

## **Clozapine Pathway (Oct 2020 Update)**

The following describes what the perfect pathway for a patient on clozapine requiring blood monitoring should be (and also for other drugs which require monitoring). Please note that the patients on clozapine are very vulnerable with severe mental illness who have been stabilised on this drug BUT will only get their medication if they have the appropriate blood tests done regularly. If the bloods are not done then the drugs cannot be issued and so the patients are liable to significant relapse. Please note that as the drugs can cause neutropenia, if the patient develops a fever they will need a blood test within 24hr and since fever is one of the signs of COVID we must assume that they are covid positive.

Secondary care (the AMHT) should have made sure that the blood tests intervals are the longest which are clinically safe for the patient (the maximum space between blood tests is 4 weekly). Close liaison with the AMHT is advised if any issue arises.

The AMHT pathway run by the pharmacists monitor the blood results and issue drugs accordingly. This process will continue as usual. NB neutropenia particularly in unwell patients will need to be acted on by the practice in coordination with the AMHT pharmacy

The following pathway is the perfect model but in the end these patients are very vulnerable and so GPs (and AMHTs) will need to act in the patient's best interests at all times and ensure that blood is taken to monitor them. If for some reason an element of the pathways cannot meet this demand (usually due to capacity in some parts of the system –likely to be the COVID pathway) then the fallback position will be for the GP practice to arrange the taking of the blood, either in the surgery or at the patients home using appropriate PPE. The GP will need to notify the AMHT if the blood has not been done with the reasons why.

The CALM service stands for Community Assessment Liaison Monitoring service which is up to deal with Covid 19 suspects and also those home isolated due to someone in the household being a Covid suspect and so is home isolating. However please be aware that the CALM assessment clinics and the CALM visiting service are developing according to circumstances, so this may not always run smoothly and capacity may well be an issue.

The pathway is as follows

- 1) All patients who are routinely monitored by general practice on either a weekly, 2 weekly or 4 weekly cycle in this vulnerable group with severe mental illness should continue to have bloods taken in a general practice setting unless they have symptoms of COVID 19 or are self-isolating due to living in a household with a suspect or known case of COVID 19. Very high risk (shield) patients can still visit GP surgeries as the practices are assumed to be cold/lower risk sites for COVID. All patients should wear face masks and the staff interacting with them should use PPE
- 2) If patient has COVID symptoms but are ambulant (AMBER ON THE CALM CLINIC COVID RISK ASSESSMENT) then they should be booked into a CALM assessment clinic for a blood test (usually with a nurse) but may also need a F2F assessment especially if they have a fever due to the risk of neutropenia induced by the drug.
- 3) If they have a fever and need an early clozapine blood test (because of the risk of neutropenia) within 24 hours, they would fall into the Covid symptom group automatically and so follow 2)

- 4) For ambulant patients who are self-isolating due to living in a household where there is someone with suspected or proven COVID 19 and they are asymptomatic they are classed as AMBER in terms of the CALM service and can be booked in for a blood test at the CALM assessment clinic (with a nurse) but do not need any other medical assessment.
- 5) For patients with COVID symptoms who are not ambulant and are on clozapine, they need to be referred to the CALM visiting service for a visit. The Covid visiting service will need to know that they are on Clozapine as this will affect management. A blood test is likely to be needed to rule out neutropenia if they have a fever. Consideration will need to be given to stopping clozapine if the patient is unwell for a time due to the disease for it to be restarted in discussion with AMHT sometime in the future. Discussion with AMHT will need to occur if this happens

**Need more information/advice?**

See [Clozapine Oxford Health Memo for Healthcare Professionals](#)

Please contact the OHFT Pharmacy directly with any urgent patient issues:

- Monday to Friday 9-5pm - 01865 904888 (dispensary)
- Out of hours - 01865 901000 (ask for the on call pharmacist).

For general medicines advice please contact the OHFT Medicines Advice Service:

- 01865 904365
- [medicines.advice@oxfordhealth.nhs.uk](mailto:medicines.advice@oxfordhealth.nhs.uk)