IVABRADINE for the treatment of Postural Orthostatic Tachycardia Syndrome (POTS) or Inappropriate Sinus Tachycardia (IST)

**Notification of Initiation to GP**

* **The checklist must be completed and sent to the GP when IVABRADINE therapy is initiated for the above indications**
* **Following a 3 month period, if the patient is on a stable dose and treatment is to continue, care may be transferred to the GP. At this point, a transfer of prescribing responsibility document should be completed and sent to the GP**

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| **Patient Details** | **GP Details** |
| Surname: | Name: |
| Forename: | Address: |
| Address: |  |
|  | Postcode: |
| Postcode: | Tel: |
| NHS No: | NHS.net email: |
| DOB: Sex: Male / Female |  |

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| **Date of Diagnosis:**  |
| **Indication** (Tick as appropriate) |
| **🞏 Postural Orthostatic Tachycardia Syndrome (POTS)** **🞏 Inappropriate Sinus Tachycardia (IST)** |

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| **Initiation Dose** |
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| **Baseline Monitoring** |
|  | **Results** | **Date of test** |
| **Blood Pressure**  |  |  |
| **Heart Rate**  |  |  |
| **Serum Creatinine**  |  |  |
| **Creatinine Clearance**\* |  |  |
| **Aspartate Transaminase (AST) or Alanine Transaminase (ALT)** |  |  |
| \*Estimate creatinine clearance (CrCl) using the Cockcroft-Gault equation |  |  |

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| **Further Relevant Information**  |
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| **Patient Information** ***NOTE: Must be yes for ALL statements for transfer to primary care***  | **Yes** | **No** |
| 1. Patient has consented to the use of ivabradine which is being used for an unlicensed indication |  |  |
| 2. Patient is aware of the benefits and risks of ivabradine therapy for their condition |  |  |
| 3. Patient has been advised on the management of common side effects associated with ivabradine |  |  |
| 4. Patient has access to specialist nursing support (including contact numbers) |  |  |

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| **AUTHORISATION (medical practitioner undertaking assessment)** |
| **Signature: Print name:****Position: Organisation:****Contact number: Date:** |