

Case 27

You are the Foundation Year 2 doctor working in General Medical Centre. Your GP supervisor is Dr Dolittle. Your bleep number is 2468.

Patient details

Patient name: Sarah Jane
Date of birth: 18/08/1951
Patient number: X70785862

History

3 months ago Sarah Jane was discharged from St Elsewhere Hospital after a 6 week stay. She has been diagnosed with bipolar disease and was commenced on lithium by her psychiatrist 3 months ago.

She has attended the GP today to have bloods done for routine monitoring for her medication. Sarah reports no symptoms or side effects.

It is currently 9.30am and she recalls taking her last dose last night at 9.30pm. She is currently taking lithium carbonate 250mg. She has no recent bloods on the system for comparison.

Examination

Oxygen saturations: 99% (room air) Respiratory rate: 16bpm

Heart rate: 86bpm

Blood pressure: 118/74mmHg

Temperature: 36.9 C

Task

Please request the 3 most important blood tests to monitor the new medication.

Patient number:		Clinical details:	
Surname:	Forename:	(Incl. current antibiotic therapy)	
D.O.B.:	Sex (please circle): M F		
Ward:	Consultant		
Specimen date:	Time:		
Requesting MO:		Bleep:	Signature
BIOCHEMISTRY		HAEMATOLOGY	
<input type="checkbox"/> U/E <input type="checkbox"/> Glucose <input type="checkbox"/> Bone profile <input type="checkbox"/> <i>tick if fasting</i> <input type="checkbox"/> Liver profile <input type="checkbox"/> HBA1c <input type="checkbox"/> Gamma GT <input type="checkbox"/> Urine <input type="checkbox"/> Amylase <input type="checkbox"/> microalbumin <input type="checkbox"/> Ionised calcium <input type="checkbox"/> Cholesterol <input type="checkbox"/> Magnesium <input type="checkbox"/> Lipid profile <input type="checkbox"/> Urate <input type="checkbox"/> <i>tick if fasting</i> <input type="checkbox"/> CRP <input type="checkbox"/> Thyroid profile <input type="checkbox"/> Ferritin <input type="checkbox"/> <i>on T4</i> <input type="checkbox"/> Immunoglobulins <input type="checkbox"/> Cyclosporin <input type="checkbox"/> Tacrolimus <i>Other (specify):</i>		<input type="checkbox"/> FBC <input type="checkbox"/> INR <input type="checkbox"/> ESR <input type="checkbox"/> APTR <input type="checkbox"/> B12/Folate <input type="checkbox"/> Coagulation <input type="checkbox"/> Glandular fever screen screen <input type="checkbox"/> Haemoglobinopathy <input type="checkbox"/> Thrombophilia screen screen <i>Other (specify):</i>	
		MICROBIOLOGY / VIROLOGY	
		Specimen type: <input type="checkbox"/> Culture and sensitivity <input type="checkbox"/> AFB/TB culture <input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV Ab <i>Other (specify):</i>	
		IMMUNOLOGY	
		<input type="checkbox"/> Auto AB screen <input type="checkbox"/> Thyroid Microsomal Abs <input type="checkbox"/> Rh Factor <input type="checkbox"/> Total IgE <input type="checkbox"/> ENA Abs <i>Other (specify):</i> <input type="checkbox"/> ANCA <input type="checkbox"/> DNA Abs	

