

Withdrawal Plan for clients and carers

This form is to be used when planning an outpatient/ambulatory

Patient identification label. Affix here.

withdrawal in general practice. Carer/support person contact number **Clinic Contact numbers:** Clinic (in hours) Days and times Phone number After hours **Medication details** Storage arrangements Medications – what are they for? Medication Administration (day/time/dose) Signs of withdrawal and how to respond. What to look out for

Seizures

If the patient develops (add to list depending on regime):

 Very sedated/Loss of consciousness (should be able to easily wake the person, and they should be able to stay awake during a conversation)

call 000 for ar	nbulance attendar	nce.		
Withdrawal Plan for patients and carers				page 2
If the patient :				
o Is starting to	•		lling things that are not act ations provided.	tually there)
Clinic (in hours)	Days and times			
	Phone number			
After hours				
Review arrangemen	nts (appointment	s, day, time etc)		
Attend clinic (insert t	imes)			
			ate in a home based withdi	. •
		emergency contact ph	-	
I understand that trea	atment for withdra	wal may not continue	if:	
 I go back to 	drinking or consu	ming drugs from whicl	า I am withdrawing	
• I use non-pı	rescribed medicati	ion or drugs		
• I miss agree	ed-to reviews			
		n inpatient withdrawal o severe to be safely r	service or a hospital shou nanaged at home.	ld withdrawal symptoms
Signed				
Date/				

Obvious confusion, agitation





Developed by DASSA for GP use when arranging home based withdrawal with patients and