SA Health Mental Health
Nurse Led Clozapine Clinics

Pathways and protocols for managing abnormal / adverse events

Below are some of the possible situations that may arise during a clozapine clinic. The task today is to design the pathways and identify where more in-depth procedures may need to be written to ensure safe and effective Nurse Led Clozapine Clinics.

Assessment

- MSE
- Drug interaction
- Change in nicotine use
- Change in caffeine use
- Non – adherence
- Signs and symptoms of infection
- Cardio vascular health
- Seizure activity
- Extra Pyramidal Side Effects
- Over sedation
- Hyper-salivation
- Constipation
- Urinary symptoms
- Sexual side effects

Tests

- Amber blood result
- Red blood result
- Abnormal glucose results on finger prick/recent lab testing
- Abnormal Lipids results on recent lab testing
- Abnormal Troponin or Creatinine Kinase (CK) results on recent lab testing
- Abnormal ECG result
- Abnormal echocardiogram result
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- Mental State Examination

Coordinator concerned re change in consumer mental state

Assess for recent medication changes

Assess adherence to medication

Assess use or increased use of substances

Gather collateral from Care Coordinators / Carers
  Possible stressors
  Risk assessment

Advise treating Medical Officer

Book a medical review if indicated and according to urgency
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- Drug Interactions

Coordinator concerned regarding potential drug interaction

Identify drug of concern and assess use

Consult list of interactions

Advise treating Medical Officer if drug is in high risk category or unsure

If Medical Officer is unavailable seek advice from a pharmacist

Discuss implications with consumer

Book a medical review if indicated and according to urgency

Particularly over the counter drugs

- Antibiotics
- Antifungals
- Motion sickness remedies
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- Change in nicotine use

Consumer reduces or stops smoking

Advise treating medical officer and care coordinator

Refer to and follow: ‘Cessation of tobacco and clozapine monitoring procedure’
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- Change in caffeine use

Consumer has made a sustained change to caffeine intake

Quantify change and time frame

Assess for changes in clozapine side effects

Advise treating Medical Officer and care coordinator

If required arrange a medical review
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- Non-adherence

Coordinator concerned re consumer’s non-adherence

Discuss with Care-coordinator and Consumer

≥ 48 hrs

Assessment
- MSE
- Serum Levels
- Collateral Information

Contact Medical Officer

Follow CPMS protocol re therapy interruption

Schedule early psychiatric review

Partial adherence

Assessment
- MSE
- Serum Levels
- Collateral Information

Non urgent contact with Medical Officer with in 48 hrs

Consider more frequent follow up
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- Signs and symptoms of infection

**Signs and symptoms of infection have been observed**

- Repeat blood test for WCC & NC
- Refer to CPMS protocol
- Fever noted within first 3-4 weeks consider Myocarditis

**Note**
Infection may increase clozapine levels.
If the person is showing signs of toxicity eg. increased sedation or myoclonic jerks then consider taking a clozapine level

- Urgent discussion with Medical Officer
- Refer to GP
- Refer to ED
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- Cardiovascular health

Coordinator concerned re cardiovascular symptoms

Assess

Arrhythmias

Promptly advise Medical Officer

Chest Pain

Refer to ED

Postural Hypotension

Check hydration level

Push fluids

Discuss with Medical Officer
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- Seizure activity

Evidence on history of abnormal movements or poor coordination

Coordinator concerned regarding seizure activity, myoclonic jerks

Advise treating Medical Officer

Arrange clozapine serum level

 Arrange Medical Officer review

Advise consumer to attend ED if any further seizure activity
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- Extra Pyramidal Side Effects (EPSE)

Coordinator concerned regarding EPSE

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AIMS for ongoing Assessment / comparison

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Discuss with Medical Officer & arrange for early Review as indicated
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- Over sedation

Consumer is over sedated

Review medication history

Review other substance use

Complete risk assessment including Mobility, coordination, alertness

Manage risk as required

Arrange medical review

If observations are compromised this is a medical emergency refer to ED
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- Hyper-salivation

Consumer concerned re hyper-salivation

Education to help minimize salivation

Salivation of high severity review by doctor / GP
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- Constipation

Consumer is constipated

Educate re health diet, exercise and adequate fluid intake

Refer for Medical / GP review

Follow up with patient to see if symptoms have resolved

Continue to monitor

Acute distended abdomen

Transfer to ED for urgent medical review
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- Urinary symptoms

Consumer has urinary symptoms

Nocturnal enuresis

Assess for seizure activity

Refer to seizure pathway

Dysuria

Collect MSSU

Refer to GP

Urinary frequency

Assess fluid intake including Random BSL

Refer to Diabetes Protocol

Refer to Medical Officer

Continue to monitor
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- Sexual side effects

Consumer has sexual side effects

To be managed by medical officer at review
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- Amber blood result

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Amber blood result

Advise treating Medical Officer

Follow amber range protocol
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- Red blood result

  Red blood result
  
  Advise treating Medical Officer
  
  Refer to CPMS protocol
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- Abnormal glucose results on finger prick/recent lab testing

Abnormal glucose result → Diagnosis of diabetes

Yes →
- High 10 - 20
  → Arrange less urgent medical review

No →
- Low ≤ 2.5
  → Treat with Glucose
  → Assess History and educate
  → Repeat glucose level
  → Arrange medical review

- Very High ≥ 20
  → Send to ED for urgent review

- High 10 -20
  → Arrange prompt GP follow up

- Very High ≥ 20
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- Abnormal Lipids results on recent lab testing

1. Abnormal Lipid results
2. Educate consumer provide information from metabolic health web page
3. Refer to GP
4. Advise Medical Officer
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- Abnormal Troponin or Creatinine Kinase (CK) results on recent lab testing

Abnormal Troponin or CK result

This indicates acute MI

Urgent ED follow up required

Notify treating Medical Officer
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- Abnormal ECG result

Abnormal ECG result

Refer to treating Medical Officer

Follow Cardio vascular pathway
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- Abnormal echocardiogram result

Abnormal Echocardiogram result

Refer to treating Medical Officer

Follow Cardio vascular pathway
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Pathways and protocols daily occurrences
Management of CBE ordering, results and prescriptions

- Liaison with pharmacy and pathology and treating MO
- Patient reminders
- Chasing results