OPIATE WITHDRAWAL
Level II

Skill Level: RN

Definition: Opiate withdrawal syndrome is generally not life-threatening. The withdrawal state is characterized by tremulousness, agitation, tachycardia and hypertension. Onset of withdrawal generally coincides with the time of the next habitual drug dose.
A symptom-oriented non-opiate approach to withdrawal uses the alpha-2 adrenergic agonist, Clonidine. Clonidine is helpful because it blocks the adrenergic discharge produced by opiate withdrawal, thus reducing the symptoms of withdrawal. Clonidine can reduce symptoms by 50-75%.

Mild Opiate Withdrawal (Grade 1-2)	
Subjective: • I'm withdrawing from… (an opiate). • Ongoing daily use of opiates for over 3 weeks. • I use < ½ Gram/day of heroin. • I use < 40 mg of methadone/day (ask where obtained, and last time used). • I take < 6 Vicodin/day or 2 OxyContin/day (confirm if possible). • Concurrent alcohol use < 6 drinks/day. • Does not have poorly controlled: Diabetes, ASCVD, seizures. • Is not pregnant. • Current complaints of sweats, myalgia, irritability, anxiety, lacrimation, rhinorrhea, yawning, restlessness, or insomnia are common.	**Assessment:** • Alteration in comfort: opiate withdrawal syndrome.
Objective: • Blood pressure may be > 110/60. • Pulse may be < 120. • Agitation, restlessness, hyper-alertness, somnolence (yawning), dilated pupils. • Skin: diaphoretic, gooseflesh • Lacrimation, sneezing, rhinorrhea.	**Plan:** • Offer Tylenol or ASA. • Reassurance. • Give patient information on opiate withdrawal. • Encourage PO fluids. • Diet as tolerated (clear liquids, etc.)

Objective (continued for Mild)

- Mild nausea, vomiting, abdominal cramps or diarrhea may be present.
- Oriented to time and place.
- Sometimes mild muscles cramps and twitching, or joint pain.
- No fever, anorexia, nausea, or extreme restlessness.
- No significant diarrhea, dehydration, vomiting, hyperglycemia.
- Blood pressure systolic >90 and frequently is elevated. No hypotension.

Plan (continued for Mild):

- If female < 45, obtain urine HCG. If pregnant, consult with provider for pregnant opiate withdrawal protocol.
- PRN nursing discretion:
  - Hydroxyzine 50 mg BID up to 7 days.
  - Loperamide 2 mg PO TID up to 7 days for > 3 stools/day.
- Provider chart review next working day.
- Notify provider if patient appears dehydrated or if persistent vomiting. Be prepared to discuss skin turgor, mucous membranes, BP/pulse lying and sitting or standing.
- Notify provider if there are both opiate and alcohol withdrawal concerns.

Moderate to Severe Opiate Withdrawal (Grades 3-4)

Subjective:

- Same questions as in mild opiate withdrawal EXCEPT:
  Ongoing daily use of narcotics for over 3 months.
- Heroin use >1/2 Gram/day
- Quantity of methadone used: 40 or more mg/day (confirmed).
- Vicodin 6 or more/day
- Duragesic patch or OxyContin > 20mg/day

Assessment:

- Opiate withdrawal, moderate-severe.

Objective:

- Confirmed dose of methadone 40mg or more (Call clinic, document dose used, last date given.)
- Symptoms and signs as in mild opiate withdrawal, but more severe.
- Moderate to severe vomiting, diarrhea, cramps, and dehydration.
- Pulse may be over 120.
- Tachypnea may be present.
- Extreme restlessness and fetal positioning sometimes present.
- B/P> 110 systolic or >70 diastolic.
- Not pregnant.

Plan:

Implement plan for mild opiate withdrawal, and at nursing discretion may use any of the below:

- If female < 45, obtain urine HCG to confirm not pregnant. If pregnant, consult with provider for pregnant opiate withdrawal protocol.
- Give test dose of Clonidine 0.1mg
- Recheck BP in 1 hour.
- After treatment with Clonidine, if BP systolic is <90 or >130, consult with provider for dosage adjustment.

	Plan (continued for Moderate to Severe)
	• May give Clonidine 0.1 to 0.2 mg po BID-QID to suppress autonomic signs and symptoms of withdrawal for 3-6 days, then taper back down, as tolerated for a total of up to 10 days. • Check BP at least daily while patient taking Clonidine and at least one day after it has been D/C'd. • Consult provider if fever >100.4, severe dehydration, or complicating medical condition such as Coronary Artery Disease. • Consult provider if BP under 110/70.

Nursing Education:

Opiate withdrawal syndrome is generally not life-threatening in the absence of medical and psychiatric co-morbidities. Pharmacologic therapies are aimed at reducing the drive or "craving" for drugs, along with the agitation, somatic and psychological distress accompanying withdrawal. Onset of withdrawal generally coincides with the time of the next habitual drug dose – 4-6 hours for heroin and more frequent for methadone.

The duration and intensity of withdrawal symptoms can be expected to increase directly with the dose, the duration of use, the time since the last dose and inversely with the general health of the abuser. The duration of the acute withdrawal syndrome can last 7 days for heroin, 7-14 days for longer acting opiate analgesics, and up to 28 days or more for methadone. Protracted abstinence symptoms, with more subtle physiological and behavioral aspects, may last as long as one year.

A symptom-oriented non-opiate approach to withdrawal uses the alpha-2 adrenergic agonist, Clonidine. Clonidine is helpful because it blocks the adrenergic discharge in the brain produced by opiate withdrawal, thus reducing the signs and symptoms of withdrawal. Clonidine can reduce symptoms by 50-75%.

<u>Opiate Withdrawal Syndrome</u>

Grade 1:
Lacrimation, rhinorrhea, diaphoresis, yawning, restlessness, insomnia.
Grade 2:
Dilated pupils, arthralgia, piloerection, muscle twitching, myalgia, abdominal pain.
Grade 3:
Tachycardia, tachypnea, hypertension, fever, anorexia, nausea, extreme restlessness.
Grade 4:
Diarrhea, dehydration, vomiting, hyperglycemia, hypotension, curled-up position.

Opiate Withdrawal – Level II
APPROVED:

_______________________________ _______________
Medical Services Manager Date

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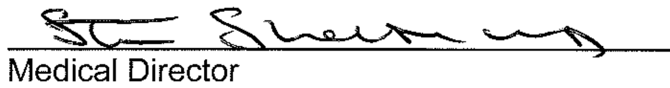
Chief Medical Officer Date



Medical Director 10/13/09 Date

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