

¹CMP Psoriasis with Acitretin

Name of Patient:		Patient medication sensitivities/allergies:		
Patient identification e.g. ID number, date of birth:				
Current medication:		Medical history:		
Independent Prescriber(s): <i>Dr Sam Gibbs</i> Contact details: 01473 704042 sam.gibbs@ipswichhospital.nhs.uk		Supplementary prescriber(s): <i>Jill Peters Dermatology Nurse Practitioner</i> Contact details: 01473 704386 or 0787056578 jill.peters@ipswichhospital.nhs.uk		
Condition(s) to be treated: Psoriasis – scalp, flexural, guttate, small and large plaque and palmer planter psoriasis		Aim of treatment: To achieve temporary clearance of the psoriasis or a maintainable level of clearance for the patient		
Medicines that may be prescribed by SP:				
Preparation (All listed preparation may be used as sole or conjunct therapy) Mild to potent topical steroids	Indication <i>Guttate or small plaque, palmo plantar psoriasis. Cautious use on face and flexural areas (moderate) Facial, scalp or flexural, palmo plantar psoriasis</i>	Dose schedule <i>As detailed in BNF Finger tip units</i>	Specific indications for referral back to the IP Acute exacerbation or Failure to respond to treatment	
Coal Tar preparations	<i>Guttate or small plaque including scalp</i>			
Dithranol preparations	<i>Moderate to large plaque stable psoriasis</i>	<i>As detailed in BNF as short contact therapy</i>		
Salicylic acid 2-10% in WSP	<i>Hyperkeratotic psoriasis on scalp or palmo plantar</i>			
Vitamin D analogue combined with potent topical steroid	<i>Second line therapy to moderate/large plaque psoriasis if unresponsive to Vitamin D or dithranol</i>	<i>Use for 4 weeks and then change to Vitamin D alone</i>		
Vitamin A analogue	<i>Mild to moderate psoriasis no more than 10% of the body</i>			
Penicillin V	<i>Sore throat Streptococcal infection</i>	<i>500mg QDS 10 days</i>		
Clarithromycin	<i>If allergic to Penicillin or indicated by sensitivities</i>	<i>500mg BD 7 days</i>	Renal disease or abnormal LFT's Pregnancy in females Adverse drug reaction Exacerbation while on acitretin Raised fasting lipids Musculoskeletal symptoms Intolerance of therapy	
Acitretin (initiated by consultant)	<i>Severe disease or failed to control on first line treatments</i>	<i>daily single dose of 0.4-1.0mg/kg</i>		
Guidelines or protocols supporting Clinical Management Plan: BAD guidelines or Handbook of Systemic Drug Therapy in Dermatology S H Wakelin				
Frequency of review and monitoring by:				
Supplementary prescriber <i>As indicated by response 1- 2monthly or SOS</i>		Supplementary prescriber and independent prescriber <i>Annually – review of notes with patient status</i>		
Process for reporting ADRs: In the medical notes and to Independent prescriber and notify by yellow card system if indicated				
Shared record to be used by IP and SP: <i>Ipswich hospital NHS Trust Medical records</i>				
Agreed by independent prescriber(s):	Date	Agreed by supplementary prescriber(s):	Date	Date agreed with patient/carer

¹ Jill Peters Dermatology Nurse Practitioner September 2004