

## Clinician prompt checklist to assess clozapine side effects

This assessment checklist supports the assessment of potential side effects related to clozapine therapy. The list is not exhaustive. Seek advice if unsure. Be cautious prescribing medicines with similar side effects to clozapine. Note any side effects in the patient's medical record. Ensure suitable intervention and follow up if side effects are raised by the patient.

1.	General Assessment	Y/N
a.	<b>Symptoms:</b> Have you noticed an increase (hallucinations, jumbled thoughts, paranoia, strange experiences) in the symptoms of your illness?	
	Have you noticed a decrease in the symptoms of your illness?	
b.	<b>Risk:</b> Have you had thoughts of harming yourself or others?	
c.	<b>Function:</b> Have you had trouble with taking care of yourself, your home or your finances?	
d.	Have you had a hospital admission since last visit?	
2.	Assessment for drug interactions	
a.	Review of medications at each visit	
b.	Have you ceased/ started any new medications since last visit? Include all prescribed, over the counter (OTC), complementary, topical, inhaled, oral contraceptives and PRN medications	
c.	Have you stopped/started smoking since your last visit?	
d.	Have you increased/decreased your intake or changed your drugs since your last visit? i.e. marijuana, coffee, analgesics	
3.	Adherence status	
a.	Have you missed, decreased or increased your dose of clozapine since your last visit?	
b.	Have you missed, decreased or increased your dose of any other medications since your last visit?	
4.	Assessment of side effects of clozapine and general medical issues	
a.	<b>Infection</b>	
	i. Have you noticed a fever or sweating since your last visit? (duration, timing, intensity)	
	ii. Have you felt generally well / unwell	
	iii. Do you have any specific symptoms of infection such as cough, increased mucus, nausea, vomiting, diarrhoea, pain when urinating, abdominal pain, ear or sinus pain, skin infection, muscle aches or joint pains? <b>Observation</b> – increase in vital signs	
b.	<b>Cardiovascular</b>	
	i. Since your last visit have you suffered from dizziness (particularly on standing), palpitations, rapid, irregular or missed heartbeats, shortness of breath, headaches, or visual disturbances, chest pain, shortness of breath when lying down, or swelling of the ankles? <b>Observation</b> – irregular pulse on manual assessment, postural hypotension, hypertension	
c.	<b>Seizures/ myoclonus</b>	
	i. Have you suffered from involuntary muscle tics or twitches in any part of your body since your last visit?	

	<p>ii. Have you had blackouts, seizures witnessed by others, or unexplained incontinence or injuries from biting your tongue or the inside of your mouth?</p> <p><b>Observation</b> - Myoclonic jerks or witnessed seizures on observation</p>	
d.	<p><b>Extra Pyramidal Side Effects (EPSE)</b></p>	
	<p>i. Since your last visit have you had muscle stiffness, tremor, problems with moving your eyes, difficulty walking, or problems with performing tasks with your hands?</p> <p><b>Observation</b> - Tremor, muscle rigidity or abnormal posture/gait on examination</p>	
e.	<p><b>Sedation</b></p>	
	<p>i. Since your last visit have you had trouble waking up, felt drowsy during the day, have had day time naps or have you spent &gt; 8 hours per day sleeping?</p> <p><b>Observation</b> - sedated on observation.</p>	
f.	<p><b>Hypersalivation</b></p>	
	<p>i. Since your last visit have you had excess saliva production as indicated by drooling, swallowing excess saliva, waking up with a wet pillow or waking up due to coughing from saliva?</p> <p><b>Observation</b> - observed hypersalivation, drooling</p>	
g.	<p><b>Constipation</b></p>	
	<p>i. Since your last visit have you been using laxatives or noticed decreased frequency of stool, straining to pass stools, faecal incontinence, diarrhoea or abdominal pain, nausea or vomiting?</p> <p><b>Observation</b> - Presents with faecal incontinence, abdominal distension and pain, nausea or vomiting</p>	
h.	<p><b>Urinary Symptoms</b></p>	
	<p>i. Since your last visit have you suffered from frequent urination (large volumes), difficulty passing urine, urinary frequency, polyuria or urinary incontinence?</p> <p><b>Observation</b> - Presents with urinary incontinence or suprapubic pain/distension.</p>	
i.	<p><b>Sexual Side Effects</b></p>	
	<p>i. Since your last visit have you had any problems enjoying sex?</p> <p>ii. Men only: Have you had problems getting an erection?</p>	
j.	<p><b>Dental</b></p>	
	<p>i. Since your last visit have you had any problems with your teeth?</p>	

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<https://www.sahealth.sa.gov.au/.../nurse+led+clozapine+clinic++assessment+questions>