Nurse Independent Medications to Minimize Opioid Withdrawal Symptoms

Site Applicability

VCH Community programs with clinical leadership and operations approval

Practice Level

Profession	Advanced Skill
Registered Nurse (RN) and Registered Psychiatric Nurse (RPN)	***DimenhyDRINATE, loperamide, Ibuprofen, acetaminophen (dispensing/ administering)*** **Nurse Independent Activity (NIA):** • **With completion of required additional education, the following NIA has been approved for use as noted in the site applicability above:** ▪ Nursing assessment and diagnosis of, and **one time** treatment for nausea and vomiting, Condition: Diarrhea, and/or pain (mild – moderate) related to potential for or active opioid withdrawal or precipitated withdrawal.
RN and RPN OAT prescriber*	***Clonidine (dispensing/administering)*** **Nurse Independent Activity (NIA) :** • **With completion of required additional education, the following NIA has been approved for use as noted in the site applicability above:** ▪ Nursing assessment and diagnosis of, and **one time** treatment for nausea and vomiting, Condition: Diarrhea, and/or pain (mild – moderate) related to potential for or active opioid withdrawal or precipitated withdrawal. ***DimenhyDRINATE, loperamide, Ibuprofen, acetaminophen, clonidine (prescribing)*** • Under the Order of the Provincial Health Officer RN/RPN OAT prescribers are authorized to prescribe the above medications to manage potential for or active opioid withdrawal or precipitated withdrawal

*RN and RPN prescribers must be working at a site that is approved by the VCH Medical Health Officer.

Education

- **Performance of a Nurse Initiated Activity (NIA)** (see Nurse Independent Activities (NIA) and Nurse-Initiated Protocols (NIP) Policy) is an advanced skill requiring additional education.
- Program/ site specific education with program educator, lead and/or Clinical Resource Nurse (CRN) prior to using this Decision Support Tool (DST).
- **BC Centre on Substance Use: Provincial Opioid Addiction Treatment and Support Program (RN/RPN stream) is required for:**
  - ***dispensing/administering clonidine, &***
  - ***prescribing dimenhyDRINATE, loperamide, Ibuprofen, acetaminophen, clonidine***

Requirements

- This document is to be used for the **one time** treatment of the conditions or the possible occurrence of the conditions outlined below related to opioid withdrawal or precipitated withdrawal. Ongoing management must occur in consultation with a Nurse Practitioner (NP) or Physician.
- Use in conjunction with VCH Community Medication standards and program-specific Medication Standard Operating Procedure
- Prior to enacting an NIA in this Decision Support Tool (DST), an RN or RPN must be:
  - Competent to diagnose and treat the condition for which the medication is being used,
  - Able to manage the intended and unintended outcomes of using the medication, and
  - Able to determine the therapeutic suitability of the medication for the client.
- Within the same visit, an RN or RPN may provide a dose for immediate administration and/or dispense dose(s), along with a prescription, as needed based on clinical assessment and within the dose parameters outlined below to a client for self-administration.
- An RN or RPN may prescribe up to a **one day supply** of the medications, within the dose parameters outlined below.
- This DST:
  - Applies to adults aged 16 and older,
  - Applies to oral medications only, and
  - Applies to pregnant and breastfeeding people following consultation with Physician/ NP

Need to Know

The prescribing of these medications is supported by the Order of the Provincial Health Officer and BCCNM scope of practice. The use of NIA is supported within VCH and is defined within the policy: Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP). NP or Physician orders override the use of NIA/NIP.

The RN and RPN British Columbia College of Nurses and Midwives (BCCNM) Scope of Practice allows both RNs and RPNs, after assessing a client and making a nursing diagnosis of a condition, to administer and/or dispense Schedule II, Schedule III and unscheduled medications independently (autonomously). See Appendix A for BC Drug Schedule definitions.

When using this DST, RNs or RPNs must be aware of and meet the BCCNM Standards for acting within autonomous scope of practice by assessing the client, making a nursing diagnosis that can be improved or resolved through nursing activities, and using clinical judgment to treat the condition. When treating

conditions by administering or dispensing medications without an order, RNs or RPNs take full responsibility for ensuring the therapeutic suitability of the medication, assessing contraindications and adverse effects, assessing the knowledge needs of the client, assessing the outcome of the intervention, and creating the follow up plan of care (BCCNM, 2019). Using clinical judgment regarding the client context, RNs or RPNs need to consider the following when administering and dispensing medication to a client autonomously:

- Their competence
- The complexity of the request or need
- The complexity of the client's history, condition and medication profile
- Access to relevant client information (e.g. PharmaNet, client health records)
- Access to resources to support their decision-making (e.g. Lexicomp, DSTs, UpToDate, Elsevier/Mosby's).

All clients who use substances, especially those who are initiating OAT or experiencing withdrawal, should be offered take home naloxone training and dispensed a naloxone kit. See Dispensing or Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose (Adults and Youth) (D-00-04-30055)

Equipment and Supplies

- Clinical assessment equipment as needed (e.g. stethoscope, thermometer, SpO_2 monitor, etc.)
- Stock medication as outlined below
- Medication containers (e.g. childproof containers or brown envelopes) and labels
- Applicable electronic resources (e.g. access to Electronic Medical Record (EMR), CareConnect, PharmaNet, etc.)

Guideline

Assessment and Diagnosis

Complete the following assessment and determine nursing diagnosis prior to administering or dispensing any medications:

1. Health history
    a. Acute or chronic disease(s)
    b. Recent lab and diagnostic data, as appropriate
2. Clinical Assessment
    a. Focused clinical assessment as per guidelines below
    b. Vital signs (as needed)
    c. Bio-psycho-social-spiritual (as needed)
    d. Determine nursing diagnosis
3. Medication history or current medications
    a. Prescription and non-prescription (all medications taken in the past 24 hours including PRNs; PharmaNet and client health record, client report)
        i. See Best Possible Medication History Tips Sheet
    b. Allergies – if there is a known hypersensitivity or allergy to a medication, do not administer or dispense the medication. Consult with an NP or Physician.

c. Assess client's level of knowledge of the medication.
d. Ensure pharmaceutical and therapeutic suitability of the medication for the client. See BCCNM Dispensing Medications Learning Resource. Check Lexicomp, or comparable resource, for drug-drug interactions. Only absolute drug-drug contraindications from the time of posting are listed. Other contraindications may exist.

Intervention

1. Provide client or family education as needed, including:
   a) Information about both the condition and the treatment.
   b) The risks and benefits of the treatment (including signs, symptoms and management of adverse reaction).
   c) Ensuring the client or delegate is informed of the appropriate directions for use of the medication, including the:
      - Purpose
      - Dosage regime, expected benefits, potential side effects, storage requirements and instructions required to achieve a therapeutic response, and
      - Written information about the medication.
2. Administer and/or dispense medication as needed in accordance with BCCNM Medication Standard.
      - Labels on all medications dispensed must include:
        - Client's name
        - Medication name, dosage, route, and (where appropriate) strength
        - Directions for use
        - Quantity and date dispensed
        - Initials of the nurse dispensing the medication
        - Name, address, and telephone number of the agency from which the medication is dispensed
        - Any other information that is appropriate or specific to the medication
4. Assess effect when possible (e.g. if client remaining on-site or returning to the site, or at the next interaction).
5. Create a follow up plan as needed (e.g. arrange for follow-up care, schedule a phone call or outreach).

Note: if additional medications are required for withdrawal or precipitated withdrawal, contact physician or NP for appropriate prescriptions. This may include starting or adjusting dose of OAT or risk mitigation medications.

Condition: Nausea and Vomiting

Assessment	• Substance use history, planned OAT induction • Hypovolemia: dark yellow urine, decreased urine output, decreased skin turgor, thirst, tachycardia, hypotension, dry mucous membrane, new onset of confusion and/or delirium, lethargy.
Medication and Indications	**dimenhyDRINATE (GRAVOL)** • Treatment and prevention of nausea and vomiting related to opioid withdrawal or precipitated withdrawal
Potential Risks and Contraindications	• If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, consult with an NP or Physician. • Precautions: central nervous system (CNS) depression, hepatic impairment, elderly may be more sensitive to effects. • May have hallucinogenic and euphoric effects. Use with caution with CNS depressants (e.g. opioids, benzodiazepines or alcohol). • Adverse reactions: tachycardia, dizziness, drowsiness, excitement, headache, insomnia, restlessness, dry mouth, urinary retention, blurred vision • **Contraindications:** Hypersensitivity to dimenhyDRINATE, its components (diphenhydrAMINE) or any component of the formulation; concurrent use of or use within 14 days following therapy with tranylcypromine, phenelzine, or moclobemide; narrow angle glaucoma; chronic pulmonary disease; prostatic hypertrophy.
Dose for administration	• dimenhyDRINATE 50mg-100mg PO x 1 dose ○ Can be decreased to 25mg PO for adults under 100 lbs, elderly people or based on clinical judgment
Dose for dispensing or prescribing	• Dispense or prescribe up to **four to twelve dimenhyDRINATE 50mg PO.** ○ Client instructions: Can take one to two tablet PO every 4 hours as needed.
Follow-up care	Advise client to connect with care team if experiencing signs of dehydration, a stiff neck, if severe vomiting develops, if vomit contains blood or material that looks like coffee grounds, if vomiting with fever of 39.4°C (103°F) or higher occurs or fever lasts longer than 2 days, if abdominal pain develops or gets worse, or if symptoms become more severe or more frequent.

Condition: Diarrhea

Assessment	• Substance use history, planned OAT induction • Hypovolemia: dark yellow urine, decreased urine output, decreased skin turgor, thirst, tachycardia, hypotension, dry mucous membrane, new onset of confusion and/or delirium, lethargy. ○ If unable to maintain adequate hydration status and/or currently exhibiting signs of hypovolemia, refer to an NP or Physician.
Medication and Indications	**loperamide (IMODIUM)** • Sudden onset diarrhea related to opioid withdrawal or precipitated withdrawal
Potential Risks and Contraindications	• If history of liver disease, over 6 loose stools in 24 hours or blood, mucous or tarry stool, consult with an NP or Physician. • Do not use when peristalsis inhibition should be avoided due to potential for ileus, megacolon and/or toxic megacolon. • Discontinue promptly if constipation, abdominal pain, abdominal distension, blood in stool, or ileus develop. • Encourage client to seek medical care promptly if experiencing severe dizziness, angina, tachycardia, abnormal heartbeat, severe nausea or vomiting; abdominal pain or edema; constipation; bloating; black, tarry, or bloody stools; urinary retention; or change in amount of urine passed. • **Contraindications:** Hypersensitivity to loperamide or any component of the formulation; acute dysentery (diarrhea with visible blood or mucus, in contrast to watery diarrhea. Dysentery is commonly associated with fever and abdominal pain); acute ulcerative colitis; bacterial enterocolitis (caused by Salmonella, Shigella, and Campylobacter); C. difficile associated diarrhea; bloody or black stool.
Dose for administration	• Loperamide 2-4 mg PO x 1 dose
Dose for dispensing or prescribing	Dispense or prescribe up to **eight loperamide 2mg tabs PO.** • Instruct client to take 2 tablets after first loose stool and one tab after each subsequent loose stool (maximum 16mg per day). • Take with plenty of clear fluids to prevent dehydration.
Follow-up care	Advise client to connect with care team for assessment by an NP or Physician and discontinue use of loperamide if diarrhea persists greater than two days, symptoms worsen, or abdominal swelling or bulging develops.

Condition: Pain (mild to moderate)

Assessment	• Substance use history, planned OAT induction • In addition to pharmaceutical and therapeutic suitability when choosing a medication for pain treatment, consider client preference and age (older adult population at increased risk for toxic effects of acetaminophen and NSAIDS).	
Medications and Indications	**acetaminophen (TYLENOL)** • Mild to moderate pain or headache related to opioid withdrawal or precipitated withdrawal	**ibuprofen (ADVIL)** • Mild to moderate pain or headache related to opioid withdrawal or precipitated withdrawal
Potential Risks and Contraindications	**Potential risks:** Assess for potential risk for accidental or intentional overdose. A high number of overdoses occur with acetaminophen: ensure client is informed of maximum dosages and understands risks and benefits of medication. Advise use of caution with alcohol or over the counter products that may contain acetaminophen. Consult NP or Physician if client has a history of long term acetaminophen use, hepatic or renal impairment, or active daily alcohol use. **Contraindications:** History of allergy or skin reaction with acetaminophen.	**Potential risks:** NSAIDs cause an increased risk of serious cardiovascular thrombotic events. This risk may occur early in treatment and may increase with duration of use. Avoid use of additional NSAIDS if client using more than ASA 81 mg daily. Consult NP or Physician if client has history of: asthma, hypertension, cardiac history, is on anticoagulants or antiplatelet agents, has renal or hepatic impairment, GI inflammatory disease or ulcer, or bleed or bleeding disorder (GI, cerebrovascular, other; history of or active). **ABSOLUTE DRUG-DRUG CONTRAINDICATIONS** (Do not administer) **with**: diclofenac, indomethacin, ketorolac, meloxicam, piroxicam, celecoxib, sulindac, mefenamic acid, or nabumetone. **Contraindications:** Allergic reaction or hypersensitivity to NSAIDS (e.g. anaphylactic reactions, serious skin reactions) or any component of the formulation, or acetylsalicylic acid (ASA).

		Pregnancy: NSAIDs should be avoided due to potential risk of miscarriage and birth defects.
Dose for administration	acetaminophen 325 to 1000 mg PO x 1 dose	ibuprofen 200 to 400mg PO x 1 dose Administer with food, milk, or antacids to decrease GI adverse effects.
Dose for dispensing or prescribing	Dispense or prescribe up to **acetaminophen 4000 mg PO.** Instructions: Client can take acetaminophen 325 to 1000mg PO every 4 to 6 hours. Maximum daily dose: 4000mg in 24 hours; 2000 mg in 24 hours for the elderly and for those with liver impairment (consult NP or Physician)	Dispense or prescribe up to **ibuprofen 1200mg PO**. Instructions: Client can take ibuprofen 200 to 400mg PO every 4 to 6 hours. Maximum daily dose: 1200 mg in 24 hours (OTC labelling).
Follow-up care	If ongoing pain management with medications is required, if pain is determined to be moderate to severe or, if the medications above are not suitable, consult with an NP or Physician.	

Considerations for dispensing acetaminophen and ibuprofen together

- Dosage for dispensing is the same as the individual dosage for dispensing

Condition: Other withdrawal symptoms

Assessment	• Heart rate
	• Blood pressure
	• Clonidine can be administered if:
	  ○ Heart rate is greater than 60
	  ○ Blood pressure is at or above 90/60

Medication and Indications	**Clonidine** • Reduce opioid withdrawal symptoms such as sweating, diarrhea, vomiting, abdominal cramps, anxiety, and irritability.
Potential Risks and Contraindications	• Hypotension • Moderate or worse renal insufficiency • Cardiac instability • Pregnancy • Psychosis • Tricyclic antidepressants, which desensitize alpha-2 adrenoreceptors, should be stopped three weeks prior to use of clonidine **Contraindications**: • Allergy or hypersensitivity to clonidine or any components of the drug product • Hypotension • Moderate or worse renal insufficiency • Cardiac instability • Pregnancy • Psychosis
Dose for administration	Clonidine 0.1–0.2mg PO x 1 dose
Dose for dispensing or prescribing	Dispense or prescribe up to 0.8-1.2mg Clonidine PO Directions for use: 0.1–0.2mg PO every 4 hours as needed to a maximum of 0.8mg/day (or for patients equal to or greater than 90kg, 1.2mg/day) Double check the prescription after writing, as clonidine prescriptions commonly contain errors. Ensure that the decimal points are in the right place (e.g., 0.1mg every 4 hours, **not** 1mg). Client instructions: • Take a test dose

	○ 0.1mg clonidine if patient weights <90kg ○ 0.2mg clonidine if patient weighs ≥90kg • If the medication is helping, repeat every 4–6 hours Stop medication if experiencing symptoms of dizziness or postural hypotension
Follow-up care	If symptoms do not resolve within a day, client should contact their prescriber. If symptoms persist past two days, prescriber should consult NP or physician.

Documentation

Assessment and Treatment

In an encounter or case note using Subjective, Objective, Assessment, and Plan (SOAP) charting, concisely and clearly document the following:

- Clinical observations, including initial and ongoing assessments (if applicable);
- Condition diagnosed (i.e. reason for administering/dispensing/prescribing the medication);
- NIA performed (i.e. medication administered and/or dispensed);
- Expected outcomes of administering/dispensing/prescribing the medication
- Document response to treatment following administration of medication if client remains in clinic (intended and unintended outcomes). If they do not, document follow-up instructions given to the client and/or delegate.
- Document plan for follow-up
- Any other relevant information.

Administration, Dispensing and Prescribing

- For Profile EMR: The medication should be documented in the **Scripts Module** from the new encounter screen as a one-time medication.
    - Enter the date, time, name, dose, route, strength (where appropriate), frequency, quantity dispensed, duration and directions for use.
    - Afterwards, select administration or dispense, or print the prescription and sign it before providing it to the client, depending on the action taken.
    - For dispensed or administered medications, include “NIA” in free text section and RN or RPN designation.
    - For prescriptions, RN or RPN prescriber number needs to be included on the prescription in order for the pharmacy to fill it.
- For PARIS:
    - Use case note reason “NSG-OAT PRESCRIBER NOTE”

- Document the date, time, name of medication, dose, strength (where appropriate), frequency, quantity administered/dispensed/prescribed, duration and directions for use.
- For dispensed or administered medications, sign off medication entry as "NIA" with the nurse's signature and nursing designation.
- Prescriptions will need to be written on a non-duplicate prescriptions pad and provided to the client.

Team Communication and Documentation

- Communicate actions taken with the health care team to ensure appropriate monitoring of client response and plan for ongoing care.
- If documenting in Profile EMR, record any medications dispensed or administered using this DST in the "Medication Administration and Dispensing Record"
- For Profile EMR: Task the MRP as an "FYI" of any medications administered or dispensed using this DST.
- For PARIS: Nurses may notify the prescribers involved in the client's care by phone or in person.
- Consult with site leadership for further guidance if needed.

Related Documents

- VCH RN and RPN Public Health Pharmacotherapy Policy *(pending)*
- Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP)
- BCCNM Dispensing Medications Learning Resource
- BCCNM Medication Standard
- BCCNM Standards for acting within autonomous scope of practice
- BC Drug Schedules Regulation
- A Guideline for the Clinical Management of Opioid Use Disorder (BCCSU)
- Dispensing or Distributing Take Home Naloxone Kits to be used for Suspected Opioid Overdose (Adults and Youth) (D-00-04-30055)

Definitions

Administering includes preparing and giving medication for a client to take immediately. RNs and RPNs administer with or without the involvement of a pharmacist.

Dispensing includes giving the medication for a client to take later. RNs and RPNs dispense with or without the involvement of a pharmacist.

Prescribing is when an RN or RPN **prescriber** issues an authorization to dispense a specified medication for use by a designated individual. The activity of prescribing is restricted to RN and RPN OAT prescribers working at an MHO approved prescribing site.

References

1. BC Laws. (1998). *Pharmacy Operation and Drug Scheduling Act. Drug Schedules Regulation.* Retrieved from http://www.bclaws.ca/civix/document/id/complete/statreg/9_98

2. BC Patient Safety and Quality Council. (2019). Emergency Department Sepsis Resources. Retrieved March 8, 2019 from https://bcpsqc.ca/resource/emergency-department-sepsis-resources-2/
3. BCCNM. *Medication Practice Standard.* (2017). Retrieved from https://www.bccnm.ca/lpn/PracticeStandards/Pages/Medication.aspx
4. BCCNM. (2017). *Dispensing Medication Learning Resource*. Retrieved from https://www.bccnm.ca/LPN/learning/medication/Pages/dispensing.aspx
5. BCCNM and College of Pharmacists of British Columbia. (2014). *Joint Statement: Dispensing Medications*. Retrieved from https://www.bccnm.ca/Documents/standards_practice/rn/Joint_Statement_Pharmacists_DispensingMedication.pdf
6. Lexicomp Online Drug Database.

Appendices

- Appendix A: SchedulePharmacy Operations and Drug Scheduling Act - Definitions

Appendix A: Pharmacy Operations and Drug Scheduling Act - Definitions

Definitions	**Schedule I Medications:** require a prescription from an authorized health professional.[1] **Schedule IA Medications:** medications requiring a triplicate in the Controlled Prescription Program.[1] **Schedule II Medications:** do not require a prescription but are retained in the professional service area of the pharmacy where there is no opportunity for self-selection.[1] **Schedule III Medications:** do not require a prescription and are sold in the area of the pharmacy where people can self-select.[1] **Schedule IV** (Prescription by Pharmacist): drugs which may be prescribed by a pharmacist in accordance with guidelines approved by the Council.[1] **Unscheduled Medications:** sold outside of the pharmacy for self-selection (general stores or gas stations etc.).[1] **Diagnosis of a Condition:** refers to the restricted activity which has been granted to nurses to perform autonomously. Conditions always have a set of characteristic signs and symptoms. This process includes the nurse determining the cause of the client's signs and symptoms and determining whether the condition can be improved, resolved or stabilized through an appropriate nursing intervention. **Absolute Medication to Medication Contraindication**: Medications are not compatible and cannot be administered together. **1 BC Laws. (1998). Drug Schedules Regulation.** **2 Pharmacy Operations and Drug Scheduling Act: Drug Schedules Regulation**

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