NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

Shared Care Proforma for Amiodarone

To be completed by Specialist

PATIENT DETAILS: (please complete or attach sticky label)	**PATIENT'S GP:**
Name: Date of birth: NHS No: Address:	**CONSULTANT DETAILS:** Name (PRINT) Trust Signature Date

PRESCRIBING & MONITORING:

Monitoring	Baseline	Loading	Secondary Care	Primary Care
History & examination (H&E)	Yes		Annually **(Advise GP of regimen for monitoring to ensure reviews are every 6 months – one in Secondary Care & six months later in Primary Care)**	**Annual** **(a face to face consultation)** ▪ Advise (and document in medical record) that patient attends an optical examination **General** • Symptom control • Refer for complete ophthalmologic examination including fundoscopy if blurred or decreased vision occurs • Refer to Secondary Care for ECG if patient presents with relevant symptoms • Refer to Secondary Care if assessment of condition/medication required
H&E relating to adverse effects***	Yes	Yes	Annually	• Side/adverse effects
Heart rate and ECG	Yes	Yes	Annually	N/A
TFTs	Yes		Yes	Yes
U & Es	Yes		Yes	Yes
LFTs (ALT)	Yes	Yes	Yes	Yes
Digoxin level (if on digoxin)	Yes	Yes	Assess serum digoxin levels if dose increased or toxicity is suspected	Assess serum digoxin levels if dose increased or toxicity is suspected
INR (if on warfarin)	Yes	Yes	Monitor INR levels. Adjust warfarin dose accordingly	Monitor INR levels. Adjust warfarin dose accordingly
CXR	Yes		If suspected pulmonary toxicity	If suspected pulmonary toxicity
PFTs inc DLCO	Yes		If suspected pulmonary toxicity	If suspected pulmonary toxicity
Eye examination	Assess if new or worsening visual symptoms occur	Assess if new or worsening visual symptoms occur	Assess if new or worsening visual symptoms occur	As part of face to face consultation. Add to records Suggested read code SystmOne Y3261 Emis Web 8H7H

Amiodarone 200mg once daily
Secondary Care Monitoring Complete ☐ Date Completed ____/____/____

This document will be reviewed in the light of new or emerging evidence or by June 2021

ACTION IN CASE OF PROBLEMS

Cardiology Department telephone numbers **01302 642154, 01302 642152, 01302 642156**

To be completed by GP and returned to specialist

I agree to this shared care proposal (V2.0) 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.