Month/Year: **Clozapine Medication Sheet** Allergies:

SAMPLE

Accuracy check 1 Date/time Accuracy check 2 Date/time

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | CODES | | Initials | Signature | Initials | | Signature |
| A-Absent | |  |  |  | |  |
| DP-Day Program | |  |  |  | |  |
| H-Hospital | |  |  |  | |  |
| Site: | | S-School | |  |  |  | |  |
| P-Packaged | |  |  |  | |  |
| W-Work | |  |  |  | |  |
|  | | V-Vacation | |  |  |  | |  |
|  | | LOA-Leave of Absence | |  |  |  | |  |
|  | | OSA-Off Site Administration | |  |  |  | |  |
|  | |  | |  |  |  | |  |
| Accuracy check 1 | Date/Time | | Accuracy check 2 | | | | Date/Time | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start: |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| *LABWORK* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| *NEXT ANC LABWORK* | | | *Next lab*  *date* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Stop: |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
|  | | | Special Instructions/Precautions: *Ensure that the pharmacy has*  *received copies of lab work results.* | | | | | | | | | | | | | | | | | | | | | Reason: *Prescribed Clozapine* | | | | | | | | | | | |
|  | | |
|  |  | | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start: | Generic: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Brand: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Strength: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Stop: | Amount: |  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Frequency: |  | | Special Instructions/Precautions: | | | | | | | | | | | | | | | | | | | | | Reason: | | | | | | | | | | | |
| Route: |  | |

Rev-6-28-23

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start: | Generic: | *Clozapine* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Brand: | *Clozaril* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Strength: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Stop: | Amount: |  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Frequency: |  | | Special Instructions/Precautions:  *Watch for signs of infection (e.g., elevated temperature, weakness, sore throat, etc.). Notify HCP when signs of*  *infection are observed.* | | | | | | | | | | | | | | | | | | | | | Reason: *Helps to prevent hallucinations* | | | | | | | | | | | |
| Route: | *By Mouth* | |