	Government of South Australia SA Health	1	No:		ation label in this box							
		Give	n Name:									
	COMMENCEMENT FORM	Seco	ond Given Na	me:								
	(MR74D)	D.O.	B:		Sex:							
	Facility:											
		CPN	:									
	3rd Stage: Registration of participant		Date/Time	Signature	Print Name	Designation						
	Participant registration form completed and faxed to cloza registry (NOTE: Do NOT send any participant identifying d											
	CPN:											
	Clozapine alert entered into local hospital/community IT system (e.g. OACIS, CBIS, CCC, Sunrise EMR).											
	Community Clozapine Coordinator notified of commence	ment										
	4th Stage: Participant commencement and monito	ring	Date/Time	Signature	Print Name	Designation						
	Completed baseline observations are documented on Clozapine Commencement Observation Chart (on this for	orm).										
	Blood test results are entered into clozapine database by nursing or medical officer.											
	Registration form is sent to pharmacy along with copy of medication chart/prescription for dispensing.											
	First dose can be administered following the monitoring	pathwa	ay for clozap	ine								
	<b>5th Stage:</b> Ongoing participant monitoring including, cardiac monitoring requirements, blood results, and physical health assessment to be recorded on <i>Clozapine Weekly Monitoring Chart</i> (on this form) and <i>Clozapine Investigation Review and Prescription Record</i> Week 1, 2, 4 and 12 (before visit): testing is required for CBE/Troponin/CRP and ECG. The review must be within 48 hours of a CBE during a face to face assessment for signs and symptoms of infection and recorded on the <i>Clozapine Weekly Monitoring Chart</i> (on this form).											
	Week 3: blood testing is required for CBE/Troponin/CRF on the <i>Clozapine Weekly Monitoring Chart</i> .	P. Phys	ical health a	ssessment	is completed	leted and recorded						
	Each week for 18 weeks: medical officer to review particip and prescription for 7 day supply. Clozapine levels to be t											
	Week 12 to week 26: Ensure an echocardiogram is order booked and completed.	ered,	Date/Time	Signature	Print Name	Designation						
	Echo date: / / 2 0 time: :											
	Where is the participant having this?:											
	At each visit reinforce the need for the participant/carer unwell to contact their GP, the coordinator or attend the				oms of infecti	on and if						
	WCC and NC Range			Action	l							
	WCC >3.5 x 10 <sup>9</sup> /L and NC >2.0 x 10 <sup>9</sup> /L GREEN	Clozapi	ine therapy car	n continue or l	pe titrated upwa	rds as required						
	WC <mark>C 3.</mark> 0-3.5 x 10 <sup>9</sup> /L and/or NC 1.5-2.0 x 10 <sup>9</sup> /L <b>AMBER</b>	Require	es increasing fr	requency of m	onitoring, to twi	e weekly						
			t Consultant Pa	sychiatrist and	arrange urgent	within 24 hours. medical review						
	6th Stage: Discharge from hospital to community		Date/Time	Signature	Print Name	Designation						
	<i>Clozapine Transfer</i> of Care form completed for all particitin inpatient units and sent to the community Clozapine Coordinator on discharge and/or transfer between teams	S.										
	Ensure enough discharge medication is provided until the next Clozapine Coordinator and medical appointment, an that the next weekly blood test is ordered (copy to coordin	nd										
SA Healt	next Clozapine Coordinator and medical appointment, an that the next weekly blood test is ordered (copy to coordin	nd										
SA Healt Revised October 2019	next Clozapine Coordinator and medical appointment, an that the next weekly blood test is ordered (copy to coordin The GP is provided with a copy of a treatment plan and	nd										

2nd Stage: Baseline assessment	Date/Time	Signature	Print Name	Designation
Blood tests	<u>.</u>			
Blood group, complete blood examination, CRP, troponin, electrolytes, liver function tests, fasting blood glucose level, fasting lipid tests within 10 days prior to commencement Date taken: / / 2 0				
All pathology results are to be documented on the Clozapine I	nvestigation I	Review and I	Prescription R	ecord MR75D.
Observations				
Record participant's weight, height, BMI, waist measurement and blood pressure (BP) on the weekly monitoring section of this form as baseline observations.				
Medication review				
Current medications reviewed for potential drug interactions				
Physical co-morbidities				
Cardiaa Manitaring				
Cardiac Monitoring				1
Baseline electrocardiograph (ECG): QTc is prolonged if > 440ms in men or > 460ms in women. QTc> 500 is associated with increased risk of life threatening arrhythmias (torsades de pointes). Date taken: / / 2 0 QTc = Other abnormalities:				
Baseline echocardiogram is required for all participants who have a community commencement and all inpatients where possible. If unable to obtain a baseline echocardiogram for inpatient services please note the reason. Date taken: / / 2 0 ( <i>if indicated</i> ) Comment:				
Is chest x-ray clinically indicated: YES / NO (e.g. clinically unwell, heart failure, cardiomegaly).				
Date taken: / / 2 0 (if indicated)				
Comment:				

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## **CLOZAPINE COMMENCEMENT OBSERVATION CHART**

Respiratory depression, hypotension and tachycardia can occur in these first few hours 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	observati	ions 1 h	our prior	to initia	l dose			
Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation

Participant must be seen by medical officer if unsatisfactory baseline observations or has not been seen by a medical officer in the previous 10 days. These observations are the minimum requirement for all participants prescribed clozapine. Further monitoring may be required by individual health networks or as clinically indicated.

Initial dose (mg)	Administered by	Signature	
Time	Date	Designation	

	•	Time			Date			Designation	
Medication	1/2 hour	y observa	tions fo	r 2 hours	s followi	ng initia	al dose		
tion	Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation
Aedica									

Hourly observations for 4 hours												
Date	Time	Temp	Pulse	Resp	BP	Signature	Name	Designation				
Record daily temperature for 28 days and routine observations on ward or unit equivalent												
Comment	s:											

## Recommended titration regimen

From day 14 dose can be increased in 50mg intervals every 2 to 3 days depending on efficacy and side effects. Maximum dose is 900mg. Clozapine levels should be assessed as per commencement protocol, or if: side effects are apparent, there is evidence of infection, there are changes in medications that interact with clozapine, or changes in the use of drugs, smoking or caffeine. (see SAH Clozapine Management Clinical Guideline).

	Da	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		y 7
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Dose (mg)	12.5	-	25	-	25	-	25	25	25	25	25	50	25	75
									1					
	Da	y 8	Da	y 9	Day	y 10	Da	y 11	Day	/ 12	Day	y 13	Day	/ 14
	Da AM	y 8 PM	Da AM	y 9 PM	Day AM	y 10 PM	Day AM	y 11 PM	Day AM	/ 12 PM	Day AM	/ 13 PM	Day AM	/ 14 PM
Dose (mg)		ř –		ŕ		,	· · ·	, I		<u></u>		<u></u>		IJ

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Government of South Australia SA Health	UR No
CLOZAPINE	Surnar
COMMENCEMENT FORM	Given
(MR74D)	Secon
(MR74D)	D.O.B:
acility:	 L
	 CPN:

NB Romoscuro arm circumforance if weight + 5kg

Blood Group: 0+		0-	-	A-	B.	+	в- 🗌	AB+	] AB-	$\Box$			Diagnos	ed Diabetes		s / No	Eamil	y Hx Diabete		Yes / No
Dispensing pharmacy:			Monitori clinic/GI	ing				ight (m):		Community / Private Psychiatrist			 t	sed Hyperter		s / No	Family Hx Heart Disease Yes / No			
CLOZAPINE PAR																				
CLINICAL RE		Baseline	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
Date (DD/MM/Y																				
Time (HF																				
Total Daily Dosage																				
Arm Circumference																				
Weigh																				
BMI (weight/he	- ·																			
Waist measuremen	t (cm)																			
Blood pressure	1st																			
Blood pressure	2nd																			
Temperatur	e (°C)																			
Manual	pulse																			
Respiratory	/ Rate																			
Blood glucose	e level (BGL)													BGL due next week	Due					
No of Tobacco cigarette	es/day																			
Clinical Inform (Medical offi initiate re	cer to																			
CLINICAL REMINDERS	i																			
Clozapine	elevel					Due					Due									
Tro	ponin	Due	Due	Due	Due	Due								Due						
	CRP	Due	Due	Due	Due	Due								Due						
	ECG	Due	Due	Due		Due								Due						
Echocardio	grams	Post-comm	nencement	echocardiog	gram must b	e completed	d within 6 m	onths	Date due:			Date compl	leted:				,			
Shared Care I (Country mental health	iaison n only)	Clozapine	coordinator	r to contact t	the treating (	GP weekly f	or support a	Ind data coll	ection											
DETAILS OF PERSON		G IN THIS C	OLUMN																	
Sigi	nature																			
Name (please	print)																			1
Name (please		1																		

F

Affix participant identification label in this box
R No:
urname:
iven Name:
econd Given Name:
O.B: Sex:

This form is for commencement of clozapine; it is designed to meet the checks and observational needs of the participant during the first eighteen weeks. What is documented on this form should be documented on electronic equivalent where required. Clozapine is a medication regulated by the TGA, subsidised under the *Highly Specialised Drugs Program*. It is a third line treatment for chronic schizophrenia refractory to treatment with other medications. Participants may only be prescribed clozapine when mandatory blood testing and other monitoring can be achieved in the community.

The full completion of this form is the minimum requirement for all participants prescribed clozapine under the TGA endorsed clozapine management protocols. Further monitoring may be required by individual health networks.

All staff involved in monitoring clozapine must be registered with the monitoring provider (refer to your local clozapine coordinator or SA Health Pharmacist for more information).

On transfer to another clozapine centre, the original form is to go with the participant. A copy of the form is to be made for the medical record.

Nausea

Sedation

MR7

4D

- Weight gain
- Metabolic syndrome Diabetes

• Hyper-salivation (more often at night)

- Severe constipation
- Increased heart rate
- Myoclonic jerks
- Obsessional traits
- Nocturnal enuresis
- Severe infections Seizures Hypertension/hypotension

Life threatening eventsAgranulocytosis/neutropenia

Myocarditis

•

- Cardiomyopathy
- Pulmonary embolusAcute renal failure

If any of the above adverse events are noted, please refer to the Adverse Event Protocols.

ť	Cardiac Monitoring Guidelines
At all times	Educate participants and carers to report flu-like symptoms, GI upsets, dizziness or chest pain.
Pre-Commencement, within 6 months, then annually	Echocardiogram.
First 28 Days	Measure body temperature at the same time each day.
Baseline, days 7, 14, 21 and 28, week 12 then annually	Troponin T or I, CRP, ECG (except day 21), Pulse, Blood Pressure, Respiratory rate.
If at any time • Temperature > 38°C or flu-like symptoms	Immediate CRP, Troponin and CBE.
Troponin > 2 ULN and CRP elevated	Urgent transfer to Emergency department. Urgent cardiology consultation – query myocarditis. Urgent echocardiography.
<ul> <li>Troponin &gt; 2 ULN and normal CRP</li> </ul>	Urgent transfer to Emergency department. Urgent cardiology consultation - query acute coronary syndrome.
• Troponin 1 to $\leq$ 2 ULN and elevated CRP	Urgent cardiology consultation. Daily assess: troponin, CRP and symptoms until features normalise. Clozapine treatment can continue if not contraindicated by ongoing assessment.

	Urgent echocardiography.						0
•	Troponin > 2 ULN and normal CRP	Urgent transfer to Emergency department. Urgent cardiology consultation – query acute coronary syndrome. Urgent cardiology consultation. Daily assess: troponin, CRP and symptoms until features normalise. Clozapine treatment can continue if not contraindicated by ongoing assessment.					
•	Troponin 1 to $\leq$ 2 ULN and elevated CRP						
<b>1</b> s	st Stage: Pre-commencement		Date/Time	Signature	Print Name	Designation	
CO	Documented failure of two anti-psychotic medications, and decision to commence clozapine is recorded in the medical record by the medical officer						
Th rel	ne decision to commence clozapine has be levant community team and documented in	een discussed with the n the medical record.					
Dis	scussed with Dr						i n
ab	Participant/family has received printed information and counselling about clozapine, including the need for weekly blood tests and appointments. List those present at the counselling/information session.						
am	If the participant is a smoker or substance user, document substance, amount and frequency.						
	bacco smoker: per day;						
	cohol units: per day;						
alth	ther substances (including caffeine):						
	ozapine data consent form is completed a irticipant/guardian. (NOTE: form is to be filed in						

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