

Protocol for the Supply of Clozapine as Stock to Forensic Rehabilitation Wards

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	October 2012	Glenn Harley	Pharmacist	
2.0	March 2014	Jenny Melville Zahra Khaki		Changed title Target audience Scope/purpose – forensic directorate Added section - Patients transferred to another hospital or any unit outside the forensic directorate
3.0	March 2018	Fatima Hafesji	Clinical Pharmacist	2 – background; change of wording 3 - scope; change of wording 4.2 – Addition to policy, transfer of patients within & from outside trust 4.5 Clozapine liquid removed 5 – Clozapine prescribing policy linked 6 – Addition; Nurse responsibilities; joint responsibility of updating clozapine poster 7 – Addition, pharmacy responsibilities; Updating Clozapine poster & staff to add clozapine monitoring sticker/high risk sticker to drug chart 8 – Timescale-Removed 9- Audit- change of wording Appendix 1 – Clozapine liquid removed Appendix 3 – Addition; Clozapine poster for treatment rooms Appendix 4 – Addition; Clozapine monitoring & high risk sticker to be affixed to drug chart
4.0	July 2021	Vlora Jaha and Masuma Hussain	Clinical Pharmacists	3 – Scope/purpose – change of wording 4.1 Regular Supply – change of wording, pharmacy staff instead of

				<p>pharmacy technicians; addition of checking RIO as well as Clozapine Poster</p> <p>4.2 Transfer of patients from within the trust or outside the trust – change of wording</p> <p>4.3 Stopping Clozapine – change of wording</p> <p>4.4 Managing Clozapine Poster – title changed from Mechanisms, change of wording, removal of need to complete communication form; addition of checking RIO</p> <p>5 – Roles and Responsibilities section created and responsibilities of prescribers, nurses and pharmacy staff have been moved to subsections</p> <p>5.1 – Responsibility of prescriber – change of wording, addition of liaising with pharmacists and documentation on RIO</p> <p>5.2 Responsibility of nurses – change of wording; addition of responsibility in supervising self-admin patients, addition of communication with forensic clozapine clinic nurse; addition of forensic clozapine clinic nurse needing to liaise with MDT and documentation on RIO</p> <p>5.3 Responsibility of pharmacy staff – change of wording to say pharmacy staff instead of pharmacy technicians, liaising with MDT and documentation on RIO, removal of staff adding high risk and clozapine drug stickers to drug</p>
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				chart 6 Audit – change of wording Appendix 2 – Record of communication with pharmacist in and out of hours removed Appendix 4 – Clozapine and high risk drug sticker to be affixed to drug chart removed
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1. Introduction

Clozapine is an atypical antipsychotic that is commonly used in inpatient services. It is also a 'high risk drug' owing to;

- 1) Its ability to rarely cause neutropenia / agranulocytosis. The MHRA stipulate that blood tests must be undertaken weekly, two weekly or monthly according to duration of therapy.
- 2) If a full dose is administered after 48 hours of abstinence, it can be potentially fatal.

2. Background

This policy was introduced in April 2013 as a measure to change the provision of Clozapine to Forensic wards.

Traditionally the pharmacy department at East London NHS Foundation Trust (ELFT) dispensed clozapine for each inpatient individually (i.e. in a box labelled with each patient's name) in line with blood testing frequency, however this process was resource-intensive and did not allow for a seamless provision of clozapine to those patients treated with it.

Another aim of the 'clozapine supplied as stock' protocol was to allow patients treated with clozapine in the Forensic directorate to take responsibility and have the autonomy and independence to be aware of their monitoring needs, thereby reinforcing the importance of the need of FBC monitoring whilst on clozapine treatment.

3. Scope / purpose

The purpose of this document is to outline the procedures to be followed for 'clozapine supplied as stock' within the Forensic directorate covering the John Howard Centre & Wolfson House (ELFT) for the Zaponex brand of Clozapine.

There are several scenarios in which clozapine supplied as stock, will be used:

- For newly-started patients.
- For newly-admitted patients, either from within the Trust or external to the Trust.
- As ongoing supply for patients on the ward.

For patients going on leave from the ward, clozapine will be supplied as TTAs dispensed by pharmacy. Alternatively, patients can make use of their pre-dispensed self-administration medication.

Additionally, this document outlines the procedure that should be followed when clozapine needs to be stopped suddenly, such as when there is a "red" blood result.

4. Procedure

4.1 Regular supply

Clozapine tablets will be supplied to the ward as stock by pharmacy staff as part of routine stock top up.

Non-self administration patients

Pharmacy staff will be responsible for ensuring that there is enough stock of clozapine tablets such that all patients on the ward can receive their doses.

The clozapine tablets will be stored in a separate box. This box will display a notice as detailed in appendix 1. Before administration of each dose, nursing staff must check that there is a valid blood test result as documented on RIO or on the Clozapine Poster located in the treatment room.

Self-administration patients

Clozapine is supplied by pharmacy to these patients with labelled directions so that they can self-administer, under the supervision of nursing staff. Before administration of each dose, nursing staff must check that there is a valid blood test result as documented on RIO or on the Clozapine Poster located in the treatment room.

4.2 Transfer of patients from within the trust or outside the trust

Most admissions to the Forensic directorate are planned. It is therefore important that when any patient is transferred from within or outside the trust, essential information in relation to clozapine therapy are collated by the RC and assessing team prior to transfer. This information should include:

- The monitoring body for clozapine
- Brand of clozapine
- Dose of clozapine
- Date of last FBC & frequency of monitoring
- Last Clozapine level if applicable and duration of treatment
- A supply of Clozapine until their next FBC monitoring date

This information should be clearly communicated and documented on RIO prior to transfer. The ward pharmacist or on-call pharmacist (out of hours or on a weekend via the DSN) must be informed at the nearest opportunity to ensure appropriateness of clozapine treatment.

Transfer From within the trust or other trusts

All London sites within ELFT use the Zaponex brand of clozapine monitored by ZTAS.

If a patient from outside the trust or on any other brand of clozapine is admitted, it is expected that the team will liaise with the ward pharmacist during working hours, or the on-call pharmacist out of hours (via the DSN), to arrange an appropriate supply of Clozapine.

Monday – Friday 9am – 5pm

Contact ward pharmacist immediately

Out of hours

Contact the on-call pharmacist immediately via the DSN

4.3 Stopping Clozapine

In the event that clozapine may need to be stopped (such as when there is a “red” blood result), the pharmacist and the RC will be notified by the clozapine monitoring service (ZTAS). It is the responsibility of the RC and ward pharmacist to liaise with the nursing and medical team, to ensure further doses are withheld and clozapine is discontinued from the medication chart, promptly.

Refer to the [Clozapine prescribing policy](#) for further guidance.

4.4 Managing Clozapine Poster

A Clozapine poster (see appendix 2) lists blood test validity and frequency of monitoring. This poster should be placed in a pre-agreed prominent position in the treatment room for all members of the team to be able to view and access. It should be updated each week, or according to need, and is produced using the ZTAS website. Nursing staff will take shared responsibility in updating this list with the relevant FBC monitoring information as communicated by pharmacy and the forensic clozapine clinic nurse.

If a patient’s name is not on the list or the validity of bloods is not documented on RIO, then nursing staff need to contact the forensic clozapine clinic nurse or pharmacy (in or out of hours) before administering any clozapine doses. This would allow the pharmacist or clinic nurse to ensure that the patient is registered with ZTAS, has a valid blood result and that there has been no treatment break of greater than 48 hours.

5. Roles and Responsibilities

5.1 Responsibilities of prescribers

- Refer to the [clozapine prescribing policy](#) for full requirements of prescribing.
- For new-starters, register the patient with ZTAS and ensure they have a “green” blood result and baseline investigations, before initiation.
- For patients admitted or transferred to the ward:
 - o Confirm clozapine brand and dose.
 - o Confirm compliance (re-titrate if necessary).
 - o Confirm a valid blood test and monitoring frequency before prescribing.
- Liaise with pharmacist with respect to switching brand and monitoring service over to Zaponex and ZTAS.
- In the event that clozapine treatment needs to be stopped, ensure clozapine has been discontinued from the medication chart.
- Clear documentation must be recorded on RIO.

5.2 Responsibilities of Nurses

- Nursing staff will be responsible for administering clozapine doses.
- Nursing staff will be responsible for supervising self-administration patients taking clozapine.
- Nursing staff can only administer clozapine if there is a valid blood test recorded on the Clozapine Poster or documented on RIO. Otherwise, they must contact pharmacy, forensic clinic nurses and medical team before proceeding.

- Nursing staff will also take shared responsibility in updating the clozapine poster in the treatment room in agreement with pharmacy and forensic clozapine clinic nurse, to reflect the most recent FBC date and when the next FBC is due.
- Nursing staff will ensure that stock supplies of clozapine are placed in the clozapine box before and after use, and not in named patient containers to ensure the safety of administration.
- Forensic clozapine clinic nurses should liaise with the ward pharmacist, medical and nursing team with regards to valid blood results.
- Forensic clozapine clinic nurses must clearly document outcome of blood results on RIO.

5.3 Responsibilities of Pharmacy staff

- Pharmacy staff are responsible for co-ordinating the supply of clozapine to the ward.
- Pharmacists should liaise with medical, nursing, forensic clozapine clinic nurse and ZTAS to ensure validity of blood results.
- Pharmacy staff will liaise with ward staff to update the clozapine poster in order for the information to remain up to date.
- In the event that clozapine needs to be stopped, the pharmacist should liaise with the medical and nursing team to ensure treatment is withheld and discontinued from the medication chart, and the clozapine poster is updated.
- Clear documentation of any communication to the MDT must be recorded on RIO.

6. Audit

The impact of this protocol will be measured by:

- DATIX incident reports
- Audit of pharmacy on-call records for out of hours supplies of clozapine
- Audit of DSN workload
- Feedback from nursing/medical staff regarding this system

Appendix 1: Notice to be attached to clozapine stock box

This box contains stock clozapine tablets.
Please store **all** clozapine tablets in this box.

Before administering each dose of clozapine, check that there is a valid blood test.

Appendix 2 – Clozapine Poster for treatment rooms

ARE CLOZAPINE BLOODS VALID? PLEASE CHECK!

Patient Name	Most recent blood test	Status: Green/Red/Amber	Next blood test due Ask yourself; Is todays date past the date below?

Check for valid blood result before administering clozapine!

Clozapine FBC result	Action
Todays' date past due date?	Contact pharmacy or on-call pharmacy before administering dose
Green	Continue Clozapine treatment
Amber	Continue Clozapine treatment. Increase FBC monitoring frequency to twice weekly
Red	STOP Clozapine treatment immediately. Daily FBC until green result

If unsure please contact your pharmacy team or the On-call pharmacist via DSN if out of hours