

## PURPOSE

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that Olanzapine pamoate medication is administered safely to service users / Tangata Whaiora in accordance with Medsafe guidelines and by appropriately qualified clinical staff in health care settings where access to emergency services is available.

## STANDARDS TO BE MET

1. Olanzapine pamoate can only be administered by Registered Nurses (RNs) who have specific knowledge of symptoms that may indicate **post injection syndrome**.
2. Measures must be in place before the medication is administered to ensure that RNs with specific knowledge about post injection syndrome are available and able to **monitor the client for two (2) hours post injection**.
3. Olanzapine pamoate post injection monitoring can only be conducted in a setting where there is access to emergency services. These may include:
  - 3.1 The hospital campus where there is appropriate resuscitation equipment.
  - 3.2 An acute inpatient unit
  - 3.3 A Primary Health Care / General Practice (GP) facility where there is appropriate resuscitation equipment that is up to date.
4. The resuscitation equipment is checked monthly as well as the expiry date of adrenaline.
5. Nurses administering Olanzapine pamoate have undertaken:
  - 5.1 Are currently trained to provide Basic Life Support
  - 5.2 Are aware of the location of the closest Automated external defibrillator. (AED)
6. The risk of post injection syndrome exists with every injection of Olanzapine pamoate (approximately 1 event per 1400 injections). Of the cases in New Zealand of Post Injection Syndrome, 26.7% were in females, 72% were in males and 1.3% unknown. Approximately half of the patients (52%) with Post Injection Syndrome were hospitalised following olanzapine injection while the remaining reports (48%) were classified as not serious ([Medsafe Prescriber Update](#)).
7. For prescribing and administration information refer to [NZF Monograph](#) and the manufacturer's package insert.

## COMMON SIGNS AND SYMPTOMS

1. Service users / Tangata Whaiora may report "not feeling well" or "feeling weak / funny" (initial symptoms).
2. Service users / Tangata Whaiora may be observed having hypertension, agitation, anxiety, ataxia, confusion, disorientation, dizziness, extrapyramidal symptoms, dysarthria, sedation, seizures, or slurred speech

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## POST INJECTION MONITORING PROCEDURE

1. Monitor for above symptoms by asking “How are you feeling?” every 30 minutes. The response should be recorded on the form [FM.M9.1 Motor Activity Assessment Scale](#).
2. Confirm travel arrangements and precautions for the day with service user / Tangata Whaiora and person responsible at end of two (2) hours. Record a brief mental state examination and cease the monitoring.
3. **Monitoring to increase to every 15 minutes if any of the above symptoms are noted and take action if symptoms persist or get worse after two (2) checks (15 minutes apart).**

### 3.1. Post Injection Syndrome appears to be developing:

- a) Inform Medical Officer (MO) / Nurse Practitioner (NP) for immediate examination.
- b) Activate “777” in hospital settings or “111” in community settings for ambulance and transfer to Emergency Department.
- c) Record a brief Mental State Examination (MSE)
- d) MO / NP to speak to Emergency Physician and hand over the medical and psychiatric issues.
- e) Please report any incident of Post Injection Syndrome to the Centre for Adverse Reactions Monitoring (CARM).
- f) A [Medication Incident Report](#) (Datix) is completed regarding the adverse reaction prior to the completion of the staff members shift.
- g) Documentation of the adverse reaction in the health record for the service user / Tangata Whaiora is completed prior to the completion of the staff member’s shift.

### 3.2. Service User / Tangata Whaiora leaves prior to end of observation period:

- a) Inform MO, carry out and document following actions:
  - i. Make all attempts to encourage service user etc to stay
  - ii. Advise whanau of services user’s decision to leave and what they need to do
  - iii. If extra support is required ask accessible clinicians (support worker / CNM / practice nurse etc.) to phone service user / Tangata Whaiora and / or undertake a home visit .
  - iv. Inform service user’s GP / Responsible Clinician / NP.
  - v. Ensure the information is taken to next review (MDT if service user is a DHB client) for review of treatment plan with urgency. Document outcome.

## REFERENCES

- [Centre for Adverse Reactions Monitoring \(CARM\)](#)
- Devlin J.W. & Boleski G et al. Motor Activity Assessment Scale: a valid and reliable sedation scale for use with mechanically ventilated patients in an adult surgical intensive care unit. *Crit Care Med* 1999; 27(7): 1271–5.
- [Guidelines for Nurses on the Administration of Medicines. Wellington: New Zealand Nurses Organisation. May 2012.](#)
- [Medsafe Prescriber Update: Olanzapine Pamoate Depot and Post-Injection Syndrome](#)
- [NZ Formulary. Olanzapine pamoate Datasheet](#)
- [Medsafe Datasheet Zyprexa Relprevv](#)

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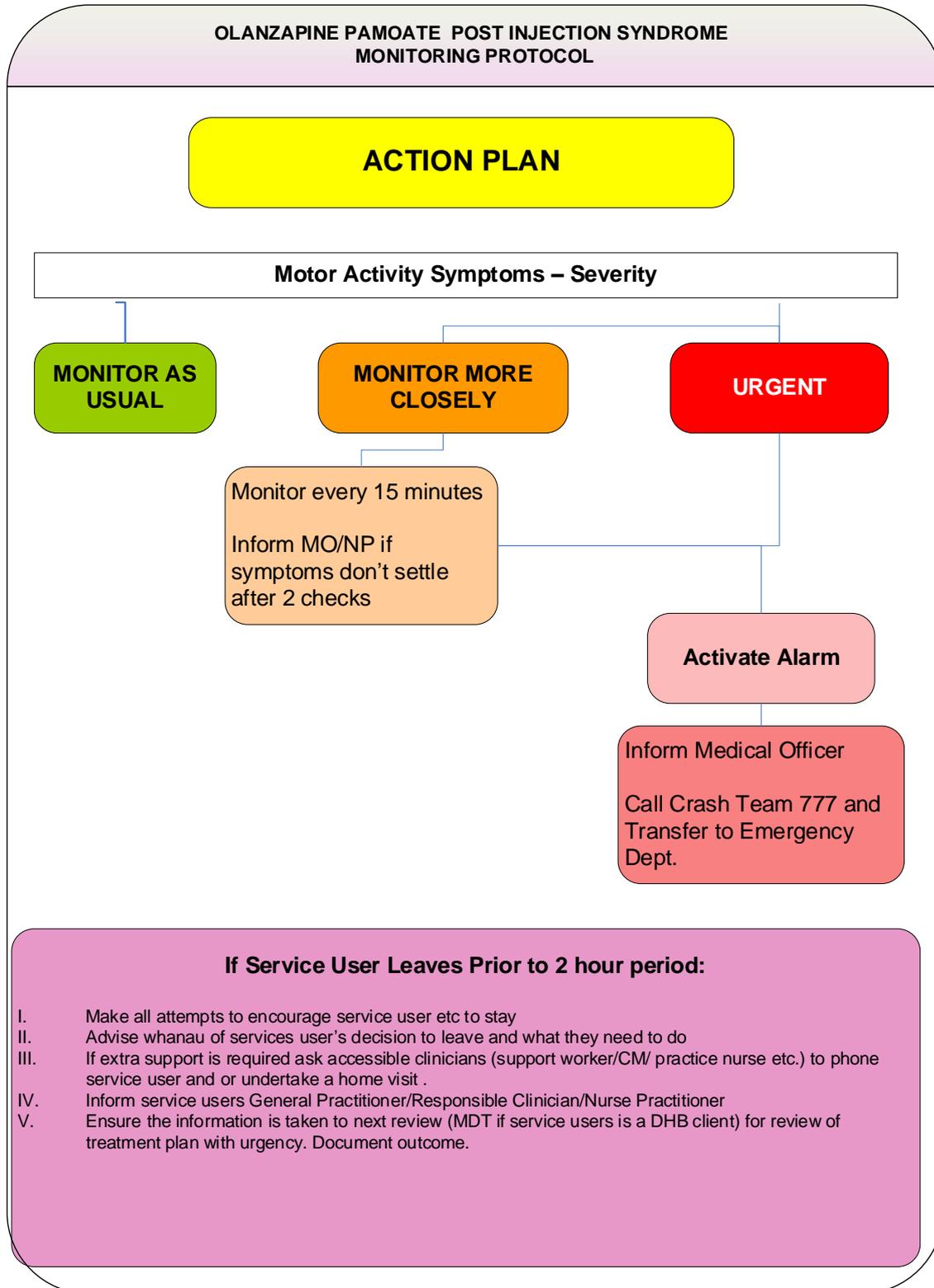
 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p align="center"><b>OLANZAPINE PAMOATE - POST INJECTION MONITORING GUIDELINE</b></p>	<p align="center"><b>Protocol CPM.M5.32</b></p>
<p align="center"><b>CLINICAL PRACTICE MANUAL</b></p>		

### ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 7.1.1 Medications, IV Fluids and Standing Orders](#)
- [Bay of Plenty District Health Board policy 6.1.5 Alerts](#)
- [Bay of Plenty District Health Board policy 6.1.5 protocol 1 Alerts – Medical – Allergic Responses, Adverse Reactions and High Risk Issues](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.1 Medication - Roles & Responsibilities](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.2 Medication – Approved Abbreviations](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.5 Medication - Administration](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.7 Medication - Incidents](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.8 Medication – Control & Monitored](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.9 Medication - Refrigerator Monitoring & Maintenance](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.10 Medication and IV - Glossary of Terms](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.12 Medication – Prescribing](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M3.14 Medication – Storage & Transportation](#)
- [Bay of Plenty District Health Board Infection Control Manual protocol IC.S1.3 Standard Precautions – Needles / Sharps Management](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M7.2 Metabolic Monitoring](#)
- [Bay of Plenty District Health Board Form FM.M9.1 Motor Activity Assessment Scale](#)

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**Appendix 1: Monitoring Flowchart**



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