

## Shared Care Proforma for the Management of Dementia

To be completed by Specialist

| PATIENT DETAILS: (please complete or attach sticky label) Name:   |      |    | PATIENT'S GP:   |               |       |  |
|---|------|----|---|---------------|-------|--|
| Date of birth:  |      |    | CONSULTANT DETAILS:   |               |       |  |
| NHS No:   |      |    | Name (PRINT)  |               | Trust |  |
| Address:  |      |    | Signature   |               | Date  |  |
|   |      |    |   |               |       |  |
| DRUG, DOSAGE AND ROUTE  |      |    |   |               |       |  |
| Drug 1  | Dose | Ro | oute  | Date Intiated |       |  |
|   |      |    |   |               |       |  |
| 2   |      |    |   |               |       |  |
| TREATMENT INTENTION This shared care arrangement is for (please tick)   |      |    |   |               |       |  |
| Monotherapy of an acetylcholine esterase inhibitor (AChEI)  |      |    |   |               |       |  |
| Monotherapy of memantine  |      |    |   |               |       |  |
| Dual therapy of an donepezil plus memantine   |      |    |   |               |       |  |
| The Shared Care Protocol V8.0 is available on the Medicines Management Webpage: <a href="http://medicinesmanagement.doncasterccg.nhs.uk/documents/dementia/">http://medicinesmanagement.doncasterccg.nhs.uk/documents/dementia/</a> |      |    |   |               |       |  |
| MONITORING ARRANGEMENTS (to be completed by consultant)   |      |    |   |               |       |  |
| Hospital / Specialist 12monthly monitoring  |      |    | On going assessment of side effects,     Consideration of discontinuation in line with the shared care document |               |       |  |

| Doncaster & Bassetlaw Area Prescribing Committee April 2019 V4.0           |  |  |  |  |  |
|--|--|--|--|--|--|
| OTHER RELEVANT MEDICATION  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| RESPONSIBILITY / ACTION IN CASE OF PROBLEMS                                |  |  |  |  |  |
| Contact: Office Hours – Specialist Locality based Older Person's CMHT      |  |  |  |  |  |
| <ul> <li>Doncaster Central OP CMHT: 01302 566555</li> </ul>                |  |  |  |  |  |
| <ul> <li>Doncaster East OP CMHT : 01302 566505</li> </ul>                  |  |  |  |  |  |
| <ul> <li>D Doncaster North OP CMHT: 01302 566500</li> </ul>                |  |  |  |  |  |
| Doncaster South OP CMHT : 01302 796104                                     |  |  |  |  |  |
|  |  |  |  |  |  |
| Out of hours – On-call <b>The Single Point of Access</b> Tel: 01302 566999 |  |  |  |  |  |
| To be completed by GP and returned to specialist                           |  |  |  |  |  |
| To be completed by Or and retained to specialist                           |  |  |  |  |  |
| I agree to this shared care proposal and am willing to prescribe from      |  |  |  |  |  |
| (Start date)   |  |  |  |  |  |
|  |  |  |  |  |  |

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

GP name (printed)

## ROUTINE MONITORING TO BE CONDUCTED UNDER SHARED CARE ARRANGEMENTS

GP signature

Date

| DRUG         | CONSULTANT                                     | GP           |
|--------------|--|--------------|
| Donepezil    | Assessment of mental state                     | Side effects |
|              | <ul> <li>Psychometric testing</li> </ul>       |              |
| Galantamine  | <ul> <li>Assessment of mental state</li> </ul> | Side effects |
|              | <ul> <li>Psychometric testing</li> </ul>       |              |
| Rivastigmine | Assessment of mental state                     | Side effects |
|              | <ul> <li>Psychometric testing</li> </ul>       |              |
| Memantine    | Assessment of mental state                     | Side effects |
|              | <ul> <li>Psychometric testing</li> </ul>       |              |