

BNSSG Paediatric Shared Care Guidance

Please complete all sections

Section 1: Heading

Drug	Ethosuximide
Amber <i>three months</i>	
Indication	Absence seizures, atypical absence, myoclonic
Speciality / Department	Paediatrics
Trust(s)	University Hospitals Bristol NHS Foundation Trust

Section 2: Treatment Schedule

Usual dose and frequency of administration <i>(Please indicate if this is licensed or unlicensed for this age group and any relevant dosing information)</i>	<p>Child 1 month - 5 years: Initially 5 mg/kg twice daily (max. per dose 125 mg), dose to be increased every 5–7 days; maintenance 10–20 mg/kg twice daily (max. per dose 500 mg), total daily dose may rarely be given in 3 divided doses.</p> <p>Child 6-17 years: Initially 250 mg twice daily, then increased in steps of 250 mg every 5–7 days; usual dose 500–750 mg twice daily, increased if necessary up to 1 g twice daily.</p> <p>Dose adjustment as per age will be undertaken by secondary care.</p>
Route and preferred formulation <i>(Please indicate licensed or unlicensed preparation)</i>	Oral: syrup, capsules (both licensed)
Duration of treatment	<p>Long term. Treatment should be reviewed, and most often would be stopped, if two years have elapsed without any witnessed clinical seizures. This is the responsibility of secondary care. If patient becomes pregnant, refer to secondary care for review of treatment.</p>

Section 3: Monitoring

Please give details of any tests that are required before or during treatment, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care), cause for adjustment and when it is required to refer back to the specialist)

Baseline tests to be done by secondary care
Full blood count

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Subsequent tests - where appropriate <i>(Please indicate who takes responsibility for taking bloods and interpreting results. If the drug is dosed by weight please also indicate intended frequency of weight monitoring/dose adjustment)</i>			
Test	Frequency	Who by	Action/management
Full blood count	If concerned about potential bone marrow suppression (e.g. fever, bruising, bleeding)	Primary care	Refer to specialist for review if evidence of bone marrow suppression
Frequency of ongoing follow up by secondary care <i>(Please indicate how often child will continue to be seen by secondary care i.e. at least every 6 months)</i>		At least every 12 months	

Section 4: Side Effects

Please list only the most pertinent side effects and management. Please provide guidance on when the GP should refer back to the specialist. For everything else, please see BNFC or SPC.

Side effects and management	Side effect	Frequency/severity	Action/management
	Gastrointestinal side effects	Common	Can be improved by taking after food and titrating slowly
	Headache, drowsiness, fatigue	Uncommon	Refer to specialist for review of treatment if not tolerating side effects
	Blood disorders. SLE, Stevens-Johnson syndrome	Rare but severe	Refer to specialist for review of treatment
Referral back to specialist	If patient isn't able to tolerate side effects		

Section 5: Other Issues

(e.g. Drug Interactions, Contra-indications, Cautions, Special Recommendations)

Please list only the most pertinent and the action for GP to take (For full list please see BNFC or SPC)

Issues	<p>Drug Interactions Plasma concentration of ethosuximide possibly reduced by phenytoin, also plasma concentration of phenytoin possibly increased</p> <p>Contra-indications Avoid in acute porphyrias</p>
Reminder to ask patient about specific problems	N/A

Section 6: Advice to the patient

Advice for prescribing clinician to inform patient

<p>Children or their carers should be told how to recognise signs of blood disorders and advised to seek immediate medical attention if symptoms such as fever, mouth ulcers, bruising, or bleeding develop</p>

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Section 7: Generic principles of shared care for SECONDARY CARE

Core responsibilities

1. Initiating treatment and prescribing for the length of time specified in **section 1**.
2. Undertaking the clinical assessment and monitoring for the length of time specified in **section 1** and thereafter undertaking any ongoing monitoring as detailed in **section 3**.
3. Communicate details of the above in 1 and 2 to GP within the first month of treatment. This information should be transferred in a timely manner.
4. Refer patients to GP and provide information of further action where appropriate e.g. if blood test is due.
5. To provide advice to primary care when appropriate.
6. Review in frequency specified in **section 3** and adjust dose for child's age/body weight as appropriate.
7. Review concurrent medications for potential interaction prior to initiation of drug specified in **section 1**.
8. Stopping treatment where appropriate or providing advice on when to stop.
9. Reporting adverse events to the MHRA.
10. Reminder to ask patients about particular problems see **section 5**.

Section 8: Generic principles of shared care for PRIMARY CARE

Core responsibilities

1. Responsible for taking over prescribing after the length of time specified in **section 1**.
2. Responsible for any clinical assessment and monitoring if detailed in **section 3** after the length of time specified in **section 1**.
3. Review of any new concurrent medications for potential interactions.
4. Reporting adverse events to the MHRA.
5. Refer for advice to specialist where appropriate.
6. Reminder to ask patients about particular problems see **section 5**.

Section 9: Contact Details

Name	Organisation	Telephone Number	E mail address
Paediatric neurology registrar	University Hospitals Bristol	0117 9230000 bleep 6734	Click here to enter details
Paediatric neurology consultant	University Hospitals Bristol	Via switchboard 0117 923 0000	Click here to enter details

Section 10: Document Details

Date prepared	June 2018
Prepared by	Rebekah Rogers and Ceri Gaskell (Pharmacists)/Andrew Lux (Consultant)
Date approved by JFG	August 2018
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Section 11: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

1. [Click here to enter details](#)

Section 12: References

Please list references

Paediatric Formulary Committee. (August 2017) British National Formulary for Children (BNFc) [online]. London: BMJ Group, Pharmaceutical Press and RCPCH Publications. Available from: <http://www.medicinescomplete.com> [Accessed 2 August 2017].