NHS
Royal Papworth Hospital
NHS Foundation Trust

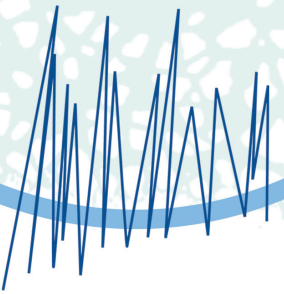
Interstitial lung disease (ILD) service

Patient held drug monitoring booklet

Important

Please produce this book when you visit your doctor or the hospital.

Please bring all of your medication with you to hospital appointments.



Compassion
Excellence
Collaboration

Patient name:	
Address:	
Telephone no:	
ILD specialist nurses contacts:	Emma Harris Katie Harding Jo Songco Vichel Andaya Ana Lopes
Non-urgent calls:	01223 638018
Urgent calls:	01223 638000 and bleep 346

For the attention of medical staff

This patient is taking therapy that may cause bone marrow suppression.

If the patient becomes unwell, check full blood count.

If the results are abnormal, stop the drug and contact the interstitial lung disease team via the ILD secretaries:

Frankie Clark
Tel: 01223 639793

Karen Cowell
Tel: 01223 639556

Dorrie Clarke
Tel: 01223 638786

Connie Price
Tel: 01223 639864

Information for the patient

You have been given this booklet so that the test results can be recorded.

It is your responsibility to arrange blood tests at your GP surgery, as advised by the clinic. This is for your own safety.

If you are admitted to hospital show this booklet to the doctor or nurse. Bring it with you to all your clinic appointments.

Diagnosis.....

Medication page

Date of dose information	Drug	Dose

Note: For patients on methotrexate, specify in the dose box, the weekly dose in milligrams (i.e. xx mg once per week), the day of the week the dose is usually taken and the strength of tablets required.

Medication page

Date of dose information	Drug	Dose

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	Date								
	CRP								
Full blood count	ESR								
	Hb								
	Total WBC								
	MCV								
	Neutrophils								
	Lymphocytes								
	Platelets								
Liver function	ALT/AST								
	ALK Phos								
U&E	Serum Creatinine								
Urine	Protein								
	Blood								
	BP								
	Other								
	Other								
	Comments								

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What the terms mean

Hb:	The oxygen carrying protein pigment in the blood, specifically in red blood cells.
MCV:	The average volume of red blood cells.
WBC:	White blood cells, important in fighting infection.
Platelets:	Irregular, disc-shaped cells in the blood that assist in blood clotting.
Lymphocytes:	Small white blood cells that play a large role indefending the body against disease. They are responsible for immune responses.
Neutrophils:	Type of white blood cell filled with enzymes used to kill and digest micro organisms.
ALT and AST:	Enzymes normally present in the liver and heart cells that are released into the blood stream when the liver or heart is damaged. Rising blood ALT or AST levels may indicate a liver problem.
CRP:	A protein in the blood that rises in response to inflammation.

ALK phos:	An enzyme made in the liver which is usually released into the blood during injury. Abnormally high levels may indicate a liver problem.
ESR:	A blood test that detects and monitors inflammation in the body. The rate increases with more inflammation.
Urea:	A substance normally cleared from the blood by the kidney. Increased blood levels of urea indicate a problem with kidney function.
Creatinine:	A substance normally cleared from the blood by the kidney. Increased blood levels of creatinine indicate a problem with kidney function.

Usual values for blood tests

Hb:	Man 13 - 18 g/dL Woman 11.5 - 16.5 g/dL
MCV:	76 - 100 FL
WBC:	4 - 11 x 100/L
Platelets:	150 - 450 x 100/L
Lymphocytes:	1.50 - 4.0 x 100/L
Neutrophils:	2 - 7.5 x 100/L
ALT:	0 - 50 U/L
AST:	5 - 60 U/L
ALK phos:	30 - 135 U/L
CRP:	0 - 6 mg/L
ESR:	2 - 10 mm/hr
Urea:	0 - 7.5 mmol/L
Creatinine:	35 - 125 umol/L

Royal Papworth Hospital normal ranges
(other hospitals may differ slightly).

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Cambridge Biomedical Campus
CB2 0AY

royalpapworth.nhs.uk

01223 638000

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.

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