



Write firmly for two legible carbon copies

Allergies:

☐ None known

Date:

Item	Orders	Transcribed
1	<p>Inclusion criteria with the following:</p> <ul style="list-style-type: none"> • Patients presenting with symptoms of acute opioid withdrawal • Clinical Opiate Withdrawal Scale (COWS) greater than 12 AND one of the following conditions: <ol style="list-style-type: none"> 1. At least 12 hours since last short acting opioid (e.g. Heroin, crushed OxyContin®, Percocet®) 2. At least 24 hours since last long acting opioid (e.g. PO OxyContin®, OxyNeo®) • Opioid(s) last used: Date _____ Time opioid(s) last used: _____ <p>Exclusion criteria with the following:</p> <ul style="list-style-type: none"> • Prescribed methadone or buprenorphine/naloxone (Suboxone®) • Severe liver dysfunction • Paralytic ileus • Acute alcohol intoxication or acute alcohol withdrawal 	
2	<p>Diagnostic Tests</p> <p><input type="checkbox"/> CBC, electrolytes, troponin, INR/PTT, liver function tests</p> <p><input type="checkbox"/> CXR for shortness of breath</p> <p><input type="checkbox"/> ECG upon presentation, and for chest pain, and repeat if worsening chest pain</p> <p>Optional:</p> <p><input type="checkbox"/> Other: _____</p>	
3	<p>Clinical Monitoring</p> <p><input type="checkbox"/> COWS at presentation and q2h (see COWS form on reverse)</p> <p><input type="checkbox"/> Discontinue COWS when less than 5</p> <p><input type="checkbox"/> Notify MD/NP to reassess patient when COWS less than 5 or when maximum buprenorphine/naloxone (Suboxone®) given</p> <p><input type="checkbox"/> Monitor for one hour post-administration to assess for symptoms of withdrawal</p>	
4	<p>Medications</p> <p>Buprenorphine/naloxone (Suboxone®) Dosing:</p> <p><input type="checkbox"/> Buprenorphine/naloxone (Suboxone®) 2/0.5 mg x 2 tabs sublingual q2h for COWS greater than 12, max 2 doses (total max dose of 8/2 mg)</p> <p>OR</p> <p><input type="checkbox"/> Buprenorphine/naloxone (Suboxone®) 2/0.5 mg x 1 tab sublingual q2hr for COWS greater than 12, max 4 doses (total max dose of 8/2 mg) - use low dose buprenorphine/naloxone (Suboxone®) if ≥ 65 years of age or risk of central nervous system or respiratory depression</p> <p><input type="checkbox"/> Directly observe patient until buprenorphine/naloxone (Suboxone®) is fully dissolved under the tongue</p> <p>Other Medications:</p> <p><input type="checkbox"/> Acetaminophen 975 mg PO q6h PRN for pain, maximum 4 g in 24 hours</p> <p><input type="checkbox"/> Ibuprofen 400 mg PO q6h PRN for pain</p> <p><input type="checkbox"/> Ondansetron 4 mg IV q6h PRN for nausea</p> <p><input type="checkbox"/> DimenhyDRINATE 25-50 mg PO q6h PRN for nausea</p>	
5	<p>Discharge medications for ER MD/NP to CONSIDER prescribing as part of treatment plan</p> <p><input type="checkbox"/> Provide patient with prescription and Emergency Department Referral - Outpatient Addictions discharge instruction sheet</p> <p><input type="checkbox"/> Fax referral to outpatient Addictions clinic on discharge instruction sheet</p>	

Date: _____ Time: _____ Print Name: _____ Signature: _____ MD/NP

Date: _____ Time: _____ Print Name: _____ Signature: _____ RN

Clinical Opiate Withdrawal Scale (COWS)

Patient Name: _____		Date and Time	Date and Time	Date and Time
Opioid(s) last used: _____	Time opioids last used: _____			
Resting Pulse Rate (bpm): <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
Sweating: <i>Over past ½ hour not accounted for by room temperature or patient activity</i> 0 no report of chills or flushing 1 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				
Restlessness: <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty still, but is able to do so 3 frequent shifting or extraneous movements of legs/arm 5 unable to sit still for more than a few seconds				
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 dilated, only rim of iris visible				
Bone or joint aches: <i>if patient was having pain previously, only the additional component is scored</i> 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				
Runny nose or tearing: <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				
GI upset: <i>Over last ½ hour</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting				
Tremor: <i>Observation of outstretched hands</i> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
Yawning: <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning 3 or more times during assessment 4 yawning several times/minute				
Anxiety or irritability: 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin: 0 skin is smooth 3 piloerection of skin can be felt, arm hairs standing up 5 prominent piloerection				
Observer's initials: _____		Total score:		

Score 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; greater than 36 = severe