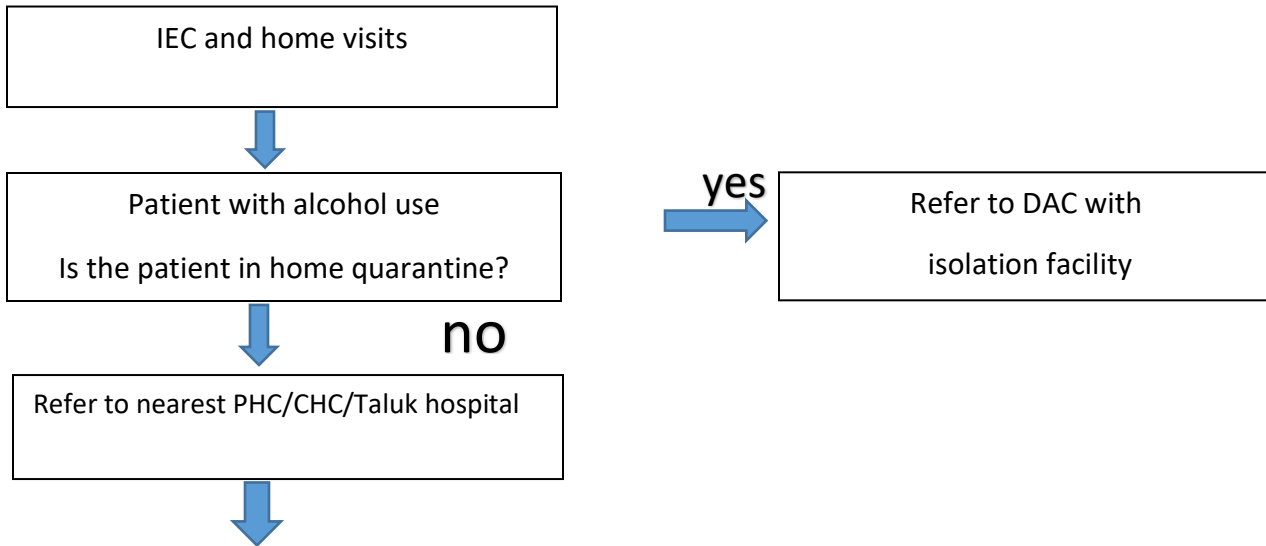


**INSTRUCTION AND DAILY REPORTING FORMAT
FOR DE-ADDICTION CENTRES**

DEADDICTION – FLOW CHART



Assess symptoms of withdrawal and categorize

<p><u>Mild</u> REGIMEN A (Symptoms may be sleep disturbances, anxiety, restlessness, mild irritability, nausea, vomiting, mild tremor)</p>	<p><u>Moderate</u> REGIMEN B (Symptoms may be tremor, incoordination, agitation irritability)</p>	<p><u>Severe</u> REGIMEN C [Symptoms may be disorientation (to time, place, person), fleeting delusions (manifested as suspiciousness, fear), hallucinations (visual, auditory, tactile), gross excitement and agitation. seizures]</p>
<p><u>Regimen A</u> 1.T.Lorazepam 2mg ½- ½ - 1 for 2 days then T.Lorazepam 2 mg ½ - 0 – 1 for next 2 days then T.Lorazepam 2mg 0 – 0 – 1 for next 17 days (if Lorazepam is not available T.Clonazepam 0.5mg 1-1-2 or T.Diazepam 5mg ½- ½ -1 can also be used and tapered similarly) 2.T.Thiamine 100mg 1 – 0 – 1 for 21 days 3.inj.Thiamine 100mg im ATD for 5 days (if available) 4.T.Baclofen 10mg 1-0 – 1(if available)</p>	<p><u>Regimen B</u> 1.Inj.Lorazepam 2mg im BD for 2days 2.Inj.thiamine 200mg in ½ pint Ringer Lactate for 2 days 3.Ensure adequate hydration and electrolyte balance 4.Continue Regimen A If fits for referral criteria, refer to designated de addiction centres.</p>	<p><u>Regimen C</u> 1.Inj.Lorazepam 2mg im stat & sos for 2days If not controlled inj haloperidol 5 mg stat 2.Continue Regimen B for severe dependence. Admit if 24 hrs service available/ refer in case of severity of symptoms that cannot be managed in primary care/ presence of medical or psychiatric comorbidities. Manage followup with Regimen A OR B based on symptoms</p>

Referral criteria

- Seizures
- Confused behaviour
- Disorientation
- Mood/ psychotic symptoms
- Suicidal ideas/ self harm behaviour
- Severe aggression.

DAILY REPORTING FORMAT OF PERIPHERAL INSTITUTIONS

(PHC/FHC, CHC, TALUK HOSPITALS)

Date	Name of the institution	Total no of cases for which treatment given	Total no of cases referred

- Asha, Anganwadi and Kudumbasree workers should be given awareness regarding withdrawal symptoms in persons taking alcohol regularly.
- Asha workers and Health Workers should promptly refer cases of alcohol withdrawal to the Medical Officer of the concerned institution. They should also create awareness among general public.
- Medical officers can manage the patients as per the guidelines provided.
- Daily report in the prescribed format should be sent to DMHP and Control Room Mail IDs before 10.30 am. The remaining data of the day can be sent in the next day's report.

DEADDICTION CENTRE DAILY REPORTING FORMAT

De-addiction Centre ,..... 2020		
SI No		
1	Total Number of OP	
2	Diagnosis Split Up of OP	
3	Total Number of Admissions	
4	Diagnosis Split Up of Admissions	

- There should be a charge officer (Psychiatrist) for each de-addiction centre.
- A contact number of all the de-addiction centres should be provided, to be send to all peripheral institutions to check availability of beds before referral.
- All de-addiction centres in the district should send report in prescribed format to DMHP and Control Room Mail IDs before 10.30 am every day. The Remaining data can be send the next day.