



Demographic Label

**OPIOID WITHDRAWAL
ADMISSION ORDER SET**

No Drug Allergies Allergies: _____ **Body Weight:** _____ kg

For orders with indicate with **Changes to be initialed by MD**

Admitting Diagnosis: _____

Admit to bed _____ Code Status: Full Resuscitation DNR
 MRP _____

Consult: Social worker Dietician AMCT clinician (ALL to be entered via Meditech)

Opioid Withdrawal Protocol

MD Assess indication for buprenorphine/naloxone (Suboxone®); **must meet both criteria:**

Clinical Opiate Withdrawal Scale (COWS) greater than 12

AND (at least one of the following)

Greater than 12 hours since oral, crushed, snorted or injected immediate release opioids
 ➤ Heroin, HYDROmorphone, Morphine, OxyCODONE or Codeine

OR

Greater than 12 hours since crushed, snorted, smoked or injected controlled release, long-acting opioids
 ➤ HYDROmorphone Contin (CR) or Morphine Extended Release (ER)

OR

Greater than 24 hours since oral controlled release/long-acting opioids
 ➤ HYDROmorphone Contin (CR) or Morphine Extended Release (ER) or Smoked FentaNYL / IV FentaNYL

OR

At least 72 hours since last methadone use

MD to complete:

Types of opioid used: _____ Time of last opioid intake: ____:____ (24h) Route: _____

Assess for contraindications to receive buprenorphine/naloxone (Suboxone®):

- Hypersensitivity / allergies, unable to provide informed consent, altered level of consciousness, currently taking methadone, severe or acute liver disease, alcohol or benzodiazepine intoxication/dependence, shock states/hypotension, severe head injury, acute intra-abdominal conditions

<p>Assessments and Monitoring</p>	<p><input checked="" type="checkbox"/> Vital signs including SpO2, at baseline, 2 hour and 4 hour assessments then every 12 hours or as per MD</p> <p><input checked="" type="checkbox"/> Notify MD to reassess if COWS increases (to assess for precipitated withdrawal)</p> <p><input checked="" type="checkbox"/> COWS score every 1-2 hours until less than or equal to 5 on two occurrences then discontinue COWS and use SOWS while awake</p> <p><input checked="" type="checkbox"/> Notify MD to reassess patient when maximum dose of SUBOXONE® (buprenorphine/naloxone) 32mg/8mg given</p> <p><input checked="" type="checkbox"/> HOLD all medication and notify MD if drowsy or vitals unstable at 2 or 4 hour assessments:</p> <p>Unstable vitals: BP less than 90/60 HR greater than 100 or less than 60 RR less than 12 SpO2 less than 92%</p>
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<p>Precipitated Withdrawal Treatment</p>	<p><input type="checkbox"/> First Line Treatment: Continuation of SUBOXONE® (buprenorphine/naloxone) induction</p> <p><input type="checkbox"/> 8mg/2mg or</p> <p><input type="checkbox"/> 16mg/4mg every hour sublingual as needed to a maximum of 32mg/8mg and call MRP</p> <p><input type="checkbox"/> Consider additional symptom management as below</p>
<p>Lab Investigation</p>	<p><input type="checkbox"/> CBC, CR, Glucose, Lytes, LFTs</p> <p><input type="checkbox"/> HEP B and C <input type="checkbox"/> HEP C RNA Viral Load</p> <p><input type="checkbox"/> Overdose Pack PCS-1420-0921a</p> <p><input type="checkbox"/> Broad Spectrum Urine drug screen</p> <p><input type="checkbox"/> Beta-human Chorionic Gonadotropin (urine βHCG)</p> <p><input type="checkbox"/> HIV</p>
<p>Nutrition</p>	<p><input type="checkbox"/> Regular diet <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Diabetic _____ kcal <input type="checkbox"/> Food sensitivities: _____</p>
<p>Activity</p>	<p><input checked="" type="checkbox"/> Activity as tolerated</p> <p><input type="checkbox"/> Other _____</p>
<p>Pharmacological Management</p>	<p>Maximum daily dose Suboxone® (buprenorphine/naloxone) 32mg/8mg on first day (24 hours) If withdrawal symptoms resolve, patient may not require maximum dosing</p> <p>Observe patient until tablets fully dissolved under the tongue (usually within 2 to 10 minutes)</p> <ul style="list-style-type: none"> o Ensure patient does not eat, drink or smoke for 10 minutes after the tablet(s) have dissolved. o Suboxone® tablets must be administered sublingually. The tablets must NOT be swallowed or given via g-tube. <p>DAY ONE: Initial 24 hours: COWS q1-2h</p> <p>FIRST DOSE: * IF ELDERLY (OVER 65) AND/OR PATIENTS AT RISK OF RESPIRATORY/CNS DEPRESSION ORDER: <input type="checkbox"/> SUBOXONE® (buprenorphine/naloxone) 2mg/0.5mg (1 tablet) sublingual for COWS greater than 12 <input type="checkbox"/> Done in ER</p> <p>IF NO RISK FACTORS (LISTED ABOVE) ORDER: <input type="checkbox"/> SUBOXONE® (buprenorphine/naloxone) <input type="checkbox"/> 8mg/2mg or <input type="checkbox"/> 16mg/4mg sublingual for COWS greater than 12 <input type="checkbox"/> Done in ER</p> <p>*Notify physician if COWS score INCREASES after Suboxone® (buprenorphine/naloxone) given as this may indicate precipitated withdrawal*</p> <p>SUBSEQUENT DOSES: note that maximum total dose in first 24 hours is 32mg/8mg</p> <p>FOR ELDERLY (OVER 65) AND/OR PATIENTS AT RISK OF RESPIRATORY/CNS DEPRESSION ONLY EVER GIVE: <input type="checkbox"/> Buprenorphine/naloxone 2mg/0.5mg (1 tablet) sublingual for COWS greater than 5. Reassess every 1-2 hours for next dose OR symptom resolution. <input type="checkbox"/> Done in ER</p> <p>IF NO RISK FACTORS (LISTED ABOVE) ORDER:</p> <p>SECOND DOSE: <input type="checkbox"/> Buprenorphine/naloxone <input type="checkbox"/> 4mg/1mg or <input type="checkbox"/> 8mg/2mg sublingual for COWS greater than 5. Reassess in 60 minutes for next dose OR symptom resolution. <input type="checkbox"/> Done in ER</p>

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	<p><u>THIRD DOSE AND ONWARD:</u></p> <p><input type="checkbox"/> Buprenorphine/naloxone <input type="checkbox"/> 4mg/1mg or <input type="checkbox"/> 8mg/2mg sublingual for COWS greater than 5. Reassess in 60 minutes for next dose OR symptom resolution <input type="checkbox"/> Done in ER</p> <p><input checked="" type="checkbox"/> DISCONTINUE COWS WHEN SCORE LESS THAN 5 on two occurrences</p> <p><input checked="" type="checkbox"/> Use SOWS (Subjective Opioid Withdrawal Scale) every two hours while awake following discontinuation of COWS and contact MRP for further dosing titration</p> <p>AND</p> <p><input type="checkbox"/> Suboxone® (buprenorphine/naloxone) <input type="checkbox"/> 2mg/0.5mg or <input type="checkbox"/> 4mg/1mg PRN. Give sublingual for SOWS score greater than 1 with a maximum daily dose of ____mg.</p> <p><u>DAY TWO: SOWS in AM and then as per patient symptoms present</u></p> <p>Note: maximum total daily dose of 32mg/8mg on Day 2 (0900-0859 HRS)</p> <p><input type="checkbox"/> Calculate total Suboxone® (buprenorphine/naloxone) dose received on Day 1 Administer this dose in the morning on Day 2</p> <p>AND</p> <p><input type="checkbox"/> Suboxone® (buprenorphine/naloxone) <input type="checkbox"/> 2mg/0.5mg or <input type="checkbox"/> 4mg/1mg PRN. Give sublingual for SOWS score greater than 1.</p> <p><u>DAY THREE: SOWS in AM and then as per patient symptoms present</u></p> <p>Note: maximum total daily dose of 32mg/8mg on Day 3 (0900-0859 HRS)</p> <p><input type="checkbox"/> Calculate total Suboxone® (buprenorphine/naloxone) dose received on Day 2 Administer this dose in the morning on Day 3</p> <p>AND</p> <p><input type="checkbox"/> Suboxone® (buprenorphine/naloxone) <input type="checkbox"/> 2mg/0.5mg or <input type="checkbox"/> 4mg/1mg PRN. Give sublingual for SOWS score greater than 1.</p> <p><u>DAY FOUR ONWARD:</u></p> <p><input type="checkbox"/> Discontinue SOWS</p> <p><input type="checkbox"/> Calculate total Suboxone® (buprenorphine/naloxone) dose received on Day 3 Administer this dose in the morning on Day 4 and call MRP for further dosing suggestions</p> <p style="background-color: yellow;">**Never exceed a MAXIMUM total daily dose of Suboxone® (buprenorphine/naloxone) 32mg/8mg**</p>
<p>Symptom Management</p>	<p><input type="checkbox"/> Clonidine 0.1 mg PO PRN repeat every one hour up to 4 doses for sweating, yawning, restlessness, anxiety/irritability, or gooseflesh skin</p> <ul style="list-style-type: none"> • hold if BP less than 90/60, HR less than 60, sedated or dizzy • consider in cases of precipitated withdrawal or if Suboxone® is contraindicated.

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Symptom Management	<input type="checkbox"/> Quetiapine IR 25-50 mg PO at bedtime PRN for anxiety <input type="checkbox"/> Acetaminophen 1000mg PO q4h PRN for pain, max 4g in 24 hours <input type="checkbox"/> Ibuprofen 400mg PO q6h PRN for pain <input type="checkbox"/> Dimenhydrinate 50mg PO/IM/IV q6h PRN for nausea <input type="checkbox"/> Ondansetron 4-8mg PO/IV q6-8h PRN for nausea <input type="checkbox"/> Loperamide 4mg PO PRN x1 dose then 2mg PO PRN with each BM, max 16mg/24 hours
Nicotine Withdrawal	Nicorette Gum PCS-1420-0921c <input type="checkbox"/> Nicotine resin gum 2mg q1h PRN for nicotine cravings(max 24 pieces in 24 hrs) <input type="checkbox"/> Nicotine resin gum 4mg q1h PRN for nicotine cravings(max 24 pieces in 24 hrs) Nicotine Patch <input type="checkbox"/> Nicotine patch 7 mg applied q am for up to 24 hours <input type="checkbox"/> Nicotine patch 14 mg applied q am for up to 24 hours <input type="checkbox"/> Nicotine patch 21 mg applied q am for up to 24 hours
Sleep Aids	<input type="checkbox"/> Melatonin 3-6 mg PO at bedtime PRN for insomnia <input type="checkbox"/> Trazodone 25-50mg PO at bedtime PRN for insomnia <input type="checkbox"/> Zopiclone 3.75-7.5mg PO at bedtime PRN for insomnia
Referral	<input type="checkbox"/> Refer to Community Withdrawal Management Services (CWMS) on discharge <input type="checkbox"/> Notify Peer Support Worker (when appropriate) available 2pm-10pm (705) 365-6613 <input type="checkbox"/> Refer to TCP day program <input type="checkbox"/> Refer to Rapid Access Addictions Medicine Clinic (RAAM) <input type="checkbox"/> Refer to Jubilee: <input type="checkbox"/> Safe Bed <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Refer to Smooth Rock Falls Detox Centre <input type="checkbox"/> Refer to South Cochrane Addiction Services (SCAS) <input type="checkbox"/> Refer to Addiction Clinics: _____
Discharge	<input type="checkbox"/> Provide patient with buprenorphine/naloxone (Suboxone®) prescription (minimum 7 days) <input type="checkbox"/> Provide patient with <i>Discharge Instruction for Suboxone®</i> Handout <input type="checkbox"/> Provide patient with <i>Addiction Resources</i> Handout <input type="checkbox"/> Discharge instructions: no sedatives, no alcohol, no driving x 24 hours <input type="checkbox"/> Provide client with Naloxone kit on discharge <input type="checkbox"/> Review harm reduction practices <ol style="list-style-type: none"> 1. Never use alone 2. Use a test dose for any new batch of drugs 3. Avoid injecting. Taking pills are safer than snorting/smoking, which is safer than injecting. 4. Don't mix drugs, especially other sedatives like alcohol and benzodiazepines 5. Always carry a naloxone kit
Additional Orders	

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