**Sample Narrative**  
16 August 2023 | Emilee Friedman Fechter, MS, MWC  
\**Note: the narrative below is entirely fictional; any semblance to actual events is purely coincidental.*

Case 01-234 (scalp laceration, syncope, QT interval prolongation) is reported by research staff at the Middle Tennessee Mental Health Institute (MTMHI). The subject (study ID 230816) is a 34-year-old Caucasian male inpatient who experienced syncope while taking oral clozapine. The patient’s medical history includes substance abuse, schizophrenia, and hypercholesterolemia. At the time of the syncopal episode (Day 6), the patient was being treated for pneumonia with intravenous erythromycin. Due to failure of several trials of traditional antipsychotic pharmacotherapy (risperidone, quetiapine) and mood-stabilizing pharmacotherapy (valproic acid), the patient was eligible for treatment with clozapine; he was randomly assigned to treatment at a dose of 600 mg daily. The subject experienced a severe adverse event, syncope, after 40h of treatment with erythromycin. Secondary to the syncopal episode, during which the patient fell and hit his head on the corner of a nearby table, he also experienced a scalp laceration (4 cm x 1.5 cm) and minor blood loss. The subject was treated with wound irrigation and sutures; QT prolongation was confirmed via electrocardiogram. The assessing physician considered the syncopal episode to be related to erythromycin treatment, which is known to cause QT interval prolongation and should not be prescribed concomitantly with clozapine. Thus, erythromycin was discontinued and treatment with ciprofloxacin was initiated. Follow-up assessments were completed 24 and 48 hours after discontinuation of erythromycin; no clinically significant changes in vital signs or physical examination results were noted, and the scalp laceration resolved without sequelae. The subject completed participation in the study on Day 14 and was discharged from the inpatient facility.