



**Proforma for
Shared Care Protocol for the Management of Attention Deficit Hyperactivity Disorder
(ADHD) for
DONCASTER: children, adolescents and adults
BASSETLAW: children and adolescents (up to age 17yrs 364 days)**

To be completed by Specialist

<p>PATIENT DETAILS: (please complete or attach sticky label)</p> <p>Name:</p> <p>Date of birth:</p> <p>NHS No:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>PATIENT'S GP:</p> <p>CONSULTANT DETAILS:</p> <p>.....</p> <p>Name (PRINT)</p> <p>NHS Trust / Hospital:</p> <p>.....</p> <p>.....</p> <p>Signature Date</p>
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<p>DRUG, DOSAGE AND ROUTE</p> <p>Name of Drug:</p> <p>Dosage:</p> <p>Route:</p> <p>The Shared Care Protocol V6.0 is available on the Medicines Management Webpage: Shared Care Protocols & Proformas – Medicines Management</p>	<p>Date of initiation by Consultant:</p> <p>Date from which GP requested to take over prescribing:</p>
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MONITORING ARRANGEMENTS <i>(to be completed by consultant)</i>																	
<p>Hospital / Specialist</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Age</th> <th>Height</th> <th>Weight</th> <th>BP/pulse</th> </tr> </thead> <tbody> <tr> <td>5 to 10yrs</td> <td>6 monthly</td> <td>6 monthly²</td> <td>6 monthly</td> </tr> <tr> <td>10 to 18yrs¹</td> <td>6 monthly</td> <td>6 monthly</td> <td>6 monthly</td> </tr> <tr> <td>> 18yrs</td> <td style="background-color: #cccccc;"></td> <td>6 monthly</td> <td>6 monthly</td> </tr> </tbody> </table> <p>1.</p> <p>2. Bassetlaw – 17years and 364 days</p> <p>3. Recorded in patient's RED book / Handheld growth chart</p>	Age	Height	Weight	BP/pulse	5 to 10yrs	6 monthly	6 monthly ²	6 monthly	10 to 18yrs¹	6 monthly	6 monthly	6 monthly	> 18yrs		6 monthly	6 monthly	<p>Primary Care</p> <ul style="list-style-type: none"> • Annual monitoring of overall health, adverse side effects and symptom control. • PLUS <i>(tick if appropriate)</i> <ul style="list-style-type: none"> <input type="checkbox"/> 5 to 10yrs: 6 monthly weight monitoring² alternating with secondary care <input type="checkbox"/> >18yrs¹: BP & pulse monitoring as specified in Shared Care Protocol in agreement with consultant
Age	Height	Weight	BP/pulse														
5 to 10yrs	6 monthly	6 monthly ²	6 monthly														
10 to 18yrs¹	6 monthly	6 monthly	6 monthly														
> 18yrs		6 monthly	6 monthly														

OTHER RELEVANT MEDICATION

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RESPONSIBILITY / ACTION IN CASE OF PROBLEMS

	BASSETLAW	DONCASTER		
	(Children & adolescents)	DRI, DBTHFT	RDASH <18 yrs	RDASH > 18yrs
In hours	01909 572249 (direct line)	01302 642302 (Direct line)	CAMHS 01302 304070	Adult ADHD 01302 796294
Out of hours	On-call paediatrician 01909500990 (Switch	On call paediatrician 01302 366666	Access team 01302 798400	Access team 01302 798400

To be completed by GP and returned to specialist

I agree to this shared care proposal and am willing to prescribe from

(Start date)

.....

GP name (printed) GP signature Date

NB: Please call Specialist if further information or support is required prior to signing.