

Psychiatric Hospital at Vanderbilt

OPIATE WITHDRAWAL PROTOCOL - PHV: (Pregnant patients should not be withdrawn from opiates)

If patient requires detoxification from multiple CNS depressants and/or alcohol, do not use this protocol until the detoxification from these substances is completed.

- Notify MD if patient meets criteria for initiation of Opiate Withdrawal Protocol, based on the patient's report and/or documentation of opiate dependency (i.e., + history, + UDS, long term use).
- Obtain vital signs prior to each dose of clonidine and/or buprenorphine dose; then every shift after stabilization of acute detox.
- Each time vital signs are obtained, assess patient using COWS Scale and document on scoring flow sheet.
- Score 5 or greater = Administer clonidine 0.1 mg po q 1hr, up to 0.4 mg in 8 hrs or less, while awake (*Hold dose for the following: If baseline BP less than or equal to 100/70, hold for BP less than or equal to 80/50; If baseline BP greater than 100/70, hold for BP less than 90/60.*)
- After pt. has received 0.4 mg clonidine in 8 hrs or less or has scored 15 or > prior to reaching 0.4 mg clonidine = call MD for orders to start buprenorphine dosing schedule (0.3 mg IM q 8hrs, using the hours of 0600, 1400, 2200 x 9 doses).
- Continue clonidine orders even after buprenorphine injections have started, according to the parameters of the protocol.
- If score is 15 or > after dose # 3 of buprenorphine 0.3 mg, call MD for order to increase buprenorphine to 0.6 mg IM q 8hrs for doses # 4, 5, 6; then decrease back to 0.3 mg q 8hrs for doses # 7, 8, 9.
- Stop buprenorphine after dose # 9; If patient continues to score 15 or > after the 9th dose, notify MD for how to proceed without restarting the buprenorphine.
- Inform patient that the buprenorphine will not be restarted once it has been stopped.
- 24 hrs of observation is recommended following the last dose of buprenorphine prior to discharge.
- Encourage patient not to take any more buprenorphine than necessary, particularly if COWS score is 0 prior to the 9th dose.
- Observe patient for signs of CNS depression and, if present, notify MD.

PROTOCOL MEDICATIONS:

Clonidine:

- Clonidine 0.1mg po q1hr, up to 0.4mg within and 8 hour period, while awake, for COWS score of 5 or greater.
- *Hold dose for the following: If baseline BP less than or equal to 100/70, hold for BP less than or equal to 80/50; If baseline BP greater than 100/70, hold for BP less than 90/60.*

Buprenorphine:

- *If protocol criteria met:* Buprenorphine 0.3mg IM q 8 hours for 9 consecutive doses for pain management; on day 1, may alter dose spacing to not less than q 6 hours to adjust to 0600, 1400, 2200 dosing schedule.
- *If score 15 or > after dose #3 and initial order discontinued:* Buprenorphine 0.6mg IM q 8 hours x 3 doses for pain management for doses # 4, 5, 6 (continue on the dosing schedule of 0600, 1400, 2200) and then decrease to 0.3mg IM for doses # 7, 8, 9.

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CENTRAL NERVOUS SYSTEM DEPRESSANT PROTOCOL(CNSDP)- PHV

Signature	Initials	Signature	Initials

Criteria for initiation of CNSDP Protocol is based on the patient's report and/or documented history of recent or long term use of CNS depressants (hypno-sedatives, benzodiazepines, barbiturates) and/or verification of + UDS of same substances.

(Caution: Phenobarbital is not recommended for use in Pregnancy).

Protocol Instructions:

- Notify MD for initiation of CNSDP Protocol if patient meets above criteria.
- Patient to remain on Seizure Precautions for the duration of the CNSDP Protocol.
- Assess and record vital signs and signs/symptoms q 4 hours (observe for objective signs).
- Document assessments and vital signs on the CNSDP Flowsheet.
- At the first sign of progression from mild to moderate/severe withdrawal signs, begin q 1 hour assessment and vital sign schedule.
- If all signs return to mild status (after a minimum of 2 hourly checks), resume q 4 hour assessment and vital sign schedule.
- If patient does not display symptoms of CNS depressant withdrawal within 72 hours, discontinue the protocol.
- Initiate Phenobarbital Load when patient displays at least 2 moderate to severe signs from the list below.
- Continue to assess patient and record vital signs hourly prior to the administration of each Phenobarbital dose.
- Discontinue Phenobarbital Load when patient displays 2 or more of the following symptoms, indicating intoxication:

- Patient asleep/difficult to arouse
- Ataxic (unsteady gait)
- Dysarthric (thick tongue)
- Nystagmus
- Labile Mood

BASELINE

MILD WITHDRAWAL SIGNS <i>Mark (+) if Present</i>	DATE:																		
	TIME:																		
Blood Pressure																			
Pulse: Record beats per minute (bpm)																			
Mild agitation, irritability																			
Mild restlessness, anxiety																			
Lightheadedness / dizziness																			
Paraesthesia (tingling sensation)																			
Mild tremors																			
Nausea / anorexia																			
Mild diaphoresis																			
Insomnia																			
TOTAL # Mild Signs Present																			

MODERATE to SEVERE WITHDRAWAL SIGNS <i>Mark (+) if Present</i>	BASELINE																		
Hypertension: Increase in DBP greater than or equal to 20 mm Hg in 2 hrs or less																			
Tachycardia: Increase in pulse =greater than or equal to 20 bpm in 2 hrs or less																			
Marked increase in agitation, irritability																			
Marked increase in anxiety; very restless																			
Progressive confusion/disorientation																			
Increasingly severe fasciculation (Muscle twitching)																			
Increasingly severe tremors																			
Vomiting / dry heaves																			
Increasingly severe diaphoresis																			
Pre-seizure activity (e.g., aura, bright lights)																			
Increasingly severe visual hallucinations																			
Increasingly severe tactile hallucinations																			
TOTAL # Moderate to Severe Signs Present																			
Initials																			

Patient has met the criteria for initiation of Phenobarbital Load by scoring at least 2 Moderate to Severe Signs at _____ (Time)

on _____ (Date) Initials: _____