

Opioid Withdrawal

For opioid withdrawal adult patients only.

History

- Recent opioid drug use
- Chronic opioid drug use
- Narcotic prescriptions in the household or on person
- Evidence of illicit drug use (e.g., needles, paraphernalia)
- Chronic medical conditions requiring opioid medication
- Overdose reversal with naloxone

Signs and Symptoms

- Tachycardia
- Gastrointestinal distress
- Hot/cold flashes
- Poor concentration
- Diaphoresis
- Rhinorrhea
- Restlessness
- Piloerection
- Yawning

Differential

- Diabetic emergency
- Neurological disorder
- Traumatic injury
- Alcohol withdrawal
- Benzodiazapine withdrawal

Opioid Withdrawal Objective Signs*Patient must present with ≥ 2 objective sign to be eligible for Suboxone treatment.*

- | | |
|---|--|
| <ul style="list-style-type: none"> Yawning Rhinorrhea or lacrimation Dilated pupils Tachycardia | <ul style="list-style-type: none"> Diaphoresis Restlessness and/or agitation Vomiting, diarrhea Piloerection |
|---|--|

Exclusion Criteria*Patient is not a candidate for Suboxone treatment if any of the following are present.*

- | | |
|--|---|
| <ul style="list-style-type: none"> No opioid withdrawal signs or symptoms Under 16 years of age Any methadone use within last 10 days | <ul style="list-style-type: none"> Severe medical illness (sepsis, respiratory distress, etc.) Altered mental status and unable to give consent or comprehend potential risks and benefits for any reason |
|--|---|

Perform COWS.
COWS ≥ 8?

No

Are any exclusion criteria present?

Yes

Is patient agreeable to treatment?

P Offer patient Suboxone and counseling on treatment options

Contact Base Hospital
Request Suboxone order

Give water to moisten mucous membranes

WITH APPROVAL, give Suboxone

Perform repeat COWS after 10 minutes

For persistent or worsening symptoms,
repeat Suboxone

Perform repeat COWS after 10 minutes

Provide naloxone and MAT brochure



Not eligible for Suboxone.
Leave naloxone and MAT brochure with patient.

**Notify receiving facility.
Consider Base Hospital for medical direction**

Pearls

- Treatment must be authorized by the Base Hospital prior to administration.
- Ensure Suboxone dosage is included in patient transfer at hospital. This information must be included so the patient can begin the process of being enrolled in Medication Assisted Therapy (MAT) and documented in the EHR.



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

Treatment Protocol A38

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Effective April 2025

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Clinical Opioid Withdrawal Scale (COWS)

ANXIETY OR IRRITABILITY*Visually observed during assessment*

- 0** None
- 1** Reports increasing irritability or anxiousness
- 2** Visually irritable or anxious
- 4** Too irritable to participate or affecting participation

RESTING HEART RATE*Measured after sitting for one (1) minute*

- 0** ≤ 80 bpm
- 1** 81-100 bpm
- 2** 101-120 bpm
- 4** > 120 bpm

BONE OR JOINT ACHEs*Only new pain attributed to withdrawal is scored*

- 0** Not present
- 1** Mild, diffuse discomfort
- 2** Reports severe, diffuse aching if joints/muscles
- 4** Patient rubbing joints/muscles and unable to be still

RESTLESSNESS*Visually observed during assessment*

- 0** Able to be still
- 1** Report difficulty being still, but able to do so
- 3** Frequent shifting or extraneous movement of legs/arms
- 5** >Unable to be still for more than a few seconds

GOOSEFLESH SKIN*Visually or physically observed during assessment*

- 0** Skin is smooth
- 3** Piloerection of skin can be felt or arm hairs standing up
- 5** Prominent piloerection

TREMOR*Observation of outstretched hands*

- 0** No tremors
- 1** Tremor can be felt but not observed
- 2** Slight tremor observed
- 4** Gross tremor or muscle twitching

GASTROINTESTINAL UPSET*Within past 30 minutes*

- 0** No GI symptoms
- 1** Stomach cramps
- 2** Nausea or loose stool
- 3** Vomiting or diarrhea
- 5** Multiple episodes of diarrhea or vomiting

SWEATING*Over past 30 minutes – not environmental or from activity*

- 0** No reports of chills or flushing
- 1** Subjective report of chills or flushing
- 2**Flushed or observable moistness to face
- 3** Beads of sweat on brow or face
- 4** Sweat streaming off face

PUPIL SIZE*Visually observed during assessment*

- 0** Pupils pinned or normal size for ambient light
- 1** Pupils possibly larger than normal for ambient light
- 2** Pupils moderately dilated
- 5** Pupils very dilated

YAWNING*Visually observed 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

RUNNY NOSE OR TEARING*Not accounted for by cold symptoms or allergies*

- 0** Not present
- 1** Nasal stuffiness or unusually moist eyes
- 2** Runny nose or eyes tearing
- 4** Nose constantly running or tears streaming down face

TOTAL COWS SCORING

- | | |
|----------------|------------------------------|
| 5-12 | Mild withdrawal |
| 13-24 | Moderate withdrawal |
| 25-36 | Moderately severe withdrawal |
| > 36 | Severe withdrawal |

