

Adjunct Medications for Treating Opioid Withdrawal

Ask the patient which symptom is most distressing and treat that one first.

Pain

- Acetaminophen 325-650 mg PO every 4-6 hours as needed
- Ibuprofen 600-800 mg PO every 6-8 hours as needed
- Ketorolac 15 mg IV or 30 mg IM once
- Gabapentin 300 mg PO every 8 hours, may titrate up to 900 mg every 8 hours
- Ketamine 0.1-0.3 mg/kg IV every 30 minutes as needed

Nausea

- Ondansetron 4-8 mg PO or IV every 4-8 hours as needed
- Prochlorperazine 5-10 mg PO or IV every 6-8 hours as needed
- Metoclopramide 10 mg PO or IV every 4-6 hours as needed

Agitation or Anxiety

- Hydroxyzine 25-50 mg PO every 6 hours as needed
- Lorazepam 1-2 mg PO, IV or IM every 4-6 hours as needed
- Olanzapine 5-10 mg PO or IM once
- Ziprasidone 10-20 mg PO or IM once
- Haloperidol 2.5-5 mg PO, IV or IM once

Abdominal Cramping

- Dicyclomine 20 mg PO every 6 hours as needed

Hypertension or Tachycardia

- Clonidine 0.1 mg PO once, may repeat every hour as needed, up to a total of 4 doses

Considerations

Provide prescriptions for appropriate adjunct medications, such as clonidine, ondansetron, hydroxyzine, and ibuprofen.

Use caution when giving the patient multiple different medications that can suppress respiratory drive.

Medications used to sedate an agitated patient or keep them from behavior that poses harm to themselves, or others, may be considered a chemical restraint.

Program partners

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