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| Competency Evaluation Tool for ‘General Knowledge’ of  Clozapine (Clozaril) Therapy |
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| |  |  | | --- | --- | | **Trainer’s Printed Name:** | **Date:** | | **Trainer’s Signature:** | **Trainer’s Contact Information:** | | |

**General Knowledge of Clozapine (Clozaril) Therapy Training Guidelines**

*The ‘General Knowledge’ Clozapine Training must be completed by a Qualified Trainer.*

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|  | | **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 regular blood testing results for the monitoring of the Absolute Neutrophil Count (ANC) is required before the pharmacy may dispense Clozapine. | |  |
| 7. | Knows the pharmacy must be supplied with a current (i.e., drawn within seven (7) days, irrespective of monitoring frequency) blood work result (ANC result) prior to dispensing Clozapine. If the lab draw date is more than 7 days old, the Clozapine cannot be dispensed by the pharmacy. | |  |
| 8. | Knows the MAP Registered site’s Clozapine Pharmacy Ordering and Receiving System. | |  |
| 9. | Knows if the ANC results are older than seven (7) days (from when the Clozapine prescription is to be filled/refilled), another blood draw must be done. | |  |
| 10. | Knows that initial Clozapine Therapy requires frequent lab draws (e.g., typically weekly for six (6) months; then biweekly for 6 months; and then every four (4) weeks after twelve (12) months of continuous therapy without any interruptions). | |  |
| 11. | Knows that when an individual’s Clozapine Therapy HCP Order is to be discontinued; then typically, weekly blood work must be obtained for a minimum of four (4) weeks. | |  |
| 12. | Knows that the pharmacy will only dispense enough Clozapine tablets until the individual’s next ANC lab test. | |  |
| 13. | Knows that even though the HCP can prescribe the Clozapine (including refills), the Pharmacist cannot dispense the Clozapine without the current acceptable ANC results. | |  |
| 14. | Knows to report any signs or symptoms of infection (e.g., fever, weakness, lethargy, or sore throat) to the HCP. | |  |
| 15. | 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. | |  |
| 16. | Knows that Clozapine Therapy education should be provided (both initial and continuous) for an individual learning to self-administer Clozapine. | |  |
| 17. | Knows that the next lab draw date for ANC must be on the Medication Administration Record (MAR). \*\*\*Sometimes, this laboratory test will be ordered as a ‘CBC with diff’ (i.e., Complete Blood Count with differential). | |  |
| 18. | Knows adverse effects of Clozapine Therapy. | |  |
| 19. | 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 (authorized prescriber) HCP. | |  |
| 20. | Knows when notification or contact with the HCP is necessary. | |  |
| 21. | Knows if a single dose of Clozapine is missed to contact the MAP Consultant. | |  |
| 22. | Knows when a 911 telephone call is necessary. | |  |
| 23. | 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 General Knowledge 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: | |
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| **The Trainer should close empty signature spaces upon completion of the training.** | | | | |
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