



<b>Subject:</b> Nursing	<b>Procedure:</b> Providing Care to Individuals Prescribed Clozapine	
<b>Last Updated:</b> 02/15/2022	<b>Owner:</b> Jeffrey Clark	<b>Pages:</b> 3

**I. PURPOSE:**

To describe regarding how individuals are identified and scheduled to receive Nursing intervention when prescribed the drug Clozapine.

**II. DEFINITIONS:**

A. Clozapine

Clozapine is an antipsychotic medication that can be used to treat schizophrenia. It can also lower the risk of suicidal behavior in patients with schizophrenia or schizoaffective disorder.

B. Clozapine REMS

The Clozapine REMS (Risk Evaluation and Mitigation Strategy) is a safety program required by the Food and Drug Administration (FDA) to manage the risk of severe neutropenia associated with clozapine treatment.

C. Neutropenia

Low Neutrophil counts (a type of white blood cell) can lead to serious and fatal infections.

D. Abnormal Involuntary Movement Scale (AIMS)

A 12-item clinician-rated scale to assess severity of dyskinesias (specifically, orofacial movements and extremity and truncal movements) in patients taking neuroleptic medications. Additional items assess the overall severity, incapacitation, and the patient's level of awareness of the movements, and distress associated with them. The AIMS has been used extensively to assess tardive dyskinesia in clinical trials of antipsychotic medications.

**III. PROCEDURE:**

1. Individuals undergoing treatment with Clozapine may be identified at intake, following a hospital discharge or a provider transfer referral through the Managed Care Operations Division (MCO), or from a recommendation by an MCCMH licensed prescriber.
2. If an individual is identified upon intake or at the time of a MCO referral, the clinician assigned to the case must communicate this to the clinic's nursing team. This enables the team to be prepared to assist once the individual's assigned MCCMH prescriber deems appropriate to continue the medication.

3. Once an MCCMH prescriber has met with an individual and ordered the medication, the prescription will be sent to pharmacy of the individual's choice.
4. Although it is the responsibility of the prescriber to obtain the appropriate medication consent, as required by the standards of practice, a nurse may be asked to witness or assist in the process (MCCMH Policy 9-600).
5. The nurse will ensure that the individual has been enrolled into the Clozapine REMS program. The prescriber may enroll the individual or the nurse may act as a designee.
6. Nursing staff will set an appointment with the individual to provide medication education and check for signs/symptoms of infection.
7. If the individual does not have a laboratory site of their choice, the nurse provides information about potential options based on accessibility and location for the person served.
8. If an individual fails to show for a scheduled lab date, the nurse will attempt to contact the individual. If an individual is missing appointments or refusing medication, this will be communicated with the treatment team on the same day, due to risk for significant physical and behavioral symptoms, including the potential re-emergence of symptomatology.
9. At each nursing appointment the individual will be monitored for signs or symptoms of side effects or drug reactions and complete an Abnormal Involuntary Movement scale (AIMS) scale, along with vital signs.
10. If applicable to the individual served, medications provided by a MCCMH RN will involve checking two consumer identifiers and 3 checks of the medication and its order, prior to administration of medication.
11. If adverse effects (especially of note are Neutropenia and extrapyramidal symptoms (EPS); Neuroleptic malignant syndrome (NMS), Tardive Dyskinesia (TD), Akathisia or acute Dystonic reaction) of a drug or critical vital signs are observed, the nurse will communicate the issue with the MCCMH prescriber who, based on their clinical judgment, will weigh the risks vs. benefits of continuing with medication.
12. In the event a MCCMH prescriber is not reachable, the RN will exercise his or her clinical judgement. The RN must seek confirmation by the MCCMH prescriber or a covering prescriber within 1 business day. This period should not be longer than necessary.
13. Documentation of the clozapine visit shall be completed within 24 business hours following service delivery (MCCMH Policy 2 -010).
14. Individuals will be provided next appointments for clozapine monitoring and reminded of their next lab due during their nursing appointment based on MCCMH prescriber's orders. The process will repeat as ordered by licensed prescriber or per REMS schedule.

#### **IV. REFERENCES:**

<https://www.newclozapinerems.com/home>

**V. RELATED POLICIES:**

- A. MCCMH Policy 2-051 “Psychotropic Medication in Community-Based Settings”
- B. MCCMH Policy 2-010 “Standards for Clinical Services Documentation”
- C. MCCMH Policy 9-600 “Informed Consent for Service, Psychotropic Medication Informed Consent”

**VI. EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/15/2022	Creation of Procedure	
2	02/10/2023	Annual Review	J. Clark RN