

# Opioid withdrawal

## Clinical features

<b>Time course</b>	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.
<b>Physical symptoms</b>	Flu-like: Myalgias, chills, sweating, nausea and vomiting, abdominal cramps, diarrhea, rhinorrhea, lacrimation, piloerection.
<b>Psychological symptoms</b>	Insomnia, anxiety and irritability, restlessness, dysphoria, craving.
<b>Complications</b>	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

<b>Protocol</b>	<p>Administer buprenorphine/naloxone if:</p> <ul style="list-style-type: none"><li>• Patient has not used any opioids for at least 12 hours (preferably 16).</li><li>• Patient reports both physical and psychological symptoms of withdrawal.</li><li>• <a href="#">COWS</a> score &gt; 12.</li><li>• Patient is not on methadone or buprenorphine/naloxone</li></ul> <p><b>Initial dose: 2–4 mg SL</b> (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. ED treatment completed when COWS score &lt; 12.</p> <p><b>Max dose on first day: 12 mg</b></p>
<b>Discharge</b>	<p><b>Refer patient to rapid access addiction medicine clinic.</b></p> <p><a href="#">Prescribe buprenorphine/naloxone</a> total amount dispensed in the ED (max 12 mg) as a single daily dose:</p> <ul style="list-style-type: none"><li>• Dispense daily under observation at a specific pharmacy.</li><li>• Include start and end dates.</li><li>• Prescription should last until next rapid access addiction medicine clinic.</li></ul> <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

<b>Protocol</b>	<p><a href="#">Prescribe buprenorphine/naloxone</a> for patient to take at home if:</p> <ul style="list-style-type: none"><li>• Onset of withdrawal is still several hours away.</li><li>• Patient refuses to stay in ED until withdrawal begins.</li><li>• Patient is not on methadone or buprenorphine/naloxone.</li></ul> <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>
<b>Discharge</b>	<p>Patient instructions:</p> <ul style="list-style-type: none"><li>• Wait at least 12 hours after last opioid use and be in at least moderate withdrawal before taking first dose.</li><li>• Take 2 mg x 2 tabs SL.</li><li>• If still in withdrawal after 2 hours, take another 2 mg x 2 tabs SL.</li><li>• <b>Max dose: 8 mg in 24 hours</b></li></ul> <p><b>Refer patient to rapid access addiction medicine clinic</b> 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				
<b>Resting heart rate (measure after lying or sitting for 1 minute):</b> 0 HR 80 or below 1 HR 81-100	2 HR 101-120 4 HR 121+			
<b>Sweating (preceding 30 minutes and not related to room temp/activity):</b> 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			
<b>Restlessness (observe during assessment)</b> 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			
<b>Pupil size:</b> 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			
<b>Bone or joint aches (not including existing joint pains):</b> 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			
<b>Runny nose or tearing (not related to URTI or allergies):</b> 0 not present 1 nasal stuffiness or unusually moist eyes	2 nose running or tearing 4 nose constantly running or tears streaming down cheeks			
<b>GI upset (over last 30 minutes)</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool	3 vomiting or diarrhea 5 multiple episodes of vomiting or diarrhea			
<b>Tremor (observe outstretched hands):</b> 0 no tremor 1 tremor can be felt but not observed	2 slight tremor observable 4 gross tremor or muscle twitching			
<b>Yawning (observe during assessment)</b> 0 no yawning 1 yawning once or twice during assessment	2 yawning three or more times during assessment 4 yawning several times/minute			
<b>Anxiety or irritability</b> 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			
<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection (goosebumps) can be felt or hairs standing up on arms	5 prominent piloerection			
<b>SCORE INTERPRETATION</b> 5-12 MILD WITHDRAWAL 13-24 MODERATE WITHDRAWAL	25-36 MODERATELY SEVERE WITHDRAWAL 37+ SEVERE WITHDRAWAL	TOTAL	TOTAL	TOTAL
		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