Opiate Withdrawal

Clinical Information

1) Assess withdrawal severity utilizing the Clinical Opiate Withdrawal Scale (COWS- objective; completed by nurse or provider) AND Subjective Opiate Withdrawal Scale (SOWS- subjective; completed by patient); documents to be sent to medical records department to be scanned into the patient EMR profile.

2) Confirm presence of opiate with a blood or urine drug toxicology lab test; **Methadone and Buprenorphine require special lab order

3) Opiate withdrawals are extremely uncomfortable but NOT life-threatening-symptoms typically start within 12 hours of last Heroin usage (shortest acting opiate) and within 30 hours of last Methadone exposure (longest acting opiate)

4) Symptom Timeline:
   a) Early Phase Symptoms (~6-12 hours): agitation, anxiety, myalgia (muscle aches), hyperlacrimation (increased tearing), insomnia, rhinorrhea (runny nose), diaphoresis (sweating), yawning
   b) Late Phase Symptoms (~48-72 hours): abdominal cramping, diarrhea, mydriasis (dilated pupils), horripilation (goose bumps), nausea, vomiting

Pharmacological Intervention

Support Measures:

**recommend brief daily clinic (nurse, pharmacist, or behavioral health counselor) visits for duration of withdrawal (2-10 days) for vital sign assessment, brief interview to identify menacing symptoms and apprehensions, and/or provide reassurance and support.

These measures are targeted to mitigate psychological obstacles and may significantly increase success of detoxification completion and initial extended release naltrexone (XR-NXT) injection.

Recommended Interventions:
Mindful CBT (awareness), Talk

• Symptom: Anxiety/Insomnia/Restlessness/Agitation
  1. Mild to Moderate
     a. Clonidine 0.1mg or 0.3mg: 1 PO Q6-8H PRN #QS
        i. Contraindications
           1. Heart Rate ≤ 60 bpm
           2. Hypotension (as defined by Mayo Clinic)
              a. Blood Pressure < 90/60 mmHg
        b. Hydroxyzine 25mg or 50mg: 1 PO QID PRN (assists with rhinorrhea)
        c. Gabapentin 100mg 1-2 caps up to TID and QHS
  2. Severe
     a. Clonidine and/or Gabapentin and/or Hydroxyzine
     b. Benzodiazepines – recommend avoiding use with opioid withdrawal

• Symptom: Nausea/Vomiting
  1. Mild to Moderate
     a. Prochlorperazine 5 or 10 mg: 1 PO Q6-8H PRN
     Promethazine 25mg: 1 PO Q4-6h PRN OR Ondansetron 4mg: 1 PO Q8H PRN
  2. Severe
     a. Ondansetron Oral Disintegrating (ODT) 4 to 8mg: 1 SL Q8H PRN

• Symptom: Diarrhea
  1. Mild to Moderate
     a. Loperamide 2mg: 4mg PO x 1 dose, then 2 mg after each loose stool for a maximum of 16mg/24hrs
  2. Severe
     a. Diphenoxylate/Atropine 2.5/0.025mg: 1-2 PO BID to QID PRN

• Symptom: Rhinorrhea (runny nose)
  1. Diphenhydramine 25mg: 1-2 PO Q4-6H PRN (sedative effect beneficial)
  2. Cetirizine 10mg: 1 PO QD PRN

• Symptom: Myalgias (muscle aches/pains)
  1. Meloxicam 15mg: 1 PO QD with food OR
  2. Diclofenac Sodium ER 75mg: 1 PO BID with food
| Therapy, Breathing Exercises, ACT therapy (abbreviated) | • **Symptom:** Insomnia  
1. Trazodone 50-100mg QHS up to 1 year |
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| Non-Pharmacological | • **Symptom:** Dehydration (from diarrhea/vomiting/malnutrition)  
1. NS 0.09% IV; monitor electrolyte imbalances/kidney fxn with chem.-7 lab |
| Relapse Prevention | 1) Immediate referral to behavioral health for in-patient/out-patient rehabilitation; After-care: continued follow-up with Behavioral Health  
2) Consider Extended Release Injectable Naltrexone (Vivitrol) injections monthly for minimum of 12 months and continued Clonidine (tablets) PRN for anxiety. |

**References:**