

# Questions to ask at clozapine reviews

This document outlines questions for each Clozapine review. Specific protocols for following up abnormal findings and test results can be found in the [Pathways and Protocols for Managing Abnormal/Adverse Events](#) document.

## General Assessment

- > Symptoms - Have you noticed an increase in the symptoms of your illness (hallucinations, jumbled thoughts, paranoia, strange experiences)?
- > Risk - Have you had thoughts of harming yourself or others?
- > Function - Have you had trouble with taking care of yourself, your home or your finances?
- > Have you had a hospital admission since last visit?

## Assessment for drug interactions

- > Complete a review of medications at each visit. What medications are you taking?
- > Have you ceased/started any new medications since last visit, including all prescribed, OTC, complimentary, topical, inhaled, oral contraceptives and PRN? (Check list for examples and interactions).
- > Have you stopped/started smoking since your last visit?
- > Have you increased/decreased your intake or changed your drugs since your last visit? (For example, THC, De Café coffee, analgesics).

## Concordance status

- > Have you missed, decreased or increased your dose of Clozapine since your last visit?
- > Have you missed, decreased or increased your dose of any other medications since your last visit?

## Assessment of adverse effects and general medical issues

### Infection

- > Have you noticed a fever or sweating since your last visit (duration, timing, intensity)?
- > Have you felt generally well/unwell?
- > Do you have any specific symptoms of infection such as cough, increased mucus, nausea, vomiting, diarrhoea, dysuria, abdominal pain, ear or sinus pain, skin infection, muscle aches or joint pains?
- > Have you had COVID? If so when?
- > **Observation:** increase in vital signs.

### Cardiovascular

- > Since your last visit have you suffered from dizziness (particularly on standing), palpitations, rapid, irregular or missed heartbeats, shortness of breath, headaches, or visual disturbances, chest pain, shortness of breath when lying down, or swelling of the ankles?
- > **Observation:** irregular pulse on manual assessment, postural, hypotension, hypertension.

### Seizures/myoclonus

- > Have you suffered from involuntary muscle tics or twitches in any part of your body since your last visit?

- > Have you had blackouts, seizures witnessed by others, or unexplained incontinence or injuries from biting your tongue or the inside of your mouth?
- > **Observation:** myoclonic jerks or witnessed seizures on nurse/medical observation.

### Extra Pyramidal Side Effects (EPSE)

- > Since your last visit have you had muscle stiffness, tremor, problems with moving your eyes, difficulty walking, or problems with performing tasks with your hands?
- > **Observation:** Tremor, muscle rigidity or abnormal posture/gait on nurse examination.

### Sedation

- > Since your last visit have you had trouble waking up, felt drowsy during the day, have had daytime naps or have you spent more than eight hours per day sleeping?
- > **Observation:** sedated on nursing observation.

### Hypersalivation

- > Since your last visit have you had excess saliva production as indicated by drooling, swallowing excess saliva, waking up with a wet pillow or waking up due to coughing from saliva?
- > **Observation:** observed hypersalivation, drooling.

### Constipation

- > Ensure the person completes the Bristol Stool Chart. This can be found on the Clozapine Questionnaire.
- > When was the last time you used your bowels? How often do you usually go?
- > Since your last visit have you been using laxatives or noticed decreased frequency of stool, straining to pass stools, faecal incontinence, diarrhoea or abdominal pain, nausea or vomiting?
- > How do you manage constipation?
- > **Observation:** presents with faecal incontinence, abdominal distension and pain, nausea or vomiting.

### Urinary Symptoms

- > Since your last visit have you suffered from dysuria, difficulty passing urine, urinary frequency, polyuria or urinary incontinence?
- > **Observation:** presents with urinary incontinence or suprapubic pain/distension.

### Sexual Side Effects

- > Since your last visit have you noticed any problems with sex?

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## For more information

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