## Help manage symptoms at home



What symptom?





breath



breathing



in the gut



Restlessness



Stress





Troubling visions, sounds, thoughts

**Fitting** 

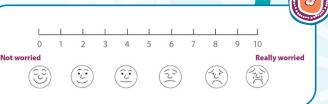
**4** Give the medicine



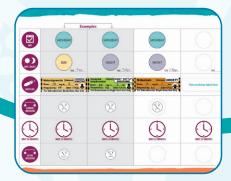
**3** What medicine?



2 How worrying is it?



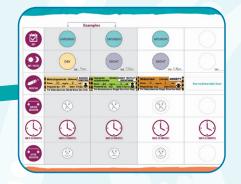
**6** Fill in the Medicines book



**6** Wait 20 minutes



**P** Fill in the Medicines book





Need help? Ring the clinic.

