



---

**Effective Date of This Revision:** September 2015

<b>Contact:</b>	Medical Director 310-679-9126	Administration
-----------------	----------------------------------	----------------

<b>Applies to:</b>	<input type="checkbox"/> Officers	<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Student clinicians	<input checked="" type="checkbox"/> Volunteers
	<input type="checkbox"/> Other agents	<input type="checkbox"/> Visitors	<input type="checkbox"/> Contractors	<input type="checkbox"/> Subcontractors / Business Associates

**PURPOSE:**

The purpose of this document is to outline policy for the use of Clonidine for patients in the Detoxification Units of BHS's Chemical Dependency Recovery Hospitals.

**POLICY:**

Clonidine is used in accordance with established written protocol.

**PROCEDURES:**

Patients shall be informed of the risks and benefits of Clonidine. A written informed consent shall be signed by the patient before any doses are administered.