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Approved by (Committee): Drug and Therapeutics Committee

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<td>Oct 2017</td>
<td>1</td>
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1 Introduction

1.1.1 Olanzapine embonate depot injection is licensed for maintenance treatment of schizophrenia in patients tolerant to olanzapine by mouth. It is non-formulary due to its adverse safety profile and subsequent monitoring requirements. After each injection, patients must be observed in a ward or community team base by appropriately qualified staff for at least three hours for signs and symptoms consistent with olanzapine overdose.

1.1.2 Olanzapine depot may be considered in exceptional cases where all formulary options have been exhausted. Requests to prescribe must be made via the non-formulary process. Appropriate arrangements must be in place for continued administration and monitoring in the community before the non-formulary request will be approved.

1.1.3 Responsibility for prescribing and administration of olanzapine depot should remain with the trust and not be transferred to primary care.

1.1.4 This document sets out the procedures to be followed when prescribing, dispensing, administering and monitoring after administration. The procedure should be read in conjunction with the trust Depot Antipsychotic Medication: Guidelines for prescribing and administering.

2 Aim

- To provide clear standards and procedures for prescribing, dispensing, administration and post administration monitoring of olanzapine depot injection
- To ensure consistent high standard and safe practice across the trust
- To minimise risk and ensure safety of service users

3 Scope

Applies to all clinical staff involved in prescribing, administration, dispensing, post administration monitoring of olanzapine depot.

4 Initiation of olanzapine depot

4.1 Non-formulary process

4.1.1 All formulary treatment options must be considered before olanzapine depot.

4.1.2 The consultant must complete a non-formulary form. The pharmacy section must be completed by the ward or team pharmacist. The non-formulary form should then be sent to the lead pharmacist.

4.1.3 If treatment is to be initiated on a ward, the team must liaise with the community team to ensure suitable arrangements are in place to continue olanzapine depot treatment on discharge. The decision to accept responsibility on discharge for the patient must be made by the consultant in the community team (taking into the account the monitoring requirements). The community team consultant must counter sign the non
formulary application form as confirmation of agreement to accept responsibility for prescribing on discharge.

4.1.4 The non-formulary form should then be sent to the Chief Pharmacist or Medical Director for consideration. Approval will only be given if clinically appropriate and arrangements for continued administration in accordance with the procedures set out in this document are confirmed.

4.1.5 Olanzapine depot will not be dispensed by the pharmacy department until signed non formulary approval has been obtained.

4.2 Patient information

4.2.1 If olanzapine depot is considered, the team must provide medication counselling for olanzapine depot. The information must include advice about the three hour post-administration observation. The patients should be given a copy of the Olanzapine depot alert card in appendix 1. The key messages to discuss with the client before administration are:-

- Olanzapine depot carries a small risk of post-injection syndrome
- Most symptoms appear within one hour following injection and resolve within 24-72 hours
- A patient information leaflet can be obtained from the Choice and Medication link on the trust intranet

5 Administration of olanzapine depot

5.1.1 The nurse administering olanzapine depot must have undertaken the online learning package accessible via the product website www.zypadhera.co.uk.

5.1.2 The nurse must be available for the duration of the three hour post-administration observation.

5.1.3 The nurse must check the patient is willing to stay for the three hour observation period before administration of olanzapine depot. If the patient is not willing to stay for the three hour duration, the depot must not be given and the medical team must be informed (if possible at the time). A new appointment date must be given to the patient if the patient will agree to staying three hours on that date.

5.1.4 The nurse must complete a full set of physical health observations required to achieve a NEWS before administration of olanzapine depot. The first set of observations must be undertaken by the nurse and documented on the trust NEWS chart.

5.1.5 Olanzapine depot must be administered by deep intramuscular gluteal injection. There is evidence suggesting that the ventrogluteal site is safer due to a reduced risk of accessing a major nerve or blood vessel. Training for administration into the ventrogluteal muscle is facilitated by the trust medicines management accreditation training.

5.1.6 An appropriate member of staff, other than a nurse, can take the subsequent visual observations if delegated by the nurse. The patient must be seen by a nurse before they leave the premises. All of the patient’s physical health observations must be
taken again by a nurse before departure. See appendix 2 for full details of observation schedule.

5.1.7 All observations must be completed using the trust NEWS chart, all observations must be completed in line with the observations schedule stated in appendix 2 and a NEWS recorded.

5.1.8 Any NEWS above 0 should be escalated as per protocol on the back of the NEWS chart.

5.1.9 Confirmation of the three hour observation must be documented in Care Notes. If the member of staff has any concerns he/she must call the nurse immediately.

5.1.10 If post-injection syndrome is observed, the nurse must call 999 immediately, contact the medical team and complete an electronic incident report on Datix.

5.1.11 If the patient decides to leave before the three hour observation period, he/she must be advised a three hour observation is recommended to check for side effects. If the patient insists on leaving the nurse must document the advice has been given. He/she must advice the patient to go to A&E or contact 999 if they fell unwell.

5.1.12 Follow the DNA procedure outlined in section11 if patient fails to attend.

6 Training and Equipment

6.1.1 Before administering olanzapine depot, the nurse must complete the online learning package produced by the pharmaceutical manufacturer accessible via [www.zypadhera.co.uk](http://www.zypadhera.co.uk). The certificate must be retained by the team manager. The staff undertaking the three hour observations must also have completed the e-learning package.

6.1.2 Members of staff must be trained in basic life support (CPR) including use of an oxygen cylinder and an adrenaline 1 in 1000 auto-injector (Emerade®) in accordance with trust policy.

6.1.3 All areas where olanzapine depot is to be administered must have sufficiently trained staff in CPR (4 or more) that can attend immediately if required. Additionally staff must have immediate access to the following emergency equipment:

- Defibrillator (AED)
- Emergency Oxygen
- Adrenaline 1 in 1000
6.1.4 Equipment that allows you to complete a basic set of physical health observations, including; blood pressure, temperature, pulse, respiratory rate and oxygen saturation.

6.1.5 NEWS Charts must be available

7 Dispensing

7.1.1 Before dispensing the pharmacy department must ensure an approved non-formulary form is signed and saved in the non-formulary folder in the general pharmacy drive.

7.1.2 The prescription chart must be clinically screened by a pharmacist.

7.1.3 The pharmacist must offer medication counselling to the patient whilst on a ward and document this in Care Notes.

7.1.4 Olanzapine depot can be ordered either by:
   - A member of staff bringing the prescription chart to HMHC Pharmacy
   - A ward or team pharmacist ordering a supply
   - A ward or team pharmacy technician ordering a supply from a screened prescription chart

7.1.5 Prescribers must inform the pharmacy / clinic staff in advance about changes in dosage of olanzapine depot and ensure new prescription charts are issued.

7.1.6 There will be close liaison and regular communication between the ward or community team and the pharmacy regarding:
   - Depot clinic non-attenders
   - Patient's medication
   - Patient's holiday plans
   - New Patients/ Inpatient discharged to Out Patients
   - Patient on long leave from the ward
   - Review prescription for expiry / rewriting
   - All the new prescriptions must be clinically screened by a pharmacist before dispensing.
8 Discharge from wards

8.1.1 Once the Responsible Consultant and MDT have decided to discharge the patient to the Community, the medical team must again confirm the community team are ready to take over the prescribing and administration of olanzapine depot with the Care Coordinator. The decision to accept responsibility for the patient must be made by the consultant in the Community Team (taking into account the monitoring requirements).

8.1.2 The community team must ensure there are nursing staff who have undertaken the training as outlined in section 6.

8.1.3 A discharge prescription must be written by the medical staff and confirmed by the ward pharmacist on Care Notes. The discharge prescription can be located on Care Notes under the ‘Medication’ tab. Depot medication is not dispensed on discharge, but is added to the discharge prescription for completeness. Depot medication is usually administered by a community team.

9 Community

9.1.1 The Community Consultant must write a community prescription chart for olanzapine depot.

9.1.2 Note prescriptions are valid for six months. This means if the frequency of depot administration is four weekly, a maximum of six administrations can be undertaken for the prescription. If the prescription is fortnightly, a maximum of twelve administrations can be undertaken for the prescription. A new prescription will then be required.

9.1.3 Each patient attending the depot clinic should be reviewed by his or her responsible consultant /junior doctor at least every six months and relevant records updated continually on Care Notes.

9.1.4 The consultant must inform the GP of any changes in the dose of olanzapine depot and other medicines and if olanzapine depot is discontinued.

9.1.5 The nurse must follow the DNA procedure in section 11 when patient fails to attend.

9.1.6 The nurse must liaise with the care coordinator, Responsible Consultant and/or junior doctor when there are concerns about the patient’s mental health. Concerns about physical health should be addressed to the GP and Responsible Consultant and care coordinator.

10 Transfer from Community to inpatient services

10.1.1 If olanzapine depot is to be continued, the ward medical and nursing staff must undertake the training and have the equipment outlined in section 6.
11 DNA Procedure

11.1.1 If the patient fails to attend their appointment an attempt must be made to contact the patient.

11.1.2 If patient is not contactable, then depot clinic staff will contact the client’s identified next of kin or carer where the patient has given consent.

11.1.3 If this is unsuccessful, staff will contact the respective care coordinator. It is then the responsibility of the care coordinator to encourage the client to attend the clinic and document in Care Notes. The care coordinator must make contact with the patient to arrange alternative date and time for the administration of olanzapine depot. The care coordinator must liaise with the clinic staff as to a suitable date. Where the care coordinator is not available, clinic staff will contact the Locality Team managers for this care to be delegated among his/her team.

11.1.4 The team pharmacist must be informed of non-attendees and follow-up arrangements.

11.1.5 The medical staff must be informed of the non-attendance and review the prescription. The patient’s capacity to consent must be assessed.

12 Procedure review

3 years from date of ratification

13 Monitoring procedure

Compliance against the procedure will be monitored by pharmacy

14. References


Appendix 1:

**OLANZAPINE DEPOT ALERT CARD**

We advise patients to stay for three hour observations after a nurse administers olanzapine depot. This is to check for unwanted effects from the depot. These are:

- Feeling very sleepy
- Feeling confused, angry, anxious or not sure where you are
- Movement problems or cramps
- Difficulty keeping your balance, speaking, walking, swallowing, eating or seeing.
- Weakness, dizziness
- Fits

If you leave the depot clinic earlier than advised, try to make sure you are with a relative or friend. Be aware of the symptoms and seek assistance if you are experiencing any of them. It is important you get help.

**Contact Numbers:**

999 if you are very concerned.

Contact the Community Team if you need advice, Tel. No.:_______________________

If you can go to an Accident and Emergency Department, go with a friend or relative. These are located at:-

- Whittington Hospital, Magdala Avenue
- Royal Free Hospital, Pond Street
- University College Hospital

Tell all healthcare professionals (e.g. GP, hospital staff, pharmacist) that you are prescribed olanzapine depot.
Appendix 2: Olanzapine Depot Observations

- Olanzapine depot must be administered by deep intramuscular gluteal injection by a healthcare professional trained in the gluteal injection technique¹.
- There is evidence suggesting that the ventrogluteal site is safer due to a reduced risk of accessing a major nerve or blood vessel.
- The deltoid route is not recommended due to the volume of the injection making this route likely to be painful².
- Staff administering the depot and undertaking the observation must have completed the e-learning package produced by the pharmaceutical company (https://www.zypadhera.co.uk/SignIn.aspx).
- All observations must be completed using the trust NEWS chart, all observations must be completed in line with the observations schedule stated in appendix 2 and a NEWS score recorded.
- Any NEWS above 0 should be escalated as per protocol on the back of the NEWS chart.

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<tr>
<th>Post-injection observation schedule</th>
<th>Post Injection Syndrome - Signs &amp; Symptoms</th>
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<tr>
<td>NEWS pre-administration observation (by nurse)</td>
<td>• Sleepiness (mild, moderate to severe sleepiness to coma).</td>
</tr>
<tr>
<td>NEWS immediately after administration (by nurse)</td>
<td>• Delirium (Confusion, aggression, agitation, anxiety, disorientation).</td>
</tr>
<tr>
<td>20 minutes</td>
<td>• Extrapyramidal symptoms, cramps in extremities.</td>
</tr>
<tr>
<td>40 minutes</td>
<td>• Difficulty with tongue or lip movements or slurred speech. Difficulty with balance, walking, speaking, swallowing, eating or seeing.</td>
</tr>
<tr>
<td>60 minutes</td>
<td>• Weakness, dizziness.</td>
</tr>
<tr>
<td>90 minutes</td>
<td>• High blood pressure or fits</td>
</tr>
<tr>
<td>120 minutes</td>
<td>Physical Observations (NEWS chart)</td>
</tr>
<tr>
<td>180 minutes</td>
<td>• Pulse</td>
</tr>
<tr>
<td>NEWS after 3 hour observation (by nurse)</td>
<td>• Blood pressure</td>
</tr>
<tr>
<td></td>
<td>• Temperature</td>
</tr>
<tr>
<td></td>
<td>• Respiratory rate</td>
</tr>
<tr>
<td></td>
<td>• Oxygen saturation</td>
</tr>
<tr>
<td></td>
<td>• Level of consciousness</td>
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</tbody>
</table>

If you suspect Post Injection Syndrome is developing seek help from a nurse or doctor immediately. Call 999 for an ambulance.
<table>
<thead>
<tr>
<th><strong>Olanzapine Depot Post Injection Syndrome</strong></th>
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<tr>
<td><strong>What is post-injection syndrome (PIS)?</strong></td>
</tr>
<tr>
<td><strong>When does the syndrome occur?</strong></td>
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</tbody>
</table>
| **What are the signs?**                     | **Most common:** Sleepiness (mild, moderate to severe sleepiness to coma). Delirium (Confusion, aggression, agitation, anxiety, disorientation).  
**Other possible effects:**  
- Extrapyramidal symptoms, cramps in extremities.  
- Difficulty with tongue or lip movements or slurred speech. Difficulty with balance, walking, speaking, swallowing, eating or seeing.  
- Weakness, dizziness.  
- High blood pressure or fits. |
| **What type of ‘monitoring is required?’**   | Locate the patient somewhere they can be seen and heard and check with them at the intervals stated overleaf to confirm that they are alert and orientated. This can be achieved simply by speaking to them. A blood pressure check must be undertaken by the nurse at the start of the observation and at the end only. A pre-injection observation must be undertaken by the nurse. Staff should check that resuscitation equipment including oxygen is on site and not expired. See the trust policy: Cardiopulmonary Resuscitation (CPR) and the Management of the Deteriorating Patient Policy. |
| **How long do I need to do the observation for?** | Then a three hour post–injection must be done. The patient must remain alert and orientated for this duration. |
| **What is the patient has a high blood pressure or is physically unwell prior to the injection?** | The nurse must contact the medical team if the patient has high blood pressure or is physically unwell (or 999 if an emergency). |
| **What if I suspect PIS is developing?**     | Seek help from a nurse or doctor immediately. Call 999 for an ambulance. |
| **Patient:**                                 | The patient must be advised of the small risk of PIS and they will need to remain for the 3 hours observation. If they feel unwell during this time, they should let the member of staff know. For the remainder of the day after the injection, patients should be advised to be vigilant for signs and symptoms of overdose secondary to post-injection adverse reactions (feeling very sleepy, dizzy, confused, difficulty swallowing, eating or speaking), be able to obtain assistance if needed, and should not drive or operate machinery. |
| **What if a patient refuses to stay for 3 hours?** | Patients cannot be detained to enforce observations. Document in Care Notes the advice has been given and that the patient refused to stay. **The patient must be given an alert card.** The patient’s team should review the ongoing appropriateness of the treatment. |