# Children's Mercy

# **Exclusion criteria**:

- Patients < 12 years of age</li>
- Patients being actively weaned Patients with sickle cell disease
- Patients on chronic therapeutic opioids

### **Opioid Withdrawal Signs and** Symptoms Signs:

- Elevated blood pressure, rapid heart rate, and irritability or agitation
- Dilated pupils, sweating, runny nose, goose bumps
- · Diarrhea, inability to sleep, heavy yawning, watering eyes

### symptoms:

- Restlessness or anxiety
- · Nausea, vomiting, or abdominal
- Tremor/shaking, muscle aches, joint
- Sensitive to touch
- Intense desire for drugs

f several signs or symptoms are present, olease refer to <u>Clinical Opiate Withdrawal</u>

### **COWS Score**

- Mild withdrawal: 5 12
- Moderate withdrawal: 13 24
- Moderately severe withdrawal: 25 36 Severe withdrawal: > 36

### **Consults to Consider**

- Medical Toxicology
- Social Work
- · Adolescent and Young Adult Medicine
- Developmental and Behavioral Health

### **Additional Resources**

- How to Talk to Your Kids About Using **Drugs**
- Important Facts to Know When Taking Opioids
- Buprenorphine Quick Start Guide
- (SAMHSA)
- <u>Naloxone</u> Locking Medicine Pouch
- **Locking Medication Storage Box**
- **Children's Mercy Provider Resources**
- Opioid Stewardship Program
- Opioid Treatment Agreement

### **Preparation for Discharge Home** Resources

- **Outpatient Medication Assisted Treatment Resources**
- Suboxone Sublingual Films handout
- Naloxone handout
- **Locking Medication Storage Box** Locking Medicine Pouch

## Patient presents with suspected opioid withdrawal or potential opioid use disorder

### **History and Physical**

- Review history and physical examination, including Opioid Use Screening
- Identify presence of signs and symptoms associated with opioid withdrawal
- Complete the <u>Clinical Opiate Withdrawal Scale</u> (COWS)
- Screen for other substance use, including over the counter medication

### Is the patient: **Considerations** 1. In active opioid withdrawal with a COWS ≥ 5?

No-

2. At high risk of developing opioid withdrawal (e.g., daily use or experiencing withdrawal symptoms between use)?

Yes

Is the patient in

active withdrawal

 $(COWS \ge 5)$ ?

Yes

Do you have

buprenorphine/naloxone

(Suboxone) available in

your setting?

Yes

• Consult Social Work, if available • Provide Opioid Addiction Treatment Resources Prescribe naloxone (4 mg/0.1 mL nasal spray)

### **High Risk of Withdrawal**

The patient may still be at high risk of developing opioid withdrawal if using daily or experiencing withdrawal symptoms between use

- Prescribe naloxone (4 mg/0.1 mL nasal spray) -and-
- Provide Opioid Addiction Treatment Resources with plan for follow-up in 2 3 days
- Consider starting outpatient treatment with buprenorphine/naloxone (Suboxone), especially if patient is experiencing withdrawal symptoms between use, following home treatment instructions available in the Suboxone Sublingual Films handout and refer to Preparation for Discharge Home information
- Consider consultation with CMKC Medical Toxicology for additional questions/concerns

- Prescribe naloxone (4 mg/0.1 mL nasal spray) -and-
- Instruct family on how to initiate buprenorphine/naloxone (Suboxone) at home following home treatment instructions available in the <u>Suboxone Sublingual Films</u> handout and refer to **Preparation for Discharge Home**
- **Refer** patient to CMKC ED or an ED where buprenorphine/naloxone (Suboxone) is available  **or -**
- **Consider** consultation with CMKC Medical Toxicology for additional questions/concerns

### **Acute Treatment**

- Administer buprenorphine/naloxone (Suboxone), 4 mg/1 mg sublingual film
- *Observe* patient for 1 2 hours to monitor for improvement
  - If symptoms improving, may discharge home with the following dosage instructions:
  - Take one 4 mg/1 mg sublingual film once per day until follow-up
  - If you experience worsening withdrawal symptoms after several hours, take an additional 4 mg/1 mg sublingual film and increase your daily dose to 8 mg/2 mg once per day until follow-up
  - If symptoms not improved or quickly return, may give second 4 mg/1 mg sublingual film and observe for 1 - 2 hours with discharge home if improving
  - If improved, discharge home with instructions to take 2 sublingual films (8 mg/2 mg) once per day until follow-up -and-
  - If you experience worsening withdrawal symptoms after several hours, take an additional 4 mg/1 mg sublingual film
  - If patient needs higher level of care, refer to the ED or admit to inpatient

# **Preparation for Discharge Home**

Within CMKC: Consult Social Work who will provide Outpatient Medication Assisted Treatment Resources and contact family within next business day to ensure follow-up within 2 - 3 days has been made

- or -

Outside CMKC: Provide Outpatient Medication Assisted Treatment Resources (recommend contacting the family within next business day to ensure follow-up within 2 - 3 days has been made)

- Depending on family preference, may refer to Adolescent and Young Adult Medicine Clinic (choose Adolescent Specialty option) for follow-up (recommended within 2 - 3 days)
- Prescribe buprenorphine/naloxone 4 mg/1 mg strength (one to two times daily; 12 15 sublingual films) and provide Suboxone Sublingual Films handout
- If patient requires higher dosing for initial treatment (e.g., 8 mg/2 mg), consider equivalent maintenance dosage for home
- Prescribe naloxone (4 mg/0.1 mL nasal spray)

### Discharge

- Instruct patient to seek medical attention if:
- Experiencing Opioid Withdrawal Signs and Symptoms despite
- buprenorphine/naloxone (Suboxone) use as directed
- Exceeding 3 sublingual films (12 mg) within 24 hours Every patient should follow up with their PCP or a specialty clinic within 2 - 3 days

# • Provide family with a locking medication storage box or resources for obtaining

Contact: EvidenceBasedPractice @cmh.edu