

# Lithium

## Monitoring Form



This form should be completed for all patients prescribed lithium and retained with the prescription and administration chart.

### PATIENT DETAILS

SURNAME		CONSULTANT	
FIRST NAME		HOSPITAL / WARD	
DATE OF BIRTH		NHS NUMBER	
HOSPITAL WARD & ADDRESS		ALLERGIES	

**A COPY OF THIS FORM MUST BE SENT TO THE PHARMACY EACH TIME A NAMED PATIENT PRESCRIPTION FOR LITHIUM IS REQUESTED**

**Has the patient received a Lithium Pack?** ☐ Yes ☐ No (Speeds can supply)

**Baseline tests should include:** eGFR & creatinine • Corrected calcium • TFTs • ECG • U&Es • FBC  
Please include the numerical results for eGFR, TSH, T4 and weight/BMI. For the other parameters, a tick or cross can be used to show whether the results were in range

Baseline	ECG	FBC	Thyroid function test		Estimated glomerular filtration rate (eGFR) (≥ 60 mL/ min/ 1.73m <sup>2</sup> )	U&Es including Calcium	Weight and BMI	Signature
			TSH (0.27 - 4.2 mIU/L)	Free T4 (12.0 - 22.0 pmol/L)				
Date								
Result	(✓/✗)	(✓/✗)	(result)	(result)	(result)	(✓/✗)	(result)	
Comments								

Ongoing (6-monthly)	Thyroid function test		Estimated glomerular filtration rate (eGFR) (≥ 60 mL/ min/ 1.73m <sup>2</sup> )	U&Es including Calcium	Weight and BMI	Signature
	TSH (0.27 - 4.2 mIU/L)	Free T4 (12.0 - 22.0 pmol/L)				
Date						
Result	(result)	(result)	(result)	(✓/✗)	(result)	
Comments						
Date						
Result	(result)	(result)	(result)	(✓/✗)	(result)	
Comments						
Date						
Result	(result)	(result)	(result)	(✓/✗)	(result)	
Comments						
Date						
Result	(result)	(result)	(result)	(✓/✗)	(result)	
Comments						

## LITHIUM LEVEL TRACKER

Signature of nurse or clinician	
Date	

<p><b>After initiation or dose change: check levels weekly until stable</b></p> <p><b>Once stable: check levels every 3 months for the first year, then every 6 months thereafter*</b></p> <p><b>All samples should be taken 12 hours post-dose</b></p>
<p><b>CHECK INTERACTIONS** FOR NEW DRUGS THAT MAY AFFECT LITHIUM LEVEL. CONTACT WARD PHARMACIST FOR ADVICE.</b></p>

\* Continue to monitor every 3 months for high-risk patients    \*\* E.g. NSAIDs, diuretics (especially thiazides) ACE inhibitors, metronidazole

[illegible]