Pharmacy: 2465 - CPS1

User: CPS1 - Jenny O'Donnell Last login: Thu, Jan 12, 2012 09:49

Search Protocols Reports Change password Manage profile Help Logout Born 11-Mar-1977 (34y) Gender Male CHI No. 777777777 BISCUIT, Bertie Patient Details Last Modified On 12-Jan-2012 By CPS1 Address V Phone and email HRM Lithium Process: Concordance > Interactions & precautions > Adverse reactions > Monitoring > Review Adverse reactions: side effects and toxicity Is the patient aware of the common side effects of Side effects may be short term, are usually dose dependent lithium? No Yes and include: Is the patient aware of the signs of lithium toxicity? 0 0 Mild gastrointestinal disturbances (nausea and diarrhoea) Yes No · Fine tremor Is the patient aware what might cause lithium toxicity 0 0 and how to avoid this happening? Excessive thirst (polydipsia) Yes No Is the patient aware of what to do if they are suffering 0 · Passing large volumes of urine (polyuria) 0 from these signs? Yes No · Weight gain Is the patient aware that adverse reactions should be 0 0 Oedema reported? Yes No · Skin problems (acne or worsening of psoriasis) · Other effects to watch for are hypothyroidism, hyperthyroidism and hypercalcaemia Actions: Check the patient's understanding of the side effects of lithium using the lithium information booklet as a prompt. · Refer a patient with more severe side effects to their GP. · Record any care issues in the patient's care plan and agree desired outcomes and actions. Common signs of toxicity include: · Increasing gastrointestinal disturbances (anorexia, vomiting, diarrhoea) Muscle weakness and / or lack of co-ordination · Muscle twitches · Slurring of words · Severe tremor · Blurred vision Feeling unusually tired Check the patient's understanding of the signs of lithium toxicity using the lithium booklet. Advise the patient to avoid getting dehydrated by drinking plenty of water and not to change the level of salt in their diet. Advise them to see their GP to have their lithium level checked if they have sickness or diarrhoea for longer than 24 hours. · Immediately refer a patient suffering from signs of toxicity to their GP, contacting their GP to alert them. · Advise the patient to report any adverse drug reactions through the MHRA Yellow Card Reporting Scheme. · Record any care issues in the patient's care plan and agree desired outcomes and actions.

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