

**Shared Care Guideline for Melatonin MR 2mg in the Management of Sleep Disorders in Children and Young People with Neurodevelopmental Disorders (off-label use), and in adults aged over 18 with a learning disability (also off-label use)**

**For Bassetlaw: This Shared Care Guideline ONLY applies for patients under the care of DBTHFT paediatrics**

**Template letter to primary care prescriber**

Dear Prescriber

RE: .....

DOB: .....

NHS No. ....

Address: .....

Your patient is being started on treatment with melatonin 2mg MR.

This treatment can be prescribed by primary care prescribers under the Traffic Light System under the “shared care” arrangements. This shared care guideline has been approved by the South Yorkshire and Bassetlaw Area Prescribing Groups.

We have chosen to use melatonin 2mg MR because **[insert reasons]**.

. There are currently no melatonin preparations licensed in the UK for the treatment of sleep disorders in children, or adults with a learning disability.

As part of shared care arrangements please can you undertaken a medication review and monitor compliance, adherence, response, and side effects to therapy annually. Will you also please undertake to prescribe for your patient?

The prescriber will be responsible for ensuring monitoring of the patient on the medication being prescribed as per this guideline.

***Please acknowledge you are happy to take on shared care by completing and returning the slip below to above address or by secure email to .....***

Do not hesitate to contact us if you have any concerns.

Yours sincerely

**Clinician’s Name**

**Clinician’s Title**

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**Prescriber response form**

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*The prescriber is responsible  
for monitoring the patient on the medication being prescribed*

**RE:** .....                      **DOB:** .....                      **NHS No:** .....

**Address:** .....

I AGREE to take on shared care of this patient

I DO NOT AGREE to take on shared care of this patient

Signed .....

Practice.....

Date.....