

Appendix 1.

Zuclopendixol Acetate (Clopixol Acuphase)
Physical Health Monitoring Form

Use for every dose administered – USE A NEW FORM FOR EACH INJECTION

Patient Name _____ CHI N° _____
Ward _____ Hospital _____

Monitor Pulse, Blood Pressure, Respiration & Temperature Every 4 hrs for 72 hrs.
If Any Abnormal Result Occurs, Contact The Duty Doctor Immediately

Time	Date/time	Pulse	Blood Pressure	Respiration	Temperature (deg C)	Initials
4 hours						
8 hours						
12 hours						
16 hours						
20 hours						
24 hours						
28 hours						
32 hours						
36 hours						
40 hours						
44 hours						
48 hours						
52 hours						
56 hours						
60 hours						
64 hours						
68 hours						
72 hours						

If unable to take observations, document the reason(s) why not and provide evidence that the patient is safe e.g. patient asleep