



the *Kakoty* practice

Dr P C Kakoty MBBS DCH DTM&H; Dr N Hakeem MBBS; Dr K H Spits MBChB MRCGP DRCOG DFFP;
Dr R A Bradbury MBBS MFFP

Sheffield Road Surgery
170 Sheffield Road
Barnsley
South Yorkshire
S70 4NW
Tel: 0845 122 08 09
Website: www.thekakotypractice.nhs.uk

The Worsbrough Centre
Mount Pleasant
West Street, Worsbr
Barnsley, South York
S70 5NT
Tel: 0845 122 08 19
Fax: 01226-209966

Clinical Management Plan

Patient Details:

Name: _____ D.O.B: _____ Age: _____
Address: _____ Gender: _____
Post code: _____ Tel no (home): _____

Medication sensitivities/allergies:

Independent prescriber(s):

Supplementary prescriber(s):

Condition(s) to be treated:

Aim of treatment:

Medicines that may be prescribed by Specialist Nurse:

Preparation:	Indication:	Dose:	Refer to independent prescriber:
Additional prescriptions:	Indication:	Dose:	

Guidelines or protocols supporting Clinical Management Plan:

Frequency of review and monitoring by:

Review by nurse: ~[weekly/fortnightly/monthly]

Review by independent prescriber: [monthly/bi-annually/yearly]

Process for reporting ADR's:		
Agreed by independent prescriber(s):	Agreed by supplementary prescriber(s):	Date agreed with patient/carer:



the *Kakoty* practice

Dr P C Kakoty MBBS DCH DTM&H; Dr N Hakeem MBBS; Dr K H Spits MBChB MRCGP DRCOG DFFP;
Dr R A Bradbury MBBS MFFP

Sheffield Road Surgery
170 Sheffield Road
Barnsley
South Yorkshire
S70 4NW
Tel: 0845 122 08 09

Website: www.thekakotypractice.nhs.uk

The Worsbrough Centre
Mount Pleasant
West Street, Worsbr
Barnsley, South York
S70 5NT
Tel: 0845 122 08 19
Fax: 01226-209966

Lofexidine Detox Clinical Management Plan for Opiates/Heroin Addiction

Aim for patient to be opiate free in 7-10 days

Supported by shared care and practice protocols

Patient Details:

Name: _____ D.O.B: _____ Age: _____
Address _____ Gender: _____
Post code: _____ Tel no (home): ~[Telephone Number]

Medication sensitivities/allergies:

Medicines that may be prescribed by Specialist Nurse:

Preparation:	Indication:	Dose:	Refer to independent prescriber:
Lofexidine	Opiate withdrawals	As per protocol 0.2mg max 2 qds	
Diazepam	Agitation/restlessness	5mg max 2 tds	
Buscopan	Stomach cramps	10mg qds max	
Loperamide	Diarrhoea	2mg qds prn	
Zopiclone	Insomnia	7.5mg 1-2 nocte	
Ibuprofen	Muscular aches/pains	400mg tds max	

Naltrezone	Relapse prevention	50mg ½ tablet when opiate free, ½ tablet nocte, then 1 tablet daily	
Agreed by independent prescriber(s):	Agreed by supplementary prescriber(s):	Date agreed with patient/carer:	



the *Kakoty* practice

Dr P C Kakoty MBBS DCH DTM&H; Dr N Hakeem MBBS; Dr K H Spits MBChB MRCGP DRCOG DFFP;
Dr R A Bradbury MBBS MFFP

Sheffield Road Surgery
170 Sheffield Road
Barnsley
South Yorkshire
S70 4NW
Tel: 0845 122 08 09
Website: www.thekakotypractice.nhs.uk

The Worsbrough Centre
Mount Pleasant
West Street, Worsbr
Barnsley, South York
S70 5NT
Tel: 0845 122 08 19
Fax: 01226-209966

Naltrexone Clinical Management Plan

Patient Details:

Name: _____ D.O.B: _____ Age: _____
Address _____ Gender: _____
Post code: _____ Tel no (home): _____

Medication sensitivities/allergies:

Independent prescriber(s):

Supplementary prescriber(s):

Condition(s) to be treated:

Aim of treatment:

Medicines that may be prescribed by Specialist Nurse:

Preparation:	Indication:	Dose:	Refer to independent prescriber:
Naltrexone	Relapse prevention	50mg daily max.	

Additional prescriptions:

Indication:

Dose:

Guidelines or protocols supporting Clinical Management Plan:

Frequency of review and monitoring by:

Review by nurse: [weekly/fortnightly/monthly]

Review by independent prescriber: [monthly/bi-annually/yearly]

Process for reporting ADR's:		
Agreed by independent prescriber(s):	Agreed by supplementary prescriber(s):	Date agreed with patient/carer:



the *Kakoty* practice

Dr P C Kakoty MBBS DCH DTM&H; Dr N Hakeem MBBS; Dr K H Spits MBChB MRCGP DRCOG DFFP;
Dr R A Bradbury MBBS MFFP

Sheffield Road Surgery
170 Sheffield Road
Barnsley
South Yorkshire
S70 4NW
Tel: 0845 122 08 09
Website: www.thekakotypractice.nhs.uk

The Worsbrough Centre
Mount Pleasant
West Street, Worsbr
Barnsley, South York
S70 5NT
Tel: 0845 122 08 19
Fax: 01226-209966

Subutex Detox/Maintenance Clinical Management Plan

Aim to maintain/detox patient from illicit opiates

Patient Details:

Name: D.O.B: Age:
Address: Gender:
Post code: Tel no (home):

Medication sensitivities/allergies:			
Independent prescriber(s):		Supplementary prescriber(s):	
Condition(s) to be treated:		Aim of treatment:	
Medicines that may be prescribed by Specialist Nurse:			
Preparation: Subutex	Indication: Opiate dependence	Dose: As per shared care protocol – no more than 12mg without review by Dr.	Refer to independent prescriber:
Additional prescriptions:		Indication:	Dose:

Guidelines or protocols supporting Clinical Management Plan:		
Frequency of review and monitoring by:		
Review by nurse: [weekly/fortnightly/monthly]	Review by independent prescriber: [weekly/fortnightly/monthly]	
Process for reporting ADR's:		
Agreed by independent prescriber(s):	Agreed by supplementary prescriber(s):	Date agreed with patient/carer: