# Appendix 5NHSlogoRGBgif: Template Shared Care Protocol

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| **(Medicine Name) for patients within (Service Name)** |
| **1. Background** |  |
| **2. Indications****(Please state whether licensed or unlicensed)** |  |
| **3. Locally agreed off-label use** | To be agreed and completed locally (include supporting information) |
| **4. Contraindications and cautions** Please note this does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. | **Contraindications:****Cautions:**Please see [SPC](https://www.medicines.org.uk/emc/search?q=amiodarone) for comprehensive information. |
| **5. Initiation and ongoing dose regime**Note -•Transfer of monitoring and prescribing to primary care is normally after the patient’s dose has been optimised and with satisfactory investigation results for at least 4 weeks•The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.•All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician•Termination of treatment will bethe responsibility of the specialist. | **Initial stabilisation:****The loading period** **must be prescribed by the initiating specialist.****Maintenance dose (following initial stabilisation):****The initial maintenance dose must be prescribed by the initiating specialist.****Conditions requiring dose adjustment:** |
| **6. Pharmaceutical aspects**  | Route of administration: |  |
| Formulation: |  |
| Administration details: |  |
| Other important information: |  |
| **7. Significant medicine interactions**For a comprehensive list consult the BNF or Summary of Product Characteristics. [SPC](http://www.medicines.org.uk/emc/) | **The following list is not exhaustive; please see** [**SPC**](https://www.medicines.org.uk/emc/search?q=amiodarone) **for comprehensive information and recommended management.** |
| **8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist** | **Baseline investigations:****Initial monitoring:*** Monitoring at baseline and during initiation is the responsibility of the specialist, only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to the GP.

**Ongoing monitoring:** |
| **9. Ongoing monitoring requirements to be undertaken by primary care~~.~~**See section 10 for further guidance on management of adverse effects/ responding to monitoring results. | Monitoring | Frequency |
|  |  |
| **10. Adverse effects and managements****Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme** [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) | Result | Action for GP |
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| **11. Advice to patients and carers**The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines. | **The patient should be advised to report any of the following signs or symptoms to their GP without delay:**  |
| **12. Pregnancy, paternal exposure and breast feeding**It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist. | **Pregnancy:****Breastfeeding:** |
| **13. Specialist contact information** | Name: *[insert name]*Role and specialty: *[insert role and specialty]*Daytime telephone number: *[insert daytime telephone number]*Email address: *[insert email address]*Alternative contact: *[insert contact information, e.g. for clinic or specialist nurse]*Out of hours contact details: *[insert contact information, e.g. for duty doctor]* |
| **14. Additional information** | Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed. |
| **15. References** | * Include hyperlinks to the original sources and access dates
 |
| **16. To be read in conjunction with the following documents** | * RMOC Shared Care Guidance
* NHSE/NHSCC guidance – items which should not be routinely prescribed in primary care: guidance for CCGs
* NHSE policy- Responsibility for prescribing between Primary & Secondary/Tertiary Care
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| **17. Local arrangements for referral** Define the referral procedure from hospital to primary care prescriber & route of return should the patient’s condition change. | To be agreed and completed locally  |

APC board date:

Last updated: