

Clozapine/Clozaril Protocol

Authorized Prescriber Section (to be completed by the Authorized Prescriber):

1. Person's Name:			
2. Authorized Prescriber (Health Care Provider [HCP]) Contact Information:			
3. Describe what staff should do, if 2 or more days of Clozapine/Clozaril are missed/omitted***:			
*** 'Unless otherwise instructed by the HCP', if 2 or more days of Clozapine/Clozaril are missed/omitted, MAP Certified staff must contact the Prescribing HCP (for the Clozapine/Clozaril) <u>before</u> any further doses may be administered.			
4. Adverse effects to watch for:			
5. Describe when a telephone call to 911 and/or the HCP is necessary:			
6. Special Instructions/other:			
Health Care Provider Name (Print):			
HCP Signature:		Date:	Time:
Posted:		Date:	Time:
Verified:		Date:	Time:
<u>Service Provider Section</u> (to be completed by the Service Provider):			
1. Describe how and where the ANC (Absolute Neutrophil Count) lab work is obtained (e.g., laboratory name/address, HCP office, VNA, etc.):			
2. Describe how the ANC lab results are reported to the pharmacy:			
3. Consulting Pharmacy Contact Information:			
4. Describe how the new, signed HCP Orders for changes in Clozapine/Clozaril dosages are received by the MAP Registered site:			
5. Describe how the pharmacy is notified of Clozapine/Clozaril dose changes:			
6. Describe how the MAP Registered site obtains the Clozapine/Clozaril medication from the pharmacy:			
7. MAP Consultant Contact Information: (If a single dose of Clozapine/Clozaril is missed/omitted, the MAP Consultant must be notified).			
8. Describe how changes are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.):			