Mental Health Services
Medicine Related Guidance

Clozapine Service Standards

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Clozapine Service Standards

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Developed by MHS Clozapine Review Group

Clozapine Service Standards

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. Initiating clozapine
3. Prescribing
4. Patient Education
5. Dispensing
6. Monitoring
7. Communication
8. Information Governance
9. Appendices

1. Registration

1.1 All patients, prescribers and pharmacy departments must be registered with the monitoring service associated with the appropriate clozapine supplier. Please note that Leverndale Pharmacy is the only site in NHS GG&C registered to dispense clozapine to patients. Registration forms patients, prescribers and other healthcare professionals can be found on the home page of the relevant clozapine monitoring service.

1.2 Clozapine may not be prescribed or dispensed until the registration process for a patient is complete.

1.3 The patient's consultant psychiatrist is responsible for their registration.

2. Initiating clozapine treatment

2.1 Pre-treatment work up

As part of the pre-treatment work up, the following must be undertaken prior to starting clozapine

Lab tests	Physical tests	Others
CRP	Blood pressure	ECG
Full blood count	Pulse	Smoking status
Fasting glucose	Weight	Bowel function
HbA_1C		Pregnancy status
Lipids		Drug interactions*
LFTs		Check exclusion criteria
Troponin		
U&Es		

*Especially drugs associated with neutropenia

2.2. Initiation process

To initiate a patient on clozapine, it is paramount to ensure there is effective communication between all members of the healthcare team. The following is not an exhaustive list but should be done as a minimum to ensure treatment is started in a safe and timely manner:

- Contact Leverndale Pharmacy Department (01412116525) to confirm registration is complete.
- Prescribe on HEPMA using the pre-set protocols or 'as charted' for bespoke initiations
- If using pre-set protocols, Leverndale Pharmacy should be informed that It has been prescribed either via telephone or email
- For bespoke titrations, sign and date the titration form. Which should then be scanned and emailed to Leverndale Pharmacy Department (leverndale.pharmacy@ggc.scot.nhs.uk).
- An individually labelled supply will then be sent to the ward to initiate treatment.
- Avoid initiating clozapine over a weekend. This ensures that adequate supplies, dose changes and monitoring can be undertaken appropriately.

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 regime is now available as a protocol on HEPMA. A blank format for bespoke regimes will be used to initiate clozapine therapy for patients where the standard regime is inappropriate. Both regimes may be found at the following links.

Standard titration regime Blank titration regime

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

When a patient is discharged from hospital a clozapine out-patient prescription form must be sent to pharmacy as well as creating the normal IDL on Clinical Portal.

All changes to clozapine prescriptions must be communicated to pharmacy immediately.

3.4 If the patient has a treatment break (any period off clozapine greater than 48 hours requires re-titration) clozapine must be re-titrated from a 12.5mg dose. The re-titration regime is patient specific and will 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. It is good practice to undertake an additional full blood count before re-titration if more than 72 hours has elapsed since the last dose of clozapine.

3.5 For patients with a diagnosed swallowing difficulty, clozapine suspension (Denzapine) or oro-dispersible tablets (Zaponex) are available. Guidance on the process to be followed to request access to these preparations may be found here Clozapine (nhsggc.org.uk) Please note patients must be registered with the relevant monitoring service in order to be prescribed these products.

4. Patient Education

As described in the Clozapine patient information standards all patients for whom clozapine treatment is being considered must be provided with 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 monitoring service website and the Choice & Medication website (www.choiceandmedication.org/nhs24/).

5. Dispensing

5.1 All pharmacy departments dispensing clozapine will be registered all 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 clozapine monitoring 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 to 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. **Clozapine clinics have a geographical remit NOT speciality, those being treated under CAMHS, Esteem, Forensic, Learning Disability or Older Peoples services should attend the clozapine clinic within their local area.**

6.2 All patients prescribed clozapine will have a detailed care plan. 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. the monitoring service website 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 wards using clozapine have access to the monitoring service 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 for patients are analysed locally it is the responsibility of the ward multi-disciplinary team and community-based clozapine clinics to obtain that result and communicate it to the clozapine monitoring service and pharmacy and to act on the outcome of that result.**

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

In the event of a red result

- Initiate daily full blood count monitoring
- Stop treatment and remove all clozapine from the patient
- Monitor the patient for signs of infection
- Contact pharmacy for advice regarding on-going patient management

6.6 Monitoring during the titration phase

Day 1

- Blood pressure (standing and lying) - pre-dose and hourly for 6 hours.
- Pulse- pre-dose and hourly for 6 hours.
- Temperature- pre-dose and hourly for 6 hours.

Day 2

- Blood pressure (standing and lying) - pre-dose and 2 & 6 hours post morning dose.
- Pulse- pre-dose and 2 & 6 hours post morning dose.
- Temperature- pre-dose and 2 & 6 hours post morning dose.
- Check if bowels have moved. If not, assess other dietary reasons or causative medicines and prescribe laxatives if needed.

Days 3 - 15

- Blood pressure (standing and lying) - 6 hours post morning dose.
- Pulse- 6 hours post morning dose.
- Temperature- 6 hours post morning dose.
- Check if bowels have moved daily.

Day 21

ECG

6.7 Ongoing 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 on page 9)

6.8 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 for Clozapine 2014 version.pdf

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). A template for assessing and responding to clozapine side effects is available as an EMIS template and should be used for all patients.

* 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. (https://www.choiceandmedication.org/nhs24/generate/handyfactsheetclozapineandconstipationuk.pdf)

More guidance can be found via the following link Clozapine and constipation

6.9 Managing clozapine induced tachycardia

Tachycardia is a commonly reported dose related adverse effect of clozapine especially during the titration phase. In most cases it is benign and resolves spontaneously after 4 – 6 weeks but it can persist throughout treatment. It can be the first sign of significant life-threatening conditions e.g. myocarditis, cardiomyopathy or neuroleptic malignant syndrome. Careful assessment and follow-up is warranted. A heart rate in excess of 120bpm or an increase of more than 30bpm, especially during titration, are considered markers for clozapine-induced myocarditis. Newly occurring tachycardia in patients on stable clozapine treatment may be an indicator of cardiomyopathy.

Management:

- Exclude other conditions especially myocarditis, cardiomyopathy and neuroleptic malignant syndrome. Urgent further investigation is required if fever, hypotension and chest pain are present as this may suggest myocarditis. Referral to cardiology is recommended.
- Treatment with clozapine should stop if tachycardia occurs in the context of chest pain or heart failure

- Reduce the dose of clozapine to the last dose at which tachycardia was not observed. Discontinue the standard titration and increase the dose in small increments less frequently to suit the individual response of the patient.
- If persists, try a cardio-selective β-blocker e.g. bisoprolol. Avoid doing so in the first few months of clozapine treatment as this approach may mask the development of myocarditis and worsen orthostatic hypotension.

6.10 Managing clozapine induced orthostatic hypotension

Orthostatic (postural) hypotension is defined as a sustained reduction of systolic blood pressure of at least 20mmHg, or in diastolic blood pressure of 10mmHg within 3 minutes of standing.

It is important to exclude other causes e.g. other drugs (benzodiazepines, antidepressants, antihistamines and opioids) and consider if their continued use is necessary. Dehydration may also be a factor.

Where patients are already receiving treatment for cardiac conditions these may have to be adjusted to reduce the risk of hypotension.

Management:

- Address other factors if possible
- Reduce the clozapine dose and slow the rate of titration
- If this does not resolve hypotension consider use of fludrocortisone

6.11 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.

Please note that Magnalabs will contact Pharmacy and the patient's consultant if the clozapine plasma level is >1.0mmol/L or if it is undetectable.

More information on clozapine plasma level monitoring can be found via this link. Clozapine TDM

Table 6.12 National Clozapine Monitoring Standards

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_{1c}. 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, **3 weeks,** at 3 months and then annually. **Additional ECGs should be performed as clinically indicated (see actions)**	Act on abnormality according to significance, clinical indication. Refer to cardiologist if in doubt. Continue clozapine with daily CRP and Troponin I monitoring and request echocardiography if ANY of the following criteria are met: • Signs or symptoms of unidentified illness • HR≥120bpm or increased by >30bpm over 24 hours • CRP 50 – 100 mg/l • Mild elevation of troponin I ≤ 2 x Upper limit of normal **Stop clozapine**, consult cardiologist and request echocardiogram if ANY of the following occurs: • Troponin > 2 x upper limit of normal • CRP >100mg/l
Troponin 1	**Baseline, day 7, 14, 21 & 28**	
CRP	**Baseline, day 7, 14, 21 & 28**	
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 should have a care plan which contains 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

All patients prescribed clozapine will have and alert added to their EMIS records. This will be maintained by clozapine clinics and 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 transfer form **must** be used to support transfer of care when patients on clozapine move from one location to another (appendix 4).

7.2 The clozapine monitoring service send alerts to the clozapine pharmacy and consultant psychiatrists. The table below lists these alerts and indicates the actions and responsibilities associated with them. Note different suppliers may not issue all of these alerts.

Alerts	Actions & Responsibilities
Eligibility reminders	Pharmacy contact consultant & CMHT or 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 the monitoring service.
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 monitoring service guidance.
Downward trend/single drop	Consultant, ward or CMHT review recent blood history and physical status and if appropriate undertake additional blood tests pharmacy contact to advise review when necessary.
Out of range warning – high eosinophils or low platelets	Review patient urgently. FBC twice a week. High eosinophils (3 x10^9/L) – stop clozapine until eosinophils less than 1. Monitor cardiac function including ECG. Low platelets – stop clozapine until levels greater than 50 x 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 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)
New registration or re-titration	Medical 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 the monitoring service are available on their website.

Appendix 1

In patient clozapine initiation flowchart

Perform all pre-treatment tests required for clozapine

- Full blood count (FBC) with differential (valid for 10 days)
- ECG, baseline lipids, glucose, HbA1c, weight, LFTs & U&Es, Troponin & CRP.

⇩

Register patient with monitoring service

- Registration form completed and signed by consultant.
- Forms are available on the monitoring service website

⇩

Prescribe on HEPMA and inform Leverndale Pharmacy*

- Once confirmation of the registration is received from the monitoring service, pharmacy will make an initial supply the amount of which will depend on the validity of the initial FBC. * email bespoke titrations to pharmacy
- If registration FBC is no longer valid pharmacy will contact ward for an urgent local FBC.

⇩

Commence patient on clozapine as described in the protocol

- **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.

⇩

Day 2 take first 'on treatment FBC' and send to monitoring service or local labs for analysis

- This blood test is essential to allow weekly dispensing of clozapine.
- Pharmacy will dispense the remainder on the titration regime to the appropriate schedule.

⇩

Initiate weekly FBC for the patient preferably on a Monday or Tuesday to facilitate ongoing weekly dispensing each Friday

- 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.

Note:
When a local blood sample is taken it is the responsibility of the ward multi-disciplinary or community based clozapine clinic to communicate the result of this sample to the clozapine monitoring service and pharmacy.
Do not commence a clozapine titration out of hours.

Appendix 2

Mental Health Services

Address of Resource centre

PRIVATE AND CONFIDENTIAL
Name of GP practice/pharmacy

Date

Direct Line

Dear *Doctor/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,

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Appendix 3

Clozapine initiation patient observation record

Surname	Forename	Date of birth	CHI number	Consultant

Baseline Recordings

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

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

DAY 2	Before am dose	2^0	6^0
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	6^0	DAY 4	Before am dose	6^0
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	6^0	DAY 6	Before am dose	6^0
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	6^0	DAY 8	Before am dose	6^0
Time			**Time**		
Temp			**Temp**		
Pulse			**Pulse**		
BP (lying)			**BP (lying)**		
BP (stand)			**BP (stand)**		
Troponin					
CRP					
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	6^0	DAY 10	Before am dose	6^0
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	6^0	DAY 12	Before am dose	6^0
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	6^0	DAY 14	Before am dose	6^0
Time			**Time**		
Temp			**Temp**		
Pulse			**Pulse**		
BP (lying)			**BP (lying)**		
BP (stand)			**BP (stand)**		
			Troponin		
			CRP		
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	6^0
Time		
Temp		
Pulse		
BP (lying)		
BP (stand)		
Has patient moved bowels today?	Yes/No	
If no, date of last bowel movement?		

Once the titration phase is complete upload this form to the patient's EMIS record.

Clozapine Transfer Form Appendix 4

Name:		**Date of Birth**	
Address:		**CHI No:** **Clozapine Pin No:**	
GP: **Community Pharmacist:**		**In patient Consultant:** **CMHT Consultant:**	
Admission date:		**Legal Status**:	
		T2	**T3**
Discharge date:			

Clozapine start date:		**Monitoring frequency:**	
Current clozapine dose:		**Date of last blood sample:**	
Date of last ECG:			
Other medication: **High Dose Status**			
Concurrent serious medical conditions:			
Tobacco Smoking status:			
Referral to clozapine clinic made:		**Please state which clinic the patient will attend:**	
Transfer date:		**Date of first clozapine clinic appointment:**	
CMHT Keyworker or duty worker:		**Clozapine clinic nurse:**	
Clozapine labels transferred to clinic:		**Clozapine out-patient prescription sent to clinic & pharmacy:**	
Clozapine monitoring website data updated:			

Completed by:	**Signature:**	**Date:**

This form must be completed when clozapine patients move from one service to another