



To be retained with the medication chart when in use, once completed file in the EPR.

### Instructions for completing Initiation Care Record –

**When to use this pathway -** To be completed for the assessment and commencement of clozapine for patients either in the community or in the inpatient area

**When to stop this pathway -** This pathway should be discontinued at any point during the assessment or initiation if clozapine if the treatment is not to continue or on successful completion or initiation

All sections of this document must be completed unless there is an instruction to the contrary.

Sections 1-5 are the preparation and registration and can be completed by any suitably qualified member of staff **except section 5A which must be completed by the RMO or nominated deputy.**

Section 6 is the initiation observation section. Each due time for an observation must be completed. If an observation is late or has been omitted for a clinical or other reason this variance and the action taken section **MUST** be completed.

If during the course of the initiation ‘observations’ the clinician considers that additional observations are required over and above those identified in the main initiation record, these can be completed on the additional observations pages at the end of this record. If these sections are used the commencement and discontinuation must be indicated in the appropriate observation section of the Initiation Care Record.

**This document is not intended to replace or duplicate the approved prescribing information published but should be used in conjunction with the latest published guidelines in the British National Formulary (BNF) and prescribing information published by Zaponex Treatment Access Service (ZTAS). It is also intended to support the overall implementation of the POPAM policy. From time to time prescribing information and initiation guidance may change. If there are any doubts or guidance conflicts between these documents and this pathway, then the BNF and ZTAS advice should be followed.**

**Before commencing a clozapine prescription the prescriber must be satisfied that they are fully familiar with the published guidance.**

#### PRE TREATMENT INFORMATION

	Met (initial & Date)	Not Met (initial & Date)	Variance / Comments Action taken
1.1 Does the person have a diagnosis of Treatment Resistant Schizophrenia?			
1.2 Has the person been tried on at least two other antipsychotic medications including an atypical for a suitable length of time?			
1.3 Information Leaflet given to person			
1.4 Information Explained			
1.5 Family/carer provided with information about clozapine including expected time-frame for recovery, side effects and what to do			
1.6 Pharmacist Informed and blood test dates recorded in this pathway below.			
	Yes (initial & Date)	No (initial & Date)	
1.7 Are there any concerns re: non compliance?			If YES, further review with care team
1.8 Has a physical exam been completed including bowel habit and abdominal girth measure and appropriate blood tests?			If NO, do not proceed until examination has been completed.
1.9 Has pre treatment bowel habit been recorded (consistency and frequency)?			Use Bristol Stool chart for bowel habit, and provide an explanation of importance.
1.10 Is patient a Smoker?			Give Clozapine advice regarding potential metabolism changes if smoker
1.11 Has the person had a history of epilepsy?			If history identified only inpatient initiation should be used.

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- 1.12 Has an ECG been completed? 

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 If NO, do not proceed until ECG has been completed.
- 1.13 Does the person appear to be suitable for clozapine initiation? 

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- 1.14 Person agreeing to treatment? 

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 If NO but treatment still intended continue give explanation
- 1.15 Person suitable for outpatient initiation 

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 If YES continue with section 2, If NO go to section 3

**OUTPATIENT CONSIDERATIONS**

		Met (initial & date)	Not Met (initial & date)	Variance / Comments Action taken
2.1	Patient aware of necessity for daily attendance/home visits by CPN / Doctor			
2.2	GP informed of clozapine start date and provided with guidelines and emergency contact number			
2.3	Family/carer available to stay overnight			
2.4	Emergency contact number provided to patient			
2.5	Patient provided with information regarding side effects and what to do if they occur			
2.6	Family/carer provided with information regarding side effects and what to do if they occur			

**MEDICATION**

**Current Medication** (including over-the-counter and herbal remedies)

Drug	Dose	Frequency	Route	Length of treatment

**Recently Discontinued Medication**

Drug	Dose	Frequency	Route	Date Stopped

**Any current or previous depot/long acting injection medication in the last year? Yes/No**

**Depot/Long Acting Injection Medication Information**

Drug	Dose	Frequency	Last date administered	Length of treatment

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Medication section completed by \_\_\_\_\_ Date \_\_\_\_\_  
**PRE-TREATMENT MENTAL STATE**

**IDENTIFIED TARGET SYMPTOMS**

Additional Assessments	Score	Comments
LUNTERS		
DAI		
OTHER		

Completed by ..... Date .....

**ASSESSMENT COMPLETION**

	<b>To be completed in all cases by the RMO or Clinical Assistant where clozapine treatment is to commence</b>
<p>I confirm that the pathway has been followed and that clozapine treatment is appropriate.</p> <p>Signed ..... Date .....</p>	
<p><b>Part 5 B Registration</b></p> <p>ZTAS contacted on _____</p> <p>ZTAS accepted patient <b>Y/N</b></p> <p>Blood Results given to ZTAS <b>Y/N</b></p> <p>ZTAS confirm that this is a Green Result <b>Y/ N</b></p> <p>Bloods taken on (date) _____</p> <p>Green result valid until _____</p> <p>ZTAS PIN No _____ (insert on front page too)</p> <p>Signed ..... Date .....</p>	

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## DAY 1 INITIATION CARE RECORD

Date .....

**Notes –** Before first dose in given it is essential that the persons BP, Temp and pulse be checked to ensure the person is physically fit to commence therapy. A baseline weight should also be taken.

It is best practice that the first dose be given in the morning to allow for adequate monitoring  
If during physical observation the persons -

BP -systolic < 100 or > 170, Diastolic < 60 or >100  
Or postural drop of >30mmHg ,  
Or Temp > 38.4<sup>C</sup> or < 35.5<sup>C</sup> or  
Or Pulse is in excess of 100bpm.

- Withhold the dose, seek medical advice and initiate additional monitoring using page 12 .

Before completing any observation the person completing them must first be familiar with this pathway, including the reason for monitoring, and be competent in taking blood pressures and pulse acutely

<b>Before First Dose</b>		<b>First Dose</b>
<i>Time</i>		<i>Given at</i>
<i>Temp</i>		<i>Signature</i>
<i>Pulse</i>		<i>Notes</i>
<i>BP sitting</i>	<i>Standing</i>	
<i>Weight</i>		
<i>Signature</i>		

1hr due at:	2 hr due at:	3hr due at:	4 hr due at:
<i>Time completed</i>	<i>Time completed</i>	<i>Time completed</i>	<i>Time completed</i>
<i>Temp</i>	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
<i>BP sitting</i> <i>Standing</i>	<i>BP sitting</i> <i>Standing</i>	<i>BP sitting</i> <i>Standing</i>	<i>BP sitting</i> <i>Standing</i>
<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
<i>Notes</i>	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>

5hr due at:	6 hr due at:
<i>Time</i>	<i>Time</i>
<i>Temp</i>	<i>Temp</i>
<i>Pulse</i>	<i>Pulse</i>
<i>BP sitting</i> <i>Standing</i>	<i>BP sitting</i> <i>Standing</i>
<i>Signature</i>	<i>Signature</i>
<i>Notes</i>	<i>Notes</i>

If observations are stable and there have been no adverse reactions commence twice daily observations.

If observations are not stable, or there are any indications of a reaction or adverse event continue hourly monitoring on page 12

**Additional monitoring continued on page 12? (Tick)**  
**Yes  No**

Date	Variance Noted	Reason/ action taken	Signature

Name.....

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<b>Blood Test due on day:*</b>  (*Please insert day and date)		<b>Green result by day:*</b>  ✓ YES - green result obtained		<b>NO - seek urgent medical advice (ZTAS)</b>	
		Sign and date:		Sign and date:	
<b>Day 2</b> Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<b>Day 3</b> Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<b>Day 4</b> Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<b>Day 5</b> Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<b>Day 6</b> Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
Date	Variance Noted	Reason/ action taken		Signature	

Name.....

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Number

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**DAY 7 – 11**

<p align="center"><b>Blood Test due on day:*</b></p> <p align="center">(*Please insert day and date)</p>	<p><b>Green result by day:*</b></p> <p>✓ YES - green result obtained</p>	<p align="center"><b>NO - seek urgent medical advice (ZTAS)</b></p>
	Sign and date:	Sign and date:
	<b>Any changes in bowel habit?</b>	Sign and date:

<p>Day 7</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

<p>Day 8</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

<p>Day 9</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

<p>Day 10</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

<p>Day 11</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Date	Variance Noted	Reason/ action taken	Signature
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<b>DAYS 12 - 16</b>					
<b>Blood Test due on day:*</b>  (*Please insert day and date)		<b>Green result by day:*</b>  <input checked="" type="checkbox"/> <b>YES</b> - green result obtained		<b>NO</b> - seek urgent medical advice (ZTAS)	
		Sign and date:		Sign and date:	
		<b>Any changes in bowel habit?</b>		Sign and date:	
<i>Day 12</i> Date _____ <i>TWICE DAILY Observation</i>	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<i>Day 13</i> Date _____ <i>TWICE DAILY Observation</i>	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<i>Day 14</i> Date _____ <i>TWICE DAILY Observation</i>	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<i>Day 15</i> Date _____ <i>TWICE DAILY Observation</i>	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<i>Day 16</i> Date _____ <i>TWICE DAILY Observation</i>	Observations/ side effects etc	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
Date	Variance Noted	Reason/ action taken		Signature	



Name.....

NHS  
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**DAYS 17 – 21**

<p><b>Blood Test due on day:*</b></p> <p>(*Please insert day and date)</p>		<p><b>Green result by day:*</b></p> <p>✓ YES - green result obtained</p>		<p><b>NO - seek urgent medical advice (ZTAS)</b></p>	
		<p>Sign and date:</p>		<p>Sign and date:</p>	
		<p><b>Any changes in bowel habit?</b></p>		<p>Sign and date:</p>	
<p>Day 17</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<p>Day 18</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<p>Day 19</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<p>Day 20</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
<p>Day 21</p> <p>Date _____</p> <p>TWICE DAILY Observation</p>	<p>Observations/ side effects etc</p>	Time	Time		
		Temp	Temp		
		Pulse	Pulse		
		BP	BP		
		Signature	Signature		
Date	Variance Noted	Reason/ action taken		Signature	

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**DAYS 22 - 26**

<b>Blood Test due on day:</b>  (*Please insert day and date)	<b>Green result by day:*</b> ✓ YES - green result obtained	<b>NO - seek urgent medical advice (ZTAS)</b>
	Sign and date:	Sign and date:
	<b>Any changes in bowel habit?</b>	Sign and date:

Day 22 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Day 23 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Day 24 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Day 25 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Day 26 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature

Date	Variance Noted	Reason/ action taken	Signature

Name.....

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Number

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DAYS 27 – 30			
<b>Blood Test due on day:*</b>  (*Please insert day and date)		<b>Green result by day:*</b>  <b>✓ YES - green result obtained</b>	<b>NO - seek urgent medical advice (ZTAS)</b>
		Sign and date:	Sign and date:
		<b>Any changes in bowel habit?</b>	Sign and date:
Day 27 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature
Day 28 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature
		If dose & physical signs are stable go to weekly observation and record in notes. Transfer back to CMHT if being treated by CRHT	
Day 29 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature
Day 30 Date _____ TWICE DAILY Observation	Observations/ side effects etc	Time	Time
		Temp	Temp
		Pulse	Pulse
		BP	BP
		Signature	Signature
Date	Variance Noted	Reason/ action taken	Signature

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Number

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Date Reason for use Reason for discontinuation Time date Signature	<i>Time</i>	<i>Time</i>	<i>Time</i>
	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
	<i>BP</i>	<i>BP</i>	<i>BP</i>
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>
Date Reason for use Reason for discontinuation Time date Signature	<i>Time</i>	<i>Time</i>	<i>Time</i>
	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
	<i>BP</i>	<i>BP</i>	<i>BP</i>
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>
Date Reason for use Reason for discontinuation Time date Signature	<i>Time</i>	<i>Time</i>	<i>Time</i>
	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
	<i>BP</i>	<i>BP</i>	<i>BP</i>
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>
Date Reason for use Reason for discontinuation Time date Signature	<i>Time</i>	<i>Time</i>	<i>Time</i>
	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
	<i>BP</i>	<i>BP</i>	<i>BP</i>
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>
Date Reason for use Reason for discontinuation Time date Signature	<i>Time</i>	<i>Time</i>	<i>Time</i>
	<i>Temp</i>	<i>Temp</i>	<i>Temp</i>
	<i>Pulse</i>	<i>Pulse</i>	<i>Pulse</i>
	<i>BP</i>	<i>BP</i>	<i>BP</i>
	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Notes</i>	<i>Notes</i>	<i>Notes</i>