Zuclopenthixol Acetate (Clopixol Acuphase®) Monitoring Guideline

1. Guideline

Zuclopenthixol acetate (Clopixol Acuphase®) is an intermediate acting intramuscular injection, indicated in managing acute psychosis or mania in adults. Zuclopenthixol acetate is only to be administered in a Mental Health Inpatient Unit.

Refer to the MIMS online and the online Australian Injectable Drugs Handbook for guidelines additional to this policy e.g. Indications, Contraindications, Dosage and Administration Precautions, Interactions, Adverse Reactions, Actions etc.

Informed consent must be obtained and documented. Consent can be implied, oral or written. If consent is not obtained documentation showing adherence to the WA Health Consent to Treatment Policy, Section 4, must be evidenced in the medical record.

Drowsiness and EPSE are amongst the most commonly encountered adverse effects of Clopixol Acuphase®. Sedation can be expected to occur in the initial 2-3 hours post dosing and be maximal at 12 hours, but this pattern may vary.

The effects of Clopixol Acuphase can persist for up to 72 hours, though levels can still be detected in the serum after this time.

2. Monitoring

Every endeavour should be made to have an ECG performed when possible to check for QT prolongation especially when there is concomitant treatment with other antipsychotics.

Vital observations should be performed more frequently as per doctor's discretion, or as clinically indicated. This may be particularly relevant at 12 hours post Clopixol Acuphase® (when sedation is at its most significant), or at 24 – 36 hours post dose (corresponding with peak serum levels).

When patients are asleep (e.g. during the night), their respiratory function should be monitored on an hourly basis and in accordance to the WA Country Health Service (WACHS) Clinical Observation and Assessments Clinical Practice Standard.

Attempts should be made to waken the patient if their respiratory rate is less than 10 breaths per minute, or if there is any evidence of respiratory distress or obstruction. A Code Blue should be initiated if there is any difficulty arousing the patient.

Monitor the patient's vital observations (blood pressure, heart rate, respiratory rate and body temperature) at 15 minute intervals in the initial hour after administration of Clopixol Acuphase®.

Continue to monitor the above parameters on an hourly basis for the next 3 hours, then monitor every 2 hours for another 4 hours. Thereafter, the above vital observations can be checked on a four-hourly basis till 48 hours has lapsed since the dose of Clopixol Acuphase® was given.

The above monitoring requirements are summarised in the table below. (This is a guide only):

Check Vital Observations at the Following Times Post Clopixol Acuphase® Administration
15 minutes
30 minutes
45 minutes
60 minutes
2 hours
3 hours
4 hours
6 hours
8 hours
12 hours
16 hours
20 hours
24 hours
28 hours
32 hours
36 hours
40 hours
44 hours
48 hours

All vital observations should be recorded on the MR140a WACHS Adult Observation and Response Chart (A-ORC).

3. Administration

Clopixol Acuphase® should be administered intramuscularly.

4. Roles and Responsibilities

The **Clinical Director** has overall responsibility for ensuring that services are delivered in accordance with this procedure.

The WACHS **Regional Managers/Inpatient Managers** are to provide orientation and education to relevant WACHS clinicians and staff on the use of this guideline.

All staff are required to work within this guideline.

5. Compliance

Failure to comply with this guideline may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by Area Director Clinical Services MH Adult and Older Adult.

7. Standards

National Safety and Quality Health Care Standards 4.1, 4.2, 4.11, 4.15
EQuIPNational Standards 11.4.1

8. References

1. Fremantle Hospital and Health Service (FHHS). Guidelines for the Use of Zuclopenthixol Acetate (Acuphase®). Western Australia: Fremantle Hospital and Health Service; 2014
2. South Metropolitan Area Health Service (SMAHS). Observations- Physiological Clinical Practice Standard. Western Australia: SMAHS
3. Armadale Health Service's Zuclopenthixol Acetate (Clopixol Acuphase®) Guidelines

9. Related Forms

MR140a WACHS Adult Observation and Response Chart
MR170A National Inpatient Medication Chart – Adult Short Stay
MR171 National Inpatient Medication Chart – Adult Long Stay

10. Related Policy Documents

WACHS Clinical Observation and Assessments Clinical Practice Standard
WACHS Clinical Escalation of Acute Physiological Deterioration Including Code Blue – Medical Emergency Response Policy
WACHS Medication Administration Policy

11. Related WA Health System Policies

WA Health Consent to Treatment Policy

12. Acknowledgement

WACHS wishes to acknowledge the Armadale Health Service's Zuclopenthixol Acetate (Clopixol Acuphase®) Guidelines upon which this document is based.

13. Policy Framework

Clinical Governance, Safety and Quality Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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