**Section 1: Heading**

|  |  |
| --- | --- |
| **Drug** | Click here to enter details |
| **Amber**  ***please click here to choose from drop down box*** | |
| **Indication** | Click here to enter details |

**Section 2: Treatment Schedule**

|  |  |
| --- | --- |
| **Usual dose and frequency of administration** *(Please indicate if this is licensed or unlicensed and any relevant dosing information)* | Click here to enter details |
| **Route and formulation** | Click here to enter details |
| **Duration of treatment** | Click here to enter details |

**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 - where appropriate** |
|  |
| **Subsequent tests - where appropriate** *(Please indicate who takes responsibility for taking bloods and interpreting results)* |
| |  |  |  |  | | --- | --- | --- | --- | | Test | Frequency | Who by | Action/management | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

**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 BNF or SPC.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Side effects and management** | |  |  |  | | --- | --- | --- | | Side effect | Frequency/severity | Action/management | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Referral back to specialist** | Click here to enter details |

**Section 5: Other Issues**

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

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

|  |  |
| --- | --- |
| **Issues** | Click here to enter details |
| **Reminder to ask patient about specific problems** | Click here to enter details |

**Section 6: Advice to the patient**

Advice for prescribing clinician to inform patient

|  |
| --- |
| 1. Click here to enter details |

**Section 7: Generic principles of shared care for SECONDARY CARE**

*Please do not amend.*

|  |
| --- |
| **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 concurrent medications for potential interaction prior to initiation of drug specified in **section 1.** 7. Stopping treatment where appropriate or providing advice on when to stop. 8. Reporting adverse events to the MHRA. 9. Reminder to ask patients about particular problems see **section 5.** |

**Section 8: Generic principles of shared care for PRIMARY CARE**

*Please do not amend.*

|  |
| --- |
| **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 |
| Click here to enter details | Click here to enter details | Click here to enter details | Click here to enter details |
| Click here to enter details | Click here to enter details | Click here to enter details | Click here to enter details |
| Click here to enter details | Click here to enter details | Click here to enter details | Click here to enter details |
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**Section 10: Document Details**

|  |  |
| --- | --- |
| Date prepared | Click here to enter details |
| Prepared by | Click here to enter details |
| Date approved by JFG | Click here to enter details |
| Date of review | Click here to enter details |
| Document Identification: Version | Click here to enter details |

**Section 11: Collaboration**

All shared care protocols should be BNSSG wide where possible. 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

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| 1. Click here to enter details |