CLOzapine Commencement Form (MR74D)

Blood levels
- QTC = ___ ___ ___

Cardiac Monitoring
- Baseline echocardiogram (ECHO): QTC prolonged > 440ms in men, > 460ms in women.
- T-wave flattening/repolarisation
- WCC 3.0-3.5 x 10⁹/L and/or NC 1.5-2.0 x 10⁹/L
- Other abnormalities

Medication review
- Current medications reviewed for potential drug interactions

Blood tests
- Complete blood examination, CRP, Troponin, creatinine
- Blood group
- ECG
- chest x-ray
- Baseline echocardiogram

Diary
- Week 1, 2, 4 and 12
- Day 8, 9, 10
- Day 12
- Day 8
- Day 9
- Day 10
- Day 11
- Day 12
- Day 13
- Day 14

Notes
- If no abnormalities, continue at current dose.
- Increase dose every 2 to 3 days.

The pulse increases by 20 beats/min or the systolic blood pressure decreases by 20mmHg, a full emergency department for review and continued observation.

CLOzapine Commencement Observation Chart

Respiratory depression, hallucinations and hypotension may occur in these first few days 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

Baseline observations for 3 hours following initial dose

Date
- Time
- Temp
- Pulse
- Resp
- BP
- Signature
- Name
- Designation

Baseline and subsequent observations for CBE/Troponin/CRP are recorded on the CLOzapine Weekly Monitoring Chart.

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

Recommended laboratory tests

Close monitoring is required for all participants who have a community commencement and all inpatients where:

- If unable to obtain a baseline echocardiogram for inpatient services please note the reason.
- Clozapine alert entered into local hospital/community IT system (e.g. DACTS, CRIS, CCG, Sunrise EML)

Coordination
- Community Clozapine Coordinator notified of commencement.
**Clozapine Participant Protocol - Weekly monitoring: WCC ≥ 3.5 x 10^9/L and NC > 2.0 x 10^9/L**

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**Clinical Information (medical officer to collate review)**

| Clozapine level | | | | | | | | | | | | | | | | | | | | |
|----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Troponin       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| CRP            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| ECG            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

**Clinical Reminders**

1. Documented failure of two anti-psychotic medications, and decision to commence clozapine has been documented in the medical record by the medical officer.
2. The decision to commence clozapine has been documented with the relevant community team and documented in the medical record.
3. Documented with Dr
4. Participants to be provided with information and counselling about clozapine, including the need for weekly blood tests and appointments. Left to note at the counselling/information session.

**Clinical Valet**

**County mental health team**

**Clozapine coordinator** to contact the treating GP weekly for support and data collection

**DETAILS OF PERSON FILLING IN THIS COLUMN**

| Name (please print) | | | | | | | | | | | | | | | | | | | | |
|---------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Designation         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

**Side Effects**

- Weight gain
- Metabolic syndrome
- Diabetes
- Hyper-salivation
- Nausea
- Sedation
- Severe constipation
- Excessive sedation
- Myocarditis
- Seizures
- Pulmonary embolus
- Myocarditis
- Hypertension/hypotension
- Seizures
- Severe infections
- Agranulocytosis/neutropenia
- Severe infections
- Sedation
- Coughing
- Pulmonary embolus
- Myocarditis
- Hypertension/hypotension
- Seizures
- Severe infections
- Agranulocytosis/neutropenia

**Adverse Event Protocols**

- Troponin > 2 ULN and CRP elevated Urgent transfer to Emergency department. Urgent cardiology consultation – query myocarditis.
- Temperature > 38°C or flu-like symptoms
- Troponin 1 to ≤ 2 ULN and elevated CRP Urgent cardiology consultation.
- Troponin > 2 ULN and normal CRP Urgent transfer to Emergency department. Urgent cardiology consultation – query acute coronary syndrome.
- Weight gain
- Nocturnal enuresis
- Severe constipation
- Excessive sedation
- Myocarditis
- Seizures
- Pulmonary embolus
- Myocarditis
- Hypertension/hypotension
- Seizures
- Severe infections
- Agranulocytosis/neutropenia
- Severe infections
- Sedation
- Coughing
- Pulmonary embolus
- Myocarditis
- Hypertension/hypotension
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- Severe infections
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