

STANDING ORDER

OPIATE/HEROIN WITHDRAWAL PROTOCOL

I. Definition

Opiate withdrawal syndrome is generally not life threatening. Withdrawals are characterized by hypertension, tachycardia, agitation, tremulousness and anxiety. Onset of withdrawal usually coincides with the time of the next habitual drug dose.

II. Opiate Withdrawal Syndrome (COWS) scoring scale:

COWS score	5-12	mild withdrawal
COWS score	13-36	moderate withdrawal
COWS score	>36	severe withdrawal

III. Mild Opiate Withdrawal (COWS score 12 or below):

Subjective complaints:

- Pt states withdrawing from.... (opiate, heroin)
- Use of opiate for more than 3 weeks
- Use of < ½ gram/day heroin, <40mg methadone, <6 hydrocodone or <2 oxycodone daily-confirm meds and dose if possible
- ETOH use less than 6 drinks per day
- Not pregnant-confirm for all females of childbearing years
- Not a poorly controlled diabetic, seizure history, ongoing chronic health conditions.
- Document current subjective complaints (sweating, irritability, myalgia's, lacrimation, rhinorrhea, muscle cramps)

Objective complaints:

- BP may be > 110/60
- HR may be over 120
- No significant diarrhea, dehydration, vomiting, hyperglycemia if diabetic
- Systolic blood pressure over 90.
- Document objective findings including abdominal cramping, vomiting, nausea, presence of diarrhea, shivering, tachycardia, mood and behavior. Check blood sugar if diabetic (type 1 or type 2)

Plan:

- If female, obtain urine pregnancy, notify provider if pregnant for medication orders
- Tylenol 650mg prn Q6 hours
- Complete COWS score 1x daily for 3 days-pt can stay in general population
- Reassure
- Fluids, electrolyte replacement/rest/clear liquid diet if needed

PRN nursing discretion:

1. Phenergan 25mg PO Q6hrs, 25mg rectally Q6hrs if not keeping down PO
2. Loperamide 2mg, 2 tabs PO as needed for the first loose stool followed by 1 tab PO with each episode of loose stools up to 6 tabs a day for 3 days
3. Zofran 4mg orally disintegrating PO BID for 3 days if not keeping down fluids with Phenergan

IV. Moderate to Severe Opiate Withdrawal (COWS score greater than 13):**Subjective complaints:**

- Same questions as in mild opiate withdrawal except:
- Ongoing use of narcotics or over 3 months
- Heroin use > ½ Gram/day
- Methadone use of 40 or more mg daily (confirmed by medical records if possible)
- Hydrocodone more than 6 per day or oxycodone or fentanyl use over 20mg daily

Objective findings:

- COWS score 13 or greater
- Confirm opiate use by getting records from clinic or pharmacy

- BP >110 systolic or >70 diastolic, usually quite elevated
- Document objective findings including abdominal cramping, vomiting, presence of diarrhea, nausea, shivering, tachycardia, mood and behavior.

Plan:

- If female, obtain urine pregnancy, notify provider if pregnant for medication orders
- Tylenol 650mg prn up to Q6 hours
- Complete COWS score 1x daily until COWS score under 13
- Reassure
- Fluids, electrolyte replacement/rest/clear liquid diet if needed

PRN nursing discretion:

1. Phenergan 25mg PO Q6hrs, 25mg rectally Q6hrs if not keeping down PO
2. Loperamide 2mg, 2 tabs PO as needed for the first loose stool followed by 1 tab PO with each episode of loose stools up to 6 tabs a day for 3 days
3. Zofran 4mg orally disintegrating PO BID for 3 days if not keeping down fluids with Phenergan
4. Clonidine 0.1mg PO up to TID, Recheck BP 1 hour after first clonidine dose. Hold clonidine for any systolic blood pressure <90/60. If severe withdrawal and COWS score still over 13, may increase to clonidine 0.2mg PO TID. Continue to check BP 1 hour after first dose and vitals including temperature at least daily. Pt will remain in medical for the first 24-48 hours until COWS score under 13.
5. Consult provider for any concerning vitals, persistent vomiting, or concerns of dehydration.

Nursing Education:

Although it is distressingly symptomatic, Opiate Withdrawal Syndrome is generally not life threatening. Onset of withdrawal usually coincides with the time of the next habitual drug dose, as early as four hours for heroin.

The intensity and duration of withdrawal symptoms increase directly with the dose and frequency of use and the general health of the user. Acute withdrawal symptoms can peak within 48 to 72 hours and last up to seven (7) days. It may last longer for methadone and long acting opiates. Even after the withdrawal symptoms remit, lethargy, malaise, anxiety and disturbed sleep may persist for months. Drug cravings may persist for years.

Based on information obtained from the following References:

- Oregon Department of Corrections Opiate Withdrawal Protocol
(Revised March 2018)
- Keller MD, J. (May 26, 2017). Effective Treatment of Heroin Withdrawal in Corrections. Jail Medicine. Retrieved July 4, 2018, from <http://www.jailmedicine.com/effective-treatment-of-heroin-withdrawal-in-corrections/>
- Gowing, L., Farrell, M., Ali, R., & White, J. M. (2004). Alpha2 adrenergic agonists for the management of opioid withdrawal. Cochrane Database of Systematic Reviews. doi:10.1002/14651858.cd002024.pub2