The Rotherham NHS
NHS Foundation Trust

Intramuscular GOLD SHARED CARE PROTOCOL (Sodium aurothiomalate)

Your patient has now been on intramuscular Gold (sodium aurothiomalate) for at least 3 months, at a dose and frequency detailed in the most recent clinic letter, and has received blood test monitoring from the Rheumatology department which is stable. We would now be grateful if your practice would take over the responsibility for:

- Prescribing and administering IM Gold (sodium aurothiomalate)
- Performing the blood tests and monitoring the results (if your practice is signed up to shared care LES)

We would be grateful if you would fax / post back the attached sheet to indicate acceptance of the shared care agreement.

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department, and/or GP prescriber, and contains patient information.

Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- IM Gold is contraindicated in pregnancy and when breastfeeding and contraception is therefore advised in patients who are sexually active. Both men and women should be advised to stop Gold at least 3 months before a planned pregnancy.
- ACE Inhibitors should be avoided due to risk of severe hypotension (Nitritoid Reaction)
- A mild metallic taste may occur after first few doses – usually settles spontaneously
- Itchy rashes can occur after 2-6 months – suggest trial of topical steroid and temporary cessation of drug, followed by slow rechallenge
- Live vaccines should not be given
- Annual flu jab is recommended (to be given by GP practice)
- Other side effects: Oral Ulceration / Nausea / Diarrhoea – drug continuation depends on severity and patient wishes

Authors: Dr James Maxwell, Rheumatology RFT; Eloise Summerfield, Medicines Management Team NHSR
Ratified by: Rotherham Area Prescribing Committee
Review date: July 2014

The patient will be given a test dose of 10 mg intramuscularly followed by 50mg intramuscularly weekly for 10-20 weeks. The frequency is then reduced to 50 mg fortnightly for 10-20 weeks and thereafter to 50 mg every 3-4 weeks.

Monitoring schedule:

- FBC/ U&E / LFT / CRP & urine dipstick monthly
- FBC & urine dipstick prior to EACH injection (after 3 months it is permissible to work one FBC in arrears)
- If dose increase: additional FBC/U&E/LFT after 2 & 4 weeks
- Results to be entered into hand held monitoring booklet

IF:

WCC	$< 3.5 \times 10^9/l$
Neutrophils	$< 1.8 \times 10^9/l$
Platelets	$< 150 \times 10^9/l$
AST or ALT	> 100

1+ protein on 2 consecutive occasions with negative MSU

OR: Severe sore throat / Oral Ulceration / Fever / Rash

Stop medication and contact Rheumatology service.

If CRP elevated (>25) and patient symptomatic, inform Rheumatology department. If CRP suddenly elevated without significant change to joint symptoms assess patient for infection. Occasionally patients run a persistently high CRP without joint symptoms – this will usually be flagged up in clinic letters

Department Contact details:

Fax: 01709 424276
Telephone Helpline: 01709 424739

Consultants:
Dr James Maxwell 01709 424156
Dr Fiona Fawthrop 01709 424275
Dr Gillian Smith 01709 424169

Nurse Specialists:
Sister Sue Elsey + Sister Hayley Coop – Bleep 079 via Switch

Specialist Registrar: available on bleep 101 via Switchboard

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Rheumatology IM Gold Shared Care Monitoring Agreement for Transfer of Prescribing and Monitoring from Hospital to Primary Care

Patient:

Consultant: ……

Patient's addressograph

Name of General Practitioner: Dr…….

Name of GP Practice: ……..

Please initial each box as appropriate:

☐ I am in agreement that from …… /……. / 20 …… the practice will take over the prescribing of IM Gold for the above patient in accordance with the shared care guidelines which are attached.

☐ The practice is happy to take on the blood test monitoring according to the schedule above, and will ensure that this patient's Shared Care Monitoring booklet is updated soon after the results become available

☐ I also confirm that I will take appropriate action, in accordance with the above-mentioned Guidelines in the event of abnormal blood tests or other adverse reactions, and will inform the patient's Rheumatologist if I advise the patient to stop their DMARD medication.

☐ I am aware that all of the Consultant Rheumatologists are happy to be contacted about their patients via their secretaries if there are any concerns.

GP Signature …….. **Print Name** ……

Date ……

Please FAX Once Complete to 01709 424276