



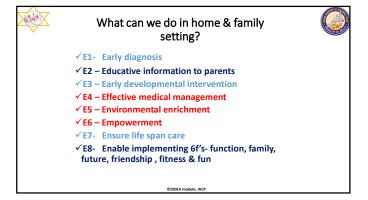
## E1-E8- Intervention checklist

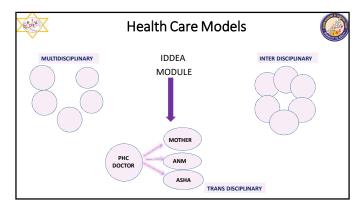


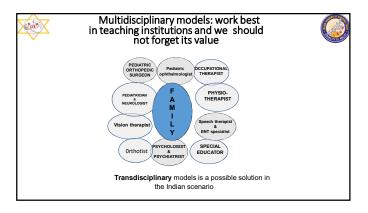
## Learning objectives



- Understand that developmental disorders may not be curable but they are always treatable
- 2. Know that holistic intervention is represented by of E1 to E8
- Should be able to initiate most of the intervention strategies in the absence of a team of specialists
- 4. Know intervention strategies considered under E4, E5 and E6
- 5. Choose age appropriate intervention activities for early referral







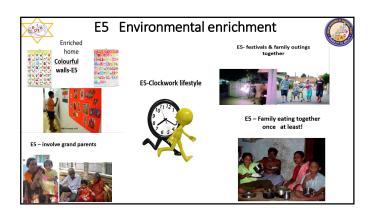


## E4 – Effective medical management

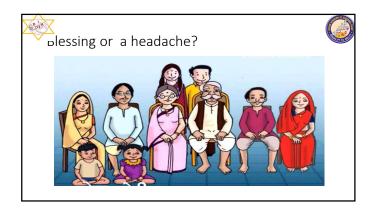


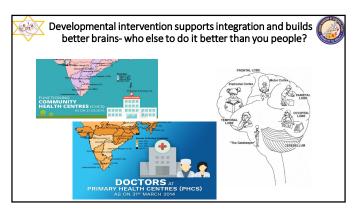
Look for conditions which may worsen child's well being and are amenable to medications

- Seizures: start an antiepileptic appropriate for the seizure type
- Spasticity: consider oral baclofen/ diazepam
- Dystonia: consider oral levodopa/ trihexphenidine
- Constipation: give oral laxatives, dietary advice, position of child
- Inadequate sleep: consider mild sedative at night
- Pain: consider oral tizanidine after 4yrs
- Micronutrient deficiency: consider supplementation [especially look for iron deficiency, vitamin B12 and vitamin D deficiency]
  Family health & life style counselling









## summarising

- Solve the most pressing presenting complaint first
- Epilepsy or seizures can derail development because of AED effects on learning and bone density
- A poor environment where child does not have freedom to explore and learn will add more problems
- Joint families are added supports or can be a big barrier.
- Counsel on what the family can do together than on what the child cannot do by himself
- Decision making is helped if you tell what govt facilities are available