

**PRACTITIONER ORDER SET  
Appendix - Prescription**

**ALCOHOL WITHDRAWAL SYNDROME  
for use in the Emergency Department for ADULTS –  
ANTI-CRAVING MEDICATIONS**



***Prescription to be completed ONLY for patients discharged from the Emergency Department.  
All other patients require Medication Reconciliation (Med Rec) completed.***



**Outpatient Prescription**

**Include patient information in top right corner or complete the section below:**

Once completed and signed by prescriber, this is a Legal Prescription

Patient's Full Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Sask Health Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*EDS: For alcohol use disorder when used as a component of an alcohol counselling program\*\***

<input type="checkbox"/>	<b>thiamine</b> 100 mg PO daily for 30 days
<input type="checkbox"/>	<b>folic acid</b> 5 mg PO daily for 30 days
<b>Choose ONE:</b>	
<input type="checkbox"/>	<b>naltrexone</b> 25mg PO daily for 7 days, then 50 mg PO daily for 21 days <i>CONTRAINDICATED if patient uses opioids (prescribed or non-prescribed).</i>
<b>-OR-</b>	
<input type="checkbox"/>	<b>acamprosate</b> 333 mg PO TID starting on _____ (date) for 7 days, then 666 mg PO TID for 21 days <i>RECOMMEND starting on Day 4 of abstinence. Avoid if CrCl less than 30 mL/min.</i>

**Prescriber Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



PRACTITIONER ORDER SET  
Appendix - Prescription

**ALCOHOL WITHDRAWAL SYNDROME**  
for use in the Emergency Department for ADULTS –  
**BENZODIAZEPINE TAPER**



***Prescription to be completed ONLY for patients discharged from the Emergency Department who were treated with BENZODIAZEPINE PATHWAY.***



**Outpatient Prescription**

**Include patient information in top right corner or complete the section below:**

Once completed and signed by prescriber, this is a Legal Prescription

Patient's Full Name: \_\_\_\_\_

Sask Health Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Diazepam** 10 mg PO Q6H for 1 day, then  
10 mg PO Q8H for 1 day, then  
10 mg PO BID for 1 day, then  
10 mg PO QHS for 1 day

Total dose to be dispensed: 100 mg (twenty 5 mg tabs OR ten 10 mg tabs)

Prescriber Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_