Institution:

Validity period:

CLINICAL Situation OR TARGET POPULATION

Person 18 years of age or older with diagnosed alcohol use disorder (AUD) in whom alcohol withdrawal or pharmacotherapy for relapse prevention is indicated or being considered.

OR

Person 18 years of age or older being evaluated for suspected AUD, given an AUDIT[[1]](#footnote-1) score equal or above 8, in whom alcohol withdrawal or pharmacotherapy for relapse prevention is indicated or being considered.

**HEALTH PROFESSIONALS OR OTHER PERSONS EHO CAN EXECUTE THE PRESCRIPTION[[2]](#footnote-2)**

* *Health-care facilities that wish to write a collective prescription using this template* ***must specify in this section the health professional(s) or group(s) of health professionals*** *who can execute this prescription. The instruction in italics (!) must then be deleted from the version that will be made available.*

contrAindications TO USING THIS PRESCRIPTION

* The presence, in the person’s chart, of the results of all the laboratory tests included in the basic blood work (Table 1 in the NMP) performed within the past month, unless the prescription is executed in an emergency department.
* The presence of seizures, delirium or an acute confusional state.
* The presence of fever

Québec’S national medical pROTOCOL

Refer to current Québec’s national medical protocol **No. 888026**, written by the *Institut national d’excellence en santé et en services sociaux* and published on its website when executing this prescription.

LIMITs OR situations where a consultation with an authorized prescriber is mandatory

Promptly call the responding physician or refer the patient to emergency medical services as clinically indicated if:

* Occurrence of seizures, delirium or an acute confusional state;
* Presence of abnormal vital signs, including fever;
* Presence of signs and symptoms of withdrawal;
* Critical-value laboratory test results.

Inform the responding physician within 7 days:

* Laboratory test results outside the normal range, although not critical-value.

documentation

Complete the community pharmacist liaison form, if need be. Refer to the template available in the section entitled “[Protocoles médicaux nationaux et ordonnances associées](https://www.inesss.qc.ca/thematiques/medicaments/protocoles-medicaux-nationaux-et-ordonnances-associees/protocoles-medicaux-nationaux-et-ordonnances-associees.html)” on INESSS’s website.

identification of responding prescriber

* *Health-care facilities that wish to write a collective prescription using this template* ***must specify in this section the mechanism of identification of the responding prescriber*,** *whose name must be entered on the liaison form upon individualization of this collective prescription. The instruction in italics (!) must be then deleted from the version that will be made available.*

IMPLEMENTATION process

1. **Development of current version (identification of the physician or physicians concerned and of the persons responsible, if applicable)**
2. **VALIDATION OF CURRENT VERSION (identification of the physician or physicians concerned and of the persons responsible, if applicable)**
3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION’S CPDP**

Last name: First name:

Signature: Date:

1. **APPROVAL OF CURRENT VERSION BY THE SIGNING PHYSICIANS (NON-INSTITUTIONAL)**

| Last and first name | License number | Signature | Telephone | Fax |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review:

Signature of responding authorized prescriber (if applicable):

Signature: Date:

1. A score of 10 on the *Dépistage/Évaluation du Besoin d’Aide - Alcool / Assessment and Screening of Assistance Needs - Alcoho*l *(DÉBA-Alcool*) instrument could be used in place of an Alcohol Use Disorders Identification Test (AUDIT) score. [↑](#footnote-ref-1)
2. The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training). [↑](#footnote-ref-2)