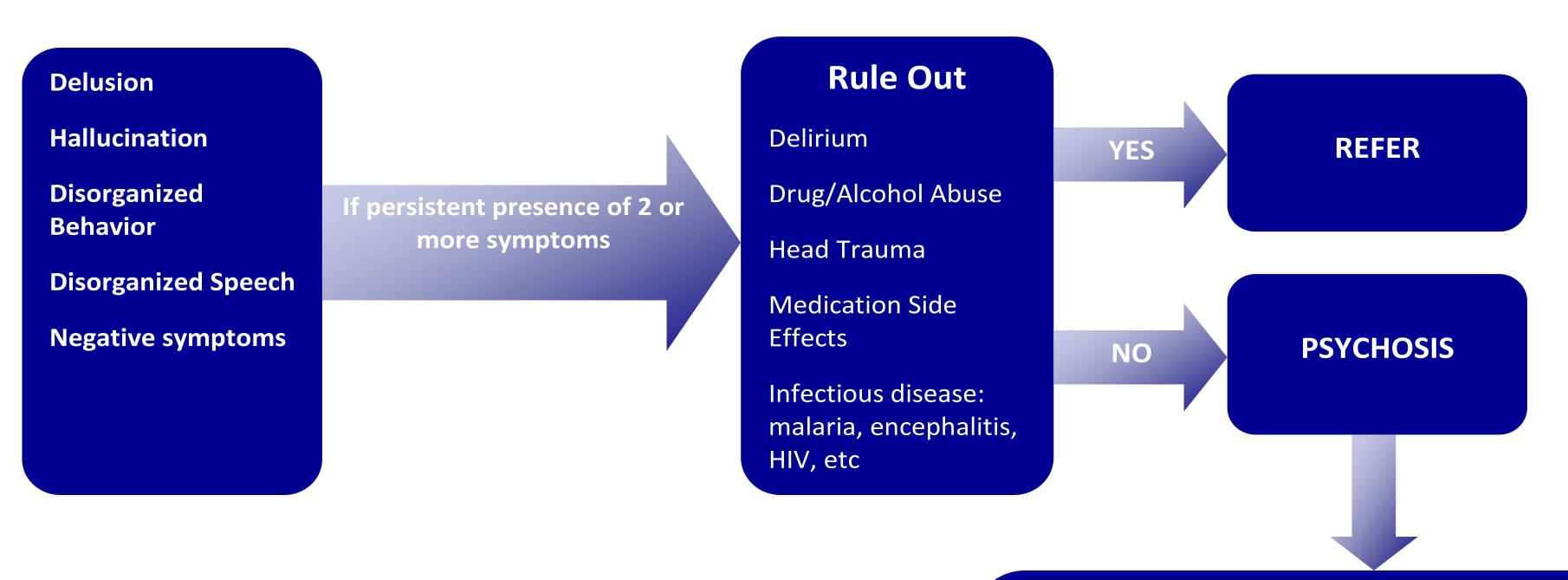
# Flowchart for the case management of Psychosis



### **Side Effect of Olanzapine**

Dizziness, sedation

the severity, manage fever and

Complex Febrile Seizure: Secure

**Pregnancy:** Look for signs of

ALWAYS EXPLAIN THE RISK

AND BENEFIT OF MEDICATION

follow up.

ABC, **REFER** 

Eclampsia, REFER

**BEFORE PRESCRIBING.** 

- Dry mouth, constipation, dyspepsia, weight gain
- Rare tardive dyskinesia

Increases risk for diabetes mellitus and dyslipidemia Extra Pyramidal Syndrome (EPS) or Acute Dystonic Reaction: -Muscle stiffness, rigidity --> give *Trihexyphenidyl 2mg BD two to* three times a day immediately

Tardive dyskinesia (involuntary uncontrollable movements especially of the mouth, tongue, trunk, and limbs) -> REFER

IF THE PATIENT IS PREGNANT, ALWAYS EXPLAIN THE RISK AND BENEFIT OF MEDICATION BEFORE PRESCRIBING.

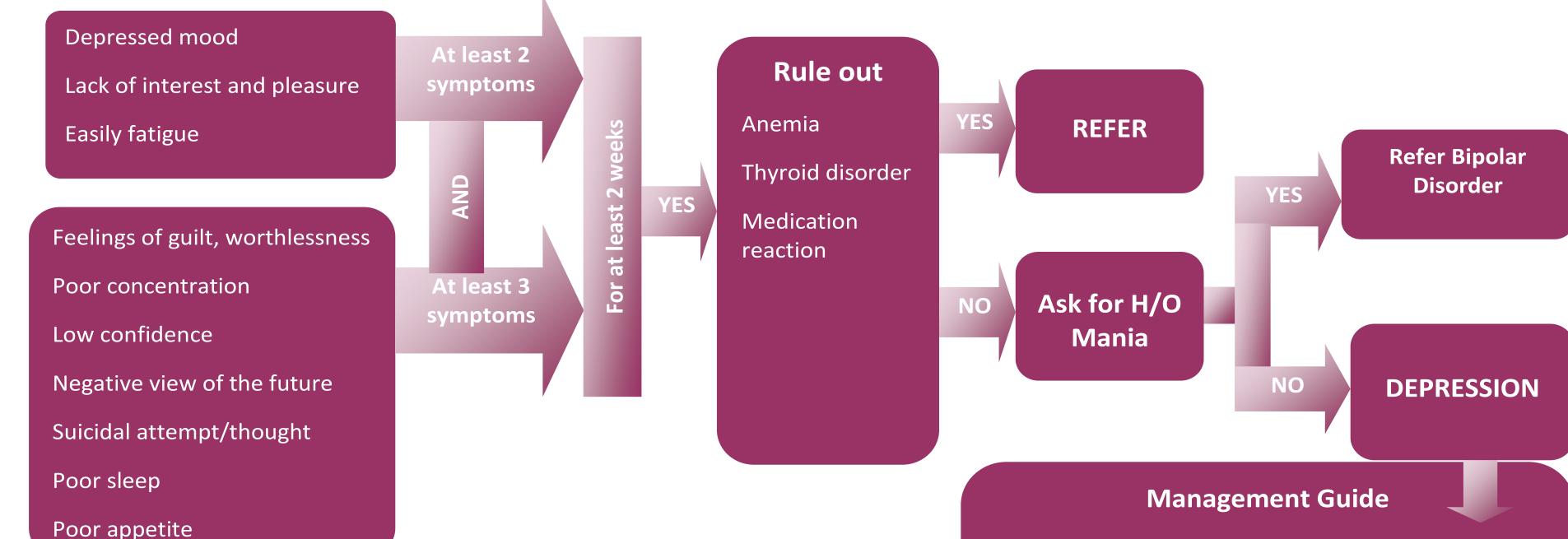
## **Management Guide**

- Patient and Family Counseling
- Start *Tab Olanzapine 5mg PO OD* and increase the dose after one week till symptoms are improved. Minimum dose should be 10 mg OD . Maximum dose up to 20 mg once a day.

#### **Treatment Duration**

Continue treatment with ongoing monitoring for at least 1-2 years after the resolution of symptoms. Can attempt to taper or discontinue based on consultation with psychiatrist.

# Flowchart for the case management of Depression



#### **Depression with Insomnia**

Cap Fluoxetine + *Tab. Diazepam 5-10mg PO HS*, gradually taper and stop within 2 weeks

#### **Depression with Psychotic Features:**

Cap Fluoxetine + Tab. Olanzapine 5-10mg PO OD for 6-8 weeks (Consult with your supervisor)

Note: If the patient on Fluoxetine presents with symptoms of Mania, then HOLD Fluoxetine and REFER Fluoxetine – Sexual side effects (explain to men); Headache, Nausea and gastrointestinal complaints.

IF THE PATIENT IS PREGNANT, ALWAYS EXPLAIN THE RISK AND BENEFIT OF MEDICATION BEFORE PRESCRIBING.

#### Patient and Family Counseling

Start Cap. Fluoxetine 20mg PO OD (Start with 10mg and increase to 20 mg after a week). If no signs of improvement in 4-6 weeks can be gradually increased to maximum of 40 mg

#### **Treatment Duration**

First Episode – Treatment for 4-6 weeks then follow up, if symptoms have started improving continue same dose.

Continue the medicine for 9-12 months after the symptoms have improved.

More than one episode – Treatment for 4-6 weeks then follow up, if symptoms have started improving, continue same dose. Consult with supervisor for the treatment duration.

YES

NO

Refer

immediately

to hospital

ALCOHOL

**DEPENDENCE** 

**Management Guide:** 

and then taper dose.

Counseling for Alcohol problems.

Start *Tab. Thiamine 100 mg PO* 

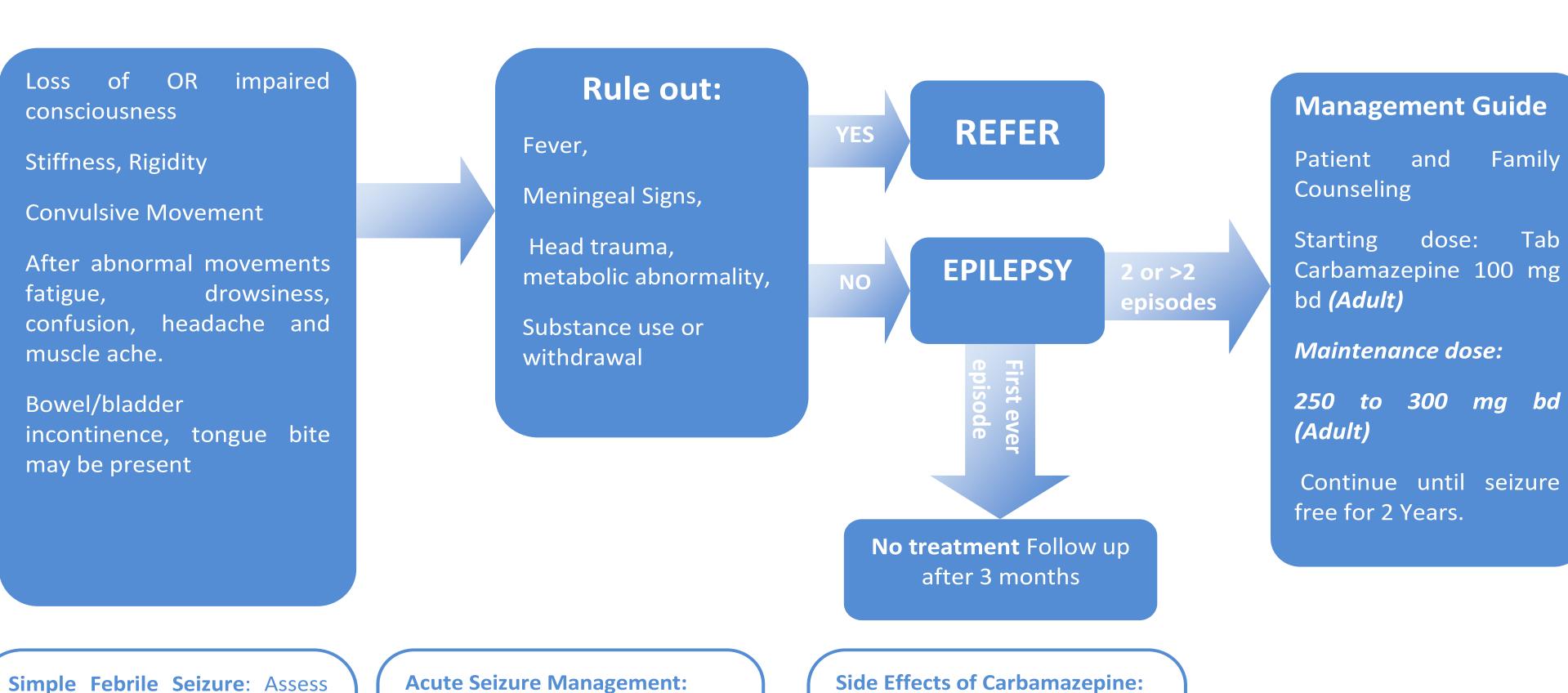
OD or BD continue for 3- 6

Only if patient has discontinued

drinking, start Tab Diazepam 10

mg, 3-4 times a day for 3- 7 days

# Flowchart for the case management of Epilepsy



Life-threatening side effects:

Agranulocytosis (lack of white

blood cells to fight disease) -->

notice if patient gets fever or

repeated infections. Stop drug

immediately and REFER to

Skin Rashes: Stop the drug, if

progresses then

hospital.

rash**es** 

REFER.

IV Glucose slowly, 30 drops/min

Adult - IV Diazepam 10mg slowly

Children— IV Diazepam 0.2-

If there is no IV access DO NOT

GIVE IM, instead give PER

Repeat the first dose of

Diazepam after 10 minutes

0.5mg/kg slowly, max 10mg

RECTAL.

**Status Epilepticus:** 

Starting dose: Tab Carbamazepine 100 mg

# Flowchart for the case management of Alcohol Use Disorder

features

Harmful or

of Alcohol

Hazardous Us

Development of tolerance (increased dose of alcohol are required in order to achieve effects originally produced by lower doses)

Withdrawal symptoms when alcohol use has If 3 or more ceased or reduced

- Tremor
- Headache
- Nausea and vomiting
- Sweating
- Palpitation

Drinking more and longer than was intended

Continued alcohol use despite problems related to it

Difficulty in stopping or cutting down

Craving for alcohol (Eye opener)

If the person consumes alcohol in a way that puts them at risk of harm:

Drinking quantity and frequency

 Has consumed 5 or more standard drinks (or 60g alcohol) on any given occasion in the last 12 months

 Drinks on average more than two drinks per day

Drinks every day of the week

No signs of alcohol dependence

### **Evaluate for:**

- Seizure Acute confusion or
- Meningeal Signs
- Head injury
- Metabolic abnormality
- Acute Wernicke's
- encephalopathy Respiratory rate > 22/min
- or less than 10/min Heart Rate>120 or <60</li>
- Systolic Blood Pressure >
- 160mmHg or < 90mmHg;
- Diastolic Blood Pressure > 100mgHg or < 40mmHg
- Severe Headache Hallucinations
- Asterixis
- Violent Behavior toward Self or Others
- Thoughts of Suicide or Self Harm

### **Side Effects of Diazepam:**

months

Dizziness, confusion, respiratory suppression and death in overdose. Diazepam cannot be taken while a patient is using alcohol as this can cause death.

If the patient is **pregnant**, has a respiratory disorder (bronchitis, COPD, or asthma), or has delirium or encephalopathy REFER to a psychiatrist or hospital for treatment.

# Management Guide:

Counseling for Alcohol problems by non prescriber.

Follow up regularly by non prescriber.





