|  |
| --- |
| **Humber Teaching NHS Foundation Trust General Practice Blood Monitoring** |
| **Disease/Clinical indication for Tests** | **Frequency** | **Tests**  | **Comments** |
| Dementia  | Newly Diagnosed | FBC U&ELFT HbA1c TSH CalciumVitamin B12FolateLipid Profile |  |
| Diabetic review (Type 1 and 2) | Annually | FBC U&ELFT HbA1c Lipid Profile TSH Urine ACRVitamin B12- if on long-term Metformin | Check HbA1c at baseline, repeat in 3 months and 12 months if the patient is stable |
| Diabetic review (pre-diabetes) | Annually | HbA1c Lipid Profile  |  |
| Previous history of gestational diabetes  | Annually | HbA1c  |  |
| Hypertension  | Annually | FBC U&ELFT HbA1c Lipid Profile ECG Urine ACR | ECG at baseline |
| Heart Failure | Annually | U&ELFTHbA1c |   |
| Statin Only (Simvastatin, Atorvastatin, Rosuvastatin, Pravastatin) | Annually | LFT Lipid Profile | Check LFTs at baseline, 3 months and 12 months after starting statins |
| CHD/IHD | Annually | FBC U&ELFT HbA1c Lipid Profile  |   |
| ACE inhibitor and ATII Antagonists (Ramipril, Enalapril, Lisinopril, Perindopril … Losartan, Candesartan, Olmesartan ….. |  | U&E | 2 weeks after commencing or each change of dose. Carry out test sooner 1week in high risk patients |
| Hypothyroidism Patients on LevothyroxineHyperthyroidsim (in remission) | Annually | TSHTSH,T3, &T4 | Repeat test 12 weeks after initiation of levothyroxine or change in doseRefer back to specialists if TSH is markedly suppressed (rather than low) or if T3/T4 is raised |
| CKD patientsStage 3 or more patients | Annually | U&EUrine ACR FBCLipid Profile |   |
| Chronic pancreatitis | Annually | HbA1c  |  |
| Polycystic ovarian syndrome | Annually | HbA1c  |  |
| **DMARD**MethotrexateSulfasalazineAzithromycinMycophenolateCiclosporinLeflunomideHydroxychloroquineLithiumAmiodarone | As per Shared Care Protocol During treatment3 – monthly – First Year>65yrs – 3 monthly<65yrs – 6 monthly6 monthly | FBCLFTU&Es Monitor for side effects (Visual Acuity) – see opticianLithium levelsU&E including CalciumTFTTFTU&ELFTs | Follow shared care guidelines Follow shared care guidelinesFollow shared care guidelines |
| NOAC/DOAC(Apixaban, Rivaroxaban, Dabigatran, Edoxaban)  | Annually | U&EWeightLFTsFBC |  |
| Anti-psychotics | As per Shared Care Protocol  | ECG (ideally, mandatory for Haloperidol, Pimozide and Sertrindol)ProlactinLipidsHbA1cU&E’s LFT’s FBC | Follow shared care guidelines |