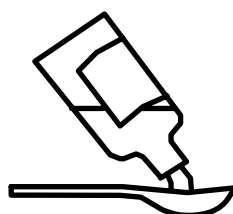
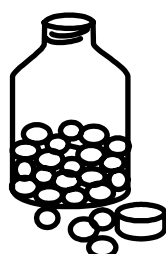


# SIDE EFFECTS



## Neuroleptic Medication

Gaynor Ward, Jackie Fleeman, Marsha Kerrigan

Symbols materials produced in  
**'Writing With Symbols 2000'**  
and reproduced with permission  
from **Widgit Software Ltd.**  
Tel: 01223 425558



# Introduction for Carers and helpers

## Who is this for?

People who are taking Neuroleptic medication such as: Zuclopentixol, Chlorpromazine, Haloperidol, Promazine, Trifluoperazine, Fluphenazine, Flupenthixol, Amisulpride, Olanzapine, Quetiapine, Risperidone.

These medicines help people who may feel angry or see or hear strange things. The medicine should help the person to feel better.

## Purpose

Please encourage the person that you help to bring this workbook to appointments with the Doctor or Nurse. Please help them to complete it and explain that this will help to check if the person has any side effects or unwanted effects.

## How often?

- Fill this in before the medicine is first taken
- Fill this in if the dose of medication is changed or new medication begun
- Weekly for the next month
- Then once a month for the next six months
- Then every six months

Your Nurse or Dr will tell you when to complete the workbook (see chart). Bring the book to your next appointment. (**Guidance for Doctors and Nurses:** *Please advise people when to fill in the workbook, and add date and reason to the 'when to do your workbook' section which is after the next page.*)



## How to complete the workbook?

Help the person to fill in each page by filling in the blank spaces and answering the questions usually with a  or an .

Fill in either the male or female page about Moving. On the Moving page encourage the person to circle the type of movement and draw an arrow to the part of the body affected.

On the Hormones page the first time this is completed please try and find out how their periods, sexual urges and arousal is at present.

## What if the side effects are bad?

If the person feels/ ticks that any of the effects are bad then they should see their Doctor (either Consultant or GP).

## What should we bring to the next appointment?

Please bring the workbook, medication and blue Health File.

If you forget to bring the workbook you can complete another one at your appointment.

## What will happen to the workbook?

The Nurse or Doctor will look at it and compare what has been put with the last one completed. This will help them to know if the medication is having any side effects. Even if the side effects are bad, it sometimes will be best to stay on the medication as it is helping in other ways.

There is a summary sheet at the back which the Nurse or Doctor will keep for their file. You can keep the workbook or give it to the Nurse or Doctor to keep. If you keep it remember that it is private and you should keep it somewhere safe so that only the people you would like to read it can do so.

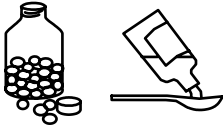

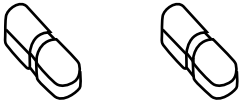

## Health Action Plan

As part of your Health Action Plan the Doctor or Nurse will help decide what to do if there are any side effects. If the person has a Health Action plan or Health File please bring this with you to the appointment.


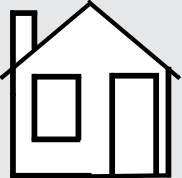
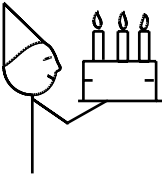

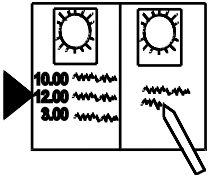
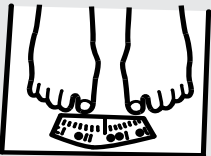


# I need to do another workbook when...

✓ Tick which apply



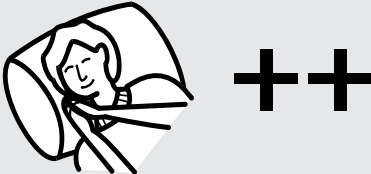
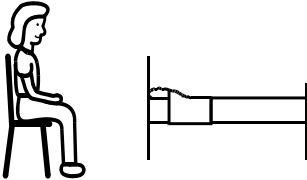
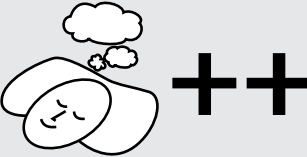
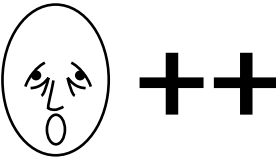


 <p>medication</p>	<p>I get new or different medication</p>	
 <p>time</p>	<p>The doctor changes the times I take my medication</p>	
 <p>how much</p>	<p>The doctor changes how much medication I take</p>	
 <p>health</p>	<p>My health changes</p>	
<p>other</p>		

# About me...



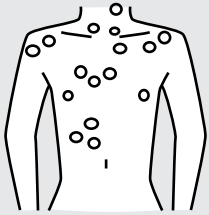
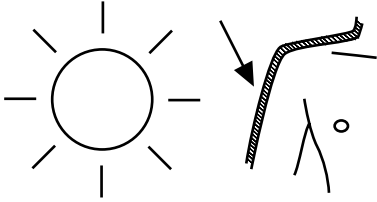
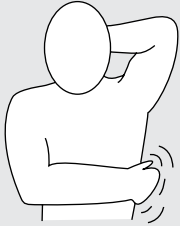

	My name is
	My address is
	My date of birth is
	My phone number is
	Today's date is
	My weight is  Is it bad?






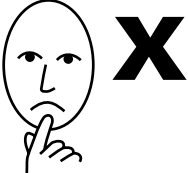



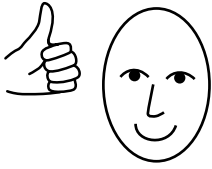
# Sleep problems

	 Tick if it happens	 Is it bad?
 sleep more		
 sleep less		
 dream more		
 more tired		
 hard to get to sleep		
 my sleep is good		

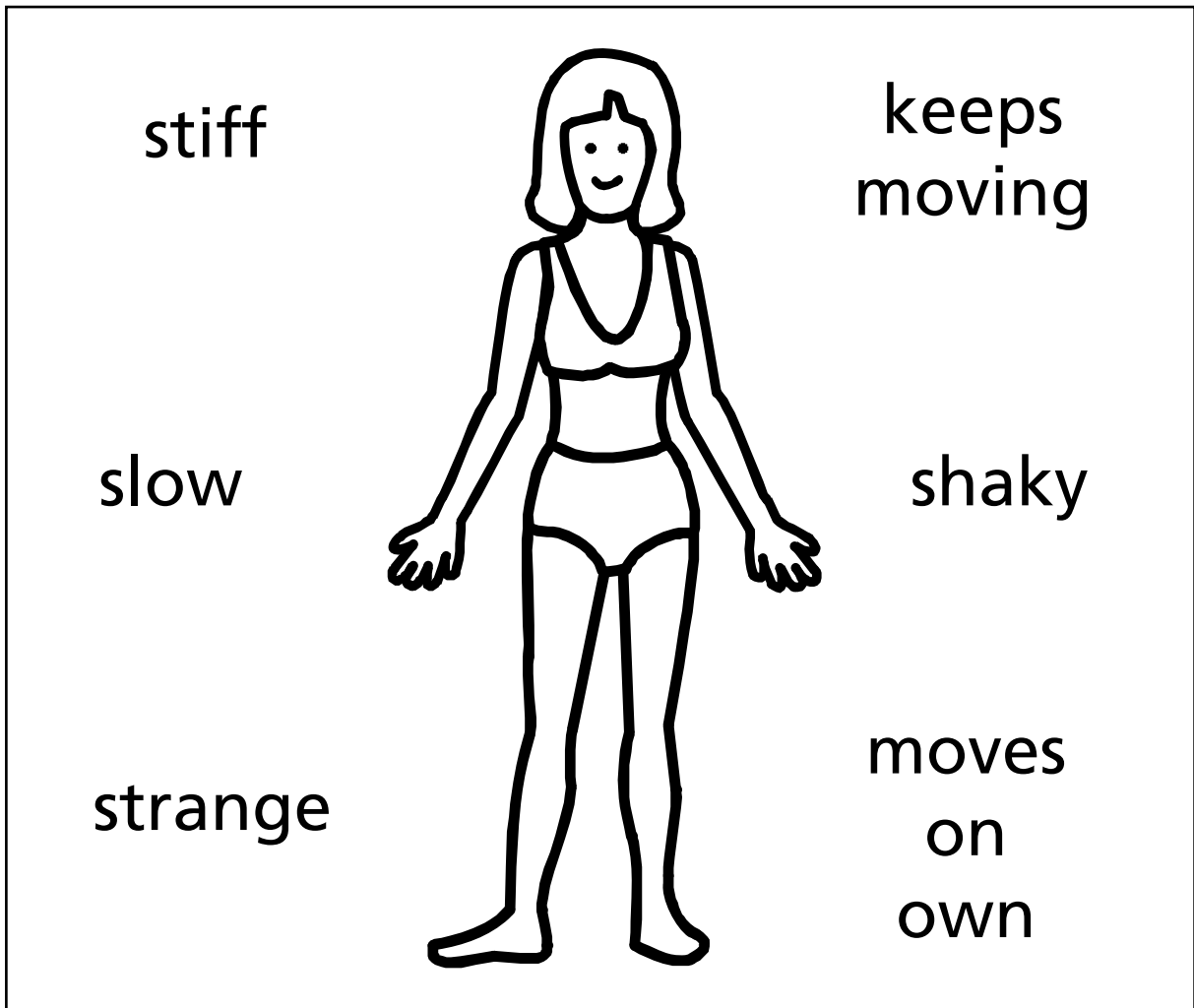
# Skin

	 Tick if it happens	 Is it bad?
 rash		
 sunburn		
 itchy		
 new skin marks		

# Thinking

	 Tick if it happens	 Is it bad?
 can't remember		
 can't concentrate		
 feeling cross		
 feeling sad		
 can't feel happy or sad		
 I feel okay		

# Moving



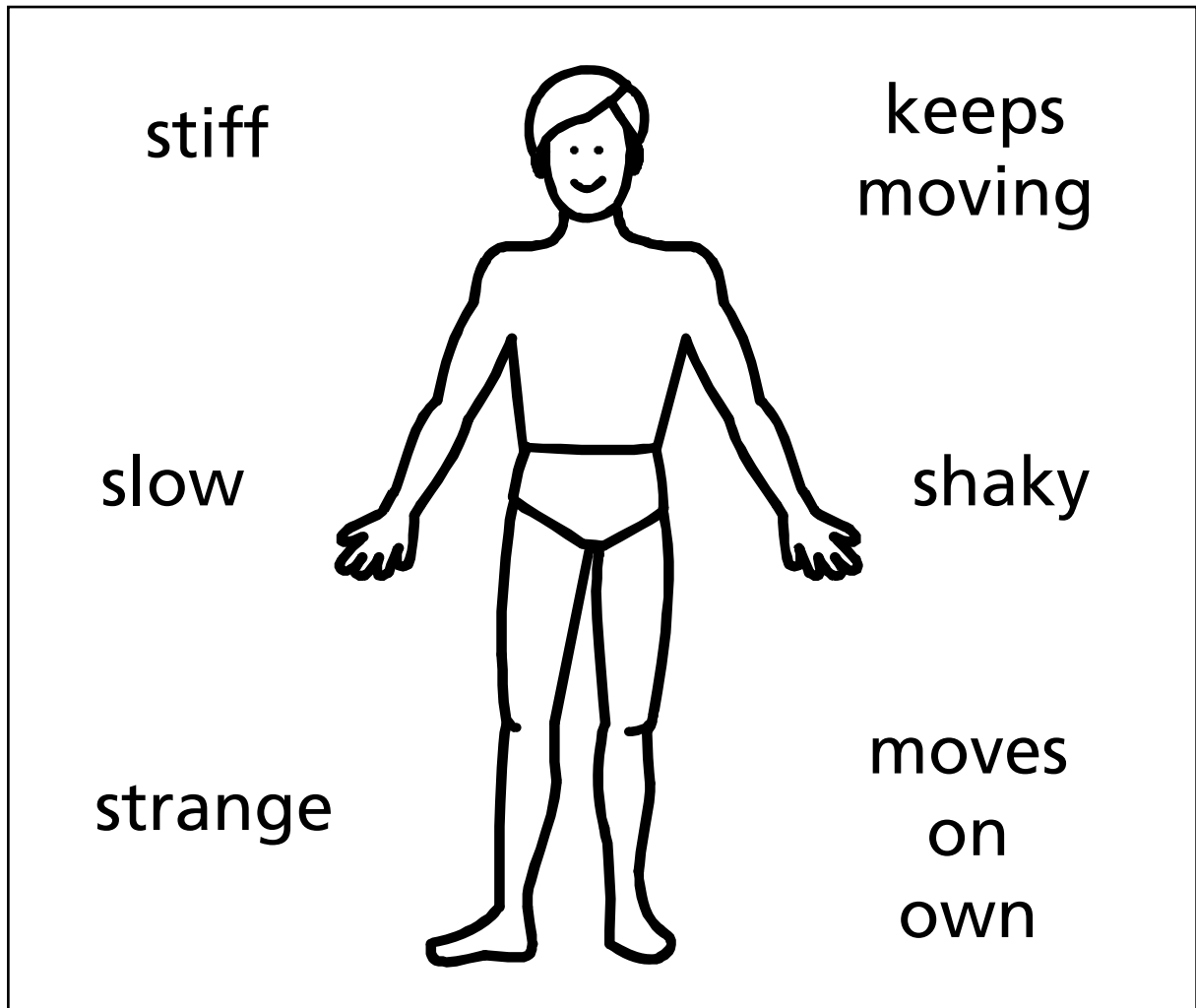
## Tell us about it




Is it bad?

--	--










# Moving










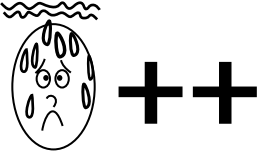
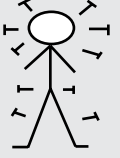
## Tell us about it

	 <p>Is it bad?</p>



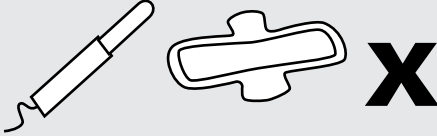
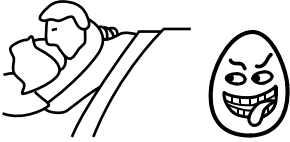

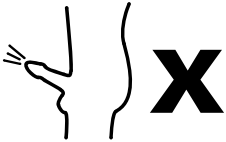

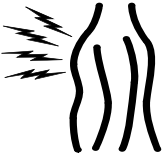

# Feeling III

	 Tick if it happens	 Is it bad?
 dribbling		
 dry mouth		
 diarrhoea		
 constipation		
 wee a lot		
 hard to wee		
 I feel good		

# Feeling III

	 Tick if it happens	 Is it bad?
 headaches		
 dizzy		
 blurred vision		
 feeling sick		
 butterflies in chest		
 sweating more		
 pins and needles		

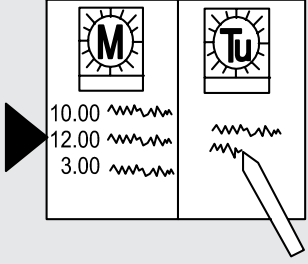
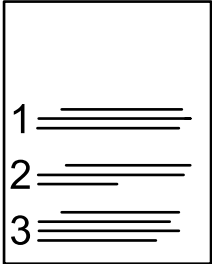
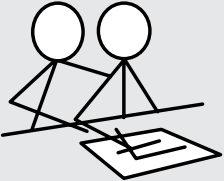
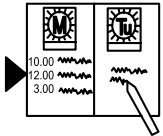
# Hormones

	 Tick if it happens	 Is it bad?
 periods stop		
 want more sex		
 want less sex		
 can't come		
 no erection		
 swollen chest or breasts		
 I feel good		



# Agreed plan

PATIENT COPY

 <p>date</p>	<p>Who agreed this plan?</p>
 <p>the plan</p>	<p>What will we do:</p>
 <p>who will help?</p>	
 <p>date</p>	<p>When we will look at this again:</p>



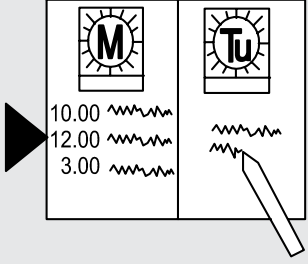
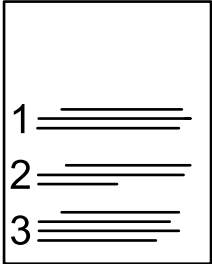
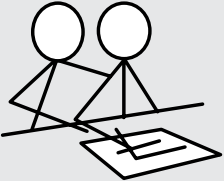
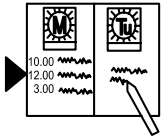
# Agreed plan

Name:

PROFESSIONAL COPY

Date of Birth

NHS Number

 <p>date</p>	<p>Who agreed this plan?</p>
 <p>the plan</p>	<p>What will we do:</p>
 <p>who will help?</p>	
 <p>date</p>	<p>When we will look at this again:</p>



# Summary of side effect self-reporting for Healthcare Professional's file

NAME:	
ADDRESS:	
DATE OF BIRTH:	
NHS NUMBER:	
TELEPHONE NUMBER:	
DATE WORKBOOK COMPLETED:	
ASSISTED BY:	
Weight	Comments:
Sleep	
Skin	
Thinking	
Moving	
Feeling Ill	
Hormones	

Signed ..... Date & time .....

Job title .....

# NOTES

# NOTES

