



For Physicians and Providers

Instructions for completing a medical clearance form

Who we are

Main Street Project Withdrawal Management Centre (aka detox) is a facility for folks who need a safe place to stay while withdrawing from alcohol or substances. Our facility offers a 14 day stay focused on recovery for the first steps of withdrawal and provides folks with the opportunity to learn about and apply for other further support services, including residential, non-residential, or community based programs that assist folks in working toward and achieving their substance related goals.

What is a Medical Clearance?

A medical clearance refers to a specific form provided by our unit to medical providers that is completed prior to a participant's admission that must be filled out by a doctor, physician's assistant, nurse practitioner, or other medical professional who is able to legally prescribe medications. This form that can be identified because it says "Medical Clearance for Detox and Stabilization" at the top. Sometimes a previously used form that is titled "Application form" is still accessible, however, this is an outdated form that is not in use and should not be used. A completed medical clearance submitted to the unit ensures that the participant has been assessed before entry and is physically and mentally stable enough to attend our program. Medical clearances are a requirement for our withdrawal management program because we do not have medical staff 24/7. All medications given to a participant while here must be prescribed and listed on that participant's medical clearance.

When to fill out a Medical Clearance

Typically, it is recommended that the participant have a bed date confirmed with the unit prior to completing their medical clearance. Medical clearance forms have a standard of 72 hours of validity from the date they are signed, which means that a participant should plan for admission within 3 days after the form is completed. If the participant does not have an admission date within 3 days, the clearance validity date can be extended to the date as per the provider's discretion by indicating the new date of validity on the second blank line listed following the date.

Date: _____ *This form will be valid for 72 hours unless otherwise stated:* _____
Expiry date

Client Name: _____ DOB: _____

**If your participant does not have a bed date yet, it is recommended that an expiry date of 2 weeks is given and that participant is encouraged to phone the intake line frequently until a bed becomes available or to wait until they have secured a bed date to ensure the form does not expire.

Physical and Mental Health (Page 1)

The first page of the form provides space to indicate participant's physical and mental health. Please note any allergies or continuing health diagnoses. If the participant is not known to you and you are unsure, please indicate so.

Unfamiliarity with a participant will not prevent this participant from entering the program as long as they are deemed to be stable for entry as per the provider. Please indicate any experience of suicidal thoughts or additional concerns to pass on to staff in the bottom box.

Substance Use (Page 2)

On the second page indicate the type, quantity, and frequency of use of each substance determined to be problematic as per the participant. Please ask participant about their history of overdose, use of non-prescribed medications they might be using to lessen withdrawal symptoms, and use substances they use but do not identify as determined to be problematic for a complete picture on participant's substance history. Providers should consider the withdrawal impacts of each specific substance when prescribing medications for the unit. Participants who use alcohol and experience shakes or tremors when withdrawing should be prescribed a benzodiazepine as needed for these symptoms.

A Special Consideration for Opiate Use

****If participant is using opiates they must be assessed by a provider with capabilities of prescribing methadone, suboxone, or other forms of Opioid Agonist Therapy. While it is highly recommended that participants using opiates start OAT prior to beginning detox, physicians able to provide OAT are able to clear participants who are using opiates who are both interested and not interested in using OAT while on the unit. Providers unable to prescribe OAT unfortunately will not be able to clear participants using opiates and should recommend that participant attend the RAAM clinic for assessment. Prescriptions for methadone and suboxone specifically should be sent to Brothers Pharmacy and not to Broadway pharmacy, the pharmacy we typically get our other medications from****

Medications

In the medication section, list all medications participant will need during their 14 day stay on the unit. This includes inhalers, epipens, vitamins, birth control, creams, gels, sprays, drops, nicotine replacement, daily medications, antibiotics, over the counter medications, or any other medication needed by participant. It is recommended to include some over the counter medication for pain and nausea as those are frequently requested by participant while here. If participant is on too many medications to fit in the provided space, a supplemental list can be attached with this information. THIS LIST IS NOT A PRESCRIPTION AND A COMPLETE PRESCRIPTION FOR ALL MEDICATIONS INDICATED IN THE SECTION MUST BE FAXED TO THE NORTHWAY BROADWAY PHARMACY.

Prescriptions

A prescription for these medications indicating “for use at withdrawal management/detox” should be sent to the Northway Broadway Pharmacy PH 204-783-1887 Fax 204-786-6990. By indicating on the prescription it is for the unit here, medications that are specifically for the withdrawal process cannot be picked up by the participant on their own prior to entry. Do not advise your participant to pick up their medications prior to their admission, the medications will be ordered for them once they are admitted and outside medications are not permitted.

If your participant is on OAT, the participant should be instructed to consume their dose before their admission. Participants prescribed OAT should have their OAT prescription sent to Brothers Pharmacy and that prescription should start the morning of the participant’s first full day on the unit.

Additional medications remaining after discharge will be sent back to the pharmacy for destruction after the participant discharges and are typically not returned to the participant. Some exceptions will be made on a case by case basis.

After completing the form

After you have completed the form, be sure to sign the bottom and indicated if you approve for the participant to attend the program. After, the form can be faxed to 204-982-8220 for the women’s and non-binary unit and to 204-982-8266 for the men’s program. It is advisable to keep a copy of this form in the participant’s file if it is being faxed in case of the event of the transmission not received. The prescriptions should be faxed to the appropriate pharmacies as indicated above in the prescription setting

Questions or Concerns

If you have any questions or concerns regarding this form, please feel free to reach out to the unit’s directly at any time. Please call until the call is picked up for urgent concerns as voicemails are not checked throughout the day

Women’s and Non-Binary Unit

Office Number- 204-982-8222. Intake Worker: 204-804-2684

Men’s and Non-Binary Unit

Office Number: 204-982-8251. Intake Worker: 431-371-4259

Intake worker Women's and Non- Binary Unit: 204-804-2684

Intake Worker Men's and Non-Binary Unit- 431-