Non-Iatrogenic (Recreational) Substance Withdrawal Care Guideline

Inclusion Criteria: Intoxicated and/or history or concern for **alcohol** abuse and/or **benzodiazepine** withdrawal [occurs after using high doses (above 2-3x the upper limit of therapeutic dose) for at least 2 months] and/or currently under the influence of and/or history of non-iatrogenic (recreational) **opioid** use.
Exclusion Criteria: Intubated patients

If withdrawing from multiple sources:

- **Alcohol** withdrawal **supersedes** benzodiazepine and opioid withdrawals.
- **Benzodiazepine** withdrawal **supersedes** opioid withdrawal.
- If alcohol is also abused with benzodiazepine or opioids, use the alcohol care guideline;
- If benzodiazepine is abused with opioids use benzodiazepine care guideline;
- If alcohol, benzodiazepine, and opioids are all abused, use the alcohol care guideline.

Alcohol Withdrawal

Tool = CIWA-Ar

[Clinical Institute Withdrawal Assessment Alcohol Scale – Revised (Appendix A)]

Proceed to page 2

Benzodiazepine Withdrawal

Tool = CIWA-B

[Clinical Institute Withdrawal Assessment Scale – Benzodiazepines (Appendix B)]

Proceed to page 3

Opioid Withdrawal

Tool = COWS

[Clinical Opiate Withdrawal Scale (Appendix C)]

Proceed to page 4

Overall Care Guideline GRADE: B

Approved Evidence Based Medicine Committee 7-21-2021

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

Non-Iatrogenic (Recreational) Substance Withdrawal Care Guideline

Alcohol Withdrawal

CHOC Children's

Inclusion Criteria: Intoxicated and/or history or concern for alcohol abuse
Exclusion Criteria: Intubated patients

If patient is obtunded obtain blood alcohol and toxicology screen

Minor Symptoms [Start about 6 hours after last drink]

- Insomnia
- Tremulousness
- Anxiety
- GI upset, decreased appetite
- Headache
- Diaphoresis
- Palpitations

Interventions

- Begin **CIWA-Ar** (Clinical Institute Withdrawal Assessment Alcohol Scale – Revised) every 4 hours
- Supportive treatment: IVF @ 2x maintenance for 24h then reassess & daily PO multi-vitamin (see order set).

CIWA-Ar < 10

- No medications
- Can use Clonidine PRN for sleep

CIWA-Ar 10-15

- Give Lorazepam 0.02 mg/kg for < 50kg Q4H
- Give Lorazepam 1 mg IV for > 50kg Q4H

CIWA-Ar 15+

- Give Lorazepam 0.04 mg/kg for < 50kg Q2H
- Give Lorazepam 2 mg PO/IV > 50kg Q2H
- Evaluate for possible DTs
- Contact PICU for possible admit/transfer

Interventions Continued

- If no meds are given – monitor patient q 4 hrs with CIWA-Ar x 24hrs then q12hr x 72hr, then discontinue
- If medicated – reassess patient with CIWA-Ar within 1 hour
- Monitor patient every 4 hours with CIWA-Ar until score is 8-10 or below for 24hrs
- If scores remain low (10-24) after 24hrs, then taper lorazepam to 1mg Q4H PO/IV, then 1mg Q8H PO/IV then 0.5mg PO/IV Q8H then stop.
  - One decrease every 24 hours.
  - If less than 10 for 24 hrs, can switch to PO after initial 24 hours
- If patient is requiring 2 or more every 2 hour doses of lorazepam (scores >15), contact provider to assess effectiveness prior to administering 3rd dose

Recommendations/ Considerations

- About 12 - 25hrs into withdrawal, we often see alcoholic hallucinosis. Vitals are normal. Often patients see and hear things that are not there. They can also feel things crawling on them when there is nothing apparent on their skin. Their sensorium is not clouded.
- About 12 - 48hrs into withdrawal, we often see withdrawal seizures in this time period.
- About 5% of patients in alcohol withdrawal undergo DTs (delirium tremens) which is a potentially fatal state. DTs begin 48 - 96hrs into withdrawal and include hallucinations, delirium (not oriented to self/place/time/situation), high BP, high temp, agitation and diaphoresis. They hyperventilate which can trigger respiratory alkalosis and therefore decreased cerebral flow. DTs often occur in those who have a long history of drinking, history of withdrawal seizures, prior DTs, older patients.
- Primary service to contact psychiatry if agitated and/or unable to bring down CIWA-Ar score x 24 hours

Patient/Family Education

- 'Substance Abuse Withdrawal' handout
- Can go home with taper but need to ensure patient/family educated and safe via teach-back

Discharge Criteria

- Safe to taper at home
- Has safe home with caregivers
- Scheduled F/U with PCP within 1 week of discharge +/- outpatient rehab

Non-Iatrogenic (Recreational) Substance Withdrawal Care Guideline

Benzodiazepine Withdrawal

CHOC Children's

Inclusion Criteria: Benzodiazepine withdrawal occurs after using high doses (above 2-3x the upper limit of therapeutic dose) for at least 2 months
Exclusion Criteria: Intubated patients. If also withdrawing from alcohol use the CIWA-Ar tool and alcohol withdrawal guidelines

If patient is obtunded obtain blood alcohol and toxicology screen

Symptoms
[Starts about 12 hours after last use]

- Tachycardia
- Agitation
- Anxiety
- Delirium
- Seizures
- Insomnia and nightmares
- Tremor and hyperreflexia
- Tinnitus
- Nausea, diarrhea, no appetite

Recommendations/ Considerations

- Depends on which benzodiazepine they are using, how long they have been using for and if benzo is short-acting or long-acting
- Withdrawal starts about 12hrs after last use
- We do not use the scale to dose meds unlike other drug withdrawal states
- Primary service to contact psychiatry if agitated and/or unable to bring down CIWA-B score x 24 hours

Patient/Family Education

- 'Substance Abuse Withdrawal' handout
- Can go home with taper but need to ensure patient/family educated and safe via teach-back

Interventions

- Treatment: We use benzodiazepines to treat benzodiazepine withdrawal
- Supportive treatment: IVF @ 2x maintenance for 24h then reassess & daily PO multi-vitamin (see order set).
- Start **CIWA-B** (Clinical Institute Withdrawal Assessment Scale – Benzodiazepines).
- Repeat scale every 4 hours.
- Convert patient's daily benzodiazepine intake into equivalent dose of long-acting benzodiazepine, preferably diazepam.
- Start diazepam at half the determined dose (i.e. pt uses 80mg diazepam equivalent per day = 20mg QID so start with 10mg QID).
- If patient is on other CNS depressants, then use half diazepam dosing.
- If patients level of consciousness is less than awake and alert, hold dose, notify provider and reassess at next scheduled dose.
- Taper diazepam dose by 10mg each day until on 10mg QID then taper to TID, BID, QD, then discontinue.
- If symptoms worsen, stay at that same diazepam dose for 1-2 days then start taper again (do not increase dose).

Discharge Criteria

- Safe to have benzodiazepine taper at home, with appropriate supervision by caregiver (taper as above in intervention box).
- Has safe home with caregivers
- Scheduled follow up with PCP within 1 week of discharge +/- outpatient rehab

Non-Iatrogenic (Recreational) Substance Withdrawal Care Guideline

Opioid Withdrawal

CHOC Children's

Inclusion Criteria: Currently under the influence of and/or history of non-iatrogenic (recreational) opioid use.

Exclusion Criteria: Intubated patients. If alcohol is also abused, use the alcohol care guideline; if benzodiazepine is abused with opioids use benzodiazepine care guideline; if alcohol, benzodiazepine and opioids are all abused, use the alcohol care guideline.

If patient is obtunded obtain blood alcohol and toxicology screen

Symptoms

[Start about 4 - 24 hours after last use depending on type of opioid]

- Tachycardia
- Dilated pupils
- Rhinorrhea
- Piloerection
- Tremor
- GI upset – nausea, diarrhea
- Insomnia
- Muscle/Joint pain, whole body pain
- Anxiety/Irritability
- Chills

Interventions

- Supportive treatment: IVF @ 2x maintenance for 24h then reassess & daily PO multi-vitamin (see order set).
- Initiate **COWS** (Clinical Opiate Withdrawal Scale).
- Repeat **COWS** every 4 hours.

Mild (5-12)

- Symptomatic support
- Clonidine 0.1mg to 0.2mg PO q4h PRN to help with insomnia, aches, rhinorrhea, temperature dysregulation
- Ibuprofen for body aches/pain
  - 10mg/kg PO q6h PRN Pain
  - 600mg PO q6h >50kg PRN Pain

Moderate (13-24), Moderate Severe (25-36), & Severe (36+)

- Use Mild criteria support

AND

- Loperamide for diarrhea
  - 0.1 mg/kg PO BID <20kg PRN
  - 2mg PO BID >20kg PRN
- Hydroxyzine for anxiety
  - 0.5mg/kg PO q6h PRN (max 25mg)
- Ondansetron for nausea
  - 0.1 mg/kg IV q8h <40kg PRN
  - 4 mg IV q8h >40 kg PRN
- Melatonin for sleep
  - 1 mg PO at bedtime for > 6y PRN

Considerations

- If patient agitated:
  - Call psychiatry to discuss medication
  - iSTEP consult
  - CCM trained staff, if available

Recommendations/Considerations

- Of note, many drug rehabs will NOT accept someone in acute withdrawal or someone on benzodiazepine or methadone. Another reason to avoid use except in severe cases

Patient/Family Education

- 'Substance Abuse Withdrawal' handout

Discharge Criteria

- Stable off medications
- Has safe home with caregivers
- Scheduled follow up with PCP within 1 week of discharge +/- outpatient rehab

References
Non-Iatrogenic (Recreational Substance) Withdrawal Care Guideline

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