

Intramuscular GOLD SHARED CARE PROTOCOL (Sodium aurothiomalate)

This Shared Care Protocol is for patients initiated on IM Gold (sodium aurothiomalate) under the Rheumatology Department. The consultant will have detailed the expected treatment regimen in the clinic letter. The first 3 months of prescribing and monitoring will be undertaken by the Rheumatology department. Updates of dosages and results will be completed by the specialist nurses and documented in the patient hand held record as well as sent to the GP practice for information.

As part of the Shared Care LES, it is expected that ALL patients will have a transfer of care at 3 months, unless there are exceptional circumstances (such as unstable results). We would be grateful if your practice would take over the responsibility for:

- Prescribing and administering IM Gold (sodium aurothiomalate)
- Performing the blood tests and monitoring the results (payment via LES)

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department, and/or GP prescriber, and contains patient information.

Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- IM Gold is contraindicated in pregnancy and when breastfeeding and contraception is therefore advised in patients who are sexually active. Both men and women should be advised to stop Gold at least 3 months before a planned pregnancy.
- ACE Inhibitors should be avoided due to risk of severe hypotension (Nitritoid Reaction)
- A mild metallic taste may occur after first few doses – usually settles spontaneously
- Itchy rashes can occur after 2-6 months – suggest trial of topical steroid and temporary cessation of drug, followed by slow rechallenge
- Live vaccines should not be given
- Annual flu jab is recommended (to be given by GP practice)
- Other side effects: Oral Ulceration / Nausea / Diarrhoea – drug continuation depends on severity and patient wishes

The patient will be given a test dose of 10 mg intramuscularly followed by 50mg intramuscularly weekly for 10-20 weeks. The frequency is then reduced to 50 mg fortnightly for 10-20 weeks and thereafter to 50 mg every 3-4 weeks.

Monitoring schedule:

- FBC / U&E / LFT / CRP & urine dipstick monthly for 2 to 4 months
- FBC & urine dipstick prior to EACH injection (after 3 months it is permissible to work one FBC in arrears)
- If dose increase: additional FBC / U&E / LFT after 2 & 4 weeks
- Results to be entered into hand held monitoring booklet

IF:

WCC	<3.5 x 10 ⁹ /l
Neutrophils	<1.8 x 10 ⁹ /l
Platelets	<150 x 10 ⁹ /l
AST or ALT	> 100

1+ protein on 2 consecutive occasions with negative MSU

OR: Severe sorethroat/OralUlceration/Fever/Rash

Stop medication and contact Rheumatology service.

If CRP elevated (>25) and patient symptomatic, inform Rheumatology department. If CRP suddenly elevated without significant change to joint symptoms assess patient for infection. Occasionally patients run a persistently high CRP without joint symptoms – this will usually be flagged up in clinic letters

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Nurse Specialists:
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Specialist Registrar: available on bleep 101 via Switchboard

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Version:	3 (three)
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Title of originator/author:	Dr Rakesh Kumari, Dr Gillian Smith, Dr Fiona Fawthrop, Rheumatology RFT; Eloise Summerfield, Medicines Management Team RCCG
Title of responsible committee/individual:	Consultants Rheumatology RFT; Medicines Management Team RCCG (BNF 10 Prescribing Advisor)
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Target audience:	TRFT consultants & nurses Rotherham CCG GPs & nurses

Version	Date	Author	Status	Comment
Version 1	July 2012	Dr James Maxwell RFT Eloise Summerfield RCCG	Archived	First version onto a two page format
Version 2	July 2014	Dr Gillian Smith, Dr Fiona Fawthrop, RFT; Eloise Summerfield, RCCG	Archived	Review – minimal changes
Version 3	Nov 2017	Dr Rakesh Kumari, Dr Gillian Smith, Dr Fiona Fawthrop, RFT; Eloise Summerfield, RCCG	Current Version	First paragraph re-worded to reflect current practice. Acceptance letter removed as this is now implied under the Shared Care LES