

**STANDING ORDER**

**HEROIN/OPIOID WITHDRAWAL**

**I. ASSESSMENT**

A. Obtain history of substance abuse

1. What drug? (i.e.: heroin, opioids, Methadone, Suboxone etc.), how long has patient been using? What dosage? Frequency? Last used? Injecting?
2. Concurrent use with other drugs or alcohol?
3. If injecting, skin problems? Abscesses or cellulitis?
4. Pregnant?
5. Chronic health conditions? (i.e.: DM, CVD, seizure disorder)

B. Current subjective complaints. Sweating, myalgia, irritability, anxiety, lacrimation, rhinorrhea, yawning restlessness and insomnia are common.

C. Objective assessment:

1. Blood pressure and pulse may be elevated
2. Agitation, restlessness, somnolence, dilated pupils, lethargy, malaise, anxiety
3. Piloerection of skin, diaphoresis
4. Lacrimation, rhinorrhea
5. N/V/D, abdominal cramps, anorexia
6. Muscle cramps, joint pain, muscle twitching
7. Severe withdrawal: ongoing daily use of substance for > 3 months, heroin > ½ gram daily,
8. Severe withdrawal: continuous N/V/D, dehydration, pulse may be >120, elevated BP, extreme restlessness, tearful, fetal position, fever may be present, drenching diaphoresis

## **II. MANAGEMENT**

### A. Mild withdrawal

1. Offer reassurance, encourage fluids, diet as tolerated, Promethazine per SO 535 for N/V, APAP 650 mg or IBU 400 mg BID for muscle and joint pain, Pepto 30 ml BID for diarrhea.
2. For more severe diarrhea, Loperamide 2 mg p.o. QID PRN – four (4) days.

### B. Moderate to Severe withdrawal

1. Implement management for mild withdrawal. Contact provider for: continuous N/V/D, fever > 100.4, signs and symptoms of dehydration, pulse > 120, or any other urgent complications
2. Place in Medical for 24 hour observation, or applicable time frame based off symptoms or COW score.

## **III. EVALUATION**

- A. Acute withdrawal symptoms should subside within a week. Contact provider if symptoms continue.

### 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.