Institution Name: Al Masarra Hospital

Document Title: Clinical and Treatment Guidelines for Schizophrenia

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Local Clinical Guideline	Committee	Al Masarra Hospital	27/2/23	
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Acronyms

AMRH	Al Masarra Hospital
BNF	British National Formulary
MDT	Multidisciplinary team
TRS	Treatment Resistant Schizophrenia
CBT	Cognitive Behavioral Therapy
NICE	National Institute for Clinical Excellence
ICD -11	International Classification of Diseases
ECT	Electroconvulsive Therapy
CNS	Central Nervous System
EEG	Electroencephalogram
CBC	Complete Blood Count
RFT	Renal Function Test
LFT	Liver Function Test
FBS	Fasting Blood glucose
TFT	Thyroid Function Test

Guidelines on Clinical management of Schizophrenia

1. Introduction

Schizophrenia as per ICD-11 is defined disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganisation in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g., behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour); Considered core symptoms are persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control; and/or presence of psychomotor disturbances, including catatonia may be present. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Al Masarra Hospital’s statistics indicate that schizophrenia is among the top diagnoses made with the highest number of admissions as compared to other mental and behavioural disorders.

2. Scope

2.1 The guidelines are applicable to all health care providers in AMRH involved in the provision of care for patients with suspected or confirmed diagnosis of schizophrenia.

2.2 The guidelines should be read in conjunction with the updated recommendations from the AMRH Drugs and Therapeutics Committee and Standard Prescribing Guidelines (The Maudsley’s / NICE guidelines/BNF).

3. Purpose

3.1. These guidelines aim to provide comprehensive and updated evidence-based recommendations in the clinical practice for the assessment and treatment of schizophrenia in AMRH.

4. Definitions

4.1. International Classification of Diseases (ICD): is an international standard diagnostic tool published and maintained by World Health Organization (WHO), ICD serves a broad range of uses globally and provides critical knowledge on the extent, causes and consequences of human disease and death worldwide via data that is reported and coded with the ICD. Clinical terms coded with ICD are the main basis for health recording and statistics on disease in primary, secondary and tertiary care, as well as on cause of death certificates.

4.2 Multidisciplinary team (MDT): A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.

5. Guidelines:

5.1. Diagnosis of schizophrenia must be made in reference to the updated version of the ICD in respect of mental and behaviour disorders.

5.2. Management of schizophrenia must adopt the bio-psycho-social model of intervention by multidisciplinary team.

5.3. The multidisciplinary team involved in the management of schizophrenia should comprise of the following:

5.3.1 Psychiatrist (leader)

5.3.2 General medicine physician (as and when applicable)

5.3.3 Infection control practitioner (as and when applicable).

5.3.4 Psychiatric nurse

5.3.5 Clinical psychologist

5.3.6 Clinical pharmacist

5.3.7 Social worker

5.3.8 Occupational therapist

5.3.9 Dietician

5.3.10 Physiotherapist

5.4 During the process of assessment and intervention, the health care providers must adhere to the regulations of capacity assessment for consent, vulnerability to abuse and the consequent legal implications while implementing patients' rights policy.

5.5 The health care providers concerned must ensure risk assessment and management throughout the care provision for patients with schizophrenia.

5.6 During the process of assessment and intervention, the management must be modified to meet the needs of the patients safely as per their age group, physical health condition, intellectual disability and perinatal aspects of management as applicable.

5.7 During the process of assessment and intervention, any third party involvement must be consented by the patient/next of kin/legally authorised representative, except for instances where breach of confidentiality is justifiable. (*Refer to P&P of Patient's Rights to Privacy and Confidentiality, AMRH/ADMIN/P&P/022/Vers 01*)

6. Procedure:

6.1 Assessment:

6.1.1 Detailed history taking and documentation in al-shifa system by the attending psychiatry doctor including corroborative account from relevant sources of information while adhering to the patients' rights policy in respect of privacy and confidentiality.

6.1.2. The process of gathering all the relevant historical information from various sources may require extended period of time hence the attending psychiatry doctor must ensure that the documentation is kept updated.

6.1.3. Full mental state examination (initial and periodic) must be done by the attending psychiatry doctor with accurate clinical documentation in al-shifa system.

6.1.4. Physical assessment (initial and periodic) including vital signs/BMI/physical examination/lab tests/ECG/EEG/radiological tests must be performed and documented by the attending health care providers.

6.1.5. Formulation and documentation of the comprehensive multidisciplinary team (MDT) management care plan to be done by the psychiatrist concerned with internal referrals to be made accordingly.

6.1.6. Specialized medical assessment for aetiological or co morbid medical conditions to be carried out by general medicine physician as applicable.

6.1.7. Assessment for aetiological or co morbid substance use disorder to be carried out by addiction psychiatry specialist as applicable.

6.1.8. Historical and clinical risk assessment (initial and periodic) must be completed and documented by the attending health care providers.

6.1.9. Extended assessment of mental and physical state including clinical observation to be carried out by the attending mental health nurse, as applicable.

6.1.10. Psychometric tests as and when indicated, to be conducted by the clinical psychologist.

6.1.11. Social assessment including accommodation, finances and social network to be carried out by the social worker & referral to the concerned in the ministry of social development for domiciliary social case study as applicable.

6.1.12. Assessment of Activities of Daily Living (basic and instrumental) to be undertaken by the occupational therapist as indicated.

6.1.13. Past history of treatment with psychotropics to be reviewed thoroughly by the clinical pharmacist as indicated including history of response, tolerability, adverse effects and allergies.

6.1.14. Nutrition assessment (initial & periodic) to be done by dietitian as applicable.

6.2 Diagnosis: Diagnosis should be made by the attending psychiatrist according to the diagnostic criteria of schizophrenia as per the updated version of ICD.

6.3 Treatment: Treatment is divided into Biological, Psychological, Social and rehabilitation modalities of individualised care plan tailored according to the onset, course of the illness and response to treatment based on the following:

6.3.1. First episode schizophrenia (FES)

6.3.2. Relapse of schizophrenia

6.3.3. Treatment-resistant schizophrenia (TRS)

6.4. **Biological / Physical Treatment** (pharmacological & ECT) as recommended/ executed by the attending psychiatrist:

6.4.1. Selection of antipsychotic will be influenced mainly by the nature of target symptoms and patient's tolerability with careful consideration of ensuring benefits out-weighing the risks. Choice of antipsychotic should be agreed jointly by the doctor and the patient/next of kin or legally authorised representative as applicable.

6.4.2. Second generation antipsychotic is recommended as first line treatment however when there is a co-morbid condition such as metabolic syndrome, first generation antipsychotic should be considered as first line weighing out the benefits versus risks.

6.4.3. Second generation antipsychotics should be considered for patients showing or reporting unacceptable adverse effects caused by first generation antipsychotics. Also, the second generation antipsychotic should be considered for patients showing persistent negative, cognitive symptoms or mood symptoms.

6.4.5. The lowest possible dose as clinically indicated should be commenced and titrated to the minimum effective dose with special attention to patients such as elderly, children

& adolescents and the intellectually disabled which are considered to be more susceptible to adverse effects

6.4.6 Adequate and safe trial of treatment with antipsychotic of adequate dose and duration should be ensured before switching to another antipsychotic.

6.4.7 Long Acting Antipsychotics Injection (LAI) should be considered for patients with history of poor adherence to oral antipsychotics and with high risk behaviour.

6.4.8. Unless clinically justifiable, combination of antipsychotics should not routinely be used except during the phase of switch over of medication weighing out benefits and risks.

6.4.9. Patient/next of kin or legally authorised representative should be educated about the side effects including drowsiness and the precautions required while attending activities that necessitate alertness such as driving, operating machinery, etc., Also, educate about the risk when taking the medication in the presence of alcohol consumption.

6.4.10. Dose of antipsychotic can be safely adjusted to higher doses when required and applicable for patient present with relapse of schizophrenia, to control the symptoms.

6.4.11. Most antipsychotics are best avoided during pregnancy unless essential, weighing out benefits and risks and with reference to the recommended antipsychotic proven to be comparatively safer during perinatal period. It is advisable to discontinue breast feeding if and when necessary during the treatment.

6.4.12. Clinical pharmacists provide assistance to the attending psychiatrist through recommendation of the choice of suitable antipsychotic considering aspects of tolerability and drug interaction. The clinical pharmacists also facilitate medicine reconciliation, patient and carer counselling about the medication's side effects, ensure timely monitoring of relevant parameters (Lab test, ECG ..etc.,), contribute in the process of securing informed consent in case of high risk medications (e.g. Clozapine), and other elements pertaining to medication safety.

6.4.13. Electroconvulsive Therapy (ECT) can be considered when providing acute management in cases of catatonic state; or patients with actively suicidal behavior; or in

cases where pharmacological treatment has failed to achieve optimal response. Maintenance ECT can be considered in exceptional cases as indicated.

6.4.14. If there is a lack of adequate response to at least two adequate trials of different antipsychotic medications including at least one second generation antipsychotic along with psycho-social management; provided that patient has been fully adherent to the medication and there are no co-morbid conditions to explain the resistance to treatment; then patient is considered to be suffering from *Treatment Resistant Schizophrenia.*

6.4.15. The only antipsychotic which has proven to be effective against Treatment Resistant Schizophrenia is Clozapine. (*Refer to the Standard Clozapine Prescribing Guidelines*)

6.4.16. Specialized Medical Management by the attending doctor from the department of general medicine.

6.5. Nursing Care management:

6.5.1.Maintain therapeutic communication and provision of needs.

6.5.2.Ensure patient's Safety in all aspects of patient care.

6.5.3.Maximize patient's level of functioning to carry out activities of daily living with consideration to the aspects of safety.

6.5.4.Implement relevant policies concerning management of high risk/ suicidal/ violent patients and patients with unstable physical health conditions.

6.5.5.Promote social skill enhancement as appropriate.

6.5.6.Administer and monitor adherence to the medications.

6.5.7.Execute monitoring of vital signs, lab tests and ECG and IV fluid administration, Nasogastric feeding and urinary catheterization as applicable.

6.5.8.Provide updated report on patient clinical progress as applicable to the setting of care.

6.5.9.Escort the patient to other AMRH departments and other health institutions as applicable.

6.5.10. Collaborate with the carer in respect of information to verify administration of medication.

6.5.11. Encourage family involvement in the course of treatment.

6.6. **Psychological Interventions** by the attending clinical psychologist**:**

6.6.1. Psycho-education: Assessment of knowledge of the patient and carer about the mental health condition; providing them information about the various aspects of schizophrenia including etiological factors, symptomatology, bio-psycho-social intervention, side effects of pharmacological treatment with emphasis on duration of and adherence to treatment, information about potential risks, risk of relapse and early signs of relapse, impact on day to day functioning, improving insight to illness, managing expressed emotions and prognostic factors.

6.6.2. Psychotherapy: Supportive psychotherapy, Cognitive Behaviour Therapy (CBT), particularly the method of behaviour modification therapy to help patients positively modify negative thoughts, feelings and behaviours.

6.6.3. Social communication Skills Training**:** Interventions that use methods and principles derived from social learning theories to inter-personal skills and competencies that are relevant to social activities of daily living.

6.7. **Social Interventions** by the attending social worker:

6.7.1. Social intervention includes comprehensive management of the social aspects through referrals for domiciliary social case study by the concerned from the Ministry of Social Development to address accommodation and financial needs, as applicable.

6.7.2. Assistance in social and risk management through close collaboration with the next of kin/carers in respect of patient social needs and vulnerability to exploitation/ abuse from others, notification of child protection authority in case of suspected potential victims in the under age group in direct contact with the patient as applicable, notification of potential victims of the significant risk towards them, as applicable.

6.7.3. Coordination with the discharge planner in case of delayed or obstructed discharge from the hospital to facilitate the process of safe discharge. (*Refer to Social Services P&P; AMRH/SSD/P&P/001/Vers01*)

6.8. Rehabilitation activities by the attending Occupational therapist and Physiotherapist:

6.3.6.1 Support and enable the patient to engage in the individually tailored occupational therapy activities and physiotherapy.

6.3.6.2 Focus on training the patient to safely execute activities of daily living including basic and instrumental.

6.9. Nutritional management by the attending Dietitian as applicable.

6.3.7.1 Comprehensive risk management should be carried out by the health care providers concerned as applicable.

6.10. Public Relation Officer (PRO) should assist in the process of communication with the next of kin/carer, arrange for patient transportation to the place of residence following discharge as applicable.

6.11. Pre-discharge meeting should be held with the multidisciplinary team (MDT), in addition to the patient and the carer in attendance to address all the relevant aspects of the after care plan including risk management and periodic follow up.

6.12. Discharge Planner Should collaborate with the healthcare providers concerned to facilitate smooth discharge process.

6.13. Community Mental Health Nursing. Community mental health nurses carry supportive programs and activities in the communities for patient's optimum recovery and prevention of relapse.

6. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author/s**	**Review Date**
01	Initial Release	Local Clinical Guideline Committee Wafa Al Wadhahi Badriya AlGhammari Maria Claudia Fajardo	February 2026
02			
Written by	**Reviewed by**	**Approved by**	
Local Clinical Guideline Committee Wafa Al Wadhahi Badriya Al Ghammari Maria Claudia Fajardo	Dra. Amira Al Obeidani	Dr. Bader Al Habsi	

7. Related Documents

7.1. Appendix 1: Algorithm of Treatment of Schizophrenia In Adult Inpatient

7.2.Appendix 2. Audit Tool.

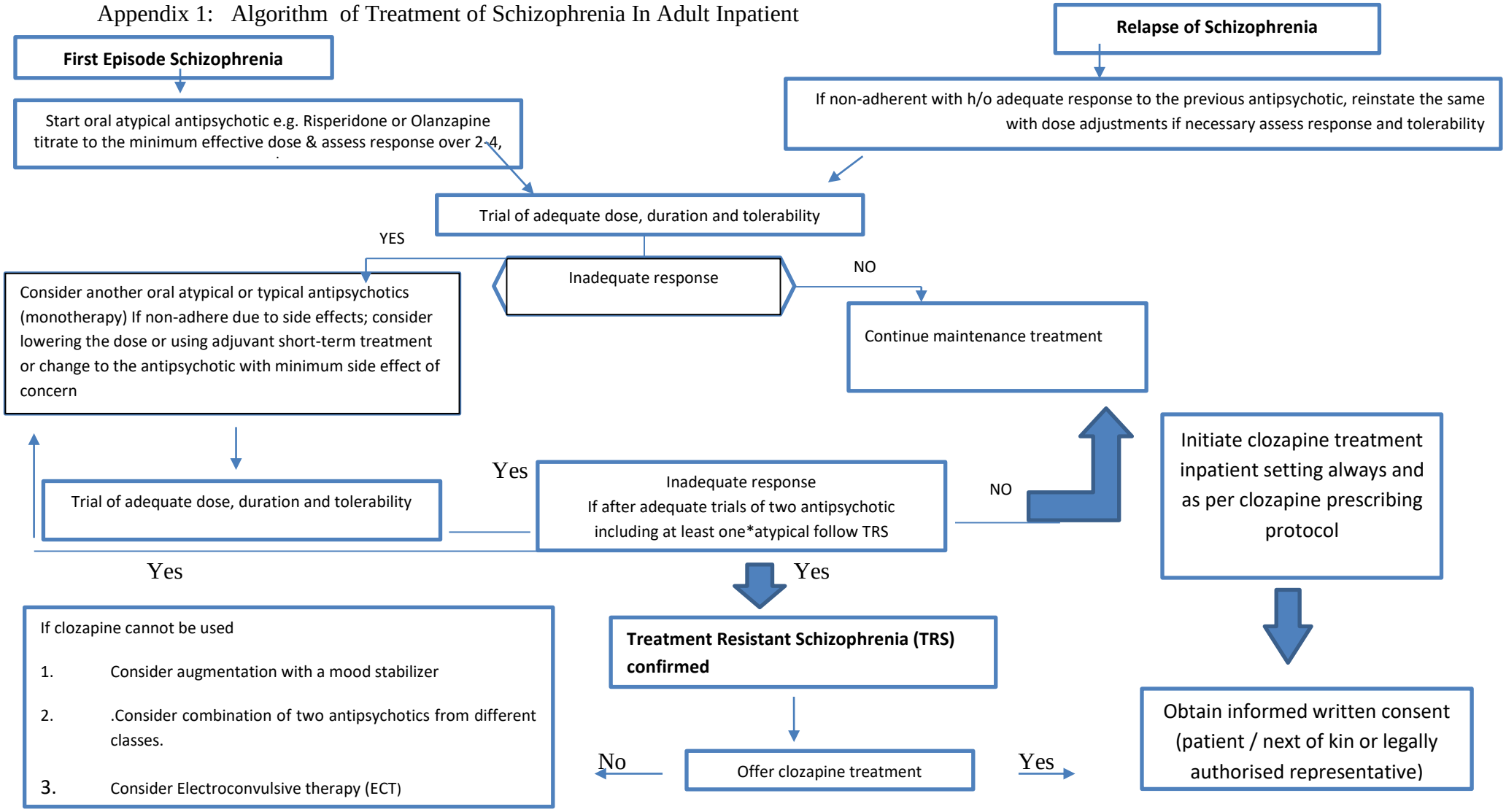
7.3. Appendix 3. Document Request Form

7.4. Appendix4. Document Validation Checklist

8. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
Schizophrenia Patient Care	Ministry of Health Sultanate of Oman The Directorate General for Nursing Affairs	2015	1-7
Schizophrenia and Types –Psychiatric Nursing Manual	Directorate of Nursing Affairs, MoH Oman	-	-
Clinical guidelines for the management of schizophrenia: Aims and limitations https://www.ncbi.nlm.nih.gov/pubmed/29488890	Margariti M, Hadjulis , Lazari dou M	2017.	2
Clinical Practice Guideline for Schizophrenia and Incipient Psychotic Disorder	Ministry of Health Care & Consumers Affairs	2009	25
https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f405565289	WHO	2022	-
https://transform.england.nhs.uk/information-governance/guidance/information-governance-guidance-support-multidisciplinary-teams-mdts/	NHS	2022	

Appendix 1: Algorithm of Treatment of Schizophrenia In Adult Inpatient



Appendix 2. Audit Tool

Department: _____ **Date: _____**

S.N	Audit process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1.	Interview	Does health care provider are aware about guideline of schizophrenia.					
		Assessment					
	Interview observation Document Review	2. Does detailed history taking and documentation in al-shifa system by the attending psychiatry doctor including corroborative account from relevant sources of information while adhering to the patients' rights policy in respect of privacy and confidentiality? 3. Does full mental state examination (initial and periodic) taken by the attending psychiatry doctor with accurate clinical documentation in al-shifa system? 4. Does physical assessment (initial and periodic) including vital signs/BMI/physical examination/lab tests/ECG/EEG/radiological tests performed and documented by the attending health care providers? 5. Does formulation and documentation of the comprehensive MDT management care plan done by the psychiatrist					

		concerned with internal referrals made accordingly? 6. Doe specialized medical assessment for aetiological or co morbid medical conditions carry out by general medicine physician as applicable? 7. Does assessment for aetiological or co morbid substance use disorder carry out by addiction psychiatry specialist as applicable? 8. Does historical and clinical risk assessment (initial and periodic) complete and document by the attending health care providers? 9. Does extended assessment of mental and physical state including clinical observation carry out by the attending mental health nurse, as applicable? 10. Does psychometric tests as and when indicated conduct by the clinical psychologist? 11. Does social assessment including accommodation, finances and social network carry out by the social worker & referral to the concerned in the ministry of social development for domiciliary social case study as applicable? 12. Does assessment of Activities of Daily Living (basic and instrumental) undertake by the occupational therapist as indicated?					

		13. Does past history of treatment with psychotropics review thoroughly by the clinical pharmacist as indicated including history of response, tolerability, adverse effects and allergie? 14. Does nutrition assessment (initial & periodic) done by dietitian as applicable?					
		Management					
15	Interview Document Review	Does the psychiatrist's implementation of a management/care plan appropriate to the risk factor identified?					
16	Document Review	Does the doctor's provisional diagnosis and information of care plan include observation, treatment plan and referral to other multidisciplinary team for assessment was done?					
17	Interview	Does the psychiatrist have knowledge about treatment options for management for schizophrenia?					
18	Observation	Does assigned nurse took appropriate action to make the environment safe to promote the safety of patients?					
19	Interview observation Document Review	Do multidisciplinary team assigned staff assess the patient's ability to carry out activities of daily living and maximize the level of functioning of the patients and promote social skills?					

Appendix 3: Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Local Clinical Guideline	Date of Request	February 2023
Institute	Al Masarra Hospital	Mobile	24873664
Department	Psychiatry	Email	wafa.alwadhahi@moh.gov.om
The Purpose of Request			
☒ Develop New Document	• Modification of Document	• Cancelling of Document	
1. Document Information			
Document Title	**Clinical and Treatment Guidelines for Schizophrenia**		
Document Code	AMRH/PSY/GUD/02/Vers.01		
Section B: Completed by Document Controller			
☒ Approved	• Cancelled	• Forward To:……..	
Comment and Recommendation: *to proceed with the document*			
Name	Kunooz Al Balushi	Date	February 2023
Signature		Stamp	

Appendix 4.Document Validation Checklist

Document Validation Checklist					
Document Title: Clinical and Treatment Guidelines for Schizophrenia		**Document Code:** AMRH/PSY/GUD/02/Vers.01			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed			✓	
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..... For implementation ✓ ..... More revision ..... To be cancelled					
Reviewed by: Kunooz Al Balushi		**Reviewed by:** Maria Claudia Fajardo Bala			

AL-MASARRA HOSPITAL QUALITY MANAGEMENT DEPT. SULTANATE OF OMAN- MINISTRY OF HEALTH