**Opioid Withdrawal Management Service Pre-Printed Order Set Example – Dr. Valerie Primeau**

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| 🗹**Height:**\_\_\_ cm | 🗹**Weight:**\_\_\_ kg | 🗹**Last Opioid Use:**\_\_\_ hours | 🗹**Initial** **COWS Scale:**\_\_\_\_ |

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| **Legal Status:** 🗹Voluntary  **Diet:** 🞏DAT 🞏Other:\_\_\_\_\_\_\_\_\_\_\_  **Activity:** 🗹AAT within unit only **Vital Signs:** 🗹q6h  **Baseline Laboratory (to complete within 2 hours of admission):**  🗹CBC/lytes/CREAT/BUN/GLUR  🗹TSH 🗹LFTs  🗹AST/GGT/INR/PTT  🗹B12  🗹Partial Drug Screen (ASA/acetaminophen/alcohol)  🗹Urine Drug Screen and Urine R & M  🗹Urine beta-HCG (females less than 50 years of age only)  🗹ECG  **Nicotine Replacement NRT PPO – 8-008:** 🞏 Yes 🞏 No  🗹 **Clinical Opiate Withdrawal Scale Assessment (COWS)**  Use the COWS to assess and monitor symptoms Repeat the assessment as follows:  a) If COWS score is 0-9, repeat the Clinical Opiate Withdrawal Scale q6h  b) If COWS score is 10-15, repeat the Clinical Opiate Withdrawal Scale q4h  c) If COWS score is 16 or greater, repeat the Clinical Opiate Withdrawal Scale q2h  🞏**CLONIDINE PROTOCOL** (to be used if buprenorphine not indicated)  🗹**Test Dose if COWS is equal or more than 5**  Give clonidine 0.1 mg po x 1 dose and check vital signs one hour afterwards  If BP less than 90/60 **or** HR less than 60, discontinue clonidine  If vital signs stable, continue with clonidine protocol and withhold dose if BP less than 90/60 **or** HR less than 60  🗹**Initial COWS score is 5 - 9**  If patient weighs less than or equal to 91 kg give:  Clonidine 0.1 mg po q6h x 72 hours, then,  Clonidine 0.05 mg po q6h x 48 hours, then,  Clonidine 0.025 mg po q6h x 48 hours, then stop  If patient weighs more than 91 kg give:  Clonidine 0.2 mg po q6h x 72 hours, then,  Clonidine 0.1 mg po q6h x 48 hours, then,  Clonidine 0.05 mg po q6h x 24 hours, then,  Clonidine 0.025 mg po q6h x 24 hours, then stop  🗹**Initial COWS score is 10 - 15**  If patient weighs less than or equal to 91 kg give:  Clonidine 0.2 mg po q6h x 72 hours, then,  Clonidine 0.1 mg po q6h x 48 hours, then,  Clonidine 0.05 mg po q6h x 24 hours, then,  Clonidine 0.025 mg po q6h x 24 hours, then stop  If patient weighs more than 91 kg give:  Clonidine 0.3 mg po q6h x 72 hours, then,  Clonidine 0.2 mg po q6h x 48 hours, then,  Clonidine 0.1 mg po q6h x 24 hours, then,  Clonidine 0.05 mg po q6h x 24 hours, then,  Clonidine 0.025 mg po q6h x 24 hours, then stop | **🞏BUPRENORPHINE/NALOXONE PROTOCOL**  Offer all patients with opioid use disorder buprenorphine/naloxone treatment for withdrawal and maintenance therapy. The clonidine protocol can be used if the buprenorphine/naloxone protocol is not indicated (e.g.: ongoing opioid use or the patient declines)  **DAY 1**  **Prior to starting a buprenorphine/naloxone induction, the patient must abstain from opioid use for at least 12 hours and must be in moderate withdrawal (COWS 13+)**  🗹Give 2/0.5 mg sl test dose and monitor for 2 hours for signs of precipitated withdrawal  🗹 **THEN** give 2/0.5 mg sl q2h prn up to a maximum total dose of 8/2 mg sl on Day 1  **DAY 2**  🗹Give total amount from Day 1 (2/0.5 mg – 8/2 mg) in one dose in AM and monitor for 2 hours  🗹**THEN** give 2/0.5 mg sl q2h prn up to a maximum total dose of 16/4 mg sl on Day 2  **DAY 3 (choose one option)** 🞏Give total amount from Day 2 (2/0.5 mg – 16/4 mg) in one dose in AM and refer to new MRP orders for adjustment in the dosage **OR**  🞏If patient declines maintenance therapy, decrease by 2/0.5 mg sl per day if dose is 8/2 mg or less or by 4/1 mg sl per day if dose is 10/2.5 mg or more  **\*Crush tablets before administering and monitor the patient directly for 10 minutes to prevent misuse**  **NOTE:** Clonidine and buprenorphine can be used along with the following medications for symptomatic relief of opioid withdrawal (choose from the following)  **Nausea, Vomiting and/or Diarrhea**  🞏dimenHYDRINATE 25-50 mg po/IM q6h prn (max 200 mg per 24 hours)  🞏loperamide 4 mg po once **THEN** 2 mg po after each loose bowel movement (max 16 mg per 24 hours)  **Generalized Discomfort and/or Pain**  🞏acetaminophen 325-650 mg po q4h prn (max 4 grams per 24 hours)  🞏ibuprofen 400 mg po q6h prn (max 1600 mg per 24 hours)  **Anxiety and/or Insomnia**  🞏quetiapine 25-50 mg po q4h prn (max 200 mg per 24 hours)  🞏melatonin 6 mg sl qhs prn  🞏trazodone 50-100 mg po qhs prn  **Additional Orders**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |