Allergies: □ NO □ YES (specify): __________________________________________

Emergency Department Protocol for Acute Opioid Withdrawal

Date: ___________________________ Time: ___________________________

MD Instructions:

Opioid(s) last used: _________________ Time opioid(s) last used: ____________

1. Assess indications for buprenorphine/naloxone:
   - 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

2. Assess for contraindications:
   - 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

Monitoring:
- COWS at presentation and q2h (form on back)
- Discontinue COWS when COWS less than 5
- 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

- Buprenorphine/naloxone 2/0.5 mg X 2 tabs sublingual q2h for COWS greater than 12, max 2 doses.
- Buprenorphine/naloxone 2/0.5 mg X 1 tabs sublingual q2h for COWS greater than 12, max 4 doses.
- Observe patient until buprenorphine/naloxone is fully dissolved under the tongue
- Acetaminophen 500-1000 mg PO q6h PRN for pain, max 4g in 24 hours
- Ibuprofen 200-400 mg PO q6h PRN for pain
- Ondansetron 4-8mg PO/IV q4h PRN for nausea

Name: _____________________________ Signature: ___________________________ MD

Discharge orders:
- Provide patient with prescription, completed by MD.
- Provide patient with information handout “Acute Opioid Withdrawal”
- Fax referral to addiction medicine clinic if completed by MD

Name: _____________________________ Signature: ___________________________ MD