

Allergies: <input type="checkbox"/> NO <input type="checkbox"/> YES (specify): _____										
Emergency Department Protocol for Acute Opioid Withdrawal										
Date: _____		Time: _____								
MD Instructions:										
Opioid(s) last used: _____		Time opioid(s) last used: _____								
<p>1. Assess indications for buprenorphine/naloxone:</p> <p>COWS greater than 12 and one of the following: At least 12 hrs since last short acting opioid (e.g. Heroin, crushed OxyContin®, Percocet®) At least 24 hrs since last long acting opioid (e.g. PO OxyContin®, OxyNeo®) At least 72 hrs since last methadone dose</p>										
<p>2. Assess for contraindications:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Allergy or hypersensitivity to buprenorphine or naloxone</td> <td style="width: 50%;">Decreased level of consciousness</td> </tr> <tr> <td>Prescribed methadone or buprenorphine/naloxone</td> <td>Inability to provide informed consent</td> </tr> <tr> <td>Severe liver dysfunction</td> <td>Acute alcoholism or delirium tremens</td> </tr> <tr> <td>Acute severe respiratory distress</td> <td>Paralytic ileus</td> </tr> </table>			Allergy or hypersensitivity to buprenorphine or naloxone	Decreased level of consciousness	Prescribed methadone or buprenorphine/naloxone	Inability to provide informed consent	Severe liver dysfunction	Acute alcoholism or delirium tremens	Acute severe respiratory distress	Paralytic ileus
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Monitoring:										
<input checked="" type="checkbox"/> COWS at presentation and q2h (form on back) <input checked="" type="checkbox"/> Discontinue COWS when COWS less than 5 <input checked="" type="checkbox"/> Notify MD to reassess patient when COWS less than 5 or when maximum buprenorphine/naloxone given										
Medications:										
Use low dose buprenorphine/naloxone if elderly or risk of central nervous system or respiratory depression										
<input type="checkbox"/> Buprenorphine/naloxone 2/0.5 mg X <u>2 tabs</u> sublingual q2h for COWS greater than 12, max 2 doses. <input type="checkbox"/> Buprenorphine/naloxone 2/0.5 mg X <u>1 tabs</u> sublingual q2h for COWS greater than 12, max 4 doses. <input checked="" type="checkbox"/> Observe patient until buprenorphine/naloxone is fully dissolved under the tongue <input checked="" type="checkbox"/> Acetaminophen 500-1000 mg PO q6h PRN for pain, max 4g in 24 hours <input checked="" type="checkbox"/> Ibuprofen 200-400 mg PO q6h PRN for pain <input checked="" type="checkbox"/> Ondansetron 4-8mg PO/IV q4h PRN for nausea										
Name: _____		Signature: _____ MD								
Discharge orders:										
<input type="checkbox"/> Provide patient with prescription, completed by MD. <input checked="" type="checkbox"/> Provide patient with information handout "Acute Opioid Withdrawal" <input checked="" type="checkbox"/> Fax referral to addiction medicine clinic if completed by MD										
Name: _____		Signature: _____ MD								