CLOZAPINE PATIENT PROTOCOL - 4 WEEKLY GP SHARED CARE *Ref. SA Health MR-77D Form*		
	Affix patient identification label in this box (for CMHS use)	
	Patient UR No:<<Operation:UR No>>	**Gender:** <<Patient Demographics:Gender>>
4 WEEKLY CLOZAPINE PATIENT PROTOCOL **GP Mental Health SHARED CARE**	**Family Name:** <<Patient Demographics:Surname>>	
	Given Name: <<Patient Demographics:First Name>>	
GP Details: <<Doctor:Name>> <<Doctor:Provider Number>> **Practice Name:** <<Practice/Location:Name>> **Address:** <<Practice/Location:Address>> **Phone:** <<Practice/Location:Phone>>	**DOB:** <<Patient Demographics:DOB>>	**Blood Group:** <<Clinical Details:Blood Group>>
	Clozapine Patient No (CPN): <<Clozapine Patient No (CPN): >>	
	Clozapine Coordinator (CC): <<Clozapine Coordinator (CC): >>	
Streamlined Code: 4998	**Consultant Psychiatrist:** <<Consultant Psychiatrist: >>	
Pharmacy: <<Pharmacy: >>		

CLINICAL OBSERVATIONS Protocol completed by Medical officer or designated Registered Nurse							
Note: The SA Health Clozapine Questionnaire can assist with the assessment process							
DATE							
Dosage/day (mg)	4 weekly						
Number of spare tablets	4 weekly						
Temp/Fever assessment	4 weekly						
Pulse (manual)	4 weekly						
Respirations / O2 sats.	4 weekly						
Blood Pressure	4 weekly						
Blood glucose (random)	3 monthly						
Weight (kg)	4 weekly						
Waist (cm)	4 weekly						
BMI (wt/ht^2)	4 weekly						
Height (m)	annual						
Cigarettes/day	4 weekly						
Constipation Ax	4weekly (Y/N)						
Seizure Activity Ax							
Hypersalivation Ax							
Sedation Ax							

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PATHOLOGY Protocol: please consult with the treating psychiatrist when results are outside the recommended range

Blood Count Assessment	**White Blood Cell and Neutrophil Count**	**Range**	**Action**
	WBC >3·5 x 109/L and NC > 2.0 x 109/L	**Green**	Clozapine therapy can continue
	WBC 3·0 – 3.5 x 109/L and/or NC 1.5 – 2.0 x 109/L	**Amber**	Requires increased monitoring to twice weekly
	WBC < 3·0 x 109/L and/or NC < 1.5 x 10/L	**Red**	STOP clozapine immediately and repeat blood test within 24 hours. Contact consultant psychiatrist, arrange urgent medical review

DATE							
White Cell Count	4 weekly						
Neutrophil Count	4 weekly						
Clozapine Level	6 monthly						
Fasting Glucose	6 monthly						
Fasting Lipids	6 monthly						
Liver Function	6 monthly						
Electrolytes	6 monthly						
CRP	6 monthly						
Troponin T or I	6 monthly						

*Please include this monitoring data with the psychiatrist review request for a holistic assessment and recommendation.
For consistency of monitoring either troponin I or T levels must be performed by the same pathology company, particularly the first 12 weeks of initiation.

Additional Monitoring	**Frequency**	**Date**	**Note**
Echocardiogram	annual		
ECG	annual		
Psychiatry review	6 monthly		
GP Contact Coordinator	1 – 3 months		

Information Sharing	**Frequency**	**Date**	**Note**
GP contact with CC	1 – 3 monthly		
Data sent to CC	1 – 3 monthly		
Current medications list	6 monthly		

* Please notify Clozapine Coordinator if consumer is COVID-19 positive.

Note for Clozapine Coordinator:

Date: **Signature:**_____

* When completed please email or fax return to Clozapine Coordinator / persons local Mental Health Service

CLOZAPINE PROTOCOL INFORMATION

Clozapine is a medication regulated by the TGA, under the Highly Specialised Drugs Program. It is a third line treatment for chronic schizophrenia refractory to treatment with other medications. Patients may only be prescribed clozapine when mandatory blood testing and other monitoring can be achieved in the community as per the Clozaril® Patient Monitoring Service (CPMS) Protocol 2019. This is not an exhaustive guide and more information can be found in the SA Heath Clozapine Management Clinical Guideline at www.sahealth.sa.gov.au/clozapine.

NB: Clozapine dose can only be changed in consultation with the treating Psychiatrist

It is essential that the clozapine care cycle be monitored according to the schedule on this form. Forwarding the completed attendance data to the community team after each assessment facilitates shared care and adds valuable information for the 6 monthly psychiatry review.

POTENTIAL ADVERSE EFFECTS: (Medical Emergency)		**Please seek specialist advice and notify the Clozapine Coordinator**
Effect	**Duration / time course**	**Action**
Fever and any infections	More common during initiation and is a significant ongoing risk	Temperatures greater than 38° must be investigated with immediate CBE, Troponin T or I and high sensitivity CRP to rule out myocarditis, agranulocytosis and any severe infection that may lead to clozapine toxicity
Agranulocytosis / neutropenia	More common during initiation. Risk is ongoing	ED assessment and full medical review. Cease clozapine until cleared by CPMS
Myocarditis: If Troponin >60ng/L and CRP elevated	Most common during initiation	Urgent transfer to Emergency department for investigation Cardiology consultation, CPMS Notify treating team and psychiatrist
Acute coronary syndrome: Troponin 30-60ng/L and elevated CRP	Can occur at any time	
Tachycardia	Common and can persist	Monitor for signs and symptoms. May require ECG, cardiology review, discussion with psychiatrist
Hypertension and hypotension	Can occur at any time	Check for dizziness, dehydration or chest pain. Check blood pressure and manual pulse at each review
Cardiomyopathy	May occur later in treatment	Annual Echocardiogram and may require cardiologist review
ECG changes – prolonged QTc	An ongoing risk factor	Consult cardiologist, psychiatrist and SA Health Clozapine Cardiac Guidelines
Metabolic syndrome, weight gain, diabetes	Common and can persist	Chronic disease management plan Medicare items 721 – 732. Positive cardiometabolic algorithm.
Constipation / bowel obstruction	Very common and usually persists	Actively Treat first line with softeners, stimulants and osmotic laxatives
Hypersalivation	Very common and more noticeable at night	Consider hyoscine, suggest towel on pillow. Atropine is no longer recommended.
Nocturnal enuresis / urinary retention	Can occur at any time	Dose may need psychiatrist review
Nausea, reflux	More common in first 6 weeks	Use antiemetics with caution
Sedation	More common during initial phase but can be ongoing	Assess for compliance (missed doses), changes to smoking, drug interactions or infection. Discuss with psychiatrist

Seizures	More common with elevated levels>600 ug/L	Monitor levels 6 monthly or as clinically indicated. Check smoking status
Myoclonic jerks	Not uncommon and worse in the first few months	Investigate serum level and signs of toxicity
Obsessional traits	Not uncommon	Supportive care and CBT approach

Please contact the local mental health service for support if there are concerning side effects, symptoms, problems:

- Deterioration in mental state and/or medication compliance
- Significant changes to clozapine serum levels and other blood test results
- If additional medication (dispensation) is required
- Transfer of the patient to another region
- If you are moving and no other GP is available
- Introduction of new medication that may affect serum levels
- Treatment interruptions of greater than 48 hours that must be managed according to CPMS protocol below:

Period of Interruption since the last dose was taken	**Dosage / Monitoring Requirements**
≤ 48 hours	No change to dosage or monitoring
> 48 hours & ≤ 72 hours	Notify Clozapine Coordinator / psychiatrist and CPMS Start on 12.5mg and titrate up. No additional monitoring requirements
> 72 hours & ≤ 28 days	Notify Clozapine Coordinator / psychiatrist and CPMS Start on 12.5mg and titrate up. Weekly monitoring for 6 weeks.
> 28 days	Is treated as a complete restart through the mental health team.