

## Shared Care Proforma for the Prescribing and Monitoring of Lithium

To be completed by Specialist

<p><b>PATIENT DETAILS:</b> (please complete or attach sticky label)</p> <p>Name:</p> <p>Date of birth:</p> <p>NHS No:</p> <p>Address:</p>	<p><b>PATIENT'S GP:</b></p> <p><b>CONSULTANT DETAILS:</b></p> <p>Name (PRINT) <span style="float: right;">Trust</span></p> <p>Signature <span style="float: right;">Date</span></p> <p>Contact details</p> <p>Tel</p> <p>Fax</p> <p>Email</p>
<p><b>DRUG, DOSAGE AND ROUTE</b></p> <p>Name of Drug:</p> <p>Brand of Drug:</p> <p>Dosage:</p> <p>Route:</p> <p>The Shared Care Protocol Version XX is available on the  <b>NHS Rotherham website;</b>  <a href="#">Shared Care protocols and Patient Group Directions</a></p>	<p>Date of initiation by Consultant:</p> <p>Date when dosage is stabilised (usually, but not exceptionally, after a period of 3 months)</p>

**MONITORING ARRANGEMENTS for Lithium (Amber) (to be completed by consultant)**

**Hospital / Specialist**

- **Baseline Monitoring:**
  - U&E's     Calcium     TFT's
  - Weight/Height/BMI
  - Alcohol & Smoking
  - ECG (For those with existing cardiac disease or risk factors)
- **Weekly until stable then 3 monthly:**
  - Lithium Levels
  - eGFR in patients with CKD3a or worse
- **At 6 months and 6 monthly thereafter**
  - U&E's     TFT's    Bone Profile
  - Lithium Levels (after the first year) or every 3 months for people in any of the following groups:
    - older people
    - taking drugs that interact with lithium
    - who are at risk of impaired renal or thyroid function, raised calcium levels or other complications
    - who have poor symptom control
    - poor adherence
    - last plasma lithium level was 0.8 mmol per litre or higher

**GP / Practice**

- **Annually:**
  - Weight/Height/BMI
  - Blood Pressure
  - Smoking status
  - Alcohol use
  - ACR in patients with CKD 3a or worse, or more frequently as per renal guidelines *(if 3b or worse: liaise with Mental Health consultant re risk/benefit and follow local guidance re managing renal function)*
- **As required if toxicity is suspected:**
  - └ Lithium Levels
- **Routinely:**
  - Side effects
  - Symptom control

**OTHER MEDICATION**

**RESPONSIBILITY / ACTION IN CASE OF PROBLEMS**

**To be completed by specialist**

Contact:

**Office Hours** – Name.....  
Department .....  
Telephone .....

**Out of hours** - Name.....  
Department .....  
Telephone .....

**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.**