Gwent Shared Care Protocol

LITHIUM *(BNF section 4.2.3)*

for all licensed indications (see section 1 below)

### Protocol No. 22

**PLEASE CHECK** [http://www.gpmtc.wales.nhs.uk](http://www.gpmtc.wales.nhs.uk) FOR THE LATEST VERSION OF THIS PROTOCOL

| General guidance | The ABHB Medicines and Therapeutics Committee has agreed this protocol. It outlines shared care arrangements (between Mental Health/Learning Disability specialist and GP) for lithium when used for any of its licensed indications.

**THIS PROTOCOL ONLY COVERS SITUATIONS WHERE NON-SPECIALISTS PRESCRIBE LITHIUM.** 1 IT SETS OUT THE MONITORING RESPONSIBILITIES FOR HEALTHCARE PROFESSIONALS IN THE FOLLOWING SITUATIONS:

1. WHERE GP BOTH PRESCRIBES AND MONITORS PATIENT ON LITHIUM
2. WHERE GP PRESCRIBES BUT MONITORING RESPONSIBILITY IS UNDERTAKEN BY ONE OF THE 7 LITHIUM CLINICS IN GWENT (see Box 10 below)

This document should be read in conjunction with:

1. The Shared Care Agreement Form (see below)
2. The Summary of Product Characteristics (Data Sheet) for lithium carbonate (Priadel®):
   [http://www.medicines.org.uk/EMC/medicine/6983/SPC/Priadel+200mg+%26+400mg+prolonged+release+tablets/](http://www.medicines.org.uk/EMC/medicine/6983/SPC/Priadel+200mg+%26+400mg+prolonged+release+tablets/)
   and for lithium citrate liquid -

### 1. Licensed indication

The therapeutic indications for lithium treatment are:

- In the management of acute mania or hypomanic episodes.
- In the management of recurrent depressive disorder where treatment with other antidepressants has been unsuccessful and/or as an adjunct with other antidepressants.
- As a prophylactic in bipolar affective disorder.
- Control of aggressive behaviour or intentional self-harm often in the context of personality disorder.

Lithium’s use in the treatment of bipolar disorder is supported by both the 2006 NICE ([http://guidance.nice.org.uk/CG38](http://guidance.nice.org.uk/CG38)) and the 2009 British Association for Psychopharmacology ([http://www.bap.org.uk/pdfs/Bipolar_guidelines.pdf](http://www.bap.org.uk/pdfs/Bipolar_guidelines.pdf)) guidelines on bipolar disorder. Its use in refractory depression is supported by the 2009 NICE guidelines on depression ([http://guidance.nice.org.uk/CG90](http://guidance.nice.org.uk/CG90)).

For most patients, lithium is a long-term treatment. For example it is recommended that patients with bipolar disorder take lithium for at least three years.

### 2. Therapeutic use & Background information

In acute mania, lithium should only be used in patients who have responded to lithium before and whose symptoms are not severe. The decision to give prophylactic lithium requires specialist advice, and must be based on careful consideration of the likelihood of recurrence in the individual patient, and the benefit of treatment vs risks. The full prophylactic effect of lithium may not occur for 6 to 12 months after the initiation of therapy.

Long-term use of lithium has been associated with thyroid disorders and mild cognitive and memory impairment. Long-term treatment should therefore be undertaken only with careful assessment of risk and benefit, and with monitoring of thyroid function every 6 months (more often if there is evidence of deterioration).

The need for continued therapy should be assessed regularly and patients should be maintained on lithium after 3–5 years only if benefit persists.

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1 GMC guidance is that it is the prescriber’s responsibility to agree with the patient arrangements for appropriate follow-up and monitoring.

*This Shared Care Protocol should be read in conjunction with the appropriate Summary of Product Characteristics*

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**Status:** APPROVED

**Approved by:** ABHB MTC

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**Issue Date:** December 2011

**Review Date:** December 2014
3. Contra‐indications

Lithium is contraindicated in patients with:
1. Hypersensitivity to lithium or to any of the excipients.
2. Cardiac disease or cardiac insufficiency.
3. Severe renal impairment.
4. Untreated hypothyroidism.
5. Low body sodium levels, including for example dehydrated patients or those on low sodium diets.
6. Addison’s disease.
7. Brugada syndrome or family history of Brugada syndrome.

Breast‐feeding is also a contraindication for lithium.

Women who are considering pregnancy should normally be advised to stop taking lithium and alternative drugs should be considered – seek specialist Mental Health/Learning Disabilities advice.

4. Typical dosage regimen (adults)

Dosing should start at a low level such as 400mg once daily, or 200mg once daily in those cases of special precaution (e.g. elderly patients, those with impaired renal function, those receiving neuroleptics concomitantly and those with a history of seizures or receiving ECT).

As the bioavailability of various preparations of lithium varies, it is important to indicate clearly the intended product. Lithium must be prescribed by product name e.g. Priadel® instead of ‘lithium carbonate’.

Notes:
- dosage and lithium levels are approximately proportional such that a doubling of the dose leads to doubling of the concentration.
- older adults may require a maintenance level to run at the low end of the range and may even gain therapeutic benefit from a level of 0.3mmol/l. Some can experience toxicity within the therapeutic range so caution has to be exercised.
- Where the dose of lithium is altered this should be reflected as soon as is practical in the purple Record Book.

Stopping lithium

Planned discontinuation: lithium therapy should involve a gradual reduction of dose over at least 4 weeks and preferably over up to 3 months even if the patient is taking another anti‐manic agent.

Urgent termination due to toxicity: immediate withdrawal is indicated.

5. Drug interactions

Check BNF Appendix 1 before co‐prescribing any other drug.

Interactions may cause symptoms of lithium toxicity despite therapeutic levels.

The more important interactions include:
- Thiazide diuretics.
- ACE inhibitors.
- Angiotensin‐II Receptor Antagonists
- NSAIDs (except aspirin and suldinac) low dose ibuprofen is usually safe.

Other interactions may lower the lithium level, some of the important ones being:
- Theophylline or aminophylline
- Sodium containing drugs e.g. sodium bicarbonate, including Solpadeine®.

6. Adverse drug reactions

All healthcare professionals have a responsibility to patients in advising/acting on suspected adverse drug reactions.

Side effects are often related to serum lithium concentration and are less common in patients with plasma lithium concentrations below 1.0mmol/l.

<table>
<thead>
<tr>
<th>Clinical condition</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothyroidism</td>
<td>See below under 8. Monitoring</td>
</tr>
<tr>
<td>Overt hypothyroidism has been found in between 8% and 15% of people on lithium</td>
<td></td>
</tr>
<tr>
<td>Lithium toxicity</td>
<td>See below under 8. Monitoring</td>
</tr>
<tr>
<td>Signs of toxicity include blurred vision, confusion, gastrointestinal symptoms (sickness, stomach pain or diarrhoea), drowsiness, slurred speech, tremor, ataxia, dysarthria, nystagmus and convulsions.</td>
<td></td>
</tr>
<tr>
<td>Weight gain and oedema</td>
<td>If no response to dietary/lifestyle advice –</td>
</tr>
</tbody>
</table>
7. Baseline investigations

**Undertaken by specialist Mental Health/Learning Disabilities centre**

1. Thyroid Stimulating Hormone (TSH) **ENSURE THAT THIS RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK**
2. U&Es
3. e-GFR (estimated glomerular filtration rate - see page 17 of BNF section on Prescribing in Renal Impairment for guidance) **ENSURE THAT THIS RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK**
4. Serum calcium (bone chemistry)
5. ECG – If patient has existing or risk factors for cardiovascular disease
6. FBC – arrange a full blood count if clinically indicated
7. Body weight/ BMI **ENSURE THAT THIS RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK**

8. Monitoring

**Initial Monitoring:** (via specialist centre)
Weekly lithium levels until patient has reached a stable maintenance dose

**Ongoing Monitoring:** (via GP)

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Result</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum lithium level *</td>
<td>Target serum lithium concentration is 0.5 to 0.8 mmol/l. In resistant cases a range of 0.8 to 1.0 mmol/l may be advised.</td>
<td></td>
</tr>
<tr>
<td><em>every 3 months</em></td>
<td></td>
<td>Lithium concentration &gt; 1 mmol/l is important and requires urgent action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>See table below and Box 6 above for signs of toxicity</td>
</tr>
<tr>
<td>Body weight/BMI *</td>
<td>Rapid increase in BMI (25-30 = overweight, 30-35 = obese, 35-40 severely obese, &gt;40 = morbidly obese)</td>
<td></td>
</tr>
<tr>
<td><em>every 3 months</em></td>
<td></td>
<td>If no response to dietary/lifestyle advice – discuss with Mental Health/Learning Disabilities specialist as may respond to dose reduction</td>
</tr>
</tbody>
</table>

*WHOEVER INITIATES TESTS FOR SERUM LITHIUM LEVELS IS RESPONSIBLE FOR ACTING ON ABNORMAL LITHIUM RESULTS AS WELL AS ENSURING THAT THE TEST RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK*

**Note:** dosage and lithium levels are approximately proportional such that a doubling of the dose leads to doubling of the concentration.

*The use of SST vaccutainers is required.*

*WHOEVER INITIATES TESTS FOR SERUM LITHIUM LEVELS IS RESPONSIBLE FOR ACTING ON ABNORMAL LITHIUM RESULTS AS WELL AS ENSURING THAT THE TEST RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK*

*Note:* blood should be taken 12 to 16 hours after the last dose of lithium. Patients usually take lithium at the end of the day and levels are then done the subsequent morning. Those patients who take a morning dose should be advised to omit it prior to the blood test.

*Note:* blood should be taken 12 to 16 hours after the last dose of lithium. Patients usually take lithium at the end of the day and levels are then done the subsequent morning. Those patients who take a morning dose should be advised to omit it prior to the blood test.
### Symptoms of neurotoxicity

including paraesthesia, ataxia, tremor and cognitive impairment, which can occur at therapeutic levels.

**every 3 months**

- Discuss with Mental Health/Learning Disabilities specialist

### U&Es *

**every 6 months** (more often if there is evidence of deterioration or if the patient has other risk factors, such as starting ACE inhibitors, NSAIDs, or diuretics).

**ENSURE THAT THE TEST RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK**

- Rapid deterioration in e-GFR or if e-GFR goes into Moderate (Stage 3) renal impairment range
- The decision whether to continue lithium depends on clinical efficacy, and degree of renal impairment; prescribers should consider seeking advice from a renal and Mental Health/Learning Disabilities specialists.

### Serum calcium level

**annually**

Long term lithium treatment associated with hyperparathyroidism and hypercalcaemia

- Discuss with specialist if raised

### Thyroid Stimulating Hormone (TSH) *

**annually**

OR every 4 to 6 weeks if TSH raised

**ENSURE THAT THE TEST RESULT IS ENTERED INTO THE PATIENT’S PURPLE RECORD BOOK**

Lithium treatment increases the risk of clinical hypothyroidism up to five-fold, the risk being particularly high in women who are 40-59 years old.

- Serum TSH above twice the ‘normal’ limit, (> 10mU/L)
- Serum TSH between 5 and 10mU/L

High risk of progression to overt hypothyroidism so levothyroxine should be prescribed

More frequent monitoring is indicated and a trial of levothyroxine may be appropriate particularly if the patient is symptomatic

- **Undertake more frequent tests if there is evidence of clinical deterioration, abnormal results, a change in sodium intake, or symptoms suggesting abnormal renal or thyroid function such as unexplained fatigue, or other risk factors, for example, if the patient is starting medication such as ACE inhibitors, NSAIDs or diuretics.**

### Risk situations affecting lithium levels:

- Lithium dose increase or a change to a different lithium preparation (preparations vary widely in bioavailability). Where the dose or preparation of lithium is altered this should be reflected as soon as is practical in the purple Record Book.
- Drug interactions (see box 5 above).
- Dehydration e.g. consequent upon vomiting, diarrhoea, high fever, poor oral intake, travel to a hot climate.
- Low salt intake or hyponatraemia.
- Major surgery: lithium should be stopped 24 hours prior to procedure but treatment can usually continue for minor surgery with careful monitoring of the U&Es.
- Prolonged fasting for example religious reasons.

### ACTION IF LITHIUM LEVELS FALL OUTSIDE THE OPTIMUM RANGE OR FEATURES OF TOXICITY OCCUR

GPs should discuss treatment options with Mental Health/Learning Disabilities services.

<table>
<thead>
<tr>
<th>Lithium level</th>
<th>Action for GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 0.4mmol/L</td>
<td>Repeat serum lithium level as soon as possible and to seek specialist advice on the need to adjust dose within 5 working days. Check compliance with treatment if clinically indicated. When the dose of lithium is increased this should be reflected as soon as is practical in the purple Record Book.</td>
</tr>
<tr>
<td>&gt; 1mmol/L</td>
<td>During normal working hours Contact patient same day. Check on timing of dose prior to blood test and instruct to stop lithium until advised further. Contact a doctor in the Mental</td>
</tr>
</tbody>
</table>

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This Shared Care Protocol should be read in conjunction with the appropriate Summary of Product Characteristics

Status: APPROVED

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Issue Date: December 2011

Review Date: December 2014
Health/Learning Disabilities team for advice about reducing dose or stopping treatment depending on clinical symptoms. When the dose of lithium is decreased this should be reflected as soon as is practical in the purple Record Book.
Repeat serum lithium level and adjust dose accordingly as advised by Mental Health/Learning Disabilities team.

**Out of hours**
Contact patient immediately and instruct to stop lithium. Contact consultant on-call (via NHH Switchboard 01873 732732) for advice.

<table>
<thead>
<tr>
<th>&gt; 1mmol/L Continued</th>
<th><strong>Health/Learning Disabilities team for advice</strong></th>
<th><strong>Out of hours</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>about reducing dose or stopping treatment depending on clinical symptoms. When the dose of lithium is decreased this should be reflected as soon as is practical in the purple Record Book. Repeat serum lithium level and adjust dose accordingly as advised by Mental Health/Learning Disabilities team.</td>
<td>Contact patient immediately and instruct to stop lithium. Contact consultant on-call (via NHH Switchboard 01873 732732) for advice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt; 1.5mmol/L or features of lithium toxicity</th>
<th><strong>During normal working hours</strong></th>
<th><strong>Out of hours</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact patient immediately and instruct to stop lithium until advised further, check serum lithium levels, creatinine, U&amp;Es. <strong>Contact a doctor in the Mental Health/Learning Disabilities team for advice.</strong></td>
<td>Contact patient immediately and instruct to stop lithium. Contact consultant on-call for advice.</td>
</tr>
</tbody>
</table>

Local Pathology Labs have agreed that all serum lithium levels **above 1mmol/l** will be notified by phone.

**During normal working hours**
- Contact will be made with the Lithium Clinic AND GP Practice irrespective of location sending the sample

**Out of hours**
- Lithium Clinic sending the sample – the relevant Mental Health/Learning Disabilities team will be informed
- GP practice sending the sample – the Aneurin Bevan Health Board Out-Of-Hours Service will be informed with a follow up call to GP practice on the next working day.

### 9. Pharmaceutical aspects
None

### 10. Specialist centre contact information
If needing advice or stopping lithium please contact:

**Mental Health Duty desks:**
- Caerphilly North 01443 811415
- Caerphilly South 02920 862035
- Caerphilly East 01633 618045
- Torfaen 01496 765703

**Gwent Lithium Clinics**
- **Newport [12 Park Square]** 01633 261868
  - Jeff Davies & Lynette Walker
  - Mondays & Wednesday 08.30 – 12.30
- **Talygarn Day Hospital** 01495 765735
  - Karen Addeyman
  - Tuesday Mornings
- **Abergavenny [Leven House]** 01873 735530
  - Suzanne Price & Pat Atkinson
  - [Both based at Maindiff Court Hospital]
  - Mondays 0900 – 1200
- **Chepstow [Hywel Dda]** 01291 636700
  - Sally Wolfenden & Julie Stead
  - No set Lithium Clinic. Done on individual patient basis
- **Ebbw Vale -Cwm Coch, Ysbyty Aneurin Bevan** 01495 363223
  - Tina Schimmel & Pat Morgan

**Community Learning Disability Teams**
- **Blaenau Gwent Community Learning Disabilities Team**
  - Team Base: The Bridge Centre, Foundry Bridge, Abertillery, NP13 1BQ
  - Base Contact: 01495 322658 (Louise Lewis Team Administrator)
- **Caerphilly Community Learning Disabilities Team**
  - Team Base: Ty Hafin, Gellihafl, Pontllanfraith, Blackwood, NP12 2PZ
  - Base Contact: 01443 864703 (Karen Dunn, Team Administrator)
- **Monmouthshire Community Learning Disabilities Team**
  - Team Base: Coed Glas, The Ropewalk, Abergavenny. NP7 5LE
  - Base Contact: 01873 735412/735455
- **Newport Community Learning Disabilities Team**
  - Team Base: 2nd Floor Royal Chambers, High St., Newport, NP20 1FP
  - Base Contact: 01633 235234 (Sam Collard Team Administrator)
- **Torfaen Community Learning Disabilities Team**
  - Team Base: Unit 3 & 4 Brecon Court, William...
Contact details for the Older Adult Community Mental Health Teams

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blaenau Gwent</td>
<td>Georgina Seed / Chris Martyn – 01495 353201 / 01495 353202</td>
</tr>
<tr>
<td>Caerphilly</td>
<td>Helen Darling / Les Cunvin – 01443 811363 / 01443 811497</td>
</tr>
<tr>
<td>Monmouthshire</td>
<td>Liz Evans / Dave Evans – 01873 735582 / 01291 426775</td>
</tr>
<tr>
<td>Newport</td>
<td>Leah Pilling / Sarah Maile – 01633 436737 / 01633 436880</td>
</tr>
<tr>
<td>Torfaen</td>
<td>Jane Bennett – 01495 765753</td>
</tr>
<tr>
<td>Powys</td>
<td>Andrew Richardson – 01597 825888</td>
</tr>
</tbody>
</table>

11. Criteria for shared care

Prescribing responsibility will only be transferred when:
- Treatment is for a specified indication and duration.
- Treatment has been initiated and established by the Specialist Centre.
- The patient’s initial reaction to and progress on the drug is satisfactory.
- The patient’s general physical, mental and social circumstances are such that he/she would benefit from shared care arrangements.

12. Responsibilities of initiating specialist

- The prescriber initiating treatment must cover the checklist below with the patient and complete the Lithium Initiation checklist form (attached as Appendix A below).
- To provide the patient with the NPSA’s purple Lithium Therapy Important information for patient booklet, Alert Card and Record Book.
- To outline the shared care arrangements for lithium.
- To undertake baseline monitoring, initiate lithium, and make any dosage adjustments.
- To initiate and prescribe/monitor lithium – until such time as both the dose and the patient’s mental state have stabilised, and until shared care is formally accepted by the patient’s GP/Primary Care team.
- To send the GP a Shared Care Agreement Form (see page 9) and invite them to participate in the shared care management of the patient.
- To act as a telephone contact for patients, carers and other health professionals.
- To see the patient in the event of any significant deterioration in their condition.
- To inform the GP of dosage schedule, monitoring measurements and progress of treatment after each appointment. When the dose (or preparation) of lithium is changed the specialist must ensure this change is reflected as soon as is practical in the purple Record Book.
- To inform the GP if the patient fails to attend an appointment and clearly indicate that the patient is receiving lithium.
- To review the patient at the request of the GP and to stop the treatment when considered to be no longer appropriate (i.e. for lack of efficacy or if adverse effects outweigh benefit).
- The specialist team will retain responsibility for all aspects of treatment for patients prescribed lithium outside of the product licence.

13. Responsibilities of Lithium Clinic when they are undertaking monitoring on behalf of GPs

- To follow up patients when it is considered by themselves and their physicians in their best interests.
- To monitor patients in accordance with this protocol.
- To ensure patients and prescribers are aware in a timely way of results – as the prescriber must be satisfied that it is safe to issue prescriptions (as informed by the serum lithium concentrations and relevant clinical tests) Lithium Clinics will need to pass on all test results to GP practices/prescribers.
- To ensure prescribers are informed of non attendance.
- To provide the patient with further copies of NPSA’s purple Lithium Record Book as required (these can be ordered on the BSC’s Secure Stationary Order form).
14. Responsibilities of Primary Care

- To prescribe and monitor ongoing lithium therapy in collaboration with the specialist in accordance with this protocol – repeat prescriptions should only be issued when the prescriber is satisfied that it is safe to do so, as informed by the serum lithium concentrations and relevant clinical tests.
- To provide the patient with further copies of NPSA’s purple Lithium Record Book as required (these can be ordered on the BSC’s Secure Stationary Order form).
- To inform the specialist services if the patient shows significant worsening of control of symptoms or deterioration.
- To inform the specialist services of any significant adverse reactions (and to report suspected serious adverse reactions to the MHRA using the Yellow Card scheme).

Note: nGMS MH indicators 17 and 18 (NICE menu NM21 & NM22) for 2011-12 cover the keeping of records for the percentage of patients on lithium therapy with a serum creatinine and TSH in the preceding 9 months as well as a lithium levels within the therapeutic range within the previous 4 months.

15. Responsibilities of patients/carer

- Check that where possible the specialists have provided a patient-held record or information sheet for monitoring and/or to alert other clinical staff to the treatment they are receiving.
- Share any concerns they have in relation to treatment with the medicine.
- Report any adverse effects to their specialist or GP whilst taking lithium.
- Report to the CPN or GP if they do not have a clear understanding of their treatment.
- Participate in the monitoring of therapy and the assessment of outcomes, to assist health professionals to provide safe, appropriate treatment.
- Seek medical attention if they develop diarrhoea and/or vomiting.
- Ensure they maintain their fluid intake, particularly after sweating (e.g. after exercise, in hot climates, or if they have a fever), if they are immobile for long periods or – in the case of older people – develop a chest infection or pneumonia.
- Consider stopping lithium for up to 7 days if they become acutely and severely ill with a metabolic or respiratory disturbance from whatever cause.

16. Responsibilities of Community Pharmacists

- To ensure that prescriptions are only dispensed once it is safe to do so, as informed by the serum lithium concentrations and relevant clinical tests.
- To provide the patient with further copies of NPSA’s purple Lithium Record Book if they require one (these can be ordered on the BSC’s Secure Stationary Order form).

17. Responsibilities of all prescribers

Any suspected serious adverse reaction to an established drug should be reported to MHRA via the Yellow Card scheme. http://yellowcard.mhra.gov.uk/

18. Supporting documentation / information

**Patient information leaflets:**

**Product specific information leaflets:**
2. Camcolit: http://www.medicines.org.uk/EMC/medicine/15692/PIL/CAMCOLIT+400/
4. Priadel: http://www.medicines.org.uk/EMC/medicine/11006/PIL/Priadel+200mg+%26+400mg+prolonged+release+tablets/


**Lithium Initiation checklist** (see Appendix A below)

**ABHB Local Enhanced Service documents:**
1. Lithium Monitoring Service Specification
<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2.</td>
<td>Local Enhanced Service Specification</td>
</tr>
<tr>
<td>3.</td>
<td>Application to Join Service List</td>
</tr>
<tr>
<td>4.</td>
<td>Application for Accreditation</td>
</tr>
</tbody>
</table>

**Other information:**
Shared care arrangements for lithium are also available to GPs in

| 19. GP request letter | Shared Care Agreement Form – Attached below |
Shared Care Agreement Form

ACcredited

CONSULTANT REQUEST

To: Dr.

<table>
<thead>
<tr>
<th>Your patient:</th>
<th>NHS No. (10digit):</th>
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<tr>
<th>was seen on:</th>
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<tr>
<th>with a diagnosis of:</th>
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<thead>
<tr>
<th>I recommend that the following drug is initiated:</th>
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</table>

This drug has been accepted as suitable for shared care by the ABHB MTC.
I agree to the responsibilities set out in the protocol SCP No. 22 (copy attached). **This should be read in conjunction with the definition of shared care at:**

Your practice is accredited to provide near patient testing for lithium as a Local Enhanced Service. I am therefore requesting your agreement to share the care of this patient. The preliminary tests set out in the protocol have been carried out. I am currently prescribing the stabilising treatment.

<table>
<thead>
<tr>
<th>I would like you to undertake treatment from:</th>
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<tbody>
<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>The initial treatment will be:</th>
<th></th>
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<tbody>
<tr>
<td>(brand of lithium must be stated)</td>
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</table>

<table>
<thead>
<tr>
<th>The baseline tests are:</th>
<th></th>
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</tbody>
</table>

If you undertake treatment I will reassess the patient in ____ weeks. You will be sent a written summary within 14 days. I will accept referral for reassessment at your request.

The medical staff of the department are available at all times to give you advice.

<table>
<thead>
<tr>
<th>Consultant Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Department:</th>
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<table>
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<tr>
<th>Hospital:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Contact Telephone Nos:</th>
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</table>

**NOTE FOR GENERAL PRACTITIONER**

**AS THE PRACTICE IS ACCREDITED TO UNDERTAKE NEAR PATIENT TESTING, IT WILL BE ASSUMED THAT THE PRACTICE WILL WISH TO ACCEPT REFERRALS FOR SHARED CARE.**

**IF FOR ANY REASON THIS IS NOT THE CASE, PLEASE CONTACT THE CONSULTANT URGENTLY SO THAT ARRANGEMENTS CAN BE MADE TO UNDERTAKE THE NECESSARY MONITORING FOLLOWING INITIATION OF THE DRUG.**
Appendix A:

LITHIUM INITIATION CHECKLIST

Name; ..............................................................................................................................................

Date of Birth: .............................................. Age: .................

Address: ...........................................................................................................................................

...........................................................................................................................................................

Consultant: ........................................................................................................................................

CPN: ..................................................................................................................................................

Date Initiated: ....................................................................................................................................

CHECKLIST

The following issues must be discussed prior to commencement with lithium therapy.

1. The indication for the prescription.
2. The need for blood monitoring and a brief description of this process.
3. The concept of “range” and the danger of toxicity.
4. The common situations that might lead to toxicity e.g. diarrhoea, vomiting, high temperature.
5. The common possible side effects e.g. weight gain, fine tremor, mild thirst and gastrointestinal effects and possible later onset side effects e.g. hypothyroidism.
6. When to take the tablet or syrup.
7. What to do if a dose is missed.
8. The need to continue treatment even when well and its likely long term prescription.
10. Issues regarding the use of other drugs and changes in their doses, especially common prescriptions such as diuretics and ‘over the counter’ medicines.

The purple Lithium Therapy Important information for patient booklet, Alert Card and Record Book must also be provided.

I confirm that Prescriber.............................................. has explained to me the details listed above regarding my proposed lithium treatment and has provided me with a copy of the purple booklet (Lithium Therapy Important information for patient), Alert Card and Record Book.

Patient’s signature................................................................. Date ...........................................

Doctor’s signature................................................................. Date ..............................