

RHEUMATOLOGY DRUG MONITORING PROTOCOL

Read code 66P.. = high risk drug monitoring

SULPHSALAZINE

Initially requires frequent FBC & LFT – at 0, 2, 4, 8 and 12 weeks. **After** this can be entered into protocol below:

Will need 3 monthly FBC & LFT for 1st year then 6 monthly FBC & LFT.

1. Liz (or her deputy) will send out recall letters to patient along with LFT and FBC form. With the first recall letter she will also send a brief information sheet saying the reasons for the test and some other information about sulphasalazine.

Liz will also check that sulphasalazine is only on 3 (or 6) issues of repeat as appropriate.

2. Patient has blood test.

3. Results > Practice Nurse. If normal she re-issues Sulphasalazine, if significantly abnormal highlights “appointment” on form and removes from repeat. For minor or longstanding LFT or FBC abnormalities either re-authorise drug or show/discuss with doctor as discussed during previous training.

4. Patient rings for result.

METHOTREXATE

Patient needs:- FBC - weekly 4/12 then monthly.

U&E - 6 monthly.

LFT - 3/12ly.

1. Practice Nurse explains system to patient and issues medication monitoring card. Practice Nurse checks that Methotrexate is just on repeats for x1.

2. Nurse takes blood and makes next appointment.

3. Nurse “re-authorises” and issues script at appointment if tests are normal.

4. Patient rings for result (unless has weekly appointment).

5. At next appointment nurse writes previous results in patient book.

AZATHIOPRINE

Patient needs (after 1 month of initial weekly monitoring):-

FBC 6 weekly.

LFT 3 monthly.

Protocol as for Methotrexate, with Azathioprine being issued for 6 weeks(42 days)at a time.

AURANOFIN (oral gold salts “Ridaura”

Patient needs:- Urinalysis for blood and protein (2 weekly for 8 weeks then monthly).
FBC.

1. Practice Nurse explains system to patient and issues medication monitoring card.
Practice Nurse checks that Ridaura is just on repeats x 1.
2. Nurse tests urine, takes blood, updates patient book and makes next appointment.
3. Nurse reauthorises and issues prescription if previous tests normal.
4. Nurse gets blood results – if abnormal highlights “appointment” on form and removes from repeats
5. Patient rings for result of blood test.

GOLD INJECTIONS

Patient needs:- Urinalysis for blood protein } weekly at time of injection
FBC }

Practice or District Nurse checks previous blood result and does urinalysis **BEFORE** giving injection.

D – PENICILLAMINE

Regime and protocol identical to Auranofin.

CYCLOSPORIN

Patient needs:- LFT - 3 monthly
BP } 2 weekly for 3 months then monthly.
U&E }

1. Practice Nurse explains system to patient and issues medication monitoring card.
Practice Nurse checks that Cyclosporin is just on repeats x 1.

2. Practice Nurse checks BP, takes U&E, updates patient record and makes next appointment.
3. If previous U&E normal, Practice Nurse re-authorises and issues Cyclosporin, if abnormal highlights appointment , **DOES NOT** re-issue and discusses with doctor.

LEFLUNOMIDE (ARAVA)

Patient needs:-

FBC	-	2 weekly	}for first 6 months of treatment
LFT	-	monthly	}and thereafter 8 weekly.
BP	-	3 monthly.	

1. Practice Nurse explains system to patient and issues medication monitoring card. Practice Nurse checks that Leflunomide is just on repeats x 1.
2. Practice Nurse takes bloods due and takes BP if due, updates patient record and makes next appointment.
3. If previous bloods are normal, Practice Nurse can re-authorise and issue Leflunomide.
4. Patient to ring for blood result 1 week later.