrillation, phenylephrine should be used with caution during general anaesthesia with anaesthetic agents which sensitise the myocardium to sympathomimetics. • Cardiac glycosides or quinidine: There is an increased risk of arrhythmias if phenylephrine is used in patients taking cardiac glycosides or quinidine
Monitoring requirements*	**Post Dilation** Clinicians should be guided by normal observations of the pupil size ensuring they are adequately dilated and not constricting with light.
Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Orthoptists*** • Be registered with the Australian Orthoptic Board with no conditions or undertakings which may limit delivery of clinical services directly to patients • Maintain continuing professional development related to skills and competencies required for the delivery of medicines ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients • Be in a workplace alongside an eye health professional (Ophthalmologist, Orthoptist, Optometrist, Nurse Practitioner) • Nurses who have a Graduate Certificate in Ophthalmic Nursing can dilate pupils in the absence of an eye health professional • Nurses whom do not have a Graduate Certificate in Ophthalmic Nursing are required to have reviewed the induction package and completed the Eye Drop Competency • Maintain continuing professional development related to skills and competencies required for the delivery of medicines **All health professionals following this protocol must:** • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required
Documentation *(including necessary*	The health professional must:

information to the patient)	• Complete all clinical documentation requirements as outlined by the Health Service.
	• Documented specific medicine administered and strength and indicate they have been administered as per Eye Drops for Eye Dilation prior to examination SSTP
	• Counsel the patient or carer that:
	  • Enlarged pupils cause blurred vision and sensitivity to bright light; wearing dark glasses may help. This can also impair the ability to judge distance. Do not drive or operate machinery while vision is disturbed or your child may not be able to perform skilled tasks until their vision clears.
	  • They must advise a health professional if the eye becomes painful or red, or if vision deteriorates.		

Related Documents	Current version of the electronic Australian Medical Handbook July 2024 sections: • Tropicamide • Phenylephrine (eye) MIMS Medicines Information Full product information Minims Phenylephrine Hydrochloride Eye Drops revision date 01 March 2021 MIMS Medicines Information Full product information Minims Tropicamide Eye Drops revision date 1 July 2020 Local Eye Induction Training package		
Unit Head/s (Medical Officer)	**Signature**	**Name**	**Date**
		Dr Tim Henderson, Director of Ophthalmology	27/09/2024
Medicine Governance Committee Chair	**Signature**	**Name**	**Date**
		Dr Tim Henderson, Director of Ophthalmology	27/09/2024
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2024/324770	Adjunct Prof Paul Burgess A/Chief Health Officer	18/11/2024
Period of effect	This SSTP is in effect until 18/11/2026 unless revoked earlier		

References:
* The drug information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or interactions are present refer to medical officer before administration

Cyclopentolate for Eye Dilation prior to examination (Children under 5 years) Scheduled Substance Treatment Protocol (SSTP)

Areas Applicable	All NT Health Services
Health Professionals authorised by this SSTP	Orthoptists Nurses
Scheduled Substance(s)	Cyclopentolate 0.5% for ocular use Cyclopentolate 1% for ocular use
Indication	Eye dilation for children prior to examination by an eye health professional
Contraindications and/or Exclusions*	***Contraindications:*** • Neonates, preterm infants and children with spastic paralysis or brain damage • Down syndrome • Patient has significant head injury • Intraocular Pressure (IOP) greater than 23mmHg • Patient has had, or is, referred for selective Laser Trabeculoplasty or Laser Iridotomy • Patient has, or is referred for, narrow angles • Lenticular subluxation • Patient is referred for Gonioscopy • Acute angle-closure glaucoma, or risk facture for angle-closure glaucoma • Patients referred to eye clinic for neurological review • Recent or new Relative Afferent Pupillary Defect (RAPD) • Known allergy to Cyclopentolate or any of the excipient ingredients in the eye drops ***Precautions*** • Children with low Body Mass Index are at greatest risk of moderate to severe drowsiness
Dose and Route*	**Children aged under 12 months:** Administer into the eye(s) 1 drop Cyclopentolate 0.5% **Children aged over 12 months and under 5 years:** Administer into the eye(s) 1 drop Cyclopentolate 1.0%

Administration	Drops are to be administered: • into each eye(s) to be examined • 30 to 60 minutes before eye examination To reduce systemic absorption, compress the lacrimal sac at the medial canthus for a minute during and following the administration of the each drop
Dose Frequency*	Single doses to achieve therapeutic effect – appropriate dilation of pupils. Repeated doses are approved for adequate pupil dilation for eye assessment. Up to two doses for children to ensure appropriate dilation and no pupil response to light. Wait 20 minutes after initial dose and check pupil response if in sufficiently dilated or pupil constricts to light repeat Cyclopentolate either 0.5% or 1% according to age.
Drug Interactions*	Nil
Monitoring requirements*	**Pre Dilation** • Visual acuity • Intraocular Pressure • Relative Afferent Pupillary Defect (RAPD) **Post Dilation** Clinicians should be guided by of the pupil size ensuring they are adequately dilated and not constricting with light. Ensure there is no new pain or redness of the eyes Observe children for at least 30 to 45 minutes after instillation
Health Professional Accreditation Requirements	Health professionals using this guideline must meet the requirements outlined by the NT Chief Health Officer: ***Orthoptists*** • Be registered with the Australian Orthoptic Board with no conditions or undertakings which may limit delivery of clinical services directly to patients • Maintain continuing professional development related to skills and competencies required for the delivery of medicines ***Nurses and Midwives***: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients • Be in a workplace alongside an eye health professional (Ophthalmologist, Orthoptist, Optometrist, Nurse Practitioner) • Nurses who have a Graduate Certificate in Ophthalmic Nursing can dilate pupils in the absence of an eye health professional • Nurses whom do not have a Graduate Certificate in Ophthalmic Nursing are required to have reviewed the induction package and completed the Eye Drop Competency • Maintain continuing professional development related to skills and competencies required for the delivery of medicines

	All health professionals following this protocol must: • Hold a current Basic Life Support Certificate or Provide First Aid Certificate and provide documentary evidence of the qualifications when required		

Documentation *(including necessary information to the patient)*	The health professional must:
	• Complete all clinical documentation requirements as outlined by the Health Service.
	• Documented specific medicine administered and strength and indicate they have been administered as per Eye Drops for Eye Dilation prior to examination SSTP
	• Counsel the carer that:
	  • enlarged pupils cause blurred vision and sensitivity to bright light; your child may not be able to perform skilled tasks until their vision clears.
	  • Withhold feeding of infants for 4 hours post-exam
	  • They must advise a health professional if the eye becomes painful or red, or if vision deteriorates.		

Related Documents	Current version of the electronic Australian Medical Handbook July 2024 sections: Cyclopentolate MIMS Medicines Information Full product information Minims Cyclopentolate Eye Drops revision date 1 June 2021 Local Eye Induction Training package		
Unit Head/s (Medical Officer)	**Signature**	**Name**	**Date**
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		Jennifer Collins, Co-Chair of NT Medicines & Therapeutics Committee	04/11/2024
Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2024/324771	Adjunct Prof Paul Burgess A/Chief Health Officer	18/11/2024
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