MIDODRINE for the treatment of Severe Orthostatic Hypotension due to Autonomic Dysfunction, 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 MIDODRINE 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) |
| **🞏 Severe orthostatic hypotension due to autonomic dysfunction**  **🞏 Postural Orthostatic Tachycardia Syndrome (POTS)**  **🞏 Inappropriate Sinus Tachycardia (IST)** |

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| **Initiation Dosing Regimen** | | |
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| **Baseline Monitoring** | | |
|  | **Results** | **Date of test** |
| **Supine Blood Pressure** |  |  |
| **Standing Blood Pressure** |  |  |
| **Sitting Blood Pressure** |  |  |
| **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 midodrine including, where appropriate, the unlicensed indication |  |  |
| 2. Patient is aware of the benefits and risks of midodrine therapy for their condition |  |  |
| 3. Patient is aware of dosing instructions and that the last dose should be taken **at least four hours before bedtime** to reduce the risk of supine hypertension |  |  |
| 4. Patient has been advised on the management of common side effects associated with midodrine |  |  |
| 5.Patient has access to specialist nursing support (including contact numbers) if unlicensed use |  |  |

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