

CLOZARIL INDUCTION BOOKLET

***THIS BOOKLET MUST NOT BE USED OUTSIDE
OF NEWCASTLE HOSPITAL***

CLOZAPINE ADVICE BOOKLET COPY FOR CHART

NEWCASTLE HOSPITAL, GREYSTONES, CO.WICKLOW

This leaflet is to be kept in the front of the patient's chart at all times

DO NOT COVER WITH OTHER INFORMATION

Patient Clozapine Registration Number

THIS PATIENT IS CURRENTLY TAKING CLOZAPINE

CLOZAPINE CAN CAUSE AGRANULOCYTOSIS AND NEUTROPENIA
IN THE EVENT OF AN EMERGENCY CALL THE CLOZAPINE MONITORING SERVICE

Do not use the following medication

Drug	Reason
Any drug that can cause bone marrow suppression	Agranulocytosis
Hypnotics	Respiratory Depression
Narcotic Analgesics	Respiratory Depression
Anticholinergics	Hypotension
Antihypertensives	Hypotension
Adrenaline	Hypotension
Cotrimoxazole/Sulphonamides	Marrow Toxicity
Chloramphenicol	Marrow Toxicity
Carbamazepine	Marrow Toxicity

CLOZAPINE INDUCTION BOOKLET

NEWCASTLE HOSPITAL, GREYSTONES, CO. WICKLOW

- There is a folder on the ward that lists the medication (not a comprehensive list) that may adversely affect this patient.
- Familiarise yourself with these drugs before prescribing for this patient.
- In the event of emergency, contact the patient monitoring service. This number is always available on Glencrea Ward. Contact Dr Kamali in the event of queries or in the event of emergency.
- When Dr Kamali is away, the acting Clinical Director will cover for him.
- In the event of an acute Dystonic reaction or emergence of Dyskinesia, you may consider giving an oral Benzodiazapine based on the clinical circumstances.
- Do not give oral Benzodiazapines without having Flumazenil at hand. There is a risk of respiratory depression.

CLOZAPINE CONTACT NUMBERS (CORRECT AT TIME OF WRITING THIS BOOKLET)

Out of hours emergency advice :- **(01) 6621142**

Clozapine patient monitoring service advice/information **(01) 6621141 (9am-5pm)**

If these numbers do not work contact Novartis in the UK. Their numbers are listed in the British National Formulary.

Date	Time	Remarks	Signature
Date	Time	Remarks	Signature
Date	Time	Remarks	Signature

[illegible][illegible]

CLOZAPINE INDUCTION BOOKLET

Patient Name: _____

Patient date of birth: ____ / ____ / ____

PRE INDUCTION

Confirm patient has no history of Agranulocytosis or Neutropenia or Blood Dyscrasia. Call CPMS and request a registration number, enter this number at the head of this folder.

Order the following tests:

Please tick off when done	
CRP, Troponin Levels	
ESR, FBC, LFT	
Chest X-Ray	
Fasting Lipid Profile	
Fasting Glucose	
ECG	
Weight	
Temp	
BP	
Pulse	
Echocardiograph	

When green light is received, send enclosed prescription. Patient to be transferred to Glencree Ward.

This booklet is to be used for all patients starting on Clozapine for the first time

Known Drug Allergies:

Patient date of birth: ____/____/____

Patient CPMS number

ONCE ONLY AS 'REQUIRED' AND NON-MEDICINE ROUND DRUGS

DATE →										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										

This booklet is to be used for all patients starting on Clozapine for the first time

Known Drug Allergies:

DATE →										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										
Drug approved name	Dose		Time	Given by	Time	Given by	Time	Given by	Time	Given by
Signature	Date	Route								
Special directions										

This booklet is to be used for all patients starting on Clozapine for the first time

Known Drug Allergies:

Patient date of birth: ____/____/____

REGULAR MEDICATION ONLY TO BE RECORDED HERE

Regular prescriptions				Times	Times	Times	Times	Times	Times	Times	Times
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										

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NEWCASTLE HOSPITAL, GREYSTONES, CO.WICKLOW

This booklet is to be used for all patients starting on Clozapine for the first time

This Kardex has restricted access

Patient Name: _____

Patient date of birth: ____ / ____ / ____

Known Drug Allergies:

Patient CPMS number

REGULAR MEDICATION ONLY TO BE RECORDED HERE

Regular prescriptions				Times	Times	Times	Times	Times	Times	Times	Times
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										

This booklet is to be used for all patients starting on Clozapine for the first time

Known Drug Allergies:

Patient date of birth: ____/____/____

REGULAR MEDICATION ONLY TO BE RECORDED HERE

Regular prescriptions				Times	Times	Times	Times	Times	Times	Times	Times
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										

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This booklet is to be used for all patients starting on Clozapine for the first time

This booklet is to be used for all patients starting on Clozapine for the first time

This Kardex has restricted access

Patient Name: _____

Patient date of birth: ____/____/____

Known Drug Allergies:

Patient CPMS number

DEPOT MEDICATION ONLY TO BE RECORDED HERE

Regular prescriptions				Times	Times	Times	Times	Times	Times	Times	Times
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										
Drug approved name		Dose									
Signature		Date	Route								
Date stopped	Signature										

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 1

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	12.5 mg	P.O			
	Midday					
	Tarde					
	Nocte					

DAY 2

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	12.5 mg	P.O			
	Midday					
	Tarde	12.5 mg	P.O			
	Nocte					

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 3

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	12.5 mg	P.O			
	Midday					
	Tarde	25 mg	P.O			
	Nocte					

DAY 4

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	25 mg	P.O			
	Midday					
	Tarde	25 mg P.O	P.O			
	Nocte					

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 5

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	25 mg	P.O			
	Midday					
	Tarde	25 mg	P.O			
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 6

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	25 mg	P.O			
	Midday	25 mg	P.O			
	Tarde	25 mg	P.O			
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

* CHECK CRP & TROPONIN LEVELS*

DAY 7

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	25 mg	P.O			
	Midday	25 mg	P.O			
	Tarde	25 mg	P.O			
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

Send ESR today. (If it's the weekend send on closest week day)

ECG to be done and reviewed by DMO

DAY 8

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane					
	Midday	25 mg	P.O			
	Tarde					
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 9

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	50 mg	P.O			
	Midday	100 mg	P.O			
	Tarde					
	Nocte					

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 10

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	50 mg	P.O			
	Midday	100 mg	P.O			
	Tarde					
	Nocte					

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 11

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	50 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 12

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte					

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

CHECK CRP & TROPONIN LEVELS

DAY 13

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	25 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 14

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	50 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

Send ESR today. (If it's the weekend send on closest week day)

DAY 15

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday	100 mg	P.O			
	Tarde	25 mg	P.O			
	Nocte	50 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 16

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 17

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 18

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 19

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

DAY 20

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

CLOZAPINE INDUCTION BOOKLET

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

CHECK PRN AND REGULAR MEDICATION SHEETS

Patient may be on other medication other than Clozapine

CHECK CRP & TROPONIN LEVELS

DAY 21

Expect fever, leucocytosis and high ESR

TIME	PULSE (bpm)	BLOOD PRESSURE (mm/hg)	TEMPERATURE (°C)
Mane			
Midday			
Tarde			
Nocte			

Date	Time	Clozapine Dose	Route	Doctors signature	Nurses signature	Comments
	Mane	100 mg	P.O			
	Midday					
	Tarde	100 mg	P.O			
	Nocte	100 mg	P.O			

REMINDER

DAY 28:- CHECK CRP & TROPONIN LEVELS

