

HYDROXYCHLOROQUINE SHARED CARE PROTOCOL

Your patient has now been on Hydroxychloroquine for at least 6 weeks, at a dose detailed in the most recent clinic letter. We would now be grateful if your practice would take over the responsibility for prescribing the Hydroxychloroquine. No routine blood monitoring is required, aside from a U+E check every 6 months in patients over 60 or at risk of renal impairment.

The patient is aware of the following key facts:

- Hydroxychloroquine is considered safe in pregnancy, but does cross the placenta
- Breast feeding whilst on hydroxychloroquine is not advised.
- Side effects are generally mild, but can include allergic rash, mild nausea and mild diarrhea.
- There is a small risk of ocular toxicity. Screening by Ophthalmology is no longer recommended, but patients with pre-existing eye disease are advised to have annual assessments with an optometrist, and to seek earlier review if they notice significant change to their vision. If significant change occurs, then discontinuation of the drug and review by an Ophthalmologist is recommended (particularly photophobia, haloes, field defects or marked change to acuity)

Usually started at a dose of 200mg od x 7 days, then increase to 200mg bd.
Dose should not exceed 6.5mg/kg body weight.

Monitoring schedule:

Baseline	FBC / U&E / LFT
Repeat	U+E every 6 months in those over 60 or at risk of renal impairment

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