

STANDARD OPERATING PROCEDURE:

OPD VISIT:

- 1) OPD Timing 09:00 AM to 03:00PM (Lunch time-01:00PM to 02:00PM)
- 2) Patient has to visit main OPD registration counters for registration.
- 3) At registration counter patient has to furnish their personal details such as name/ age/ sex/ place/ mobile number & AADHAR card number along with the OPD he has come to visit.
- 4) After furnishing details patient get unique OPD registration number printed on their OPD paper.
- 5) On arrival to Psychiatry OPD, patient has to visit OPD reception desk where OPD Nursing staff enter patients' details in OPD register & request them to wait for their turn in front of general consulting room.
- 6) On entering consulting room patient first attended by junior resident for detailed history taking, which is monitored by senior resident & Assistant/ Associate professor.
- 7) On first visit detailed psychiatric history & Mental Status Examination is recorded.
- 8) For rare & interesting case seniors (associate professor & HOD) will be consulted to decide further management.
- 9) After consultation patient is explained about their clinical diagnosis, treatment plan & necessary investigation/ procedure/ admission if needed, if not needed patient asked to follow up visit according to their clinical condition (usually from 1 week to 2 week).
- 10) If required patient is referred to other departments for consultation.
- 11) If admission needed patient has to wait till IPD paper gets ready with unique IPD registration number, then patient is send to Psychiatry ward after filling IPD file & necessary investigation forms with OPD attendant.
- 12) During admission process Informed consent from patient & their relatives is taken mentioning patient's clinical condition.
- 13) Referral to other OPDs of hospital for alignment other than DVL condition, by properly mentioning and it is free of charge.

SOP FOR INPATIENT CARE IN PSYCHIATRY V WARD

Indication for indoor treatment in psychiatry

- 1) Patient with risk of suicide
- 2) Patient with risk of harm to others
- 3) Patient with h/o Substance dependence in intoxication/ withdrawal state
- 4) Management of adverse effects of medications like Severe Extra Pyramidal symptoms, Akathisia, lithium toxicity etc.
- 5) Resistant to treatment eg depression or psychosis
- 6) Observation for diagnostic purpose.

SOP Management of the patient with risk of suicide.

- 1) Detailed history, Physical and mental status examination
- 2) Observe verbal and non-verbal indicators of mental state (eye contact, apparent mood, hallucinations and unusual beliefs, agitation, speed of speech).
- 3) Previous self-harm attempts: Lethality and frequency of plans or attempts.
- 4) 24 hours presence of close relative / attendant with patient.
- 5) Ensure room security: no latches to bathroom doors, no sharp objects, rope, hooks etc.
- 6) Inform nursing staff and resident on duty to adjust medications to reduce agitation if required
- 7) Plan ECTS if required

SOP Management of the violent Patient

- 1) Detailed history, Physical and mental status examination
- 2) Ensure presence of security during and after assessment
- 3) 24 hours presence of close relative / attendant with patient.
- 4) Ensure room security: no latches to bathroom doors, no sharp objects, rope, hooks etc. Isolation from other patients
- 5) Restraints Chemical and Physical with consent from attendant
- 6) Inform nursing staff and resident on duty to adjust medications to reduce agitation if required