



Guidelines for completion

Clozapine Monitoring Form

(To monitor consumers on clozapine after the use of the WA clozapine initiation and titration chart)

Name and Number of Form

Clozapine Monitoring Form (Currently being trialled)

Revised

April 2017 (Draft for trial)

Compliant with:

Australian Standard AS2828 – Paper based Health Care Records 1999

Purpose of the form

This form is designed to document the face to face clinical review and monitoring requirements for consumers on clozapine. This monitoring is a requirement of the Therapeutics Goods Administration (TGA) – endorsed clozapine monitoring protocol.

The form is intended to follow the use of the WA clozapine initiation and titration chart (used for up to 28 days when commenced on clozapine). This form can be used weekly, monthly or when clinical review is required.

Explanation of sections for completion:

Front Page

- **Patient identification:** Either affix patient identification label on the top right hand side of the form or complete the patient's identifying details.
- **Health Service:** Enter the name of the health service (hospital / community site) where clozapine is monitored.
- **Contacts and general information:** record the following information at the top of the form:
 - Psychiatrist / Treating Doctor
 - Monitoring clinic/GP
 - Dispensing Pharmacy
 - Patient contact number
 - Height (m)
 - Smoking status (smoker/non smoker)
 - Clozapine patient number (CPN): is the unique identifier for the consumer issued by the clozapine monitoring registry and is required for all communication with the clozapine monitoring registry.
 - Blood Group
 - Date clozapine initiated
 - 18 week clozapine completion date: the 18 week completion date from initiation of clozapine
- **Clinical Review:** This section captures relevant information and clinical notes regarding measurements, results and side effects to be entered into relevant areas of the form.
 - **Date:** Note the date in the grey area i.e. 04/04/17.
 - **Dosage: (mg):** AM. Note the morning clozapine dose
 - **Dosage: (mg):** PM. Note the evening clozapine dose
 - **Blood pressure:**
 - **Temperature (°C)**
 - **Heart rate (bpm)**
 - **Weight (kg)**
 - **Waist circumference (cm)**

- **BMI (weight (kg)/ height (m²))**
- **Cigarettes / day:** Record the number of cigarettes smoked per day
- **WBC (White blood cell) count) (10⁹/L)**
- **NC (Neutrophil count) (10⁹/L)**

FBC or WBC and differentials x10 ⁹ /L	WBC	<i>Note the value in the relevant dated column</i>
	NC	<i>Note the value in the relevant dated column</i>

* WBC and NC results can be gained from a Full Blood Count (FBC) or via 'Point-of-care testing'

Green	<input checked="" type="checkbox"/>
Amber	<input type="checkbox"/>
Red	<input type="checkbox"/>

➤ **Clozapine blood monitoring results:** Place an 'X' in the relevant box to indicate either a green, amber or red blood result.

Clozapine Blood Results Monitoring System		Recommended Actions	
		Prior to Initiation	Ongoing monitoring
Green Range	WBC greater than 3.5 x 10 ⁹ /L and NC greater than 2.0 x 10 ⁹ /L	Clozapine therapy may be commenced subject to assessment by the treating medical officer and successful ClopineCentral™ or CPMS registration	Continue clozapine therapy
Amber Range	WBC 3.0 to 3.5 x 10 ⁹ /L and/or NC 1.5 to 2.0 x 10 ⁹ /L	Repeat blood count after one week. If still within same range, clozapine therapy may commence subject to assessment by the treating medical officer and successful registration	Continue clozapine therapy with twice-weekly blood tests until return to green range.
Red Range	WBC less than 3.0 x 10 ⁹ /L and/or NC less than 1.5 x 10 ⁹ /L	DO NOT START THERAPY. Seek haematologist advice	STOP CLOZAPINE THERAPY IMMEDIATELY Contact haematologist and ClopineCentral™ or CPMS

➤ **Side effects enquiry:** Indicate a 'Y' for Yes or 'N' for No if the side effect is present. Make supplementary commentary, regarding the side effects and treatment options discussed, in the patient's clinical notes. The list is not exhaustive. Please see Product Information.

➤ **Details of person completing this form**

Back Page

➤ **Date:** Note the date is specified on both the front and back page of the form.

➤ **Clinical Review reminders:** Each clinical test relating to clozapine monitoring is listed. Indicate a 'N' for Normal or 'AN' for abnormal test result in the relevant white box.

- A white box indicates when the test/s should be conducted.
- A grey box indicates the test is not due.

* The form has weeks 1-18 then 6 monthly review periods indicated. This is aimed as a guide for clinical review monitoring tests. More frequent tests can be conducted as clinically indicated. (The same form is not intended for use for 10 years). Document relevant information in the patient's medical record and ensure test results are easily located.

➤ **Details of person completing the form:** Enter clinician signature and name.