

This patient has a rare inherited disorder of metabolism and has been seen in a specialist inherited metabolic disease unit and advised to commence / continue a medication or medical food supplement as below. This medication is approved by the British Inherited Metabolic Disease Group and listed in the BIMDG formulary.

**SHARED CARE GUIDANCE**

**Section 1: Summary**

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| **DATE OF THIS PLAN** |  |
| **Patient name** |  |
| **NHS Number / Hospital number** |  |
| **Patient date of birth** |  |
| **Name of condition** |  |
|  |  |
| **Medication / Medical Food Supplement name** |  |
| **Indication** |  |
| **Speciality / Department** | Inherited Metabolic Diseases |
| **Trust(s)** |  |

 **Section 2: Treatment Schedule**

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| --- | --- |
| **Usual dose and frequency of administration** |  |
| **Route and formulation** |  |
| **Duration of treatment** | Lifelong, or until no longer appropriate |

**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.

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| **Baseline tests – where appropriate** |
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| **Subsequent tests – where appropriate** |
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**Section 4: Side effects**

Please list the most common side effects and management. Please provide guidance on when the GP should refer back to the specialist.

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| **Side effects and management** |  |
| **Referral back to specialist** | Any of the above. Evidence of reduced efficacy at recommended dose. |

**Section 5: Clinically significant drug interactions**

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**Section 6: Contra-indications, Cautions and Special Recommendations**

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**Section 7: Advice for the patient**

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| 1. Contact your GP or metabolic centre if you have any concerns when taking this medication.2. Your patient support group can be found at -  |

**Section 8: Responsibilities**

Select those that apply

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|  | **Specialist IMD centre** | **Local Hospital** | **GP** |
| Initiating treatment and prescribing for the first three months | X |  |  |
| Undertaking the clinical assessment and monitoring for the first three months. | X |  |  |
| Communicate details of the above to GP within the first month of treatment. | X |  |  |
| Refer patients to GP and provide information of further action where appropriate *e.g.* blood tests due. | X |  |  |
| To provide advice to primary care when appropriate. | X | X |  |
| Review concurrent medications for potential interaction prior to initiation of any medication. | X | X | X |
| Stopping treatment where appropriate or providing advice on when to stop. | X |  |  |
| Responsible for taking over prescribing after the first three months |  |  |  |
| Responsible for the clinical assessment and monitoring after the first three months |  |  |  |
| Refer for advice to specialist where appropriate. |  | X | X |
| Reporting adverse events to the MHRA. | X |  |  |

**Section 9: Specialist Centre Contact Details**

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|  | **Name** | **Organisation** | **Telephone** | **Email** |
| **Consultant** |  |  |  |  |
| **Pharmacist** |  |  |  |  |
| **Dietitian** |  |  |  |  |
| **Clinical Nurse Specialist** |  |  |  |  |