

Shared Care Proforma for the Prescribing of Antipsychotics

EXCLUDING USE IN BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS IN DEMENTIA

To be completed by Specialist

PATIENT DETAILS: (please complete or attach patient label)	DETAILS OF DRUG FOR SHARED CARE
<p>Name:</p> <p>Date of Birth:</p> <p>NHS Number:</p> <p>Address:</p> <p>Patient's GP:</p>	<p>Drug Name:</p> <p>Dosage:</p> <p>Route:</p> <p>Date of initiation:</p> <p>Date when dose was stabilised:</p> <p>The Shared Care Protocol Version 5.0 is available on the Medicines Management Website</p>
CONTACT DETAILS IN CASE OF PROBLEMS	
<p>Within office hours Team:</p> <p>Telephone:</p>	<p>Outside of office hours Team: ACCESS TEAM</p> <p>Telephone: 01302 566999</p>
OTHER PERTINENT DRUGS OR COMMENT	REQUESTING SPECIALIST'S DETAILS & DECLARATION
	<p>Specialist's name:</p> <p>Role:</p> <p>The patient and medication detailed here meet the requirements for sharing care to be appropriate.</p> <p>Signature:</p> <p>Date:</p>

Results of the latest monitoring by Secondary Care at the point of shared care transfer:

The indicated parameters will need to be monitored in primary care **ANNUALLY** (or where clinical judgement dictates more regularly).

Responsibility for the follow-up and management of test results lies with the clinician ordering the test

PARAMETER	SECONDARY CARE		PRIMARY CARE ²	Additional Comment
	Date	Details ¹		
Blood Pressure		___ / ___ mmHg	✓	
Pulse		bpm	✓	
Height		cm	✓	
Weight		kg	✓	
Waist circumference		cm	✓	
Fasting blood sugar ³		mmol/litre	✓	
HbA1c ³		mmol/mol	✓	
Lipids ³		NAD: OYes ONo	✓	HDL: LDL: Trig:
Renal Function ³		eGFR:	✓	Aberrant readings: Na: K:
Full Blood Count ³		NAD: OYes ONo	✓	Aberrant reading:
Liver Function ³		NAD: OYes ONo	✓	Aberrant reading:
Prolactin ⁵		mU/litre		
ECG ^{4,6}		QTc: ns		Trace description:
Smoking status		Cigs/day	✓	
Alcohol Status		av units/day	✓	
Descriptions required – secondary care clinician to provide enough information to allow primary care to judge change				
GASS ^{4,7} <i>Significant declared side-effects or consider additional monitoring relevant to patient's declared symptoms. At any point when a side effect is detrimental to health, or a patient's desire to comply with taking medication the GP should contact the Consultant for further advice.</i>				
Drug misuse status <i>Any drugs being misused</i>				
Currently existing movement disorders				
Physical Activity <i>general level</i>				
Nutritional status <i>eg majority healthy diet</i>				
Adherence to medication <i>eg rough percentage of intended doses</i>				
Overall physical health <i>eg significant co-morbidities</i>				

1. Specialist to complete with the most recent results. These will form the baseline for future primary care monitoring.
2. The indicated parameters will need to be monitored in primary care annually (or where clinical judgement dictates more regularly). Delete or add where appropriate.
3. Attach a copy of the last lab blood results: indicate in 'details' NAD or add additional comment if result aberrant
4. Attach latest ECG trace and GASS
5. Prolactin
 - a) Contact consultant if newly symptomatic (reduced libido, gynaecomastia, dysmenorrhoea etc), worsening symptoms or recently elevated prolactin level for risk/benefit.
 - b) If the Consultant has ordered a prolactin test and the result is >2000miu/l then the Consultant will send a referral to the Endocrinology service
 - c) If the GP has ordered a prolactin test, the GP will take responsibility for the onward management and referral (where necessary)
 - d) There should be dialogue between the Consultant and GP for any raised level to determine future management.

6. ECG – at baseline for all inpatients and outpatients where the SPC specifies. Repeat monitoring if signs of or personal history of cardiovascular risk
- a) The clinical significance of the ECG is focussed on QT prolongation.

The points below are a reflection of the advice in the Maudsley prescribing guidelines. Clinicians should continue to exercise individual clinical judgement on the size of the prolongation and other risk factors. This may result in referral at a shorter interval.

- If the QTc interval is <440 ms in men or < 470 ms in women – generally no action unless any concerns about other ECG abnormalities
- QTc interval > 440 ms in men or > 470 ms in women but under 500 ms – consultant to repeat ECG and consider reviewing antipsychotic.
- On Repeat ECG if QTc > 440 ms in men or > 470 ms in women – consider referral to cardiology.
- QTc is over 500 ms – immediate referral for medical advice from cardiology/on call medic/MAU.

For QTc intervals under 500 ms but over the 440 ms and 470 ms in men and women the Specialist service do not generally recommend that the GP organises monthly ECGs. The Specialist service would always consider the advice of the cardiologist and also assess the risks and benefits of remaining on the antipsychotic or switching to an alternative/ reducing the dose with the patient.

- b) If the Consultant has ordered an ECG then the Consultant will ensure it is interpreted
- c) If the GP has ordered an ECG then the GP will ensure it is interpreted
- d) If a Clinician requires assistance with interpretation of an ECG, seek advice from the local Cardiology department

7. GASS – Glasgow Anti-psychotic Side-effect Scale. Contact consultant if compliance is at risk due to side-effects.

GENERAL PRACTICE DECLARATION

(Please complete and return to specialist)

- I agree to this shared care proposal and am willing to prescribe from **start date:**
- I will not accept this request for shared care and will not be prescribing for this patient. **The reason for this is:**

GP name:

Signature:

Date: