

**NORTH DERBYSHIRE HEALTH PRESCRIBING AND CLINICAL
EFFECTIVENESS GROUP (PACE)**

SHARED CARE AGREEMENT

Dornase Alfa (Pulmozyme)

1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable.
- Patients will only be referred to the GP once the GP has agreed in each individual case.
- The patient will be given a supply of Dornase alfa sufficient for 4 weeks maintenance therapy.

2. AREAS OF RESPONSIBILITY

GP responsibilities <i>(include monitoring arrangements)</i>	Consultants responsibilities <i>(include monitoring arrangements)</i>
Prescribing Dornase Alpha in the context of prescribing the overall continuing medication for the patient with cystic fibrosis and in the context of wider GP involvement in the care of continuing care of the patient.	Initiating treatment with Dornase Alpha and evaluating it's effect in accordance with agreed clinical guidelines in association with the Lead Tertiary Centre, in this case, Dr Smyth at the Children's Respiratory Unit at Nottingham City Hospital. If the patient is assessed as being suitable for a continuing prescription of Dornase Alpha, the Consultant will continue to review the patient in the context of the routine review of cystic fibrosis 6 times per year in the clinic, along with respiratory function tests.

3. COMMUNICATION AND SUPPORT

i. Hospital contacts: Name: Dr R M Tyler Telephone No: 01246-552520 Fax No: 01246-552620 Email:	ii. Out of hours contacts and procedures: Paediatric staff on-call Children's Community Nurse on-call
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iii	Specialist support/resources available to GP including patient information
Children's Community Nursing Service Children's Cystic Fibrosis Clinic	

4. CLINICAL INFORMATION

i. Prescribed indications	Management of cystic fibrosis patients with a forced vital capacity (FVC) of greater than 40% of predicted and over 5 years of age to improve pulmonary function.
ii. Therapeutic summary	Aids the clearance of sputum by breaking down long DNA chains, thus reducing the viscosity of sputum. Cachetic sputum contains a loss of DNA through breakdown of neutrophil nuclei.
iii. Dose & Route of administration	Contents of one ampoule (2.5mg) inhaled undiluted once daily using a recommended jet nebuliser/compressor system.
iv. Duration of treatment	Continuing once assessed as beneficial.
v. Adverse effects	In clinical practice no severe adverse effects, and no particularly significant side effects, but pharyngitis, voice changes, laryngitis, rashes, urticaria, conjunctivitis and chest pain have been reported.
vi. Monitoring Requirements	None above that are required for other cystic fibrosis patients, including review of weight, height and respiratory function, as well as clinical assessment in the cystic fibrosis clinic every 2 months.
vii. Clinically relevant drug interactions	None. Should not be mixed with other drugs or solutions in the nebuliser.
viii. Supply of ancillary equipment	Loan service will arrange to loan an appropriate nebuliser to the patient. This is a different nebuliser than that used for asthma treatment.
ix. Supply, storage and reconstitution instructions	Store in a refrigerator at 2-8°C and protect from strong light. A single brief exposure to elevated temperatures (less than or equal to 24 hours at up to 30°C) does not affect product stability. Do not use after given expiry date.
x. Prepared by	Dr R M Tyler, Consultant Paediatrician P D Burrill, Senior Pharmaceutical Adviser

This does not replace the SPC, which should be read in conjunction with it.

Date Prepared: May 2001

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K/JaniceMay2001/Peter/SCADornase Alfa