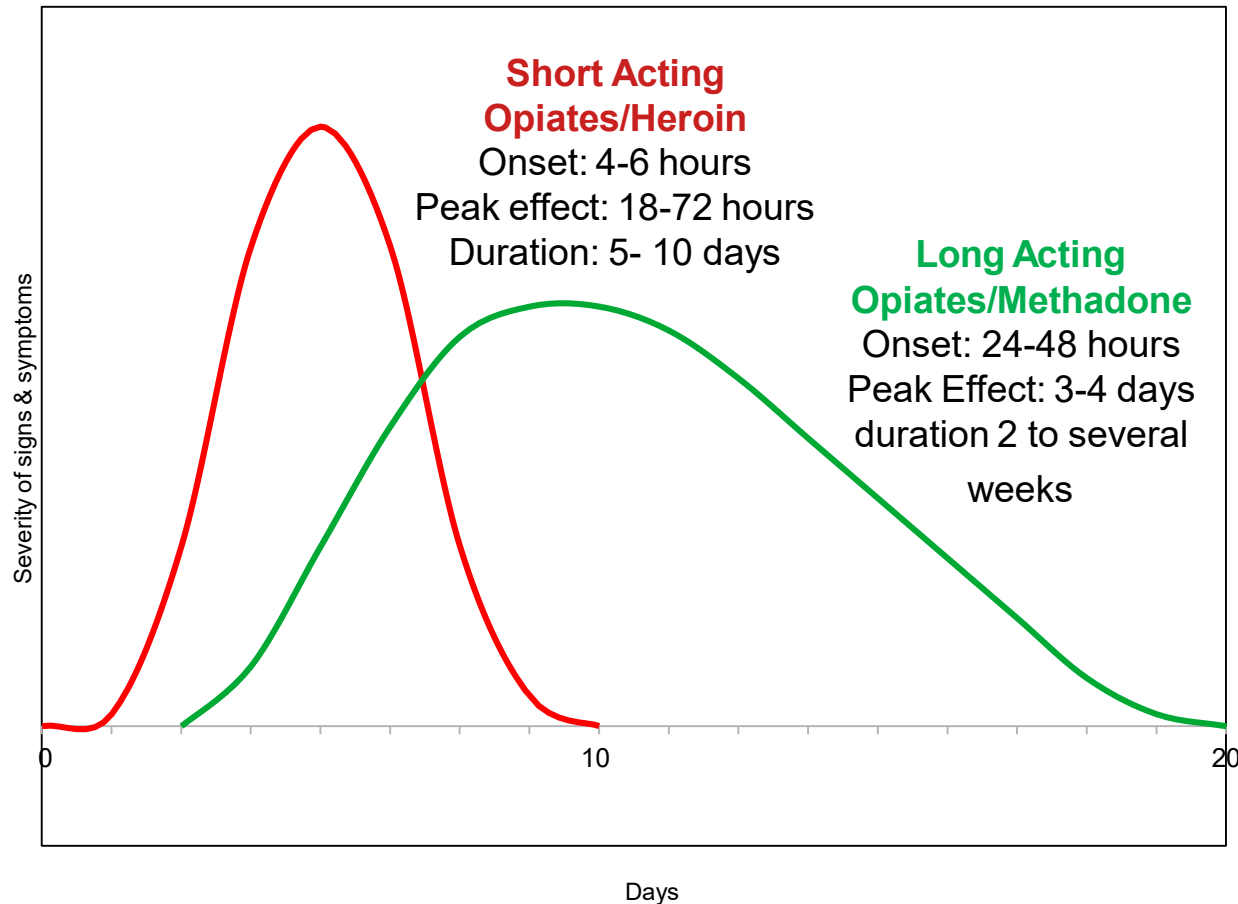




# Opiate Withdrawal 101



## Physical Symptoms

- Rhinorrhoea “runny nose”
- Lacrimation “teary eyes”
- Sweating
- Hot and cold flushes
- Piloerection “goosebumps”
- Abdominal cramps
- Nausea, vomiting, diarrhoea
- Muscle twitching/restless legs
- Bone and muscle aches and cramps

## Neuropsychiatric symptoms

- Insomnia
- Restlessness, anxiety, irritability, agitation
- Depression
- Intense cravings

# Assessment Tips

**Resting Pulse Rate:** Sitting or lying for 1 minute

**Sweating:** Over past 30 minutes, patient report

**Restlessness:** Observed, patient report

**Pupil Size:** Turn lights on, allow for adjustment

**Bone or joint aches:** Additional pain, over baseline

**Runny nose or tearing:** Report or observation, e.g.

observed “sniffing”

**GI Upset:** Diarrhoea or vomiting in past 30 minutes

**Tremor:** put patient hands on top of yours to be able

to feel a fine tremor

**Yawning:** Observed during assessment

**Anxiety:** Self report and observed

**Gooseflesh skin:** See and feel piloerection

<p><b>RUNNING NOSE OR TEARING</b> — Not accounted for by cold symptoms or allergies</p> <p>0 = Not present            1 = Nasal stuffiness or unusually moist eyes            2 = Nose running or tearing            4 = Nose constantly running or tears streaming down cheeks</p>
<p><b>GASTROINTESTINAL UPSET</b> — Over last half hour</p> <p>0 = No gastrointestinal symptoms            1 = Stomach cramps            2 = Nausea or loose stool            3 = Vomiting or diarrhoea            5 = Multiple episodes of diarrhoea or vomiting</p>
<p><b>TREMOR</b> — Observation of out stretched hands</p> <p>0 = No tremor            1 = Tremor can be felt, but not observed            2 = Slight tremor observable            4 = Gross tremor or muscle itching</p>
<p><b>YAWNING</b> — Observation during assessment</p> <p>0 = No yawning            1 = Yawning once or twice during assessment            2 = Yawning three or more times during assessment            4 = Yawning several times per minute</p>
<p><b>ANXIETY OR IRRITABILITY</b></p> <p>0 = None            1 = Patient reports increasing irritability or anxiousness            2 = Patient obviously irritable/anxious            4 = Patient so irritable/anxious that participation in assessment is difficult</p>
<p><b>GOOSEBUMPS/PILOERECTION</b></p> <p>0 = Skin is smooth            3 = Piloerection of skin can be felt or hairs standing up on arms            5 = Prominent piloerection</p>
<p><b>RESTING PULSE RATE</b> — Measured after patient is sitting or lying for one minute</p> <p>0 = Pulse rate <math>\leq</math>80            1 = Pulse rate 81-100            2 = Pulse rate 101 - 120            4 = Pulse rate &gt; 120</p>
<p><b>SWEATING</b> — Over past half hour, not accounted for by room temperature, patient activity or co-existing illness</p> <p>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</p>
<p><b>RESTLESSNESS</b> — Observation during assessment</p> <p>0 = Able to sit still            1 = Reports difficulty sitting still but able to do so            3 = Frequent shifting or extraneous movements of legs/arms            5 = Unable to sit still for more than a few seconds</p>
<p><b>PUPIL SIZE</b></p> <p>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</p>
<p><b>BONE OR JOINT ACHES</b> — If patient was having pain previously only the additional component attributed to opiate withdrawal is scored</p> <p>0 = Not present            1 = Mild diffuse discomfort            2 = Patient reports severe diffuse aching of joints/muscles            4 = Patient is rubbing joints or muscles and is unable to sit still due to discomfort</p>
<p><b>Referral to Alcohol and Drug Service</b>            Referred by: _____ To: _____            Date: _____</p>

# How to Administer COWS

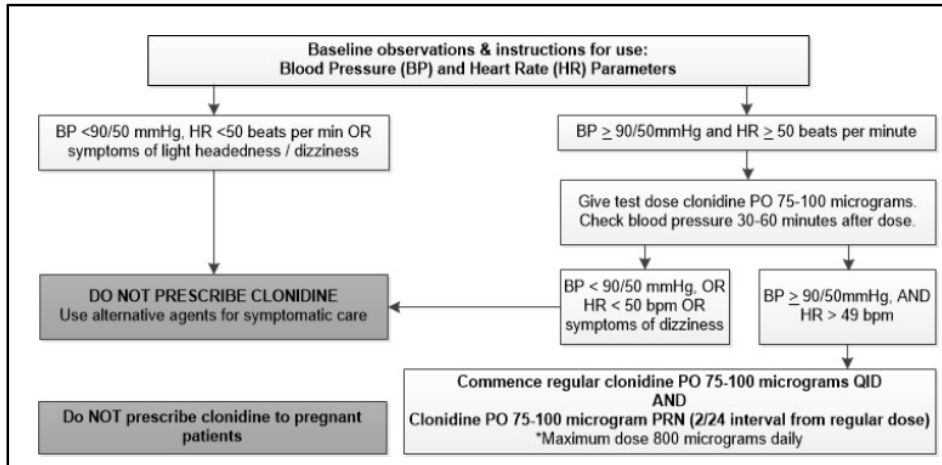
Date	7/03
Time	0700
Resting Pulse Rate (0-4)	1
Sweating (0-4)	3
Restlessness (0-5)	1
Pupil Size (0-5)	1
Bone/Joint Aches (0-4)	2
Runny nose or tearing (0-4)	2
Gastrointestinal upset (0-5)	1
Tremor (0-4)	2
Yawning (0-4)	2
Anxiety or irritability (0-4)	1
Goosebumps/Piloerection (0-5)	1
<b>TOTAL SCORE: (maximum 48)</b>	<b>17</b>
Nurse Initials	JM

- **2-10 minute** to complete including observation and scoring
- Complete on **initial** assessment and then **every 6 hours** until withdrawal symptoms resolve
- Score guide is found on the flip side on the chart
- Physiological observations **must** be recorded on the relevant Observation and Response Chart at each assessment
- **Total score** once completed all 10 items then indicates level of severity to help guide pharmacological management
- See flipside of the chart for Clonidine and Adjunct Medications for pharmacological management

## Scoring guide

Symptoms	COWS Score	
<i>Mild</i>	0-12	Scores > 12 indicate symptomatic management with clonidine PO may be beneficial See over for symptomatic management and refer to DoH AOD Withdrawal Management Practice and Pathways or site-specific Alcohol and Other Drug Policy and Procedure. If score > 24 consider buprenorphine-naloxone for withdrawal as per WA Health Policy – Specialist AOD or psychiatrist consult is required. [Insert/remove as per HSP site] Medications <b>MUST</b> be prescribed on the WA Hospital Medication Chart Contact Alcohol and Other Drug Service for advice at any time [insert site AOD service contact details or DACAS]
<i>Moderate</i>	13-24	
<i>Moderately Severe</i>	25 -36	
<i>Severe</i>	36 +	

# Pharmacological Treatment



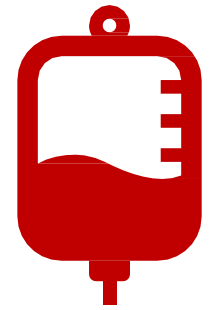
- **Scores > 12:** Consider symptomatic treatment, clonidine
- Utilise other adjunct medications as per symptoms presenting
- All medications must be prescribed on WA Hospital Medication Chart
- **Scores > 24:** consider AOD referral for alternative and additional therapies (eg Suboxone®)

Do not cease clonidine abruptly if the patient has been taking high doses for more than 3-5 days

Symptom of Opiate Withdrawal	<b>THIS IS NOT A PRESCRIPTION - REFER TO THE WA HOSPITAL MEDICATION CHART</b>
Nausea & Vomiting	Metoclopramide PO / IV 10 mg three times a day PRN Prochlorperazine PO 5 mg three times a day PRN Ondansetron PO / IV 4-8 mg twice a day PRN
Diarrhoea	Loperamide PO 2 mg twice a day PRN (maximum five days).
Abdominal Cramps	Hyoscine butylbromide PO 10-20 mg four times daily PRN
Muscle and Joint Pain	Ibuprofen PO 200-400 mg three to four times daily PRN (maximum 1200mg / 24 hours), Paracetamol PO 1 g every 4 hours PRN (maximum 4 g / 24 hours)
Anxiety and Insomnia	<b>Second line (after clonidine):</b> Diazepam PO 5-10 mg four times daily for 5 days on a reducing regimen (example: diazepam 5 mg four times per day for 3 days; then 5mg twice a day for 2 days, then 5 mg nocte for 1 day then cease)

Refer to Specialist AOD service for consideration of alternative and additional therapies (eg buprenorphine-naloxone as opioid replacement therapy [ORT]). ORT can only be continued on discharge when prescribed by authorised CPOP prescribers. Under S80 of the Medicines and Poisons Act 2014 an Authorised Health Practitioner who reasonably believes that a patient is a drug dependent person commits an offence if the practitioner does not make a report to the Department of Health.

# Scenario



Patient B is a 35 year old male presenting to the emergency department in heroin withdrawal and has a COWS score of 14: 2 points for anxiety/irritability, 1 point for restlessness, 2 points for bone aches, 2 points for a runny nose, 2 points for yawning, 2 points for goosebumps and 3 points for GI upset/vomiting

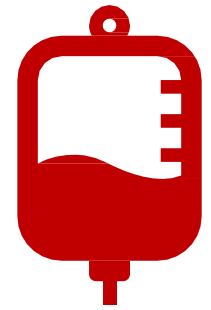
**Question 1:** What is the most appropriate intervention?

- a. Clonidine 100mg QID
- b. Metoclopramide 10mg TDS day PO
- c. Diazepam 10mg QID
- d. Option A and B

**Question 2:** On day 2, Patient B's COWS score increased to 30. He is distressed with limited effect from current treatment regime. What should you do?

- a. Add / increase diazepam
- b. Administer additional pain relief
- c. Contact HSPAOD Team/ or Drug and Alcohol Clinical Advisory Service

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# More Information..

- For more information see Department of Health Alcohol and Other Drugs Withdrawal Management Practice and Pathways Document
- Local HSP Alcohol and Other Drugs Policy
- Contact your HSP AOD Service for an Alcohol and Withdrawal Management Education Session
- Contact Drug and Alcohol Clinical Advisory Service DACAS on 65530520 for further information on Suboxone in the management of opioid withdrawal