

PHARMACY CHECKLIST - LITHIUM THERAPY

Patient Name (or addressograph sticker)		Weight	
Hospital number		Consultant	
Date of Birth		Date of Admission	
Age		Ward	

1. On Admission (within 48 hours)

Medicines Reconciliation performed	Y/N (tick below if actioned)
Brand (formulation) confirmed and chart endorsed	
Dosage confirmed	
Use of OTC medications confirmed	
Recent changes to medication	

Clinically significant drug interactions Y/N		
Interacting drug	Effect	Action taken

Lithium related admission Y/N (tick relevant box)			
Side-effects of Lithium documented		Lithium recently started (date)	
Symptoms of Lithium toxicity		Lithium level taken on admission (record level)	
Renal failure due to Lithium therapy		Lithium stopped (date)	

Contra-indications and cautions to Lithium therapy (tick relevant box)			
Cardiac disease (arrhythmias)		Infection especially if profuse sweating	
Impaired renal function		Diarrhoea or vomiting	
Addison's disease / sodium imbalance		Pregnancy	
Severe dehydration/debilitation		Myasthenia Gravis	
Untreated /Untreatable hypothyroidism		Major surgery – omit 24 hours before	

Community laboratory results available	Tick box
Lithium level within last 3 months	
Thyroid Function tests within last 6 months	
Cr, Urea & Electrolytes within last 6 months	

Patient has educational information	Tick box
Lithium Alert card	
Therapy record book	

If no, give with education as per card

INTERVENTIONS AND OUTCOME:

PHARMACIST NAME:

SIGNATURE:

DATE:

2. Patient monitoring during admission – minimum of 72 hourly (document results)

Parameter	Date checked			
Lithium levels during admission				
Thyroid Function Tests during admission				
eGFR				
Serum Creatinine				
Electrolytes and Fluid balance				
Chart screened for interacting medications				
Patient and notes monitored for signs of toxicity, S/E, contraindications and cautions				
Dates prescription reviewed during admission				
pharmacist signature				

INTERVENTIONS AND OUTCOME:

PHARMACIST NAME:

SIGNATURE:

DATE: