

Government of South Australia
SA Health

CLOZAPINE COMMENCEMENT FORM (MR74D)

Facility:

Affix participant identification label in this box

UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex:

CPN:

2nd Stage: Baseline assessment	Date/Time	Signature	Print Name	Designation
Blood tests				
Blood group, complete blood examination, CRP, troponin, electrolytes, liver function tests, fasting blood glucose level, fasting lipid tests within 10 days prior to commencement Date taken: ____ / ____ / 20 ____				
All pathology results are to be documented on the <i>Clozapine Investigation Review and Prescription Record MR75D</i> .				
Observations				
Record participant's weight, height, BMI, waist measurement and blood pressure (BP) on the weekly monitoring section of this form as baseline observations.				
Medication review				
Current medications reviewed for potential drug interactions				
Physical co-morbidities				
.....				
Cardiac Monitoring				
Baseline electrocardiograph (ECG): QTc is prolonged if > 440ms in men or > 460ms in women. QTc > 500 is associated with increased risk of life threatening arrhythmias (torsades de pointes). Date taken: ____ / ____ / 20 ____ QTc = _____ Other abnormalities:				
Baseline echocardiogram is required for all participants who have a community commencement and all inpatients where possible. If unable to obtain a baseline echocardiogram for inpatient services please note the reason. Date taken: ____ / ____ / 20 ____ (if indicated) Comment:				
Is chest x-ray clinically indicated: YES / NO (e.g. clinically unwell, heart failure, cardiomegaly). Date taken: ____ / ____ / 20 ____ (if indicated) Comment:				

3rd Stage: Registration of participant	Date/Time	Signature	Print Name	Designation
Participant registration form completed and faxed to clozapine registry (NOTE: Do NOT send any participant identifying data).				
CPN:				
Clozapine alert entered into local hospital/community IT system (e.g. OACIS, CBIS, CCC, Sunrise EMR).				
Community Clozapine Coordinator notified of commencement				

4th Stage: Participant commencement and monitoring	Date/Time	Signature	Print Name	Designation
Completed baseline observations are documented on <i>Clozapine Commencement Observation Chart</i> (on this form).				
Blood test results are entered into clozapine database by nursing or medical officer.				
Registration form is sent to pharmacy along with copy of medication chart/prescription for dispensing.				
First dose can be administered following the monitoring pathway for clozapine				

5th Stage: Ongoing participant monitoring including, cardiac monitoring requirements, blood results, and physical health assessment to be recorded on <i>Clozapine Weekly Monitoring Chart</i> (on this form) and <i>Clozapine Investigation Review and Prescription Record</i>	Date/Time	Signature	Print Name	Designation
Week 1, 2, 4 and 12 (before visit): testing is required for CBE/Troponin/CRP and ECG. The review must be within 48 hours of a CBE during a face to face assessment for signs and symptoms of infection and recorded on the <i>Clozapine Weekly Monitoring Chart</i> (on this form).				
Week 3: blood testing is required for CBE/Troponin/CRP. Physical health assessment is completed and recorded on the <i>Clozapine Weekly Monitoring Chart</i> .				
Each week for 18 weeks: medical officer to review participant, complete investigation results, physical observations and prescription for 7 day supply. Clozapine levels to be taken at week 4, week 9 and on discharge from hospital.				
Week 12 to week 26: Ensure an echocardiogram is ordered, booked and completed.				
Echo date: ____ / ____ / 20 ____ time: ____ : ____				
Where is the participant having this?:				
At each visit reinforce the need for the participant/carer to monitor for signs and symptoms of infection and if unwell to contact their GP, the coordinator or attend the emergency department.				

WCC and NC	Range	Action
WCC >3.5 x 10 ⁹ /L and NC >2.0 x 10 ⁹ /L	GREEN	Clozapine therapy can continue or be titrated upwards as required
WCC 3.0-3.5 x 10 ⁹ /L and/or NC 1.5-2.0 x 10 ⁹ /L	AMBER	Requires increasing frequency of monitoring, to twice weekly
WCC <3.0 x 10 ⁹ /L and/or NC <1.5 x 10 ⁹ /L	RED	STOP clozapine immediately and repeat blood test within 24 hours. Contact Consultant Psychiatrist and arrange urgent medical review

6th Stage: Discharge from hospital to community	Date/Time	Signature	Print Name	Designation
<i>Clozapine Transfer of Care</i> form completed for all participants in inpatient units and sent to the community Clozapine Coordinator on discharge and/or transfer between teams.				
Ensure enough discharge medication is provided until the next Clozapine Coordinator and medical appointment, and that the next weekly blood test is ordered (copy to coordinator).				
The GP is provided with a copy of a treatment plan and clozapine information sheet.				
Original forms to be sent to Clozapine Clinic AND Copies made and filed in Medical Record.				



SA Health
Revised October 2019

MR74D

CLOZAPINE COMMENCEMENT OBSERVATION CHART

Respiratory depression, hypotension and tachycardia can occur in these first few hours hence the need for close monitoring.

- If the pulse increases by 20 beats/min or the systolic blood pressure decreases by 20mmHg a full medical review is necessary.
- If the participant is in the community, they should be transported safely to the nearest hospital emergency department for review and continued observation.
- The initiating doctor should be notified immediately.

Baseline observations 1 hour prior to initial dose									
Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation	

Participant must be seen by medical officer if unsatisfactory baseline observations or has not been seen by a medical officer in the previous 10 days. These observations are the minimum requirement for all participants prescribed clozapine. Further monitoring may be required by individual health networks or as clinically indicated.

Initial dose (mg)		Administered by		Signature	
Time		Date		Designation	

1/2 hourly observations for 2 hours following initial dose									
Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation	

Hourly observations for 4 hours									
Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation	

Record daily temperature for 28 days and routine observations on ward or unit equivalent
Comments:

Recommended titration regimen
From day 14 dose can be increased in 50mg intervals every 2 to 3 days depending on efficacy and side effects. Maximum dose is 900mg. Clozapine levels should be assessed as per commencement protocol, or if: side effects are apparent, there is evidence of infection, there are changes in medications that interact with clozapine, or changes in the use of drugs, smoking or caffeine. (see SAH Clozapine Management Clinical Guideline).

Dose (mg)	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	12.5	-	25	-	25	-	25	25	25	25	25	50	25	75
Dose (mg)	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	25	100	50	100	50	100	50	125	50	125	50	125	50	150

