## 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
  1. **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 OR 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 max of 8 tabs/24hrs

- 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

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:**