



Demographic Label

**EMERGENCY DEPARTMENT
OPIOID WITHDRAWAL
PROTOCOL**

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

For orders with <input type="checkbox"/> indicate with <input checked="" type="checkbox"/> Changes to be initialed by MD	SIGNATURES
<p>Emergency Department Opioid Withdrawal Protocol with Standard Suboxone® (buprenorphine/naloxone) Induction</p> <p><input type="checkbox"/> MD to assess indications for buprenorphine/naloxone (Suboxone®); must meet both criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Opiate Withdrawal Scale (COWS) greater than 12 <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Greater than 12 hours since oral, injected, crushed or snorted immediate release opioids Heroin, HYDROmorphone, Morphine or OxyCODONE <p>OR <input type="checkbox"/> Greater than 12 hours since snorted, crushed, injected or smoked controlled release/long acting opioids HYDROmorphone Contin (CR) or Morphine Extended Release (ER)</p> <p>OR <input type="checkbox"/> Greater than 24 hours since oral controlled release/long acting opioids HYDROmorphone Contin (CR), Morphine Extended Release (ER) or smoked FentaNYL / IV FentaNYL</p> <p>OR <input type="checkbox"/> At least 72 hours since last Methadone use</p> <p>MD to Complete: Opioid(s) used: _____ Time of last opioid intake: _____ Route: _____</p> <p><input type="checkbox"/> Assess for contraindications to receive buprenorphine/naloxone (Suboxone®) Hypersensitivity/allergy, 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> <p>Blood Work</p> <p><input type="checkbox"/> CBC <input type="checkbox"/> Cr <input type="checkbox"/> Broad Spectrum Urine <input type="checkbox"/> Glucose <input type="checkbox"/> Lytes <input type="checkbox"/> _____ <input type="checkbox"/> Overdose Pack <input type="checkbox"/> Drug Screen <input type="checkbox"/> βHCG <input type="checkbox"/> LFTs <input type="checkbox"/> _____</p> <p>Monitoring:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vital signs including SpO2 at baseline, 2 and 4 hours <input checked="" type="checkbox"/> Clinical Opiate Withdrawal Scale (COWS) hourly <input checked="" type="checkbox"/> Notify Peer Support Worker (when appropriate) available 2pm-10pm (705) 365-6613 <input checked="" type="checkbox"/> Notify MD to reassess patient when COWS less than 5 or maximum dose Suboxone® (buprenorphine/naloxone) (32mg/8mg) given (may discontinue COWS at this time) <input checked="" type="checkbox"/> Notify MD to reassess if COWS increases as this may indicate precipitated withdrawal <input checked="" type="checkbox"/> Hold all medications and notify MD if drowsy or if vitals are unstable. <p>Unstable vitals: BP less than 90/60, HR greater than 100, RR less than 12, SpO2 less than 92%</p> <p>** First Line Treatment of precipitated withdrawal is continued Suboxone® (buprenorphine/naloxone) induction **</p> <p><input type="checkbox"/> Give Buprenorphine/naloxone (Suboxone®) 8mg/2mg OR 16mg/4mg sublingual q1h to max of 32mg/8mg</p> <p>Medications: Maximum daily buprenorphine/naloxone (Suboxone®) 32mg/8mg on first day or symptom resolution</p> <p>Initial Dose</p> <ul style="list-style-type: none"> <input type="checkbox"/> Buprenorphine/naloxone <input type="checkbox"/> 8mg/2mg OR <input type="checkbox"/> 16mg/4mg sublingual for COWS greater than 12 then reassess in 60 minutes <p>OR <input type="checkbox"/> Buprenorphine/naloxone 2mg/0.5mg if COWS is greater than 12 and elderly (over 65) OR risk of respiratory depression reassess in 60 minutes</p> <p>Subsequent dosing – can be given every 1-4 hours as needed</p> <ul style="list-style-type: none"> <input type="checkbox"/> SECOND DOSE: Buprenorphine/naloxone <input type="checkbox"/> 4mg/1mg OR <input type="checkbox"/> 8mg/2mg sublingual for COWS greater than 5 then reassess in 60 minutes for next dose <input type="checkbox"/> THIRD DOSE AND ONWARD: Buprenorphine/naloxone <input type="checkbox"/> 4mg/1mg OR <input type="checkbox"/> 8mg/2mg sublingual for COWS greater than 5 then reassess in 60 minutes for next dose 	
<p>Date: _____ Physician Name: _____ Physician Signature: _____</p>	





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<input type="checkbox"/> FOR ELDERLY (OVER 65) AND RISK OF RESPIRATORY/CNS DEPRESSION ONLY EVER GIVE: Buprenorphine/naloxone 2mg/0.5mg sublingual for COWS greater than 5 every 1-2 hours to a maximum dose of 32mg OR symptom resolution	
<p align="center">**Observe patient until tablets have fully dissolved under the tongue; do not eat/drink/smoke for 10 minutes**</p>	
<p>Symptom Management Consider in cases of precipitated withdrawal (along with buprenorphine/naloxone (Suboxone®) OR if buprenorphine/naloxone (Suboxone®) is contraindicated OR maximum dose of Suboxone® is reached</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clonidine 0.1mg PO q1h PRN, repeat up to a total of 4 doses, hold if BP less than 90/60, HR less than 60, sedated or dizzy <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/SL/IV q6-8h PRN for nausea <input type="checkbox"/> Loperamide 4mg PO PRN x1 dose then 2mg PO PRN with each loose BM, max 16mg/24 hours <input type="checkbox"/> Quetiapine IR 25-50 mg PO at bedtime PRN for anxiety <p>Discharge: OR <input type="checkbox"/> Admission with Opioid Withdrawal Admission Order Set</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide patient with buprenorphine/naloxone (Suboxone®) prescription for minimum of 7 days <input type="checkbox"/> Refer to Community Withdrawal Management Services <input type="checkbox"/> Refer to Transitional Care Program <input type="checkbox"/> Refer to RAAM Clinic <input type="checkbox"/> Refer to Jubilee Centre: <input type="checkbox"/> Safe Bed <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Refer to South Cochrane Addiction Services <input checked="" type="checkbox"/> Provide patient with Discharge Instructions For buprenorphine/naloxone (Suboxone®) handout <input checked="" type="checkbox"/> Provide patient with Addiction Resources handout <input checked="" type="checkbox"/> Provide Patient with Naloxone Kit 	
<p>Other Orders:</p>	
<p>Date: _____ Physician Name: _____ Physician Signature: _____</p>	

