



# Mental Health Services Medicine Related Guidance Clozapine Service Standards

## **Important Note:**

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Lead Author:	<b>MHS Clozapine Review Group</b>
Responsible Director:	<b>Lead Associate Medical Director MHS</b>
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# Clozapine Service Standards

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Developed by MHS Clozapine Review Group

## Clozapine Service Standards

### 1. Background

The second generation antipsychotic, clozapine, is the gold standard drug of choice for treatment resistant schizophrenia. Due to its serious side effect profile and licensing restrictions there are systems and criteria that must be met to ensure its safe use. This document details the standards mental health services in NHS Greater Glasgow & Clyde are expected to meet when using Clozapine regardless of the care setting.

The standards consist of the following sections

1. Registration
2. Prescribing
3. Patient Education
4. Dispensing
5. Monitoring
6. Communication
7. Information Governance
8. Appendices

### 2. Registration

- 2.1 All patients, prescribers and pharmacy departments must be registered with the monitoring service associated with the contracted clozapine supplier for NHS Scotland. The registration process is summarised in appendix 1. Please note that Leverndale Pharmacy is the only site in NHS GG&C registered to dispense clozapine to patients
- 2.2 Clozapine may not be prescribed or dispensed until the registration process for a patient is complete. Forms for registering patients, prescribers, pharmacies, pharmacy staff and proxies are available on the ZTAS website ([www.ztas.co.uk](http://www.ztas.co.uk)).
- 2.3 The patient's consultant psychiatrist is responsible for their registration

### 3. Prescribing

- 3.1 All consultant psychiatrists prescribing clozapine will be registered with the current clozapine monitoring service
- 3.2 Clozapine will be prescribed by or under the supervision of a consultant psychiatrist in accordance with the licensed indications for the drug. Any unlicensed prescribing of clozapine must be notified to and agreed with the clozapine monitoring service (e.g. re-challenge following a red result, concomitant treatment with chemotherapy).
- 3.3 For in patients the approved standard titration regimes, including a blank format for bespoke regimes (available via the following link) will be used to initiate clozapine therapy

*Add revised link once clozapine resource pack in place*

For out-patients, the titration regime given in the Options for Initiation of Clozapine document will be used.

When a patient is discharged from hospital a Clozapine out-patient prescription (see link to clozapine resource pack) must be sent to pharmacy along with the discharge prescription. All changes to clozapine prescriptions must be communicated to pharmacy immediately.

- 3.4 If the patient has a treatment break (any period of clozapine greater than 48 hours requires re-titration) clozapine must be re-titrated from a 12.5mg dose. The

titration regime be patient specific and take into account their previous dose and any adverse effects that were apparent when clozapine treatment was first initiated. Monitoring of cardiac parameters is required during re-titration.

- 3.5 For patients with a diagnosed swallowing difficulty, clozapine suspension (Denzapine) is available. Please note patients must be registered with the Denzapine Monitoring Service in order to be prescribed this product

#### **4. Patient Education**

As described in the Options for Initiation of Clozapine document all patients from whom clozapine treatment is being considered must achieve appropriate education about treatment. Also during treatment educational needs should be revisited on a frequent basis. Educational resources for patients can be found on the ZTAS website

([www.ztas.co.uk](http://www.ztas.co.uk)) and the Choice & Medication website ([www.choiceandmedication.org/nhs24/](http://www.choiceandmedication.org/nhs24/)).

A wallet sized patient alert clozapine alert card is available from ZTAS. All patients should be offered this card.

#### **5. Dispensing**

- 5.1 All pharmacy departments dispensing clozapine will be registered with the current clozapine monitoring service. Each registered clozapine pharmacy will have a registered clozapine pharmacist who is responsible in conjunction the Mental Health Sector Chief Technician for ensuring clozapine dispensing standards are met.

- 5.2 Clozapine will be dispensed in accordance with the systems and rules dictated by the marketing authorisation (licence) and the clozapine monitoring service.

- 5.3 Each dispensary will have standard operating procedures describing the dispensing process. These will cover:

:

- The roles and responsibilities of staff
- Staff training
- Dispensing procedures
- Use of the ZTAS system
- Quarantine processes
- Delivery schedules
- Communication

For hospital wards and teams not operating the one stop model, no clozapine will be issued from quarantine without a valid blood result. For teams using the one stop model there will be a robust mechanism for retrospectively confirm blood result status.

#### **6. Monitoring**

- 6.1 All patients prescribed clozapine will be monitored to the level described in the marketing authorisation and the clozapine monitoring service manual. Monitoring will be undertaken at ward level for in patients and in clozapine clinics or their equivalent for out-patients

- 6.2 All patients prescribed clozapine will have a detailed care plans. These care plans must include the following

- Frequency of full blood count monitoring

- Baseline physical health measures
- Signs and symptoms of neutropenia
- Identifying and managing common side effects e.g. constipation, hypersalivation, sedation, incontinence, cardiac side effects (tachycardia), weight gain, use of GASS and patient education.
- Compliance assessment

6.3 Staff working in clozapine clinics and wards will receive training on the relevant clozapine systems e.g. ZTAS and the clinical use of the drug. A training package is available from pharmacy on request.

It is recommended that all staff in clozapine clinics and ward using clozapine have access to the ZTAS website

6.4 Each clozapine clinic will have written Standard Operating Procedures describing all aspects of their function e.g.

- The scope of the service. Clozapine services will have a geographic rather than specialty remit i.e. they serve all patients prescribed clozapine within a defined catchment area.
- Locations & timings
- Staff & grades involved
- Did not attend procedures
- Problem samples
- Amber result protocols
- Red result protocols
- Prescription collection procedures
- Use of the monitoring system web site

## 6.5 Full blood counts

Patients prescribed clozapine will have full blood count measurements taken to the following schedule

Baseline for registration	
Weekly	For a minimum of 18 weeks from start
Fortnightly	From the end of weekly monitoring up to a minimum of 52 weeks
Every 4 weeks	For as long as treatment continues post 52 weeks
Twice weekly	If an amber result is obtained. Continue until green
Daily	If a red result is obtained. Continue until two successive green results

**Note:** Patients may only progress from weekly to fortnightly or fortnightly to 4 weekly full blood counts if authorised by the clozapine monitoring service.

Clozapine clinics and wards must have reliable processes for ensuring clozapine full blood counts are taken as scheduled.

Full blood counts are normally sent to the clozapine monitoring service's laboratory for analysis. **If samples are analysed locally it is the responsibility of the ward or clozapine clinic to inform pharmacy that a local sample has been taken.**

Clozapine discontinuation full blood count monitoring will be undertaken as required by the clozapine monitoring service.

## **6.6 Physical Health Monitoring**

All patients prescribed clozapine, regardless of setting, will be offered monitoring for physical health problems to the standards described in the table on the following page. Clear communication and joint working between mental health services and primary care will be required to ensure any physical health issues identified are appropriately managed. The standards in the table below are those produced by the Scottish Government in 2013 which were revised in 2016. (See table 5.6 on page 8)

## **6.7 Side effect monitoring**

Clozapine clinics and wards will perform additional side-effect monitoring relevant to clozapine as a matter of routine. This will include

- Constipation – at every contact\*
- Blood pressure
- Pulse
- Hypersalivation
- Sedation
- Incontinence
- Signs of neutropenia – sore throat, temperature & flu like symptoms
- Fits, faints & funny turns

Clinical observation and the Glasgow Antipsychotic Side-effect Scale (GASS) – clozapine variant should be used for this. GASS should be undertaken every 6 months and one month after a dose change. Side-effect assessments will be recorded formally and reported systematically to the multi-disciplinary team. The outcome of routine side effect monitoring and 6 monthly use of GASS must be reported to the patient's responsible medical officer (RMO).

\* Constipation must be assessed systematically at every contact with the patient. Patients will receive education about the likelihood of becoming constipated, things they can do to minimise the risk and the need to report any change in bowel habits. It is recommended that the Clozapine & Constipation fact sheet from the Choice & Medication website be given to all patients.

(<http://www.choiceandmedication.org/nhs24/pdf/handyfactsheetclozapineandconstipation.pdf>)

## **6.8 Clozapine plasma level monitoring**

Clozapine clinics and wards will perform clozapine plasma level monitoring in line with MHS guidance at the request of a consultant psychiatrist. The main indications for clozapine plasma level monitoring are

- To monitor compliance
- For patients who fail to respond completely to clozapine after an adequate trial especially prior to consideration of augmentation strategies
- If dose reduction is being contemplated
- To support the diagnosis of dose-related side effects\*
- If a drug interaction is suspected

- Non-urgent investigation of suspected overdose
- If the patient's smoking status changes
- Measuring baseline levels during successful treatment to use as a reference point.

\*Side effects that are thought to be dose-related include; sedation, dizziness, hypersalivation, tachycardia, postural hypotension, constipation and seizures. Often these can be avoided/minimised by careful and slow dose escalation or alleviated by reducing the dose.

Appropriate guidance can be found in the clozapine resource pack.

Please note that Magnlabs will contact Pharmacy and the patient's consultant if the clozapine plasma level is  $>1.0\text{mmol/L}$  or if it is undetectable.

## 6.9 Table

Parameter/test	Frequency	Action if outside reference range
Full Blood Count	Follow manufacturer's mandatory protocol	
Constipation	Assess bowel habits at baseline, any point of blood sampling and ideally at every point of contact.	Treat symptomatically and seek help from physicians if Complete obstruction or poor response to conservative laxative treatment.
BMI	Baseline, weight during initiation, 3 monthly for 1 year, then annually.	Offer lifestyle advice.
Plasma glucose (fasting)	Baseline, at 1 month, then from 3 months, 3 monthly up to 1 year, then 6 monthly.	Offer lifestyle advice. Obtain HbA <sub>1c</sub> . Consult with GP and/or specialist as appropriate.
Blood lipids	Baseline, 3 monthly for 1 year, then 6 monthly.	Offer lifestyle advice and consult with GP and/or specialist for consideration of treatment e.g. statin therapy as appropriate.
Blood pressure	Baseline, as per initiation protocol, 3 monthly for 1 year, then annually. Also following dose changes.	If hypotensive: Consider slower titration or dose reduction If Hypertensive: Offer lifestyle advice and consult with GP and/or specialist for consideration of treatment.
Pulse	Baseline and as per initiation protocol, at 3 months, then annually	Consider slower titration or dose reduction. If tachycardia persistent, observe for other indicators of myocarditis or cardiomyopathy.
ECG	Baseline, <b>3 weeks</b> , at 3 months and then annually. <b>Additional ECGs should be performed as clinically indicated (see actions)</b>	Act on abnormality according to significance, clinical indication. Refer to cardiologist if in doubt.
Troponin 1	<b>Baseline, day 7, 14, 21 &amp; 28</b>	Continue clozapine with daily CRP and Troponin I monitoring and request echocardiography if: • Signs or symptoms of unidentified illness OR • HR ≥ 120bpm or increased by >30bpm over 24 hours OR • CRP 50 – 100 mg/l OR • Mild elevation of troponin I ≤ 2 x Upper limit of normal
CRP	<b>Baseline, day 7, 14, 21 &amp; 28</b>	<u>Stop clozapine</u> , consult cardiologist and request echocardiogram if: • Troponin > 2 x upper limit of normal OR • CRP > 100mg/l
Urea & electrolytes	Baseline then as clinically indicated.	Investigate as clinically appropriate.
Liver function tests	Baseline then annually or more frequently if clinically indicated.	Investigate as clinically appropriate.
Side-effects	"GASS for Clozapine" or other recognised side-effect questionnaire for antipsychotic medication during initiation and regularly thereafter, with general side-effect enquiry at least at any point of blood sampling.	As clinically appropriate.
Smoking status	On initiation and at regular intervals thereafter, at least annually. Warn patient regarding effect of changes in smoking status on clozapine levels and side-effects	Check Clozapine level and GASS for Clozapine if change of status.
Women of reproductive age	Pregnancy/contraceptive status on initiation and at regular intervals thereafter, at least annually	In all cases: Pre-pregnancy discussion of pregnancy intentions. Offer advice/signposting on contraception. Early discussion of options if unplanned pregnancy.



## 7. Communication

7.1 To ensure safe and effective use of clozapine there must be effective communication between the elements of the clozapine service. This includes the patient, their consultant psychiatrist, the pharmacy, clozapine clinics, wards and the clozapine monitoring service. Each patient prescribed clozapine's care plan will contain the relevant communication pathway with regards to their clozapine service and should include contact details for

- Consultant psychiatrist
- Clozapine pharmacy
- Clozapine clinic
- GP practice
- Community pharmacy

GPs should be informed when Clozapine is prescribed or treatment is stopped and encouraged to add Clozapine to their prescribing records using the process developed by the prescribing support team.

The clozapine communication at transitions form should be used to support transfer of care when patients on clozapine move from one location to another (appendix 5).

7.2 The clozapine monitoring service (currently ZTAS) send alert faxes to the clozapine pharmacist and consultant psychiatrists. The table below lists these alerts and indicates the actions and responsibilities associated with them

Alert fax	Actions & Responsibilities
Eligibility reminders	Pharmacy contact consultant & CMHT, ward to advise of move to fortnightly or monthly bloods & supplies.
Late reminders	Consultant, ward or CMHT to organise urgent local FBC
Discontinuation notification	Pharmacy to cancel prescription Consultant, ward or CMHT to organise discontinuation bloods
Non-Rechallengeable	Consultant to place in case record – indicates genuine red result therefore any future clozapine treatment unlicensed and must be approved by ZTAS
Amber warning	Consultant, ward or CMHT to organise twice weekly FBC until green
Red Alert	Clozapine treatment stopped. Pharmacy to contact consultant, ward or CMHT to confirm red alert. Consultant, ward or CMHT to organise urgent local FBC on a daily basis until two consecutive greens. Implement appropriate care as per ZTAS manual
Downward trend/single drop	Consultant, ward or CMHT review recent blood history and physical status and if appropriate undertake additional blood tests
Out of range warning – high eosinophils or low platelets	Review patient urgently. FBC twice a week.  High eosinophils ( $3 \times 10^9/L$ – stop clozapine until eosinophils less than 1. Monitor cardiac function including ECG.  Low platelets – stop clozapine until levels greater than $50 \times 10^9/L$ .

7.3 It is good practice to inform the community pharmacy when a patient is prescribed clozapine. A letter template (appendix 2) has been prepared for that purpose. CMHT clozapine clinics will give this letter to patients to take to their community pharmacy.

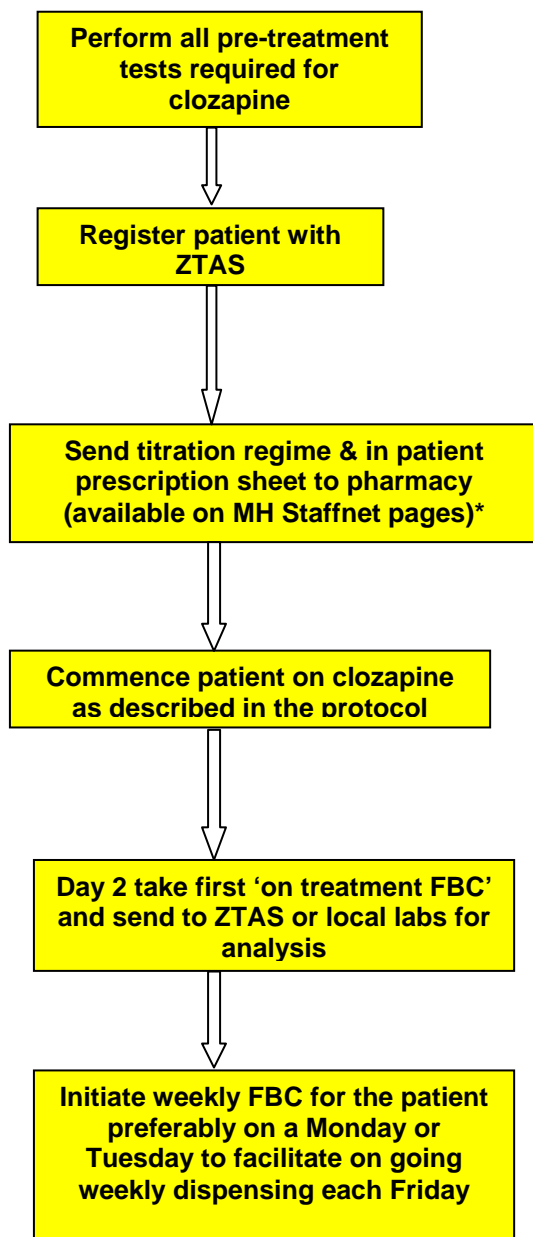
## 8. Information governance

8.1 The clozapine monitoring service and their website (currently ZTAS) are essential to the safe use of clozapine. They must be notified immediately and then the clozapine pharmacy informed in the following circumstances to ensure the data they hold is up to date and accurate

Data item	Responsible person(s) for notifying ZTAS &/or clozapine pharmacy
New registration or re-titration	Medical staff
Apply & maintain clozapine PIMS alert	Pharmacy staff
Change of consultant	Medical staff
Change of blood sampling location	Clozapine clinic or ward staff
Treatment break	Medical staff or Clozapine clinic or ward staff
Treatment discontinuation	Medical staff
Off label treatment e.g. red re-challenge, concomitant chemotherapy	Medical staff
Local blood sample	Clozapine clinic or ward staff

Forms for communicating with ZTAS are available on their website.

## In patient clozapine initiation flowchart



- ❑ Full blood count (FBC) with differential (valid for 10 days)
- ❑ ECG, baseline lipids, glucose, weight, LFTs & U&Es
- ❑ Registration form completed and signed by consultant.
- ❑ Forms are available on the log in page of the ZTAS website [www.ztas.co.uk](http://www.ztas.co.uk)
- ❑ Faxed to ZTAS on 02073655843.
- ❑ Once confirmation of the registration is received from ZTAS, pharmacy will make an initial supply the amount of which will depend on the validity of the initial FBC.
- ❑ If registration FBC is no longer valid pharmacy will contact ward for an urgent local FBC.
- ❑ **Day 1 of the titration should ideally be a Monday and clozapine should not be initiated over a weekend.**
- ❑ Monitor the patient as described in the titration regime.
- ❑ This blood test is essential to allow weekly dispensing of clozapine.
- ❑ Pharmacy will dispense the remainder on the titration regime to the appropriate schedule.
- ❑ This blood test is essential to allow on-going weekly dispensing of clozapine.
- ❑ The post titration regular dose should be prescribed on the in patient prescription sheet and this should be sent to pharmacy for a weeks supply of the post titration dose.
- ❑ Every time the dose is changed the altered in patient prescription sheet must be sent to pharmacy.

\*([add revised link to Clozapine resource pack when available](#))

**Note:**

**When a local blood sample is taken it is the responsibility of the ward to communicate the result of this sample to ZTAS and pharmacy.**

Do not commence a clozapine titration out of hours.



## Mental Health Services

Address of Resource centre

### PRIVATE AND CONFIDENTIAL

Date

Name of pharmacy

Direct Line

Dear pharmacist,

**Patient.....CHI.....**

The above patient is prescribed clozapine which they receive from .....CMHT every ....week(s).

Clozapine, a second generation antipsychotic is primarily managed through specialist mental health services within NHS GG&C. It can cause serious blood dyscrasias including neutropenia and agranulocytosis and as such those receiving treatment undergo mandatory regular full blood count monitoring.

Patients may present complaining of flu-like symptoms, such as fever or sore throat or other signs of infection. They should be actively encouraged to contact their community psychiatric nurse/ resource centre to obtain an urgent FBC to rule out neutropenia. In addition, the use of other medication known to cause neutropenia is contraindicated with clozapine therapy; the most recent edition of the BNF can give specific information on interactions with clozapine.

Constipation can be problematic and often requires pharmacotherapy to manage it. On rare occasions constipation can be significant and can cause serious complications which are associated with death.

Smoking has a significant effect on plasma clozapine levels and stopping smoking can cause plasma levels to increase substantially with a subsequent increase in the risk of dose-related adverse effects including sedation, constipation and seizures. For these reasons, any quit attempt should be managed in conjunction with the patient's mental health team.

Mental Health services may also dispense unlicensed pirenzepine and benztropine to manage drug-induced hypersalivation caused by clozapine.

If you have any questions, please contact the team within the resource centre or the pharmacy department at Leverndale Hospital (01412116525).

Yours sincerely,

## Appendix 3

## Clozapine initiation in-patient observation record

Surname	Forename	Date of birth	CHI number	Consultant

## Baseline Recordings

Date	
BP	
Pulse	
Weight	
Temp	
Date of last bowel movement	
Details of typical bowel habits (e.g. once or twice per day etc.)	

DAY 1	Before am dose	1 <sup>0</sup> (1 hr post dose)	2 <sup>0</sup>	3 <sup>0</sup>	4 <sup>0</sup>	5 <sup>0</sup>	6 <sup>0</sup>	Before pm dose
Time								
Temp								
Pulse								
BP (lying)								
BP (stand)								

DAY 2	Before am dose	2 <sup>0</sup>	6 <sup>0</sup>	Before pm dose
Time				
Temp				
Pulse				
BP (lying)				
BP (stand)				
Has patient moved bowels today?	Yes/No			
If no, date of last bowel movement?				

DAY 3	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 4	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 5	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 6	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 7	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 8	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 9	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 10	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 11	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 12	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 13	Before am dose	6 <sup>0</sup>	Before pm dose	DAY 14	Before am dose	6 <sup>0</sup>	Before pm dose
Time				Time			
Temp				Temp			
Pulse				Pulse			
BP (lying)				BP (lying)			
BP (stand)				BP (stand)			
Has patient moved bowels today?	Yes/No			Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?				If no, date of last bowel movement?			

DAY 15	Before am dose	6 <sup>0</sup>	Before pm dose
Time			
Temp			
Pulse			
BP (lying)			
BP (stand)			
Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?			

## Appendix 4

## Clozapine initiation community patient observation record

Surname	Forename	Date of birth	CHI number	Consultant

## Baseline Recordings

Date	
BP	
Pulse	
Weight	
Temp	
Date of last bowel movement	
Details of typical bowel habits (e.g. once or twice per day etc.)	

DAY 1	Before am dose	1 <sup>0</sup> (1 hour post dose)	2 <sup>0</sup>	3 <sup>0</sup>	4 <sup>0</sup>	5 <sup>0</sup>	6 <sup>0</sup>
Time							
Temp							
Pulse							
BP (lying)							
BP (stand)							

DAY 2	Before am dose	2 <sup>0</sup>	6 <sup>0</sup>
Time			
Temp			
Pulse			
BP (lying)			
BP (stand)			
Has patient moved bowels today?	Yes/No		
If no, date of last bowel movement?			

DAY 3	Before am dose	6 <sup>0</sup>	DAY 4	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		



DAY 5	Before am dose	6 <sup>0</sup>	DAY 6	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		

DAY 7	Before am dose	6 <sup>0</sup>	DAY 8	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		

DAY 9	Before am dose	6 <sup>0</sup>	DAY 10	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		

DAY 11	Before am dose	6 <sup>0</sup>	DAY 12	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		

DAY 13	Before am dose	6 <sup>0</sup>	DAY 14	Before am dose	6 <sup>0</sup>
Time			Time		
Temp			Temp		
Pulse			Pulse		
BP (lying)			BP (lying)		
BP (stand)			BP (stand)		
Has patient moved bowels today?	Yes/No		Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?			If no, date of last bowel movement?		

DAY 15	Before am dose	6 <sup>0</sup>
Time		
Temp		
Pulse		
BP (lying)		
BP (stand)		
Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?		

## Appendix 5

## Clozapine Transfer Form

<b>Name:</b>		<b>Date of Birth</b>	
<b>Address:</b>		<b>CHI No:</b>	
		<b>Clozapine Pin No:</b>	
<b>GP:</b>		<b>In patient Consultant:</b>	
<b>Community Pharmacist:</b>		<b>CMHT Consultant:</b>	
<b>Admission date:</b>		<b>Legal Status:</b>	
			T2 T3
<b>Discharge date:</b>			
<b>Clozapine start date:</b>		<b>Monitoring frequency:</b>	
<b>Current clozapine dose:</b>		<b>Date of last blood sample:</b>	
<b>Date of last ECG:</b>			
<b>Other medication:</b>			
<b>High Dose Status</b>			
<b>Concurrent serious medical conditions:</b>			
<b>Tobacco Smoking status:</b>			
<b>Referral to clozapine clinic made:</b>		<b>Please state which clinic the patient will attend:</b>	
<b>Transfer date:</b>		<b>Date of first clozapine clinic appointment:</b>	
<b>CMHT Keyworker or duty worker:</b>		<b>Clozapine clinic nurse:</b>	
<b>Clozapine labels transferred to clinic:</b>		<b>Clozapine out-patient prescription sent to clinic &amp; pharmacy:</b>	
<b>Clozapine monitoring website data updated:</b>			
<b>Completed by:</b>	<b>Signature:</b>		<b>Date:</b>

## **Clozapine Care Plan**

Please click on the icon below to open the care plan that must be used for all patients prescribed clozapine. It can also be found within the clozapine resource pack.



Clozapine Care Plan  
September 2016 vs 5