

## Lithium Side Effect Checklist (LiSEC) Appendix 2

| Patient name   |   | CHI number       |      |          |        |                             |
|--|---|------------------|------|----------|--------|-----------------------------|
|  |   |                  |      |          |        |                             |
| Date of Assessment   |   | Name of assessor |      |          |        |                             |
| Over the past week, have you experienced any of the following possible side effects and if so, to what extent? |   | Never            | Mild | Moderate | Severe | Tick if this is distressing |
| 1.   | I have been very thirsty and/or passing urine more frequently                   |                  |      |          |        |                             |
| 2.   | I have woken during the night because I needed to pass urine                    |                  |      |          |        |                             |
| 3.   | I have felt more hungry than usual or have gained weight                        |                  |      |          |        |                             |
| 4.   | I have a metallic taste in my mouth   |                  |      |          |        |                             |
| 5.   | My mouth has been dry   |                  |      |          |        |                             |
| 6.   | I have felt like I am going to be sick  |                  |      |          |        |                             |
| 7.   | My ankles have been swollen   |                  |      |          |        |                             |
| 8.   | I have had difficulty remembering things and/or concentrating                   |                  |      |          |        |                             |
| 9.   | I have developed a rash/ skin problem or an existing skin problem has got worse |                  |      |          |        |                             |
| 10.  | I am tired *  |                  |      |          |        |                             |
| 11.  | My skin/ hair is drier than usual *   |                  |      |          |        |                             |
| 12.  | I have had problems opening my bowels (constipation) *                          |                  |      |          |        |                             |
| 13.  | <b>My hands or arms have been shaky *<sup>1</sup></b>                           |                  |      |          |        |                             |
| 14.  | <b>My vision has been blurry</b>  |                  |      |          |        |                             |
| 15.  | <b>My speech is slurred</b>   |                  |      |          |        |                             |
| 16.  | <b>I have felt very sleepy during the day</b>                                   |                  |      |          |        |                             |
| 17.  | <b>I have vomited and/or had diarrhoea</b>                                      |                  |      |          |        |                             |
| 18.  | <b>My muscles have felt weak and/or my muscles have been twitching</b>          |                  |      |          |        |                             |
| 19.  | <b>I have been unsteady on my feet</b>  |                  |      |          |        |                             |
| 20.  | <b>I feel confused</b>  |                  |      |          |        |                             |

**Actions taken:**

**Notes for staff:**

**Side effects in bold indicate the possibility of lithium toxicity, an urgent lithium level should be obtained if any of these symptoms are reported.**

- \* these side effects may indicate hypothyroidism. Check TFTs if not done in past month.
- \*<sup>1</sup> a coarse hand tremor is potentially indicative of lithium toxicity, where as a fine tremor can be reported at therapeutic levels.

Further questioning may be required to ascertain significance and /or severity of a reported side effect and whether this is new problem related to lithium therapy.

Discussion of the results of the checklist should provide an opportunity to remind patients of key points of safe lithium therapy e.g.

- importance of keeping well hydrated especially if there is any evidence of dehydration (vomiting, diarrhoea, perspiration)
- importance of regular blood monitoring
- avoiding interacting medicines
- what to do in the event of experiencing side effects including toxic side effects

**All side effects identified must be reported to the patient's Responsible Medical Officer (RMO) as soon as possible and discussed at the next multi-disciplinary team meeting.**

**If potential toxic effects are identified report these immediately to medical staff.**