

Santa Fe Recovery Center

4100 Lucia Ln. Santa Fe, NM, 87507
Phone (505) 471-4985 Fax (505) 471-6084

Alcohol/Substance Abuse Social Detox and
Rehabilitation Program

Medical Clearance

Date of Exam: _____

Patient Name: _____ DOB: _____

Present Illness (Substances Abused): _____

Pertinent Medical History: _____

Known Food/Drug Allergies: _____

Physical Findings

Vital Signs BP: _____ Temperature _____ Pulse _____ Resp. _____

General Appearance: _____

Pertinent Findings on Physical Exam: _____

TB Skin Test-*We will accept a PPD less than 6 months prior to admission. If last PPD was positive, results of chest x-ray.

Date of most recent PPD:	Location:	Results

It is important to note that our form contains a list of over the counter medications, such as Ibuprofen. The practitioner must initial the medicines that you may take; otherwise, we will NOT be able to administer them.

THIS FORM SERVES AS ORDERS FOR THE CLIENT.

INDICATE THE MEDICATIONS AND DOSAGES BELOW.

DO NOT PRESCRIBE OPIATES OR BENZODIAZEPINES EXCEPT LIBRIUM FOR ETOH DETOX

Medications for Alcohol Detox:

___ Librium (chlordiazepoxide) 25mg 1 cap Q4 PO PRN for BP Between 90/60 and 135/80 for alcohol W/D 2 caps PO for BP 136/80 and above. Notify RN for BP >Diastolic > 100. Not to exceed 300 mg in 24 hrs.

Medications for Opioid Detox:

___ Suboxone 8mg/2mg SL Initial dose with COWS > 12 1 film, then 1/2-1 Q6h (per patient request) Not to exceed 16 mg in 24 hrs. For opiate withdrawal.

___ Clonidine 0.1mg 1 Tab PO Q6h PRN opiate withdrawal. Not to exceed 0.4 mg in 24 hrs. Hold for BP less than 90/60 DC after 7 days
___ Flexaril (cyclobenzaprine) 10mg. 1 Tab PO Q8h. Not to exceed 30 mg in 24 hrs.

PRN muscle spasm DC after 7 Days

___ Vistaril (hydroxyzine) 25mg 1 Tabs PO Q6h for reported anxiety 1-5/10 and 2 Tabs for anxiety > 5/10. Not to exceed 200 mg in 24 hrs.

Pain Medication:

___ Ibuprofen 200 mg 2 Tabs PO Q6h PRN For reported pain 1-5/10 and 3 Tabs for pain > 5/10. Not to exceed 2400 mg in 24 hrs.

Allergy/Sleep Medications:

___ Benadryl (diphenhydramine) 25mg 2 Tabs PO HS PRN insomnia
___ Claritin (loratadine) 10mg 1 Tab PO QAM
PRN allergies DO NOT Exceed more than 1 Tab in 24 hrs

GI Medications:

___ Antacid 30mL or 3 tabs PO Q3h between meals PRN heartburn. Not to exceed 120 mLs in 24 hrs.
___ Keopectate 30mL PO Q4h PRN diarrhea
___ Milk of Magnesia 30mL QHS PO PRN constipation
___ Metamucil 1 Tbs. in 8oz. water TID PO PRN constipation. Not to exceed 3Tbs. in 24 hrs.

Other Medications:

___ Robitussin 1-2 tsp. PO Q6h PRN cold symptoms
Not to exceed 6 tsp. in 24 hrs. DC after 7 Days.
___ Multivitamin 1 Tab PO Q AM
___ B-Complex with C 1 Tab PO Q AM

Pregnancy Test: Negative _____ Positive _____ **Last Menstrual Period:** _____

Client Must Fill and Bring With Them All Medications

Name of Medication/Dosage	Purpose	Directions

By signing this form, I certify that this patient is medically cleared for a social detoxification/residential treatment program.

Provider Name _____ **Provider Signature** _____

Telephone Number _____ **Fax Number** _____