

Buprenorphine for Opioid Withdrawal - Adult

6.18

EMT/ADVANCED EMT/EMT PARAMEDIC STANDING ORDERS

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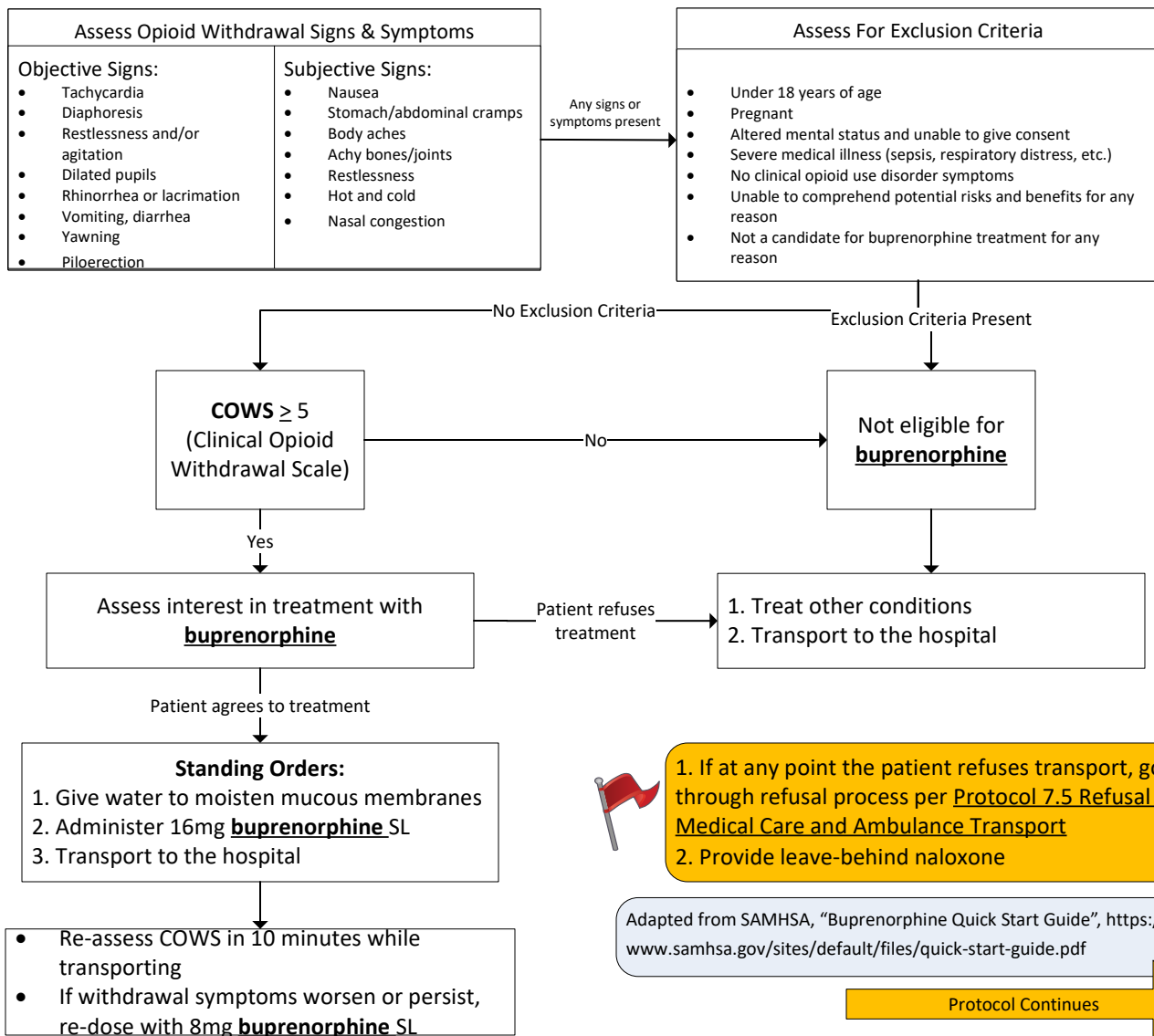
PURPOSE:

Buprenorphine has unique pharmacological properties that help diminish the effects of physical dependency to opioids such as withdrawal symptoms and cravings. Its use offers important treatment option for opioid use disorder and provides people with a greater opportunity to sustain long term recovery.

This may be especially useful in EMS care because often a patient has just received naloxone as a rescue medication and is therefore in withdrawal. With EMS offering **buprenorphine** for immediate symptom relief, the patient will often become more willing to allow EMS to enter them into the medical care system, where they may continue the medication, and perhaps be able to reduce their opioid need. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) patients receiving medication such as **buprenorphine** even in lower doses cut their risk of death in half.

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- 1.0 Routine Patient Care, then



1. If at any point the patient refuses transport, go through refusal process per Protocol 7.5 Refusal of Medical Care and Ambulance Transport
2. Provide leave-behind naloxone

Adapted from SAMHSA, "Buprenorphine Quick Start Guide", <https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>

Protocol Continues

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Protocol Continued

Clinical Opiate Withdrawal Scale (COWS)

Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Note, this checklist is required to determine COWS score when assessing patient eligibility and post-treatment

Patient's Name: _____		Date: _____		
Enter scores at time zero, 10min after first dose, as needed, etc.				
Times:				
Resting Pulse Rate: (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	Time Zero	10 mins	As needed	etc.
Sweating: <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
Restlessness <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds				
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				

Protocol Continues

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<p>Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i></p> <p>0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks</p>				
<p>GI Upset: <i>over last ½ hour</i></p> <p>0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting</p>				
<p>Tremor <i>observation of outstretched hands</i></p> <p>0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching</p>				
<p>Yawning <i>Observation during assessment</i></p> <p>0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute</p>				
<p>Anxiety or Irritability</p> <p>0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult</p>				
<p>Gooseflesh skin</p> <p>0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection</p>				
<p>Total scores</p> <p>with observer's initials</p>				

Score:

5-12 = mild;

13-24 = moderate;

25-36 = moderately severe;

more than 36 = severe withdrawal

Adapted from Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253-9. [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://nida.nih.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf](https://nida.nih.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf)

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