Clozapine/Clozaril Protocol

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

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| 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 theClozapine/Clozaril) before 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:       |
| ***Service Provider Section (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.): |       |