Mental Health Medicines: Safety Guidance for Acute Hospital Teams

This guidance has been produced in response to the "Treat As One" recommendations of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) in 2017

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Clozapine

Lithium

Long-Acting Antipsychotic Injections ("depots")

Transfer of patients

Medicines Optimisation – Interactive Guide

Title	Mental Health Medicines Safety Guidance for Acute Hospital Teams		
Approved by	TEWV Drug & Therapeutics Committee	Date of Approval	28 November 2024
Protocol Number	PHARM-0161-v1	Date of Review	1 December 2027

Clozapine

Safety guidance – on admission to acute hospital

Tees, Esk and Wear Valleys NHS Foundation Trust

The purpose of this safety guidance is to highlight key issues to be considered when patients who are taking clozapine are admitted to an Acute Hospital. Clozapine is a critical medicine used for the management of schizophrenia in patients who are unresponsive to, or intolerant of, conventional antipsychotic drugs. It may also be used for psychoses in patients with Parkinson's disease. Clozapine requires regular monitoring to ensure it remains a safe and effective treatment, including monitoring to identify any constipation and to monitor the patient's smoking status. ***If safe to do so, it is important to promptly prescribe and ensure a supply of clozapine is available for administration as, if more than 48 hours of treatment are missed, the patient will require re-titration.***

All patients admitted to an acute hospital ward → **CHECK if they are usually prescribed clozapine**

- Clozapine treatment may not be immediately obvious on admission. Ask the patient if they receive treatment from other hospitals or clinics other than their GP. **Note - clozapine may not be on the patient's GP medication list as it will be prescribed by their mental health trust.**
- Clozapine may also be known as **Clozaril®, Denzapine®** or **Zaponex®.** The preferred brand in Tees Esk & Wear Valley (TEWV) patients is **Clozaril®**. If the patient has difficulty swallowing tablets, they will be prescribed Denzapine® liquid or Zaponex® orodispersible tablets. Please discuss with TEWV before switching formulation.

For all patients identified as having a current clozapine prescription:

1. CHECK compliance

- **Check patient compliance with clozapine.** If a patient has missed clozapine for more than 48 hours, they will require a re-titration and **MUST NOT** be prescribed clozapine at their previous dose
- **DO NOT** recommence clozapine after a treatment break of 48 hours or more without specialist advice and guidance from TEWV.
- Notify acute psychiatry liaison to ensure the team is aware of the admission.

2. Contact TEWV

- **Contact TEWV immediately** to inform them of the patient's admission and again prior to discharge. Details of patient's compliance and whether they have taken a supply into hospital with them will be needed by TEWV. The patient will need to have their next blood test arranged and communicated prior to discharge. (For patients outside of TEWV contact the patient's local mental health trust for information.)
- **Confirm** - the dose, whether bloods are needed immediately prior to any supply, and how that supply can be arranged (details of how to contact TEWV).
- **Clozapine is not usually stocked in Acute Hospitals** – the patient's own drug should be used. TEWV will be able to provide further supplies if appropriate. If the patient transfers to a different ward, please ensure that the clozapine supply moves with them. In an unplanned admission if the patient does not bring in a supply contact TEWV immediately for advice. On discharge, supplies must be appropriately labelled with directions.
- There are processes in place (Memorandum of understanding) to allow dispensing of clozapine by an alternative Trust -usually in the case of patients on holiday. TEWV pharmacy can advise if this is thought applicable.

3. CHECK - FBC & smoking status

- Check full blood count (FBC) – especially white blood cell (WBC) and neutrophils (ANC) as clozapine can cause agranulocytosis as a significant side effect. This result will be needed to allow TEWV to dispense clozapine. If at any point during admission WBC count is found to be less than $3.0x10^9$/L and neutrophils less than $1.5x10^9$/L contact TEWV immediately for advice.
- Check if the patient is **a current smoker** – **stopping smoking** can **increase clozapine serum levels significantly**.
- If the patient is a smoker, request advice from TEWV as to whether their dose should be reduced. **DO NOT amend dose** without advice from TEWV.
- See section 6 for further monitoring advice.

4. RECORD - Prescribing & documentation

Prescribing:

- Clozapine does not require a consultant signature for prescribing within an acute hospital, however, it should be treated as a critical medicine.
- For patients who are undergoing surgery, please refer to local guidelines for information on the management of clozapine before and after surgery.

Documentation – information specifying the **dose**, **brand** and **formulation** must be:

- Recorded in the patient's notes and prescribed on ePMA/paper Kardex for in-patient administration. This information must be included in the discharge letter.
- Recorded in the medicines reconciliation / medication history section of the medical notes.

5. MONITOR – for constipation

- Monitor via bowel chart and treat (where appropriate) for constipation. Do not use bulk forming laxatives, advice on management in MSS27: Clozapine-induced gastrointestinal hypomotility (CIGH). Clozapine has been known to cause problems with the bowel, ranging from constipation (which is very common) to intestinal obstruction, faecal impaction, and paralytic ileus (which are rare but significant). On a few occasions, cases have been fatal (MHRA 2017).

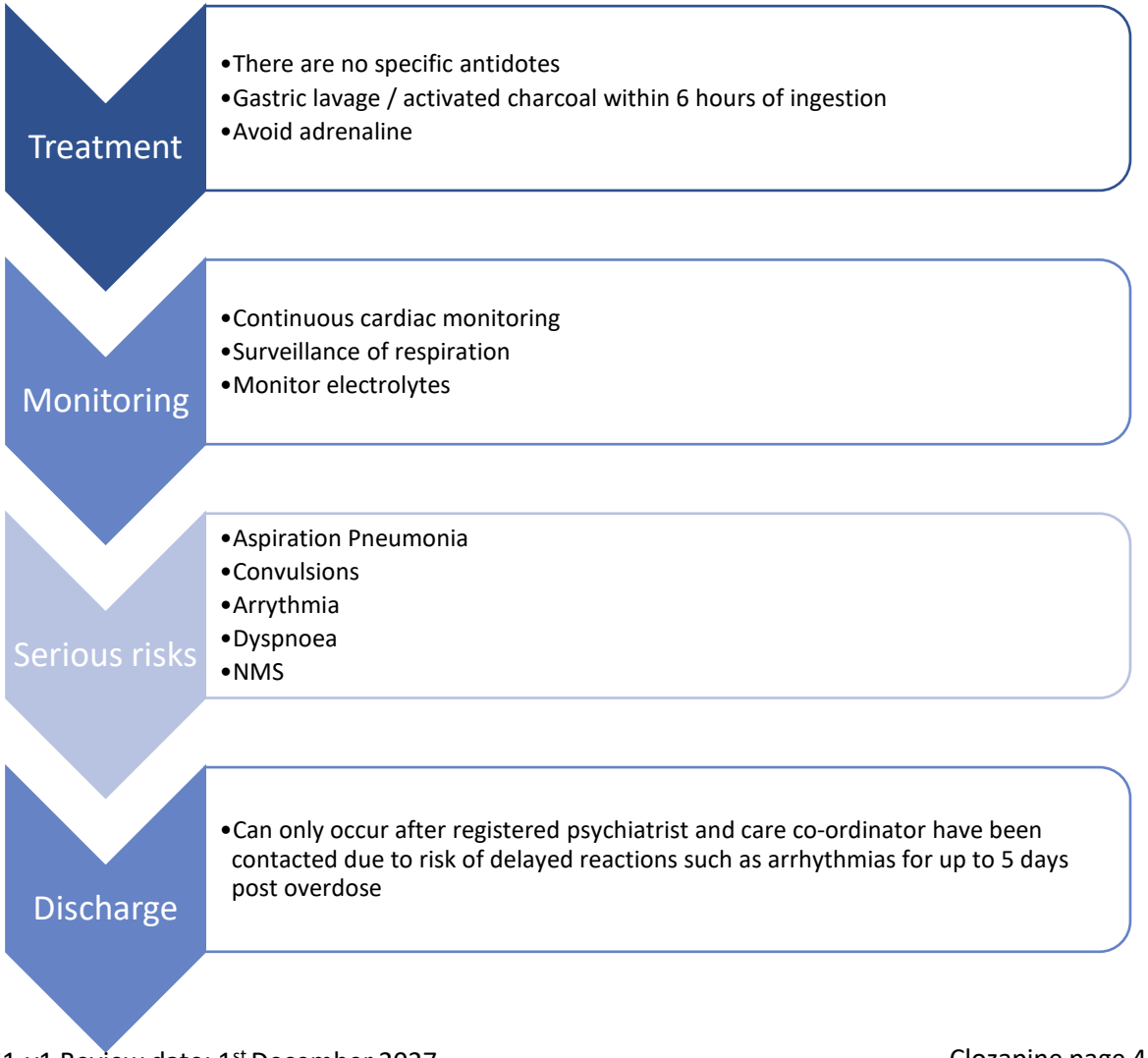
6. MONITOR - clozapine levels	**Monitoring of clozapine levels:**
	• Clozapine levels are not routinely monitored by non-specialist centres and there is no evidence to support an annual blood level check.
	• Monitoring blood clozapine levels for toxicity is advised (MHRA 2020) in certain clinical situations such as:
	  • A patient stops smoking or switches to an e-cigarette.
	  • Concomitant medicines may interact to increase blood clozapine levels.
	  • A patient has pneumonia or other serious infection
	  • Poor (reduced) clozapine metabolism or toxicity is suspected.
	• Where levels are considered appropriate, maintain regular contact with TEWV who will provide the assay sample kit via the appropriate liaison team. The clozapine monitoring services provide TEWV with the kits. The main brand used at TEWV is Clozaril, but there are some patients who take other brands, the clozapine brand determines which laboratory to send the sample to. (For information only, the acute trust would not normally be required to contact the laboratories: Clozaril – Synnovis, King's College Hospital; Denzapine – ASI, red envelope, St George's Hospital; Zaponex – Magna Labs, Ross-on-Wye).
	• Samples should be taken in the morning, immediately BEFORE the morning dose of clozapine (if clozapine is taken morning & night), or 10-12 hours post-dose (if clozapine is taken once a day) as the timing of the sample is important.
	• Blood should be taken in a standard EDTA tube and the sample posted to the external laboratory. Please note the timing of the sample after the last dose. Samples are only accurate if a patient has been taking a dose for 2-3 days minimum.
	• Results may take up to a week to be reported and a notification is sent to nominated staff in TEWV alongside the clinician recorded as the patient's usual responsible clinician for clozapine.

7. CHECK – for interactions	**Interactions with other medicines:**
	  • Review any drugs that increase the serum concentration of clozapine or drugs that may cause/contribute to agranulocytosis.
	  • Severe interactions noted with - carbamazepine, ciprofloxacin, combined hormonal contraceptives, erythromycin, fluvoxamine, levodopa, rifampicin and ritonavir.
	Note: This list is not exhaustive; please see current BNF (www.medicinescomplete.com) for a full list of clozapine interactions. Further information may also be found on www.medicines.org.uk (search for the brand of clozapine the patient is taking).

REMEMBER….	**Contact TEWV immediately to inform them of the patient's admission and again prior to discharge:**
	• **In office hours, for TEWV patients – contact the local pharmacy team office:**
	  • **Darlington** (West Park) 01325 552105; **Durham** (Lanchester Road) 0191 4415775
	  • **Tees** (Roseberry Park) 01642 838360
	  • **York** (Foss Park) 01904 717790; **North Yorkshire** (Cross Lane) 01723 384638
	• **In other areas:** Acute hospital liaison can be contacted via your Trust Switchboard
	• **Out of hours:** TEWV on-call pharmacist – via switchboard: 01642 838050

Appendix 1 – Managing clozapine overdose

The information below is not intended to be a definitive treatment strategy, but a suggested approach for clinicians. It is based on previous successful experience. Each case should, of course, be considered individually. This information is provided for healthcare professionals and should not be used as a patient information leaflet. If notified of a potential overdose in the community, the importance of attending A&E should be reiterated and followed up to ensure the patient has been reviewed.



Clozapine overdose	Signs and Symptoms	Treatment
The Summary of Product Characteristics (SmPC) for clozapine[1] states: *In cases of acute intentional or accidental clozapine overdose for which information on the outcome is available, mortality to date is about 12%. Most of the fatalities were associated with cardiac failure or pneumonia caused by aspiration and occurred at doses above 2000 mg.* Seizures have been reported to occur in patients with plasma clozapine levels above 1mg/L following overdose.[4]	All of the side-effects associated with clozapine at therapeutic dose may be seen following overdose except those seen with long-term therapy only, e.g. constipation, weight gain and agranulocytosis[3]. In addition, altered respiratory function and aspiration may be observed and these are seldom seen at therapeutic doses. Pulmonary oedema is not a recognised side-effect but has occurred following overdose[3] Drowsiness, lethargy, areflexia, coma, confusion, hallucinations, agitation, delirium, extrapyramidal symptoms, hyperreflexia, convulsions; hypersalivation, mydriasis, blurred vision, thermolability; hypotension, collapse, tachycardia, cardiac arrhythmias; aspiration pneumonia, dyspnoea, respiratory depression or failure. There is a risk of neuroleptic malignant syndrome.[5] **Due to the high risk of cardiac arrhythmias (including late occurrence or recurrence), consider seeking advice from cardiology specialists if clinically indicated.**	• Consult Toxbase. • There are no specific antidotes for clozapine. • Gastric lavage and/or administration of activated charcoal within the first 6 hours after the ingestion of the drug. Peritoneal dialysis and haemodialysis are unlikely to be effective. Symptomatic treatment under continuous cardiac monitoring, surveillance of respiration, monitoring of electrolytes and acid-base balance. • The use of adrenaline should be avoided in the treatment of hypotension because of the possibility of a 'reverse adrenaline' effect. • **Close medical supervision is necessary for at least 5 days because of the possibility of delayed reactions, such as cardiac arrhythmias.** • **Any decision to discharge from medical care before this should be carried out by a consultant.** • **Work with the liaison psychiatry team and care co-ordinator prior to discharge for help and advice, and to arrange ongoing treatment and follow up.**

References

1. Clozapine Summary of Product Characteristics https://www.medicines.org.uk/emc/product/4411
2. Dev VJ, Krupp P. Adverse Event Profile and Safety of Clozapine. Rev Contemp Pharmacother 1995; 6: 197-208.
3. Le Blaye I et al. Acute Overdosage with Clozapine: a Review of the Available Clinical Experience. Pharm Med 1992; 6: 169-78.
4. Taylor D and Duncan D. The Use of Clozapine Plasma Levels in Optimising therapy. Psych Bulletin 1995; 19: 753-5.

This information was developed from the 2018 Mylan information leaflet CLZ-2018-0126

5. Toxbase- clozapine. www.toxbase.org accessed 16 October 2024

Lithium

Safety guidance – on admission to acute hospital

Tees, Esk and Wear Valleys NHS Foundation Trust

The purpose of this "Safety Guidance" is to highlight key issues to be considered when patients taking lithium are admitted to an acute hospital. Lithium is a critical medicine requiring regular monitoring and dose adjustment to maintain levels within a therapeutic range. Details of safety concerns associated with the prescribing, administration and monitoring of lithium are outlined in the NPSA alert (NPSA Alert 2009/PSA005 Safer lithium therapy)

For all patients identified as having a current lithium prescription:

1. REVIEW – Lithium Record Book	• The information recorded in their purple "Lithium Therapy" record book, relating to prescribed brand, dose, formulation and monitoring. • If this is not available, confirm dose and brand with patient, carer, GP or community pharmacy. • In-patient lithium levels can be added to the discharge letter and to the purple "Lithium Therapy" record book on discharge to support transfer back into primary care.
2. CHECK– lithium levels & renal function	• Check serum lithium levels and renal function on admission, 12 hours post-dose. The typical lithium therapeutic range is 0.4-1.0mmol/L. • Lithium levels can fluctuate unpredictable during the course of many physical illnesses. It is therefore vital to be alert for symptoms suggestive of lithium toxicity. If a patient has a toxic lithium level, the lithium needs to stop. Please seek advice from their mental health team – the patient's mental health may relapse quickly if the lithium is just stopped without an alternative being prescribed. • If renal function has changed recently, ask whether this has been discussed with the patient or whether the dose was altered. It is known that lithium can have an effect on renal function. Since lithium is primarily excreted by the renal route, significant accumulation of lithium may occur in patients with renal insufficiency. If there is a deterioration in renal function, a review by the mental health team is required. • Prolonged treatment with lithium may also cause hypothyroidism, which should be borne in mind when reviewing the patient.

3. STAY ALERT – for signs of toxicity

NOTE: Toxicity can occur when serum lithium levels are within the normal therapeutic range – this can occur particularly in patients with an acute physical illness. A common cause is following a period of diarrhoea or dehydration.

Signs of lithium toxicity include:

Blurred vision	Muscle Weakness	Drowsiness
Coarse tremor	Dysarthria (slurred speech)	Confusion
Convulsions	Nausea/vomiting	ECG changes
Ataxia (unsteady gait, problems with balance, falling over)		

4. CHECK - Compliance

- If there has been a period of poor compliance/missed doses with lithium, guidance should be sought from the patient's mental health team as to what dose to restart the patient on. This may be dependent upon the number of doses missed, the dose usually taken and individual patient factors such as the mental health of the patient.

5. RECORD - Prescribing & documentation

Prescribing:

- The brand (Priadel®, Liskonum®, Essential Pharma, Camcolit® or Li-Liquid®) and formulation of lithium taken by the patient on admission. Different preparations vary widely in bioavailability, therefore changes in brand/formulation can result in changes in serum lithium levels potentially resulting in lithium toxicity. ***The safest way to ensure continuity of brand is usually to use the patient's own medication.***
- For patients who are undergoing surgery, please refer to local guidelines for information on the management of lithium before and after surgery.

Documentation – information specifying the **dose**, **brand** and **formulation** must be:

- Recorded in the patient's notes and prescribed on ePMA/paper Kardex for in-patient administration, on discharge, on FP10 prescriptions and where these are referenced in any letters and medical notes.
- Recorded in the medicines reconciliation / medication history section of the medical notes. Where available, target range should also be recorded.

6. BE AWARE – potential interactions

- **CONSIDER** drugs that increase the serum concentration of lithium – these include ACE inhibitors, Angiotensin II receptor antagonists, NSAIDS, diuretics and methyldopa.
- **AVOID** prescribing NSAIDs or thiazide diuretics on admission.

6. MONITOR - lithium levels & renal function	• **REPEAT** U&E's and serum lithium level if toxicity is suspected at any stage during admission. • **MONITOR** serum lithium levels on a weekly basis following any changes to prescribed lithium dose. • **ENSURE** blood samples are taken 12 hours post-dose for serum lithium levels (where this isn't possible, information regarding the sample time and time of last dose should be stated clearly on the blood request form. • **REVIEW** results and where lithium levels are elevated, and/or patient is displaying signs of toxicity follow advice in appendix 1.
7. RECORD – administration	• Nursing staff should ensure they administer the specified manufacturers brand of lithium wherever possible. • If no particular brand or formulation is specified, then the nurse/midwife should make every effort to clarify the brand and formulation before administration. • The time of administration should be recorded each day so that the exact time between the last dose and blood sampling for checking levels is known.
8. CHECK & DISPENSE – pharmacy team	• Prior to making a supply of lithium, the pharmacist must check the serum lithium level recorded on the path-lab system or in the clinical notes and make a decision to supply/withhold issue of lithium based on this serum lithium level. • If a decision to withhold supply is made, the pharmacist must contact the prescriber and may recommend that further advice is obtained from a member of the mental health team (contact details below). • Pharmacy staff must try to ascertain the most appropriate brand to supply prior to making a supply. This information should be recorded as described in point 5. • If pharmacy receives a temporary stock order request for lithium, where the brand is not specified, the ward will be contacted to clarify the specific brand and formulation required. If clarity cannot be provided in a reasonable time, then a minimal quantity of lithium will be supplied to ensure continuity of administration until the actual brand can be clarified.
TEWV CONTACT DETAILS	Direct contact details of the mental health clinical team responsible for the care of the patient may be recorded in the patient's lithium record book. If these details are not recorded, the TEWV Lithium register team contact details are listed below: **Tel:** 01642 837680; **Email:** TEAWVNT.Lithiumregisters@nhs.net (The lithium register team will not be able to respond directly to clinical queries but will signpost directly to the clinical team responsible for looking after the patient or a pharmacist who can advise.) The liaison team may be helpful if the patient is no longer under a psychiatric community team and can be contacted via the **Trust Switchboard:** 01642 838050.

Appendix 1 – Managing elevated lithium serum levels

Lithium level above 1.5mmol/L or patient displaying features of lithium toxicity *(see point 3)*

- **STOP LITHIUM IMMEDIATELY**
- Review the patient **immediately.**
- Re-check lithium level, serum creatinine, urea and electrolytes.
- Seek advice from a member of the mental health team (contact details below) for advice about reducing the dose or stopping treatment depending on clinical symptoms

Further information:
TEWV safe lithium prescribing & shared care

Lithium level greater than 1mmol/L AND less than or equal to 1.5mmol/L, but with no signs of toxicity

Do not administer lithium until the following have all taken place:

- Review the patient **the same day** that results are available.
- If there is an explanation for the high level e.g. dehydration, timing of level, interacting medicines, brand change, correct where possible
- Re-check lithium levels, serum creatinine, urea and electrolytes.
- Seek advice from a member of the mental health team (contact details below) for advice about reducing dose or stopping treatment.

Long-Acting Antipsychotic Injections (LAIs or "depots")

Safety guidance – on admission to acute hospital

Tees, Esk and Wear Valleys NHS Foundation Trust

The purpose of this "Safety Guidance" is to highlight key issues to be considered when patients on antipsychotic depot injections are admitted to an Acute hospital. Antipsychotic depot injections are a group of critical medicines requiring regular monitoring, with specific administration instructions and with effects lasting long after a dose has been administered.

All patients with a mental health condition admitted to an acute hospital ward → **CHECK if they are usually prescribed a depot/LAI antipsychotic**

- Antipsychotic depot/LAI treatment may not be immediately obvious on admission. Ask the patient if they receive treatment from other hospitals or clinics other than their GP, particularly ask about any injections. **Note – the depot/LAI may not be on the patient's GP medication list as it may be prescribed and administered by their mental health team.**
- If a patient has procyclidine (or other anticholinergic drug) on their repeat prescription, but no antipsychotic drug, this may indicate that they are receiving a depot from elsewhere.
- There are a range of antipsychotic drugs available in a long-acting injectable/depot formulations, please see list in appendix 1 for more details.

For all patients identified as having a current antipsychotic depot/LAI prescription:

1. GATHER-relevant information

- If a patient has identified that they usually receive an antipsychotic depot injection, ask if they have a care co-ordinator and if they have their contact details.
- Contact the patient's community mental health team (CMHT) or the TEWV liaison team to request further information.
- As well as confirming the **drug**, **dose** and **formulation**, you will need to confirm (the patients CMHT should hold this information on a paper "depot card" as well as being recorded within the electronic care record):
  - When the last dose was given & which site was used (e.g. Left gluteal, right deltoid etc)
  - What the usual administration frequency is and if any doses have been missed.
- If there have been any missed doses, this should be discussed with the patients CMHT.
- The local liaison psychiatry team can also access the patient's electronic care record.

3. CHECK – admission monitoring results	• Check the patient's ECG, baseline blood results, blood pressure and heart rate. • If there is any uncertainty about the possibility of pregnancy, a urine pregnancy test should be carried out. • Determine if there are any signs of adverse effects which may contraindicate administration of the patient's depot injection e.g. signs of neuroleptic malignant syndrome (NMS): fever, rigidity, confusion, fluctuating level of consciousness, fluctuating blood pressure, tachycardia, elevated CK and altered LFTs. • Check smoking status - changes to smoking status whilst in hospital may affect plasma levels of some psychotropic drugs (see MSS25: tobacco smoking, smoking cessation and psychotropic drugs). • Where indicated by history or clinical picture consider drug screening. • Any abnormal results should be discussed within the medical team and with the mental health team if necessary. • Before any decision is made to alter the dose/stop a mental health drug, the mental health professional looking after the patient should be contacted for further advice.
4. RECORD - Prescribing & documentation	**Prescribing:** • The depot antipsychotic should be prescribed by drug name, taking care to prescribe the correct drug, dose and formulation at the appropriate frequency. The route will be IM. Be aware - there are some antipsychotics with similar names. • The patient is unlikely to have a supply of the medication as it is generally supplied by the clinic or GP practice for immediate use. **Documentation** – information specifying the **dose**, **brand, formulation, frequency, last administration date and last administration site** must be: • Recorded in the patient's notes and prescribed on ePMA/paper Kardex for in-patient administration, on discharge, on FP10 prescriptions and where these are referenced in any letters and medical notes. • Recorded in the medicines reconciliation / medication history section of the medical notes.
5. CONSIDER – other prescribed antipsychotics	• Calculate the % BNF maximum dose of the depot antipsychotic. • Where other antipsychotic drugs are prescribed orally, regularly or as needed, the % BNF maximum dose should be calculated and added to the % BNF maximum dose of the depot antipsychotic. See TEWV High Dose Antipsychotic Treatment Guidelines for assistance • If the combined % of the depot and any oral antipsychotics exceeds 100%, this is considered high dose antipsychotic therapy (HDAT), and additional/more frequent physical health monitoring is required, contact the patient's mental health team or liaison psychiatry for further advice.
6. MONITORING – ongoing	• Regular physical health monitoring is recommended for all antipsychotic drugs at specified frequencies for the duration of treatment, see TEWV psychotropic medication monitoring guide for further details. • Patients should also be monitored for treatment efficacy (where appropriate a rating scale such as GASS may be used) and potential side effects from the antipsychotic medication such as extrapyramidal symptoms (akathisia, dystonia, tardive dyskinesia), sedation and palpitations. • If any monitoring results are outside of normal range during admission and thought to be related to the patient's antipsychotic medication e.g. abnormal FBC, raised prolactin level, QTc changes or there are any concerns regarding efficacy or adverse effects during the admission please discuss with the mental health liaison team.

7. ADMINISTER – nursing staff	• There is no reason why a depot injection cannot be safely administered by a registered nurse in an acute trust. • Dependent upon local arrangements, the patients CPN may be able to administer the specified antipsychotic injection. • If no dose or frequency is specified, then every effort should be made to clarify this before administration is due and the depot should not be administered until it is prescribed correctly. • Note – some depot injections have specific administration instructions e.g. in relation to which site they can be administered to – see product information; although all are given IM. (Post-injection observation/monitoring is required for olanzapine LAI). • If the CPN is not involved in administration, refer to the patient's community mental health team for advice or follow local agreed arrangements. • Ensure that administration is documented in all relevant patient clinical notes and on any discharge or transfer documentation.

8. CHECK & DISPENSE – pharmacy team	• Pharmacy staff must try to ascertain the details required for accurate prescribing such as the exact drug name, dose, frequency of dose, and date & administration site of last dose. This information should be recorded as described in point 4.
	• Ensure supply via one of the following options (patients are unlikely to have access to supplies directly):
	  • Supply through temporary stock order from Acute Trust dispensary taking care to ensure the correct product is ordered.
	  • Supply provided by TEWV

9. SEEK ADVICE – if beyond due date	• Staff must make every effort to administer the depot antipsychotic on the due date, however, if this is not possible due to circumstances beyond their control, each product has a window of tolerance within which they can be administered, dependent on the usual administration frequency. • Seek advice from the TEWV liaison team or the TEWV pharmacy team prior to administration.

TEWV Contact Details	**The patient should have direct contact details of the mental health team responsible for their care, if these are not available, the TEWV community Team contact details can be accessed by contacting the appropriate pharmacy team (liaison may also be able to offer advice) :**
	• **In office hours, for TEWV patients – contact the local pharmacy team office:**
	  • **Darlington** (West Park) 01325 552105; **Durham** (Lanchester Road) 0191 4415775
	  • **Tees** (Roseberry Park) 01642 838360
	  • **York** (Foss Park) 01904 717790; **North Yorkshire** (Cross Lane) 01723 384638
	• **In other areas:** Acute hospital liaison can be contacted via the Trust Switchboard
	• **Out of hours:** TEWV on-call pharmacist – via switchboard: 01642 838050

Antipsychotics available as depot/long-acting injections

Drug Name	Brand name	Usual administration frequency
Aripiprazole	Aripiprazole Otsuka®	Monthly
	Abilify Maintena Two Monthly®	TWO monthly (not approved in TEWV)
Flupentixol Decanoate	Depixol®, Psytixol®	Weekly / every TWO weeks / every THREE weeks / every FOUR weeks
Haloperidol Decanoate	Haldol Decanoate®	Usually every FOUR weeks
Olanzapine Embonate/Pamoate	Zypadhera®	Every TWO or FOUR weeks (Specific Post administration monitoring requirements – seek advice)
Paliperidone	Xeplion®; generic – Mercury & TEVA)	Monthly
	Trevicta®	THREE Monthly
	Byannli®	SIX Monthly (not approved in TEWV)
Risperidone	Risperdal Consta®	Every TWO weeks
	Okedi®	Every 28 days (not approved in TEWV)
Zuclopenthixol Decanoate	Clopixol®	Weekly / every TWO weeks / every THREE weeks / every FOUR weeks

Please note: Zuclopenthixol Acetate (Clopixol Acuphase®) is **not** a depot injection and should not be prescribed, dispensed or administered in the acute hospital setting

Safety guidance: Transfer of patients

Between acute and mental health hospitals

Tees, Esk and Wear Valleys NHS Foundation Trust

The purpose of this "Safety Guidance" is to highlight key issues to be considered when a patient is transferred from a mental health in-patient bed to an acute hospital and vice versa.

Transfer from mental health in-patient bed to acute hospital:

1. COLLATE & TRANSFER (MH Ward Team)	• Ensure patient belongings and all of the appropriate transfer paperwork is completed and sent with the patient, as described in "Protocol for Hospital Transfers between TEWV NHS FT and Acute Hospitals" available on TEWV intranet / TEWV Website. • Print off a copy of the patients EPMA prescription & administration record (and copy any supplementary charts) to send with the patient as follows: • In the "Admin view" of EPMA Select relevant ward → Click 'hamburger' patient menu icon for relevant patient → Click 'print chart' and print (at this point a PDF can also be generated and sent via secure email if requested at any stage)
2. CONFIRM, REVIEW & PRESCRIBE (Acute Trust)	• **Confirm** current medications with the mental health ward – a printout of the patient's EPMA prescription & administration record and copies of any relevant supplementary charts should have been sent with the patient. If this has not been received, please contact the ward to request a copy. • **Check** whether any "as required" medications have been administered within the past 24 hours and adjust the prescription accordingly to prevent overdose. • **Review** information provided & **consider** the impact that mental health medications may have on any newly arisen physical illness. Weigh up the risk and benefits of any changes to mental health medications. If any need to be delayed (for example a depot antipsychotic), stopped or reduced; please discuss with or inform the mental health team. This includes medications used to prevent side effects of mental health medications e.g. procyclidine for extrapyramidal side effects caused by antipsychotics. Most psychotropics should be reduced gradually in non-emergency situations – please contact the ward or liaison team for advice on how to safely reduce and/or stop. • **Prescribe** medications as per information from mental health trust EPMA record unless contraindicated and ensure any required monitoring is continued (including for critical mental health medicines – see separate guidance for clozapine, lithium and depot antipsychotics) – seek advice from mental health ward/liaison if any parameters are out of range.

3. CHECK SUPPLY & ADMINISTER (Acute Trust)

- **Check supply** – if a mental health medication is not stocked on the ward, please contact pharmacy to arrange a supply as soon as possible. If a supply can't be provided on the same day, please contact the mental health ward to request that they send a supply. This is a critical period for the patient's mental health and withholding treatment is likely to have a negative impact.
- **Ensure medication is administered** as prescribed, document/highlight any issues with compliance/adherence (Nursing staff).

4. RECONCILE, CHECK & SUPPLY (Acute Trust – pharmacy)

- **Complete a medicines reconciliation** as per Trust policy, using the EPMA information from the mental health trust as one of the sources. If the medication information from the mental health trust can't be located contact the mental health ward or pharmacy team to obtain this.
- **Check** whether any "as required" medications have been administered in the past 24 hours, and if this is the case, check that appropriate action has been taken to prevent overdose.
- **Check** for interactions between existing and any newly prescribed medications.
- **Supply** the required medications from the dispensary, if a mental health medication can't be obtained via the Acute Trust, consider contacting the mental health hospital for a supply.

TEWV CONTACT DETAILS

Locality	Contact Details	
	Liaison Team	Pharmacy Team
Durham	0191 3333550	0191 4415775
Darlington	01325 736402	01325 552105
Middlesbrough	01642 838201	01642 838360 (Roseberry Park)
Stockton	01642 624318	
Northallerton	01609 762070	01904 717790 (Foss Park)
York	01904 721308	
Scarborough	01723 342663	01723 384638

Transfer from acute hospital to mental health in-patient bed:

1. COMMUNICATE & PRESCRIBE (Acute Trust)	• **Complete** a discharge letter which should be provided at the time of discharge and sent with the patient to the mental health ward. A letter **must** be provided even if no changes to medication have been made.
	• **Provide** a clear plan on the discharge letter, including the following information:
	  • New diagnoses & relevant management plans
	  • Operations or procedures carried out
	  • Investigations & results
	  • Clinical Narrative
	  • Changes to medication
	  • Ongoing monitoring needs
	• **Complete** a discharge prescription for any new and/or specialist medication – to ensure an appropriate supply can be sent with the patient.
	• **Provide** information on whether any doses of "as required" medications have been administered in the 24-hour period prior to transfer; this is to prevent accidental overdose. Consider sending a copy of the drug administration record to clearly communicate this information.

2. CHECK & SUPPLY (Acute Trust Pharmacy Team)	• **Check** discharge letter for accuracy
	• **Ensure** supply of at least 7 days of new/specialist medication is supplied, consider longer supply of red and amber medications or other medication that may be difficult to obtain:
	  • New mental health admission – supply at least 7 days of all medications; consider 14–28-day supply of specialist medications.
	  • Patient returning to a mental health bed - supply at least 7 days of any new or altered medications.
	• **Consider** providing a copy of the drug administration record to clearly communicate information on whether any doses of "as required" medications have been administered in the 24-hour period prior to transfer .

3. TRANSFER (Acute Trust)	• Ensure patient belongings, all relevant documentation and medication is sent with the patient.

4. CHECK, REVIEW & UPDATE (MH Ward Team)	• **Review** the discharge paperwork and make any changes to EPMA for returning patients / add to EPMA if new admission (prescriber). • **Check** whether any "as required" medications have been administered in the past 24 hours, and if this is the case, ensure that appropriate action has been taken on EPMA to prevent overdose. • **Check** supplies of all prescribed medication are available, a discharge supply of any new or specialist medication should have been sent with the patient. • **Check** for any follow up actions or monitoring requirements within the transfer paperwork and ensure plans are in place to complete these as and when required. • **Complete** any other required tasks as described in "Protocol for Hospital Transfers between TEWV NHS FT and Acute Hospitals" available on TEWV intranet / TEWV Website.