

Shared Care Guideline:
[insert Drug name] for the treatment of [insert indication]



County Durham and Darlington
 Area Prescribing Committee

Drug									
Indication									
Overview									
Specialist's Responsibilities	<p>Initial investigations:</p> <p>Initial regimen:</p> <p>Clinical monitoring:</p> <p>Frequency:</p> <p>Safety monitoring:</p> <p>Prescribing duration:</p> <p>Prescribing details:</p> <p>Documentation:</p>								
GP's Responsibilities	<p>Maintenance prescription:</p> <p>Clinical monitoring:</p> <p>Safety monitoring:</p> <p>Frequency:</p> <p>Duration of treatment:</p> <p>Re-referral criteria:</p> <p>Documentation:</p>								
Adverse Events	<table border="1"> <thead> <tr> <th>Adverse events</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Adverse events	Action						
Adverse events	Action								
Contra-indications Cautions Drug Interactions	Please refer to the BNF and/or SPC for information								
Other Information									
Contact Details	<p>Name:</p> <p>Address:</p> <p>Telephone:</p>								