

Opiate Withdrawal

<p>Clinical Information</p>	<ol style="list-style-type: none"> 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) <u>Symptom Timeline:</u> <ol style="list-style-type: none"> 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
<p>Pharmacological Intervention</p> <p style="text-align: center;">+</p> <p><u>Support Measures:</u></p> <p>**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.</p> <p>These measures are targeted to mitigate psychological obstacles and may significantly increase success of detoxification completion and initial extended release naltrexone (XR-NXT) injection.</p> <p><u>Recommended Interventions:</u> Mindful CBT (awareness), Talk</p>	<ul style="list-style-type: none"> • Symptom: Anxiety/Insomnia/Restlessness/Agitation • 1. <u>Mild to Moderate</u> <ol style="list-style-type: none"> a. Clonidine 0.1mg or 0.3mg: 1 PO Q6-8H PRN #QS <ol style="list-style-type: none"> i. <u>Contraindications</u> <ol style="list-style-type: none"> 1. Heart Rate \leq 60 bpm 2. Hypotension (as defined by Mayo Clinic) <ol style="list-style-type: none"> a. Blood Pressure \leq 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. <u>Severe</u> <ol style="list-style-type: none"> a. Clonidine and/or Gabapentin and/or Hydroxyzine b. Benzodiazepines – recommend avoiding use with opioid withdrawal • Symptom: Nausea/Vomiting <ol style="list-style-type: none"> 1. <u>Mild to Moderate</u> <ol style="list-style-type: none"> a. Prochlorperazine 5 or 10 mg: 1 PO Q6-8H PRN OR Promethazine 25mg: 1 PO Q4-6h PRN OR Ondansetron 4mg: 1 PO Q8H PRN 2. <u>Severe</u> <ol style="list-style-type: none"> a. Ondansetron Oral Disintegrating (ODT) 4 to 8mg: 1 SL Q8H PRN • Symptom: Diarrhea <ol style="list-style-type: none"> 1. <u>Mild to Moderate</u> <ol style="list-style-type: none"> a. Loperamide 2mg: 4mg PO x 1 dose, then 2 mg after each loose stool for a maximum of 16mg/24hrs 2. <u>Severe</u> <ol style="list-style-type: none"> a. Diphenoxylate/Atropine 2.5/0.025mg: 1-2 PO BID to QID PRN max of 8 tabs/24hrs • Symptom: Rhinorrhea (runny nose) <ol style="list-style-type: none"> 1. Diphenhydramine 25mg: 1-2 PO Q4-6H PRN (sedative effect beneficial) 2. Cetirizine 10mg: 1 PO QD PRN • Symptom: Myalgias (muscle aches/pains) <ol style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • Symptom: Insomnia <ol style="list-style-type: none"> 1. Trazodone 50-100mg QHS up to 1 year
Non-Pharmacological	<ul style="list-style-type: none"> • Symptom: Dehydration (from diarrhea/vomiting/malnutrition) <ol style="list-style-type: none"> 1. NS 0.09% IV; monitor electrolyte imbalances/kidney fxn with chem.-7 lab
Relapse Prevention	<ol style="list-style-type: none"> 1) Immediate referral to behavioral health for in-patient/out-patient rehabilitation; <i>After-care:</i> 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:

1. Miller, Norman, and Mark Gold. "Management of Withdrawal Syndromes and Relapse Prevention in Drug and Alcohol Dependence." *American Family Physician*. 1998 Jul1; 58(1): 139-146.
2. Myrick, Hugh, and Raymond Anton. "Treatment of Alcohol Withdrawal" *Alcohol Health & Research World*. 1998; 22(1): 38-43.
3. Bayard, Max, et al. "Alcohol Withdrawal Syndrome." *American Family Physician*. 2004 Mar 15; 69(6): 1444-1450.
4. "Addiction Medicine Essentials Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-AR)." *American Society of Addiction Medicine*. 2001 Jan-Feb; Supplement 16(1).
5. Babor, Thomas, et al. "AUDIT: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care, Second Edition." *World Health Organization*. 2001.
6. "Detoxification of Chemically Dependent Inmates Federal Bureau of Prisons Clinical Practice Guidelines." *Federal Bureau of Prisons*. 2009 Aug.
7. Longo, Lance, and Brian Johnson. "Addiction: Part I. Benzodiazepines- Side Effects, Abuse Risk and Alternatives." *American Family Physician*. 2000 Apr 1; 61(7); 2121-2128.
8. Ockert, David, et al. "A Nonopioid Procedure for Outpatient Opioid Detoxification." *Journal of Addiction Medicine*. 2011 June; 5(2); 110-114.