

CVH-421 **CONNECTICUT VALLEY HOSPITAL**
 New 5/18 **CLOZAPINE PATIENT ASSESSMENT FLOW SHEET**

Patient Name: _____

[] General Psychiatry Division
 [] Addiction Services Division

MPI #: _____ *Print or Addressograph Imprint*

Month/Year _____

Unit _____

Baseline Pulse _____ Baseline Temp _____ Baseline Respiration _____ Baseline BP: Sitting _____ Standing _____

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|----------------|--|--|--|--|
| Date | | | | <ol style="list-style-type: none"> Baseline pulse, respiration before initiation of clozapine. Baseline temperature before initiation of clozapine. Baseline blood pressure that includes sitting and standing before initiation of clozapine. Blood pressure, pulse and respiration are done every shift for the first 3 days following initiation of clozapine and after each dose increase <ol style="list-style-type: none"> If heart rate is <60 bpm or >100 bpm, the physician is notified. If respiration <12 or >20, the physician is notified. If the systolic BP <90mm Hg or >140 mm Hg, or diastolic BP <60 mm Hg or >90 mm Hg, the physician is notified. Temperature is done daily prior to the administration of the morning dose for 30 days. <ol style="list-style-type: none"> Any temperature above 100.5 is reported to the physician immediately. |
| Blood Pressure | | | | |
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| Pulse | | | | |
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| Respiration | | | | |
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| Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | |