stepworks

Detox Protocols

Alcohol: CIWA Scale

- vitamin B1 (thiamine)
    - one tablet three times a day for three days then one tablet each morning (30 tablets total)

        1 tab PO TID x 3d then 1 tab PO qAM
- trazodone (for sleep)
    - one or two 50 mg tablets at bedtime

        50 mg 1-2 tabs PO qHS
- Ativan (lorazepam)
    - CIWA greater than 10: two 1 mg tablets; repeat CIWA in one hour

        1 mg 2 tabs PO
    - CIWA greater than 20: four 1 mg tablets; repeat CIWA in one hour

        1 mg 4 tabs PO
- contact the doctor if…
    - the patient's CIWA score is still greater than 10 after three doses of Ativan
    - the patient's CIWA is greater than 20 after repeating the CIWA
- discontinue once CIWA is less than 10 for 72 hours straight (or sooner with doctor's orders)

Benzodiazepine: CIWA scale

- Klonopin (clonazepam) taper: 1, 2, 3
    1. Klonopin: 1 mg tablet three times a day for three days *1 mg PO TID x 3d*, then
    2. Klonopin: 1 mg tablet twice a day for three days *1 mg PO BID x 3d*, then
    3. Klonopin: 1 mg tablet once a day for three days *1 mg PO qD x 3d*

- Trazodone (for sleep)
    - one or two 50 mg tablets as needed *50 mg 1-2 tabs PO PRN*
- for signs of withdrawal despite Klonopin (severe anxiety, hallucinations)...
    - check the patient's CIWA
    - contact the doctor

Opiate: COWS scale

- **For Emergency Overdose:** Narcan (naloxone)
    - 4 mg PRN
    - send with patient at discharge
- baclofen (muscle spasms)
    - one or two tablets three times a day as needed for seven days *1-2 tabs PO TID PRN x 7d*
- ibuprofen (pain)
    - one 800 mg tablet three times a day as needed *800 mg 1 tab PO TID PRN*
- Lucemyra (standard dose)
    - three 0.18 mg tablets every 6 hours for 7 days *0.18 mg 3 tab q6 hrs x 7d*
    - then, two 0.18 mg tablets three times a day for 4 days *0.18 mg 2 tab PO TID x 4d*
    - then, one 0.18 mg tablet three times a day for 3 days *0.18 mg 1 tab PO TID x 3d*
    - then, one to two 0.18 mg tablets every 6 hours PRN for symptoms of opioid withdrawal for two weeks *0.18 mg 1-2 tabs q6 hrs PRN x 14d*
- Lucemyra (low dose)
    - two 0.18 mg tablets every 6 hours for 7 days *0.18 mg 2 tab q6 hrs x 7d*
    - then, one 0.18 mg tablet three times a day for 7 days *0.18 mg 1 tab PO TID x 7d*
    - then, one to two 0.18 mg tablets every 6 hours PRN for symptoms of opioid withdrawal for two weeks *0.18 mg 1-2 tabs q6 hrs PRN x 14d*
- Zofran or Phenergan (nausea, vomiting)
    - if Zofran, half of an 8-milligram tablet every four hours as needed *8 mg 1/2 tab PO q4hr PRN*
    - if Phenergan, 25 milligrams every six hours as needed *25 mg q6 hrs PRN*
- trazodone (sleep)
    - one or two 50-milligram tablets as needed *50 mg 1-2 tabs PO PRN*
- Perform a COWS…
    - when the patient is admitted
    - repeat every four hours until induction (or discontinuation by doctor)
- COWS Interpretation
    - for **methadone** use within the last seven days…
        - always consult the facility medical director before initiating Suboxone
        - prepare to report the amount and frequency of last methadone use
    - COWS score below 10

        - repeat every four hours until they score below 10 for 72 hours straight (or sooner with doctor's order)
        - then discontinue detox monitoring and change the patient to residential status
    - COWS score 10-11
        - may qualify for induction if not previously taking methadone
        - contact facility medical director before inducing
        - prepare to report the time of last opiate use and COWS
            - focus on observable signs rather than the patient's self-report
    - COWS score 12
        - consider induction with buprenorphine-naloxone
        - Before induction, warn the patient: "Buprenorphine-naloxone can cause worse withdrawals if we don't know about your last methadone use or if you have exaggerated your symptoms."
        - when in doubt, repeat COWS in one hour and do not induce
        - buprenorphine-naloxone single dose; repeat COWS in one hour
- buprenorphine taper protocol: 1, 2, 3
    1. buprenorphine-naloxone: one 8 mg tablet sublingually (under the tongue) every morning for five days, then
    2. half of an 8 mg tablet under the tongue every morning for three days, then
    3. a quarter of an 8 mg tablet under the tongue every morning for three days, then discontinue

Subutex

- Suboxone without naloxone
- for pregnant women
- for patients with an allergy/sensitivity to naloxone

Sublocade injections

- administered by the RN
- slow-release Suboxone without naloxone
- given at least 26 days apart
- stored in refrigerator
- patients do <u>not</u> take Suboxone on the same day they receive a Sublocade injection

Methamphetamine or Synthetic Marijuana

While withdrawal symptoms from methamphetamine and synthetic marijuana can be uncomfortable, there is no actual medical detox for these substances. Symptoms may include depression, anxiety, fatigue, and irritability. When the patient admits, if they report methamphetamine or synthetic marijuana use within the past 72 hours, the following protocol will be put in place.

- Allow the patient **72 hours of rest** before requiring them to participate in treatment.

    - Do not place them on the chore schedule.
    - The patient may choose to attend group, but they are not required to.
    - If the patient doesn't exhibit withdrawals, this protocol may end early.
- Encourage the patient to **eat meals and hydrate**.
- **Monitor/document vital signs** each shift.
    - Track their progress toward hydration, nutrition, and community integration.
- After 72 hours, additional sleep and non-participation may be approved on a case-by-case basis (after a nursing assessment and clinical team discussion). The facility medical director makes the final decision. This continues at 24-hour intervals until the patient is stable enough to begin group participation.
- During this protocol, **phone calls and visitation are not permitted**.

Standing Orders

You may initiate the following orders without calling the facility medical director (if the criteria below have been met).

Check the patient's allergies before ordering any medication.

Remember to put an order in the patient's chart. Example: *Per standing order: Trazodone 50 mg 1-2 tabs PO qHS PRN*

Sleep (only one at a time)

- trazodone: one or two 50 mg tablets at bedtime as needed *50 mg 1-2 PO qHS PRN*
- Unisom (doxylamine): one or two 25 mg tablets at bedtime as needed *25 mg 1-2 PO qHS PRN*
- Benadryl: one or two 25 mg tablets at bedtime as needed *25 mg 1-2 PO qHS PRN*
- melatonin: 5 mg at bedtime as needed *5 mg PO qHS PRN*

Pain

- Tylenol (if no history of liver failure): 650 mg every six hours as needed *650 mg PO q6 hrs PRN*
- Motrin (may be used with Tylenol): 800 mg three times a day as needed *800 mg PO TID PRN*

Constipation (only one at a time)

- Milk of Magnesia: 30 CCs three times a day as needed *30 cc PO TID PRN*
- Metamucil: one capful liquid one to three times a day as needed *1 cap in liquid PO 1-3 times daily PRN*
- Miralax: one capful liquid one or two times a day as needed *1 cap in liquid 1-2 times daily PRN*
- Severe constipation:
    - Dulcolax: one or two 5 mg tablets at bedtime as needed for three days *5 mg 1-2 PO qHS PRN x 3d*

Diarrhea (only one at a time)

- Kaopectate: 30-60 cc with each diarrheal stool as needed
- Metamucil: one cap in liquid one or two times daily

Indigestion (only one at a time)

- Mylanta: 30 CCs every six hours as needed *30 cc PO q6 hrs PRN*
- Persistent indigestion or dyspepsia:
    - Prilosec: 20 mg every day *20 mg PO QD*

Congestion

- loratadine: 10 mg every day as needed *10 mg PO QD PRN*
- Benadryl: one or two 25 mg tablets every eight hours as needed *25 mg 1-2 PO q8 hrs PRN*
- saline nasal spray: two sprays each nostril every four hours as needed; may keep at bedside (may be used in addition to loratadine or Benadryl)
- Mucinex D: one tablet twice a day for five days as needed *1 tab PO BID PRN x 5d*

Opiate/Alcohol Use Disorder

Revia (naltrexone): 50 mg once-a-day *50 mg PO QD*. This may be started on any patient requesting it, provided they meet the following criteria:

- diagnosis of alcohol or opiate dependency
- normal AST and ALT on lab work
- no use of an opiate (including Suboxone) within seven days of starting
- no history of allergy or intolerance to naltrexone (Revia, Vivitrol)

If criteria are <u>not</u> met, consult the doctor.

Tobacco Cessation

- patient uses less than one pack per day: may order 14mg/24hr nicotine transdermal patch
- patient uses more than one pack per day: may order 21mg/24hr nicotine transdermal patch
- instruct patients to turn in the patch each night and avoid smoking with the patch

Changes to Standing Orders

The facility medical director may request changes to any of the above standing orders and detox protocols.

- The facility medical director must communicate the requested change to facility team members. This change must be documented in the patient's chart.
- If a change is requested by the patient or nurse, the nurse must call the facility medical director directly for approval.