

Safety Guidance - Clozapine on Admission to an Acute Hospital Ward

The purpose of this safety guidance is to highlight key issues to be considered when patients who are taking clozapine are admitted to an Acute Hospital. Clozapine is a high risk drug used for the management of schizophrenia in patients who are unresponsive to, or intolerant of, conventional antipsychotic drugs. It may also be used for psychoses in patients with Parkinson's disease. Clozapine requires regular monitoring to ensure it remains a safe and effective treatment, including monitoring to identify any constipation and to monitor the patient's smoking status. If safe to do so, it is important to promptly prescribe and ensure a supply of clozapine is available for administration as, if more than 2 days of treatment are missed, the patient will require re-titration.

FOR ALL PATIENTS ADMITTED TO AN ACUTE HOSPITAL WARD

ESTABLISH IF THE PATIENT IS TAKING CLOZAPINE

- Clozapine treatment may not be immediately obvious on admission. Ask the patient if they receive any treatment from other hospitals or clinics other than their GP. **Note - clozapine may not be on the patient's GP medication list as it will be prescribed by their mental health trust.**
- Clozapine may also be known as **Clozaril**[®], **Denzapine**[®] or **Zaponex**[®]. All Tees Esk and Wear Valley (TEWV) patients on tablets are prescribed the Clozaril[®] brand. If the patient receives clozapine liquid then the brand will be Denzapine[®]. Please discuss with TEWV before switching formulation.

FOR PATIENTS ADMITTED TO AN ACUTE HOSPITAL WARD TAKING CLOZAPINE BEFORE ADMISSION

STOP – CHECK COMPLIANCE

- **Check patient compliance with Clozapine.** If a patient has missed clozapine for more than 48 hours they will require re-titration and **MUST NOT** be prescribed clozapine at their previous dose.
- **DO NOT re-commence clozapine after a treatment break of 48 hours or more without specialist advice and guidance from TEWV.**

ACT - CONTACT TEWV

- **Contact TEWV immediately** to inform them of the patient's admission and again prior to discharge. Details of patient's compliance and whether they have taken a supply into hospital with them will be needed by TEWV. The patient will need to have their next blood test arranged and communicated prior to discharge.
- For patients outside TEWV contact the patient's local mental health trust for information.
- TEWV will confirm the dose, whether bloods are needed immediately prior to any supply, and how that supply can be arranged (details of how to contact TEWV are listed at the end of the document).
- **Clozapine is NOT usually stocked in Acute Hospitals** – the patient's own drug should be used. TEWV will be able to provide further supplies if appropriate. If the patient transfers to a different ward, please ensure that the clozapine supply moves with them.

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CHECK - FULL BLOOD COUNT (FBC) AND SMOKING STATUS

- **Check full blood count (FBC)** - especially white blood cell (WBC) and neutrophils (ANC) as clozapine can cause agranulocytosis as a significant side effect. This result may be needed to allow TEWV to dispense clozapine. If at any point during admission WBC count is found to be less than $3.0 \times 10^9/L$ and neutrophils less than $1.5 \times 10^9/L$ contact TEWV immediately for advice.
- Check if patient is a current smoker – **stopping smoking can increase clozapine serum levels significantly.**
- If the patient is a smoker request advice from TEWV as to whether their dose should be lowered. **DO NOT amend dose without advice from TEWV.**

MONITOR – FOR CONSTIPATION

- Monitor via bowel chart and treat (where appropriate) for constipation. Clozapine has been known to cause problems with the bowel ranging from constipation (which is very common), to intestinal obstruction, faecal impaction, and paralytic ileus (which are very rare but significant). On a few occasions, cases have been fatal [MHRA 2017](#).

ADDITIONAL INFORMATION**Prescribing**

- Clozapine does not require a consultant signature for prescribing within an Acute Hospital, however it should be treated as a high risk medication.
- For patients who are undergoing surgery please refer to local guidelines for information on the management of clozapine before and after surgery.

Documentation

Information specifying the dose, brand and formulation must be:

- Recorded in the patient's notes and prescribed on ePMA/paper kardex for in-patient administration. This information must also be included in the discharge letter.
- Included in the medicines reconciliation / medication history section of the medical notes.

Monitoring of clozapine levels

- Clozapine levels are not routinely monitored by non-specialist centres and there is no evidence to support an annual blood level check.

Interactions with other medicine products

- Review any drugs that increase the serum concentration of clozapine or drugs that may cause/contribute to agranulocytosis.
- **Severe interactions noted with** - carbamazepine, ciprofloxacin, combined hormonal contraceptives, erythromycin, fluvoxamine, levodopa, rifampicin and ritonavir.

Note: this list is not exhaustive; please see current BNF via www.medicinescomplete.com for a full list of clozapine interactions. Further information may be found on www.medicines.org.uk.

REMEMBER**ALL STAFF (NURSING, PHARMACY, MEDICAL)**

CONTACT TEWV IMMEDIATELY IF A PATIENT IS IDENTIFIED AS BEING PRESCRIBED CLOZAPINE and again at discharge. Durham pharmacy office – 0191 4415775, Darlington pharmacy office – 01325 552105, Roseberry Park pharmacy office – 01642 838360, York pharmacy office - 0190 4717790.

The TEWV on call pharmacist can be contacted via the hospital switchboard out of hours.

TEWV Switchboard: 01642 838050.

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