Withdrawal Management Case Studies for Nurses

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Continuing Education Credits

CME

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The Maine Medical Education Trust designates this regularly scheduled series for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity qualifies for 1 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.

Other

1 contact hour for social workers, licensed clinical professional counselors, and behavioral health professionals

1 Category I contact hour for psychologists. CCSME is a pre-approved sponsor and provider of Professional Education Activities for Psychologists.

1 contact hour CHES. CCSME is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc.

1 contact hour pending for alcohol and drug counselors from the Maine Board of Alcohol and Drug Counselors

CCSME is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

Learning Objectives

1. Review management of complicated alcohol, opioid and stimulant withdrawal management
2. Discuss challenges that face nurses in withdrawal management related to assessment, escalation of care and coordination with other disciplines
3. Orient to the current substances commonly being treated and adapted to in withdrawal management programs

Case #1

- 45 year old male admits with the following:
  - 1/5 daily for the last five years
  - Last drink yesterday evening
  - No home medications, no known medical issues, no recent medical care or hospitalization
  - NKDA
  - UDS: ETG only
  - PMP with frequent benzo rx for multi-levels of withdrawal
  - Initial CIWA 12

Initial protocol (example)

- Gabapentin 600mg three times a day x3d
  - 300mg twice a day for three days after to taper
- CIWA based diazepam protocol
- Comfort regimen: Ondansetron 4mg, Hydroxyzine 25-50mg, clonidine 0.1mg, promethazine 25mg, trazodone 50mg
- Suggest:
  - Omeprazole 20mg daily
  - Thiamine 100mg daily
  - MV with minerals
  - Folic acid 400mg daily

CIWA	Diazepam
> 25	40mg
20-25	30mg
15-19	20mg
10-14	10mg
< 10	None

Withdrawal Management CAC Position Statement FINAL.pdf

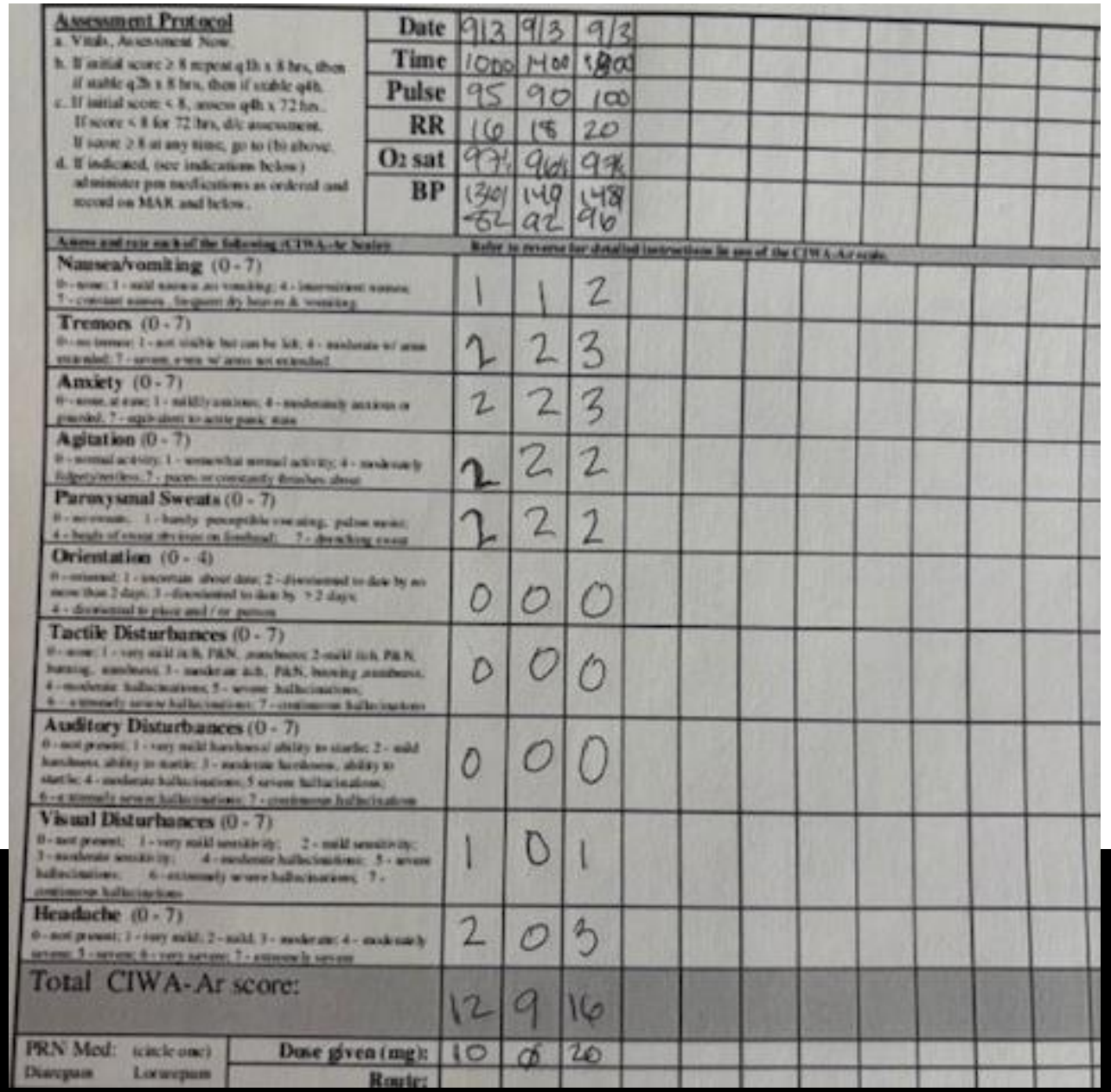
10a
Initial assessment, given 10mg diazepam and first gabapentin per protocol as well as ibuprofen and acetaminophen for headache, ondansetron for nausea and gabapentin

2p
Reassessment, score 9, headache better

4p
Scheduled gabapentin

6p
Worsening nausea, tremors and anxiety, headache is back

Treat headache and nausea and anxiety
Benzo per protocol



Assessment Protocol													
a. Vitals, Assessment Now	Date	9/2	9/3	9/3									
b. If initial score ≥ 8 repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h	Time	1000	1400	1800									
c. If initial score < 8, assess q8h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above	Pulse	95	90	100									
d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.	RR	16	18	20									
	O2 sat	97%	96%	97%									
	BP	130/82	140/92	148/96									
Assess and rate each of the following (CIWA-Ar Scale)	Refer to reverse for detailed instructions in use of the CIWA-Ar scale.												
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea, no vomiting; 4 - intermittent nausea; 7 - constant nausea, frequent dry heaves & vomiting		1	1	2									
Tremors (0 - 7) 0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended		2	2	3									
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state		2	2	3									
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about		2	2	2									
Paroxysmal Sweats (0 - 7) 0 - no sweat; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweats		2	2	2									
Orientation (0 - 4) 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person		0	0	0									
Tactile Disturbances (0 - 7) 0 - none; 1 - very mild itch, PIN, numbness; 2 - mild itch, PIN, burning, numbness; 3 - moderate itch, PIN, burning, numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0	0	0									
Auditory Disturbances (0 - 7) 0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0	0	0									
Visual Disturbances (0 - 7) 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		1	0	1									
Headache (0 - 7) 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe		2	0	3									
Total CIWA-Ar score:		12	9	16									
PRN Med: (circle one) Diazepam Lorazepam	Dose given (mg):	10	0	20									
	Route:												

Two hours later-

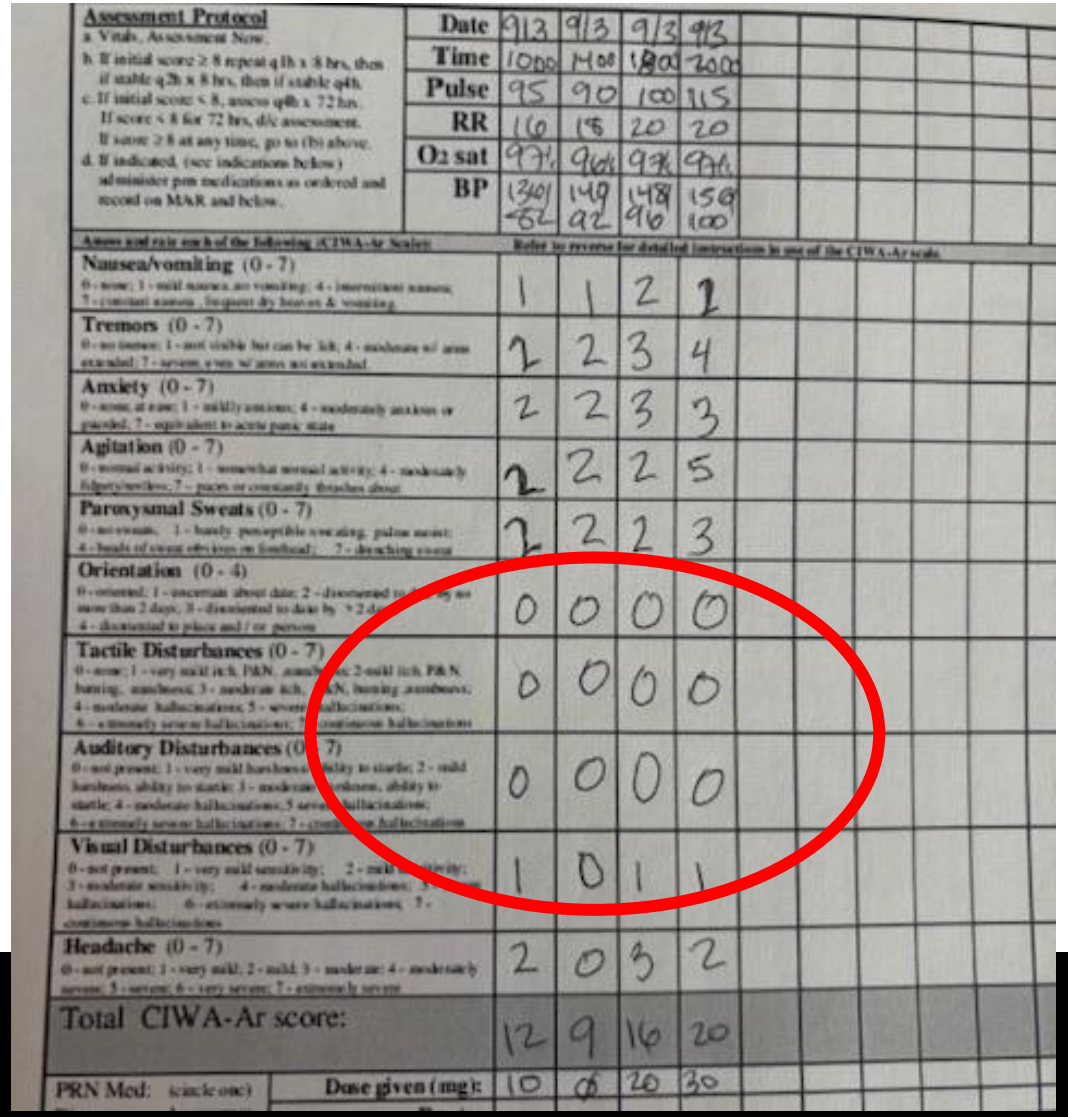
CIWA up to 20- worsening anxiety/ agitation, sweats and tremor

No change in headache or nausea/ vomiting

Call to provider

Investigate further:

- Any other possible substance use?
- Is cirrhosis possible?
- Other underlying medical issue?
- What's withdrawal like for him usually?
- Bowels and bladder working?
- Baseline mental health and headache?



Assessment Protocol	Date	9/3	9/3	9/3	9/3
a. Vitals, Assessment Now.	Time	1000	1400	1800	2000
b. If initial score ≥ 8 repeat q 1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h.	Pulse	95	90	100	115
c. If initial score < 8, assess q8h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above.	RR	16	18	20	20
d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.	O_2 sat	97%	96%	97%	97%
	BP	130/82	149/92	148/96	150/100
Assess and rate each of the following (CIWA-Ar Scale):	Refer to reverse for detailed instructions in use of the CIWA-Ar scale.				
Nausea/vomiting (0 - 7)		1	1	2	1
Tremors (0 - 7)		2	2	3	4
Anxiety (0 - 7)		2	2	3	3
Agitation (0 - 7)		2	2	2	5
Paroxysmal Sweats (0 - 7)		2	2	2	3
Orientation (0 - 4)		0	0	0	0
Tactile Disturbances (0 - 7)		0	0	0	0
Auditory Disturbances (0 - 7)		0	0	0	0
Visual Disturbances (0 - 7)		1	0	1	1
Headache (0 - 7)		2	0	3	2
Total CIWA-Ar score:		12	9	16	20
PRN Med: (circle one)	Dose given (mg):	10	Ø	20	30

Possible next steps:

Repeat 20mg diazepam, clonidine re-eval in 30 minutes

In 30 minutes, CIWA is back to 16, nausea still an issue

Re-eval nausea med, bowels

Stop eating!

At two hour mark- provider checks back in, alt nausea regimen helping, score down to 12 but anxiety/ agitation is half of the points now

Trial hydroxyzine, olanzapine

Meet with counselor if available

Possible next steps:

- Worsening CIWA→ escalation of care
  - ? Phenobarbitol/ inpatient treatment
  - Eval to rule out acute medical issue
    - Labs
    - EKG
    - CXR
    - COVID/Flu/ RSV
  - Treatment of dehydration

Case #2

- 25yo female coming in for opioid withdrawal
  - Was on suboxone until a month or so ago and stopped taking
  - Last use fentanyl before admit- 1/2g or so a day IV x the last few months
    - occasional cocaine and methamphetamine
    - No alcohol or benzos
    - UDS: fentanyl, xylazine, cocaine, methamphetamine, amphetamine, MDMA, buprenorphine, oxycodone
      - Neg HCG
  - On Lexapro and trazodone at home (did not bring in/ has been off)
  - PMHx: depression and anxiety, endometriosis, IBS-C, Hep C (no treatment yet)
  - Has two significant draining wounds on bilat legs with surrounding erythema

Initial protocol (example)

- Gabapentin 600mg three times a day
- Methocarbamol 1000mg three times a day
- Clonidine 0.1mg three times a day
- Ondansetron 4mg three times a day
- As needed hydroxyzine 50mg

Provider visit

- Can start suboxone anytime
  - What is that provider thinking??
- Sent antibiotics for leg wounds
- Restarted her Lexapro and trazodone
- COWS 16- pt chooses to start suboxone at 8mg
    - Immediately feels worse

- What do the legs look like? Any s/s sepsis?
- Watch for s/s liver failure
- Is a lot of the COWS score irritability? How's methamphetamine use playing in?
- Check on sleep and hydration

Precipitated Withdrawal

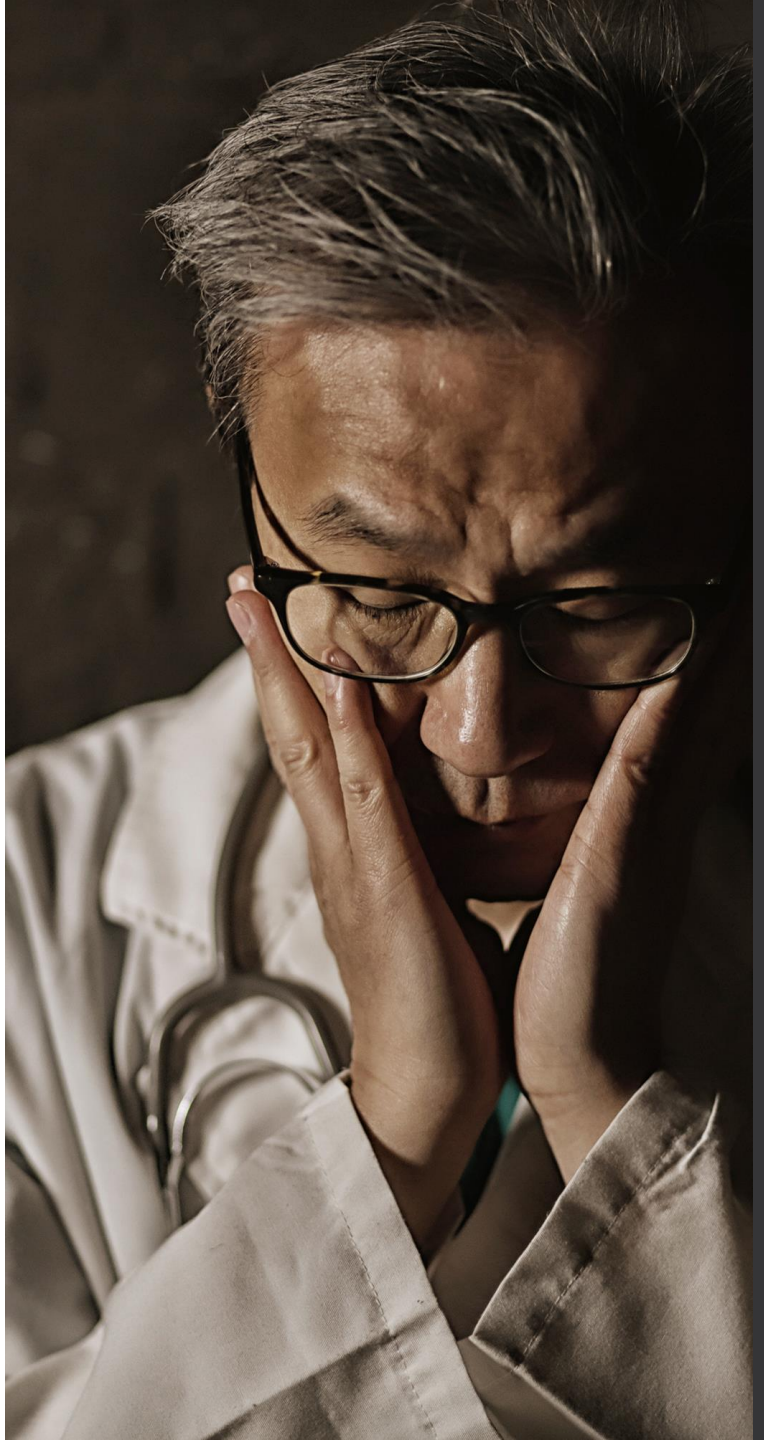
Significant worsening of COWS after buprenorphine

Treat with more bup-

? + benzo

continue comfort meds/ regimen

Continue adjuncts- olanzapine, clonidine



Next steps

Withdrawal improving after 32mg of buprenorphine total

What the heck do you do tomorrow?

Case #3

- 32 year old male coming for alcohol and opioid withdrawal
  - Last use minutes before presenting- using about 1/4g fentanyl daily the last two weeks, had been without opioids for almost two years prior, h/o OUD with heroin in twenties, came off suboxone a few years ago when lost insurance
  - Last drink was yesterday evening, drinking about 1/5 a day hard alcohol the last two years, a few beers occasionally in the years prior, no h/o alcohol withdrawal
  - On no home medications, NKDA
  - PMHx: OUD as above, HTN
  - UDS: ETG, FTY, THC
  - CIWA 6, COWS 2 on admission at 2pm

Initial protocol (example)

- Gabapentin 600mg three times a day x3d
  - 300mg twice a day for three days after to taper
- CIWA based diazepam protocol
- Comfort regimen: Ondansetron 4mg, Hydroxyzine 25-50mg, clonidine 0.1mg, promethazine 25mg, trazodone 50mg
- Suggest:
  - Omeprazole 20mg daily
  - Thiamine 100mg daily
  - MV with minerals
  - Folic acid 400mg daily

CIWA	Diazepam
> 25	40mg
20-25	30mg
15-19	20mg
10-14	10mg
< 10	None

Admission Day:

2pm- first assessment/ admission
given first gabapentin

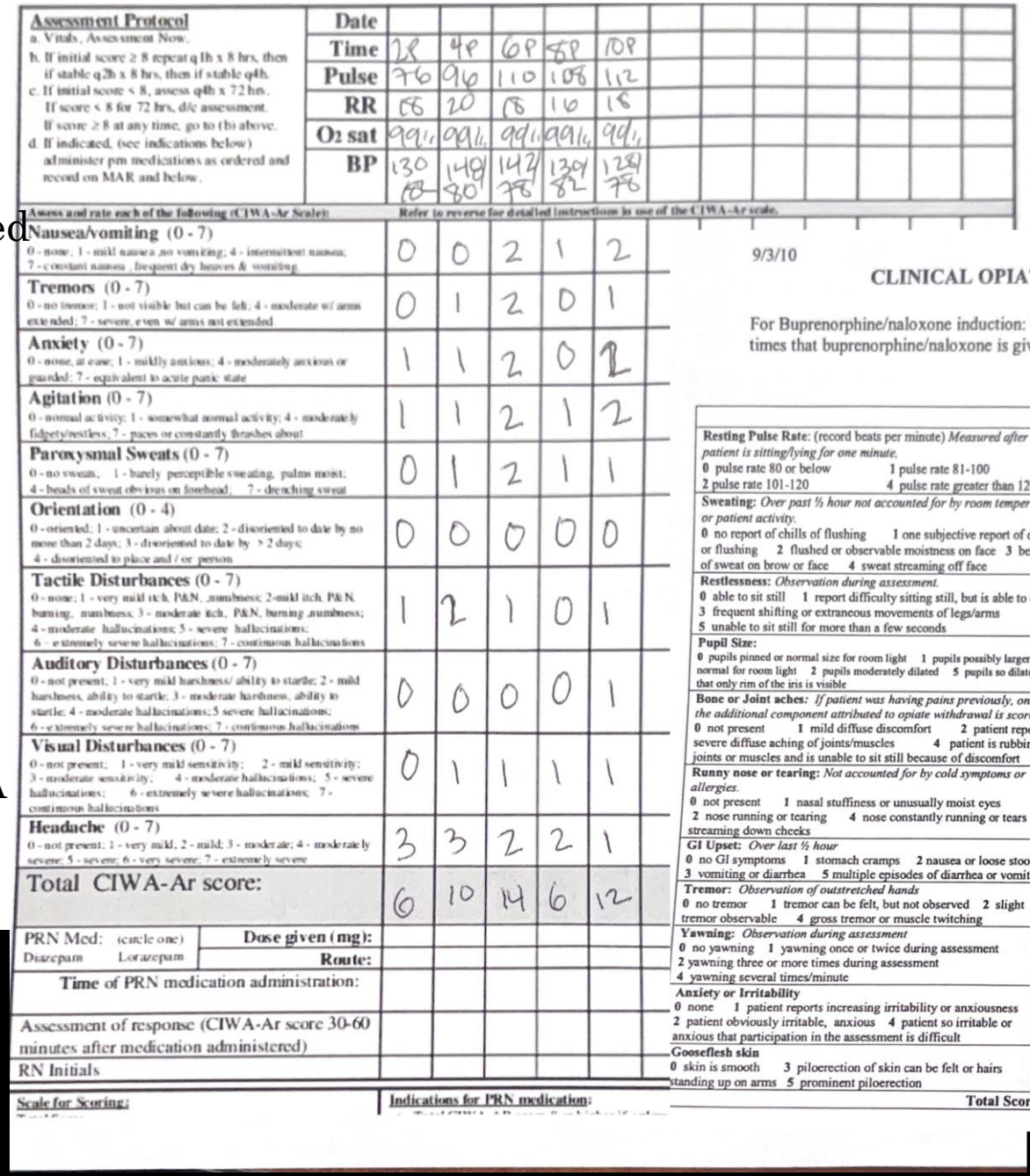
4pm- CIWA check, slightly worsened
given 10mg diazepam, acetaminophen for headache

6pm- worsening CIWA and COWS
given another 10mg diazepam
ibuprofen for the headache
ondansetron for nausea

8pm- feeling better, CIWA down slightly, ondansetron helping

10pm- worsening COWS and CIWA
headache better

Give diazepam again-
repeat ondansetron
Which withdrawal are we dealing with?



Assessment Protocol	Date												
a. Vitals, Assessment Now; b. If initial score ≥ 8 repeat q 1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h. c. If initial score < 8, assess q4h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above. d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.	Time	2P	4P	6P	8P	10P							
	Pulse	76	96	110	108	112							
	RR	18	20	18	16	18							
	O2 sat	99%	99%	99%	99%	99%							
	BP	130/78	148/80	142/78	139/82	128/78							
Assess and rate each of the following (CIWA-Ar Scale):	Refer to reverse for detailed instructions in use of the CIWA-Ar scale.												
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea ,no vomiting; 4 - intermittent nausea; 7 - constant nausea , frequent dry heaves & vomiting		0	0	2	1	2							
Tremors (0 - 7) 0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended		0	1	2	0	1							
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state		1	1	2	0	2							
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about		1	1	2	1	2							
Paroxysmal Sweats (0 - 7) 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweat		0	1	2	1	1							
Orientation (0 - 4) 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person		0	0	0	0	0							
Tactile Disturbances (0 - 7) 0 - none; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		1	2	1	0	1							
Auditory Disturbances (0 - 7) 0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0	0	0	0	1							
Visual Disturbances (0 - 7) 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0	1	1	1	1							
Headache (0 - 7) 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe		3	3	2	2	1							
Total CIWA-Ar score:		6	10	14	6	12							
PRN Med: (circle one) Diazepam Lorazepam	Dose given (mg):												
	Route:												
Time of PRN medication administration:													
Assessment of response (CIWA-Ar score 30-60 minutes after medication administered)													
RN Initials													

Scale for Scoring:

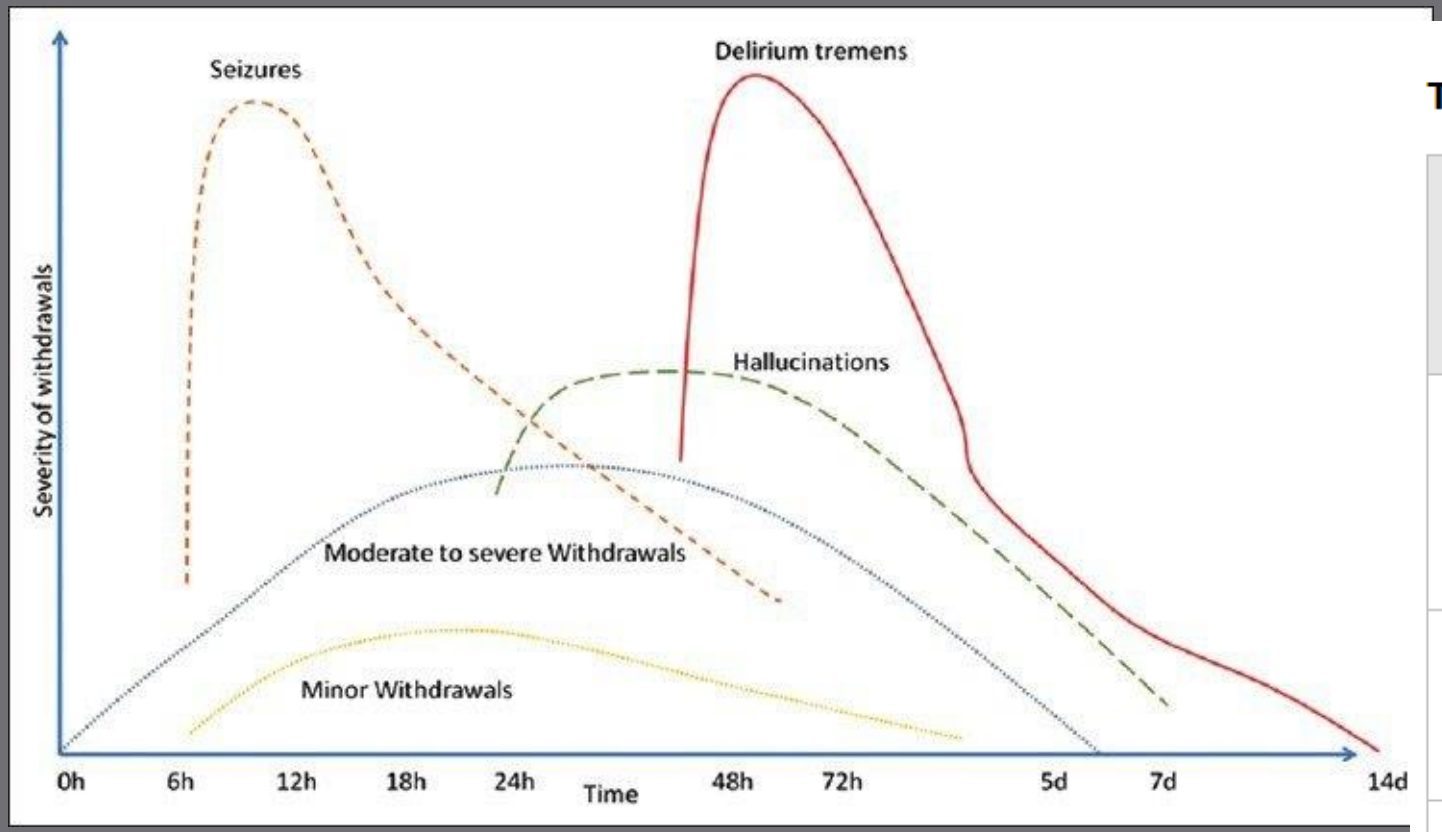
Indications for PRN medication:

9/3/10

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

For Buprenorphine/naloxone induction: Enter scores at time zero, 1-2 h after first dose, and at additi times that buprenorphine/naloxone is given over the induction period.

	DATE/TIME: 2P	DATE/TIME: 6P	DATE/TIME: 10P
Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting/lying for one minute.* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	0	1	1
Sweating: *Over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills of flushing 1 one 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	0	1	1
Restlessness: *Observation during assessment.* 0 able to sit still 1 report difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	0	1	2
Pupil Size: 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 rim of the iris is visible	0	0	0
Bone or Joint aches: *If patient was having pains previously, only the additional component attributed to opiate withdrawal is scored.* 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 because of discomfort	1	1	1
Runny nose or tearing: *Not accounted for by cold symptoms or allergies.* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	0	0	0
GI Upset: *Over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stools 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting	0	0	2
Tremor: *Observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	0	1	2
Yawning: *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute	0	0	0
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable, anxious 4 patient so irritable or anxious that participation in the assessment is difficult	1	1	2
Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection	0	0	0
Total Score	2	6	11



Timing of alcohol withdrawal syndromes

Syndrome	Clinical findings	Onset after last drink
Minor withdrawal	Tremulousness, mild anxiety, headache, diaphoresis, palpitations, anorexia, gastrointestinal upset; normal mental status	6 to 36 hours
Seizures	Single or brief flurry of generalized tonic-clonic seizures, short postictal period; status epilepticus rare	6 to 48 hours
Alcoholic hallucinosis	Visual, auditory, and/or tactile hallucinations with intact orientation and normal vital signs	12 to 48 hours
Delirium tremens	Delirium, agitation, tachycardia, hypertension, fever, diaphoresis	48 to 96 hours

UpToDate®

https://www.researchgate.net/publication/263860038_Clinical_management_of_alcohol_withdrawal_A_systematic_review

Day 1:
12am- sleeping, denies complaints

2am- stop bothering me so much!

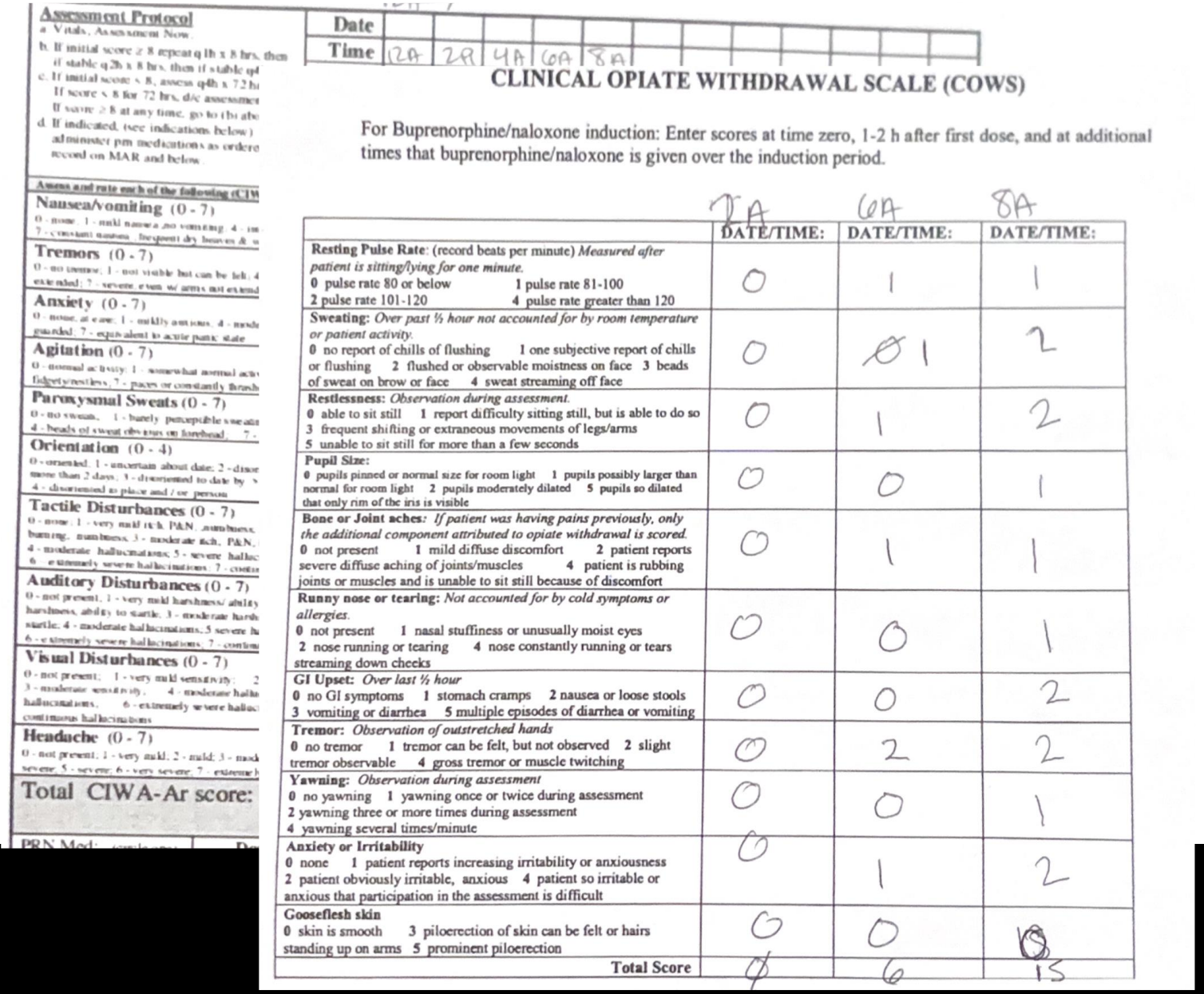
4am- woke up, vomited
medicated with ondansetron
went back to sleep

6am- up and downstairs, a little shakey, feels off balanced
given gabapentin

8am- spilt coffee because of her tremor, wants to start suboxone

Medicate with diazepam first

Continue to follow COWS



Assessment Protocol

a. Vitals, Assessment Now

b. If initial score ≥ 8 repeat q 1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4

c. If initial score ≤ 8, assess q4h x 72 hr. If score ≤ 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) abo

d. If indicated, (see indications below) administer prn medications as ordered record on MAR and below.

Assess and rate each of the following (CIW

Nausea/Vomiting (0 - 7)
0 - none; 1 - mild nausea, no vomiting; 4 - m; 7 - constant nausea, frequent dry heaves & v

Tremors (0 - 7)
0 - no tremor; 1 - not visible but can be felt; 4 - visible; 7 - severe, even w/ arms not extend

Anxiety (0 - 7)
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Agitation (0 - 7)
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Paroxysmal Sweats (0 - 7)
0 - no sweats; 1 - barely perceptible sweatin 4 - beads of sweat obvious on forehead; 7 -

Orientation (0 - 4)
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Headache (0 - 7)
0 - not present; 1 - very mild; 2 - mild; 3 - mod severe; 5 - severe; 6 - very severe; 7 - extremel

Total CIWA-Ar score:

PRN Medi

Date													
Time	12A	2A	4A	6A	8A								

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

For Buprenorphine/naloxone induction: Enter scores at time zero, 1-2 h after first dose, and at additional times that buprenorphine/naloxone is given over the induction period.

	2A DATE/TIME:	6A DATE/TIME:	8A DATE/TIME:
Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting/lying for one minute.* **0** pulse rate 80 or below **1** pulse rate 81-100 **2** pulse rate 101-120 **4** pulse rate greater than 120	0	1	1
Sweating: *Over past ½ hour not accounted for by room temperature or patient activity.* **0** no report of chills of flushing **1** one 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	0	01	2
Restlessness: *Observation during assessment.* **0** able to sit still **1** report difficulty sitting still, but is able to do so **3** frequent shifting or extraneous movements of legs/arms **5** unable to sit still for more than a few seconds	0	1	2
Pupil Size: **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 rim of the iris is visible	0	0	1
Bone or Joint aches: *If patient was having pains previously, only the additional component attributed to opiate withdrawal is scored.* **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 because of discomfort	0	1	1
Runny nose or tearing: *Not accounted for by cold symptoms or allergies.* **0** not present **1** nasal stuffiness or unusually moist eyes **2** nose running or tearing **4** nose constantly running or tears streaming down cheeks	0	0	1
GI Upset: *Over last ½ hour* **0** no GI symptoms **1** stomach cramps **2** nausea or loose stools **3** vomiting or diarrhea **5** multiple episodes of diarrhea or vomiting	0	0	2
Tremor: *Observation of outstretched hands* **0** no tremor **1** tremor can be felt, but not observed **2** slight tremor observable **4** gross tremor or muscle twitching	0	2	2
Yawning: *Observation during assessment* **0** no yawning **1** yawning once or twice during assessment **2** yawning three or more times during assessment **4** yawning several times/minute	0	0	1
Anxiety or Irritability **0** none **1** patient reports increasing irritability or anxiousness **2** patient obviously irritable, anxious **4** patient so irritable or anxious that participation in the assessment is difficult	0	1	2
Gooseflesh skin **0** skin is smooth **3** piloerection of skin can be felt or hairs standing up on arms **5** prominent piloerection	0	0	0
Total Score	0	6	15

Day 2:

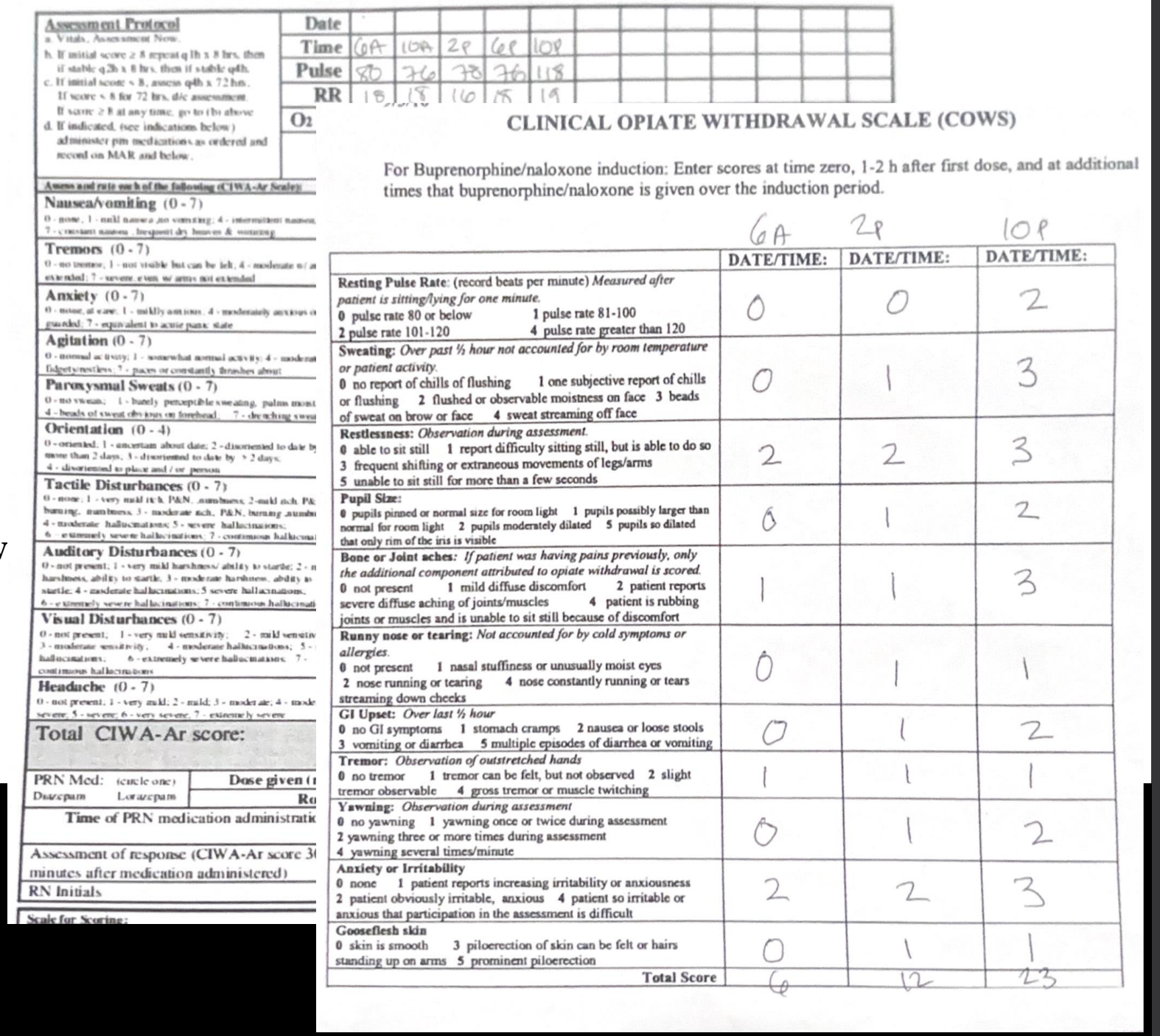
Scores continued to improve with treatment through day two

Now is 50h from last drink and almost 48h from last use at 6am

Has not required diazepam/ scores have been <10 since yesterday evening

Then has CIWA spike at 10pm (now over 72h from last drink) and about 56h from last use.

? Time to induce buprenorphine? Consider comfort meds, bup and recheck CIWA in 30 minutes



Assessment Protocol

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b. If initial score ≥ 8 repeat q 1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h.
c. If initial score < 8, assess q4h x 72 hrs.
If score < 8 for 72 hrs, d/c assessment.
If score ≥ 8 at any time, go to (b) above
d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.

Date													
Time	6A	10A	2P	6P	10P								
Pulse	80	76	78	76	118								
RR	18	18	16	18	19								
O2													

Assess and rate each of the following (CIWA-Ar Scale):

Nausea/vomiting (0 - 7)
0 - none, 1 - mild nausea ,no vomiting; 4 - intermittent nausea, 7 - constant nausea , frequent dry heaves & vomiting

Tremors (0 - 7)
0 - no tremor, 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended

Anxiety (0 - 7)
0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state

Agitation (0 - 7)
0 - normal activity; 1 - somewhat normal activity; 4 - moderate fidgetyrestless; 7 - paces or constantly thrashes about

Paroxysmal Sweats (0 - 7)
0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweats

Orientation (0 - 4)
0 - oriented; 1 - uncertain about date; 2 - disoriented to date by more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person

Tactile Disturbances (0 - 7)
0 - none; 1 - very mild itch, P&N, numbness; 2 - mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations

Auditory Disturbances (0 - 7)
0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations

Visual Disturbances (0 - 7)
0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations

Headache (0 - 7)
0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe

Total CIWA-Ar score:

PRN Med: (circle one) Diazepam Lorazepam — Dose given (mg) — Route

Time of PRN medication administration

Assessment of response (CIWA-Ar score 30 minutes after medication administered)

RN Initials

Scale for Scoring:

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

For Buprenorphine/naloxone induction: Enter scores at time zero, 1-2 h after first dose, and at additional times that buprenorphine/naloxone is given over the induction period.

	6A DATE/TIME:	2P DATE/TIME:	10P DATE/TIME:
Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting/lying for one minute.* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	0	0	2
Sweating: *Over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills of flushing 1 one 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	0	1	3
Restlessness: *Observation during assessment.* 0 able to sit still 1 report difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	2	2	3
Pupil Size: 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 rim of the iris is visible	0	1	2
Bone or Joint aches: *If patient was having pains previously, only the additional component attributed to opiate withdrawal is scored.* 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 because of discomfort	1	1	3
Runny nose or tearing: *Not accounted for by cold symptoms or allergies.* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	0	1	1
GI Upset: *Over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stools 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting	0	1	2
Tremor: *Observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	1	1	1
Yawning: *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute	0	1	2
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable, anxious 4 patient so irritable or anxious that participation in the assessment is difficult	2	2	3
Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection	0	1	1
Total Score	6	12	23

CIWA back to sub 10 after suboxone initiation and COWs score down to half, is asleep by next check

What if she hadn't felt better?

Diazepam next?

More buprenorphine?

What if the CIWA spikes again after 96h?

Does the time of day matter?

Resources

Opioid Withdrawal for Nursing – ME SUD Learning Community

Alcohol Withdrawal for Nursing – ME SUD Learning Community

New Strategies to Initiate Buprenorphine Therapy: Microdosing and Macrodosing – ME SUD Learning Community