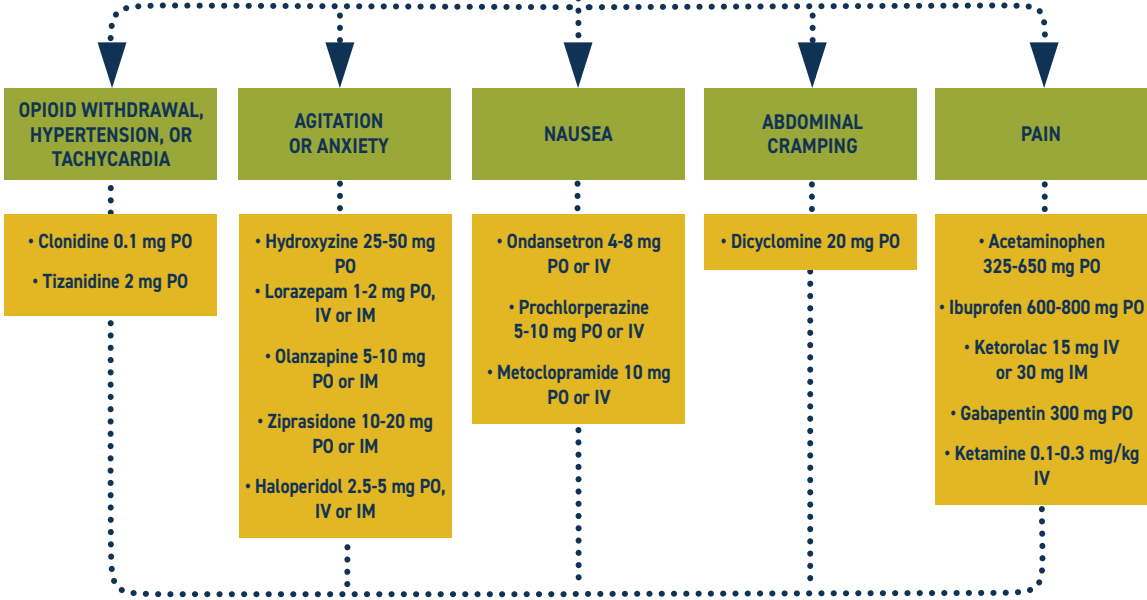


Moderate to Severe Opioid Withdrawal

Naloxone reversed overdose; OR  
 Patient has a COWS increase of  $\geq 5$  points following administration of buprenorphine; OR  
 Patient has a COWS score  $\geq 13$

Give buprenorphine 16 mg SL and treat withdrawal symptoms

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



Reassess after 30 minutes

Patient still having withdrawal symptoms?

YES

NO

Give buprenorphine 8-16 mg up to total daily dose of 48 mg and continue to treat withdrawal with adjunct medications

Consider other medical problems, poly-substance use, and/or expert consultation if not improving

After stabilization make a shared decision regarding discharge planning. Consider LAI administration prior to discharge. Provide patient with prescription for buprenorphine 8 mg SL BID-QID for 7-14 days. Dose is based off response in the ED. Prescribe adjunct medications.

Discharge patient with naloxone, linkage to care, and harm reduction education

**Considerations**

In the setting of precipitated withdrawal, consider unmasked symptoms of stimulant intoxication and/or other medical problems such as sepsis, cardiac conditions, DKA, thyroid disorders, co-ingestions, etc.

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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