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| Competency Evaluation Tool for Clozapine (Clozaril) Therapy Training  |

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| **Trainer’s Printed Name:**       | **Date:**       |
| **Trainer’s Signature:**       | **Trainer’s Contact Information:**       |
| **Clozapine (Clozaril) Therapy Training Guidelines** |
| *Clozapine Training must be completed by a Qualified Trainer.* |
| **Training Components and Procedure** | **Comments** |
| **At the conclusion of this training, the Certified staff:** |  |
| 1. | Knows where to locate the Service Provider’s Policy that outlines the procedure to follow when an individual is receiving Clozapine Therapy, and who will be responsible for administering Clozapine. |       |
| 2. | Knows the procedure for obtaining Clozapine Health Care Provider (HCP) Orders, HCP Telephone Orders, HCP Telehealth Orders, and administering Clozapine according to MAP Regulations, Policies, and Curriculum. |       |
| 3. | Knows that only licensed nurses and Trained Certified staff may administer Clozapine. |       |
| 4. | Knows that the generic named product ‘Clozapine’ (also known by the common brand name CLOZARIL®) is typically prescribed for the management of individuals diagnosed with schizophrenia and/or schizoaffective disorder. |       |
| 5. | Knows there is a significant risk of a potentially life threatening blood disorder (agranulocytosis) associated with the use of Clozapine; however, when discovered early, it can be reversed.  |       |
| 6. | Knows that the HCP may order regular Absolute Neutrophil Count (ANC) blood tests to monitor for signs of agranulocytosis. |       |
| 7. | Knows adverse effects of Clozapine Therapy. |       |
| 8. | Knows to report any signs or symptoms of infection (e.g., fever, weakness, lethargy, or sore throat) to the HCP. |       |
| 9. | Knows that individuals diagnosed with schizophrenia or schizoaffective disorder may exhibit suicidal behavior, which refers to actions by the individual that put them at risk for death or serious harm. |       |
| 10. | Knows that Clozapine Therapy education should be provided (both initial and continuous) for an individual learning to self-administer Clozapine. |       |
| 11. | Knows that when Clozapine therapy is started, the dose will be low and then slowly increased over time until the therapeutic dose is reached. |       |
| 12. | Knows if a single dose of Clozapine is missed to contact the MAP Consultant. |       |
| 13. | Knows if the Clozapine dose is missed for more than two (2) days to not administer the next dose of Clozapine without first contacting the prescribing HCP (authorized prescriber). |       |
| 14. | Knows how changes are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.). |       |
| 15. | Knows when and how to contact the individual’s Health Care Provider and/or the MAP Consultant for any Clozapine related issues, questions, or concerns. |       |
| 16. | Knows when notification or contact with the HCP is necessary. |       |
| 17. | Knows when a 911 telephone call is necessary. |       |
| 18. | Knows after Emergency Response personnel arrive and the individual is cared for, to notify appropriate persons, and follow all emergency procedures per the Service Provider’s Policy. |       |

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| Based on the Training Guidelines for Clozapine Therapy, I, as Trainer, have determined that the Certified staff named below have the knowledge to administer Clozapine. |
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|  | Certified Staff’s Printed Name: | Certified Staff’s Signature: |
| 1. |       |       |
| 2. |       |       |
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| 17. |       |       |
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| 19. |       |       |
| 20. |       |       |
| **The Trainer should close empty signature spaces upon completion of the training.** |
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