

Medical Staff = Blue Nursing Staff = Green

Write in CAPITAL LETTERS or use addressograph

Surname:

First Names:

Hospital No:

DOB: *Check identity*

Northern Ireland Secondary Care Lithium Initiation and Monitoring Care Pathway (Colour version)

Content:

- Contact details – patient, GP, consultant, CPN
- Initial consultation – monitoring checklist
- Patient information checklist
- Lithium brand and dose prescribed
- Lithium monitoring requirements and record
- Side effect record
- Operational flow chart for secondary care initiation / monitoring
- Care Pathway signature sheet
- Variance recording sheet
- Primary Care communication proforma
- Appendix 1 - HSC Lithium Care Flow Chart

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LITHIUM CHART		
Consultant:		Use addressograph or write in CAPITAL LETTERS Surname: First names: Hospital Number: DOB: Check Identity
G.P – Name, Phone Number	<i>Cypher No.</i>	
C.P.N – Name & Contact Number:		
Person to contact in Emergency: Name, number & relationship		Patient Telephone No.

LITHIUM WORK UP – INITIAL CONSULTATION			
Date	Investigation	Comments/Results	Signature
	Physical examination (when appropriate). Weight Height BMI BP		
	TFT T4 TSH		
	Electrolyte profile Urea & Creatinine eGFR		
	ECG (<i>if indicated</i>)		
	FBP (<i>if indicated</i>) Hb & WCC		
	Other – specify		

INFORMATION GIVEN TO PATIENTS OR CARERS			
Information	Date	Provided by (Signature)	Patients / Carers (Signature)
NPSA Information leaflet, alert card & Monitoring Record Book			
Patient understands information			
Video (optional)			
Emergency contact –name and contact number of Dr. & Clinic Nurse.			

LITHIUM DETAILS		
Lithium Prescribed and Dosage	Medical Staff Sign & Print	Date Commenced

Review Current medication for potential interaction ☐ - refer to Shared Care Guidelines

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Lithium Monitoring Requirements				
Months 1 - 3	Lithium levels at least 6 weekly			
Month 3 onwards	Lithium levels – 3 monthly	TFT - 6 monthly (If TSH raised check every 4-6 weeks)	Renal Function 6 monthly	If U&Es abnormal consult with medical staff
If Lithium dose changed	Monitor lithium weekly until stable			
NB: Copy all lithium monitoring results to the GP, during initiation and throughout treatment				

If patient Did Not Attend (DNA)/Cannot Attend (CNA) or results 'out of range' – clinic nurse to follow guidelines on page 8

Lithium Monitoring Record														
Date & A=Attend D=DNA C=CNA	Daily Dosage	Side Effects/ Comments	New Drug Commenced	Tests								Medical staff Signature	Nurses Signature	Enter in Li book Y / N
				√ to request				Nurse to insert result						
				SL 0.4-1 mmol/l	FreeT4 12 - 22 pmol/l	TSH 0.3 – 4.2 mU/l	eGFR	Weight 6 mth	BP 6 mth	Other- Specify	Other - Specify			

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Side Effects

SIDE EFFECTS – if yes insert ✓ and complete comments column & consult medical staff (where appropriate).											
Date	Weight Gain	Polyuria	Nausea	Oedema	Metallic Taste	Polydipsia	Loose bowels	Fine Tremor	Other	Comments (time medication taken & time blood sample taken)	Signature

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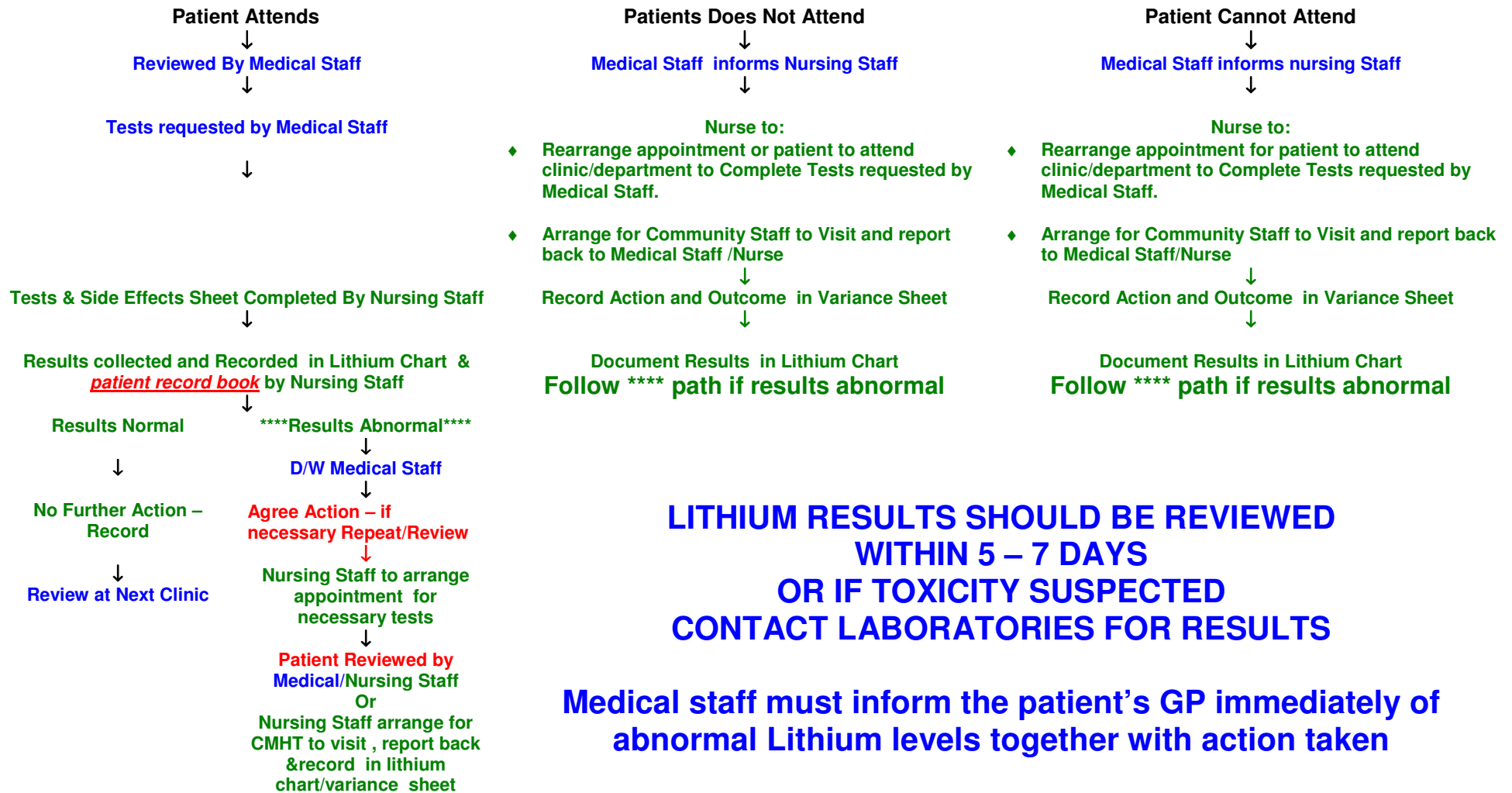
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Operational flowchart for secondary care induction / monitoring

Routine Outpatient appt → **Lithium Work Up and Information** → **Monitoring Week 1 & 2** → **Routine Clinic Appointment**
 (Medical Staff / Nurse)

****If any of the 'work up' tests shown are not within the normal range – Medical staff MUST be informed and action documented by Medical Staff and /or Nurse****



**LITHIUM RESULTS SHOULD BE REVIEWED
 WITHIN 5 – 7 DAYS
 OR IF TOXICITY SUSPECTED
 CONTACT LABORATORIES FOR RESULTS**

**Medical staff must inform the patient's GP immediately of
 abnormal Lithium levels together with action taken**

CARE PATHWAY SIGNATURE SHEET

All Staff using this Pathway **MUST** complete the details below.

Name (Block Capitals)	Designation	Full Signature	Date & Time.

VARIANCE RECORDING SHEET

If a patients care does not follow the pathway for ANY reason – e.g. did not attend, cannot attend, results out of range, educational information not available – please record in variance section below.

Date/Time	Reason for Variance	Action Taken	Outcome	Signature and Designation

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Lithium Therapy Pathway Communication Proforma

**Communication of Information from Consultant Psychiatrist to Primary Care
(Must be completed by consultant at Lithium initiation, and when pathway changes.)**

Name: **DOB:**.....//.....//..... **H&C number:**.....

Address: **has been/is attending Dr.**..... **at**.....**hospital.**

Consultant's Contact telephone number: **& Lab Code:**.....

Add patient to or update Primary Care Lithium Register according to pathway below

		Please insert ✓ to indicate pathway patient will follow
Pathway 1	<p>Remain in Secondary Care for review and monitoring*</p> <p>Secondary Care is responsible for informing the patient's GP of all blood monitoring results (using 'copy to' GP cipher number on lab request form). The GP should be informed immediately of abnormal lithium levels and action taken.</p>	
Pathway 2	<p>Remain in Secondary Care for review, AND monitoring passes to Primary Care with GP agreement*.</p> <p>Primary Care is responsible for informing Secondary Care of all blood monitoring results- using 'copy to' Consultant's name (and Lab Code if known) and hospital on lab request form. Secondary care should be informed immediately of abnormal lithium levels and action taken.</p>	
Pathway 3	<p>Review and monitoring passes to Primary Care with GP agreement.</p> <ul style="list-style-type: none"> • Lithium blood results will not be copied to Secondary Care in this instance • If patient is persistently non compliant with monitoring – consider change to another treatment and discuss with, or refer back to, Secondary Care 	

*Refer to Lithium SCG

Indication for treatment						
Recent blood results //.....//.....	Serum Lithium	freeT4	TSH	eGFR	Creatinine	Other
	Target Lithium Level					
Lithium	Current Dose & Brand:					
Lithium monitoring requirement:	As per Shared Care Guideline <input type="checkbox"/>				Other: (Please specify)	
Educational information	Patient has: Received Lithium book/pack <input type="checkbox"/> Provided with information on Lithium therapy <input type="checkbox"/> Confirmed they understand information <input type="checkbox"/>					
Signed (Consultant)					Date//.....//.....	

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Lithium	Current Dose & Brand:					
Lithium monitoring requirement:	As per Shared Care Guideline <input type="checkbox"/>				Other: (Please specify)	
Educational information	Patient has: Received Lithium book/pack <input type="checkbox"/> Provided with information on Lithium therapy <input type="checkbox"/> Confirmed they understand information <input type="checkbox"/>					
Signed (Consultant)			Date//.....//.....			

LITHIUM CARE FLOWCHART

**Lithium Initiation Preferably in Secondary Care.
Psycho-education included**

Patients added to Lithium Register in both
Secondary Care and Primary Care
Lithium Blood Results Copied to Primary Care

Pathway 1

Patient remains in Secondary Care for review and monitoring. Lithium blood monitoring results copied to Primary Care.*

Pathway 2

Patient remains in Secondary Care for review but, with agreement between GP and Secondary Care, monitoring passes to Primary Care. Lithium blood monitoring results copied to Secondary Care.*

Pathway 3

If patient stable or strong patient preference, with agreement between GP and Secondary Care, review and monitoring passes to Primary Care. Lithium blood monitoring results not copied to Secondary Care.*

*A communication proforma from secondary care to primary care will advise of the pathway the patient will follow and responsibilities for review and monitoring. Primary and secondary care Lithium registers should be updated using this information.