

Opioid withdrawal

Clinical features

Time course	Symptoms start six hours after last use of short-acting opioid, peak at 2–3 days, and begin to resolve by 5–7 days (methadone withdrawal peaks on day 5, and buprenorphine/naloxone withdrawal peaks on day 7). Psychological symptoms can last for weeks.
Physical symptoms	Flu-like: Myalgias, chills, sweating, nausea and vomiting, abdominal cramps, diarrhea, rhinorrhea, lacrimation, piloerection.
Psychological symptoms	Insomnia, anxiety and irritability, restlessness, dysphoria, craving.
Complications	a. Suicide b. Overdose if opioids taken after a period of abstinence (loss of tolerance). c. Gastritis or peptic ulcer. d. Acute exacerbation of cardiorespiratory illnesses, e.g., asthma, angina. e. Exacerbation of psychiatric conditions: anxious patients may experience panic attacks, schizophrenic patients may experience psychosis, etc.

ED treatment

Protocol	<p>Administer buprenorphine/naloxone if:</p> <ul style="list-style-type: none">• Patient has not used any opioids for at least 12 hours (preferably 16).• Patient reports both physical and psychological symptoms of withdrawal.• COWS score > 12.• Patient is not on methadone or buprenorphine/naloxone <p>Initial dose: 2–4 mg SL (2 mg if elderly, on high benzodiazepine dose, or if not sure that patient is in withdrawal). Dose should be witnessed by nurse to ensure it is taken SL and fully dissolved.</p> <p>Reassess in 1–2 hours. Give another 2–4 mg SL if still in significant withdrawal.</p> <p>ED treatment completed when COWS score < 12.</p> <p>Max dose on first day: 12 mg</p>
Discharge	<p>Refer patient to rapid access addiction medicine clinic.</p> <p>Prescribe buprenorphine/naloxone total amount dispensed in the ED (max 12 mg) as a single daily dose:</p> <ul style="list-style-type: none">• Dispense daily under observation at a specific pharmacy.• Include start and end dates.• Prescription should last until next rapid access addiction medicine clinic. <p>Refer patient to withdrawal management if transient housing, lack of social supports, and/or high risk for relapse.</p> <p>Provide high-risk patients with take-home naloxone.</p>

Home treatment

Protocol	<p>Prescribe buprenorphine/naloxone for patient to take at home if:</p> <ul style="list-style-type: none">• Onset of withdrawal is still several hours away.• Patient refuses to stay in ED until withdrawal begins.• Patient is not on methadone or buprenorphine/naloxone. <p>Prescribe 4 mg SL, repeat in two hours if necessary, up to four 2 mg tabs (8 mg) over 24 hours, x 1–3 days (e.g., twelve 2 mg tabs all as take-home or 4 tabs daily dispensed for 3 days).</p>
Discharge	<p>Patient instructions:</p> <ul style="list-style-type: none">• Wait at least 12 hours after last opioid use and be in at least moderate withdrawal before taking first dose.• Take 2 mg x 2 tabs SL.• If still in withdrawal after 2 hours, take another 2 mg x 2 tabs SL.• Max dose: 8 mg in 24 hours <p>Refer patient to rapid access addiction medicine clinic for ongoing buprenorphine/naloxone treatment.</p> <p>Refer patient to withdrawal management if transient housing, lack of social supports, and/or high risk for relapse.</p> <p>Provide high-risk patients with take-home naloxone.</p>

Clinical Opioid Withdrawal Scale (COWS)

INTERVAL	0	30 mins	2 hours	4 hours
DATE: DD / MM / YYYY				
TIME				
Resting heart rate (measure after lying or sitting for 1 minute): 0 HR 80 or below 1 HR 81-100 2 HR 101-120 4 HR 121+				
Sweating (preceding 30 minutes and not related to room temp/activity): 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
Restlessness (observe during assessment) 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds				
Pupil size: 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
Bone or joint aches (not including existing joint pains): 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints/muscles plus unable to sit still due to discomfort				
Runny nose or tearing (not related to URTI or allergies): 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				
GI upset (over last 30 minutes) 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of vomiting or diarrhea				
Tremor (observe outstretched hands): 0 no tremor 1 tremor can be felt but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
Yawning (observe during assessment) 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute				
Anxiety or irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin 0 skin is smooth 3 piloerection (goosebumps) can be felt or hairs standing up on arms 5 prominent piloerection				
SCORE INTERPRETATION 5-12 MILD WITHDRAWAL 13-24 MODERATE WITHDRAWAL 25-36 MODERATELY SEVERE WITHDRAWAL 37+ SEVERE WITHDRAWAL	TOTAL	TOTAL	TOTAL	TOTAL
	INITIALS	INITIALS	INITIALS	INITIALS

Sample buprenorphine/naloxone prescription

Hospital

Hospital address

Prescriber, MD
Hospital
Phone number
Fax number

Patient
Health card number
Date of birth

Pharmacy
Address
Fax number

Date

Buprenorphine/naloxone 8/2 mg 1 tab SL OD
Start date – end date inclusive
Dispense daily observed

Physician signature
CPSO number