



East London
NHS Foundation Trust

**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	October 2012	Glenn Harley	Pharmacist	
2	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	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

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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 will be supplied:

- 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 continue to be supplied as TTA's dispensed by pharmacy or making 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 technicians each week / month or according to requirements.

Non-self administration patients

A pharmacy technician will be responsible for ensuring that there is enough stock of clozapine 25mg & 100mg tablets such that all patients on the ward can receive their doses.

The clozapine tablets will be stored in a separate box, which is located in the medicine trolley. 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 displayed on the Clozapine poster located in all treatment rooms.

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 displayed on the clozapine poster 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
- Date & 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 that there is continuity in provision of clozapine to these patients.

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, on any other brand of clozapine is admitted to the forensic services 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; every effort should be made to ensure that the pharmacist is informed of any plans of transfer ahead of time where possible.

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 pharmacy and patient’s consultant will be notified by the clozapine treatment programme.

The need to stop clozapine will be communicated to the nursing team, and the medication will be ceased from the medication chart by either the doctor or pharmacist.

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

4.4 Mechanisms

Pharmacy will use the following mechanisms to communicate to nursing staff that clozapine can or cannot be administered:

- A poster list detailing blood test validity is available in each treatment room. This list is to be kept in the treatment room in a prominent place. 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.
- If the patient becomes prohibited (a “red” result), either a doctor or pharmacist will cease the clozapine prescription and make an entry in the medical notes.
- If a patient’s name is not on the list, or the blood test is not valid, then nursing staff need to contact pharmacy (in or out of hours) to check before administering any clozapine doses. This would allow the pharmacist 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. Communication with the pharmacist (in or out of hours) should be recorded in Appendix 2 (Record of communication with pharmacist). The on-call pharmacist can be contacted via the DSN out of hours. – Documentation should be made on Rio

5. 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 before initiation.
- For patients transferred to the ward from within the Trust, or admitted, confirm clozapine dose, confirm compliance (re-titrate if necessary), and confirm a valid blood test before prescribing.
- In the event that clozapine needs to be stopped, it will be ceased from the medication chart by either a doctor or pharmacist.

6. Responsibilities of Nurses

- Nursing staff will be responsible for administering clozapine doses.
- Nursing staff can only administer clozapine if there is a valid blood test displayed on the ZTAS list displayed in the ward treatment room. Otherwise, they must contact pharmacy before proceeding. See appendix 1 for further notes.
- Nursing staff will also take shared responsibility in updating the clozapine poster in the treatment room in agreement with pharmacy 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 in the medication trolley and not in named patient containers to ensure the safety aspect of administration.

7. Responsibilities of Pharmacy staff

- The ward's pharmacist and pharmacy technician are responsible for co-ordinating the supply of clozapine to the ward, and liaising with medical, nursing ZTAS and clozapine clinic staff to make sure that each patient on the ward has a valid blood result.
- A Clozapine poster (appendix 3) 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.
- Pharmacy staff will update this poster in order for the information to remain up to date. In the event where pharmacy staff are not physically present at either John Howard Centre or Wolfson House to update this poster the ward manager & clinical lead nurses will be requested to do so via email/telephone communication & will be provided with the up-to-date FBC monitoring information.
- In the event that clozapine needs to be stopped, it will be ceased from the medication chart by either the doctor or pharmacist and the patient name will be removed from the poster by the pharmacist or technician (on advice from the pharmacist)
- Pharmacy staff will add the Clozapine monitoring and high risk drug stickers to the drug chart

8. 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
- Recording communication 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: Record of communication with pharmacist in & out of hours

All details to be filled in and this form attached to the front of the medication chart.

Patient's name:

DOB:/...../.....

Ward:

Pharmacist contacted on/...../....., at (time of day).

Pharmacist's name:

Patient registered with ZTAS (circle)? Yes No

Blood test valid until:/...../.....

Confirmed no treatment break greater than 48 hours (circle)? Yes No

Permission given by pharmacist to continue administering clozapine until:

...../...../.....

(a pharmacist does not need to be contacted prior to administering doses of clozapine until the above date)

Pharmacist contacted by:

Designation:

Appendix 3 – 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
Today's 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

Appendix 4 – Clozapine & high risk drug sticker to be affixed to drug chart

The following stickers should be affixed on the drug chart where Clozapine have been prescribed.

Image 1: Clozapine monitoring sticker

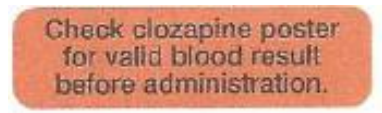


Image 2: High Risk drug sticker

