

Name + OBS #	DOB:	Institution:	Allergies:
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## Drug Withdrawal Order Set and Medication Dispensing Chart

SIGNATURES			
All persons initialing as administering medications on this sheet, (front or back) must enter their signature, initials and printed name, including title.			

**ORDERS SET (indicate ordering provider and diagnosis in the progress notes)**

- 1) Vital Signs TID up to every 6 hours to include blood pressure, heart rate, temperature, and COWS score
- 2) Clonidine (Catapres) 0.1mg PO TID x 3 - 4 days depending on starting dose;  
then 0.1 mg BID x 4 days;  
then 0.1 mg daily x 2 days
- 3) Promethazine (Phenergan) 25 mg PO/PR/IM TID PRN nausea/vomiting x 3 days
- 4) Hydroxyzine (Vistaril) 50 mg PO TID x 3 days PRN anxiety (hold if using promethazine)
- 5) Buffered Aspirin (Ascription) 325 mg; give 2 tabs PO TID x 3 days PRN pain
- 6) Notify facility provider or on-call provider at any time:
  - a. BP < 90/60 mmHg [or] BP > 180/110 mmHg
  - b. New onset of HR < 60 [or] HR > 120 bpm sustained for more than 15 minutes
  - c. Temp > 101 F
  - d. Nausea or vomiting despite treatment
  - e. Clinical Opiate Withdrawal Score (COWS) increases by  $\geq 6$  points from initial score despite treatment
  - f. **Pregnancy:** alternate withdrawal medications must be used in pregnancy

Date of prescription; authorized by:		Date	Day1	Day 2	Day 3	Day4	Day 5	Day6	Day7	Day 8	Day 9	Day 10
<b>CLONIDINE 0.1 mg TID X 4 days; then 0.1 mg BID x 4 days; then 0.1 mg Daily x 2 days (hold if BP &lt; 90/50 mmHg; HR &lt; 60 bpm; or c/o lightheadedness)</b>	Morning	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	Afternoon	0.1	0.1	0.1	0.1							
	Night	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		

Date of prescription; authorized by:		Date Time	Day 1	Day 2	Day 3
<b>PROMETHAZINE 25 mg PO TID X 3 Days</b> PRN nausea/vomiting					

Date of prescription; authorized by:		Date Time	Day 1	Day 2	Day 3
<b>[OR] PROMETHAZINE 25 mg IM TID X 3 Days</b> PRN nausea/vomiting					

Date of prescription; authorized by:		Date Time	Day 1	Day 2	Day 3
<b>[OR] PROMETHAZINE 25 mg PR TID X 3 Days</b> PRN nausea/vomiting					

Date of prescription; authorized by:		Date Time	Day 1	Day 2	Day 3
<b>HYDROXYZINE 50 mg PO TID X 3 Days</b> PRN anxiety (hold if using promethazine)					

Date of prescription; authorized by:		Date Time	Day 1	Day 2	Day 3
<b>BUFFERED ASPIRIN 325 mg 2 tabs PO TID X 3 Days</b> PRN pain					

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Clinical Opiate Withdrawal Scale (COWS)	Date													
<i>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.</i>	Time													
	SYS													
	DIA													
	Pulse													
	Temp													
<b>Resting Pulse Rate:</b> <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 > than 120														
<b>Sweating:</b> <i>Past 1/2 hour not accounted for by room temperature or patient activity.</i> 0 - no report of chills or flushing 1 - 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														
<b>Restlessness</b> <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														
<b>Pupil size</b> 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														
<b>Bone or Joint aches</b> <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														
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0- not present 1- nasal stuffiness or unusually moist eyes 2- nose running or tearing 4- nose constantly running or tears streaming down cheeks														
<b>GI Upset:</b> <i>over last 1/2 hour</i> 0- no GI symptoms 1- stomach cramps 2- nausea or loose stool 3- vomiting or diarrhea 5- Multiple episodes of diarrhea or vomiting														
<b>Tremor</b> <i>observation of outstretched hands</i> 0- No tremor 1- tremor can be felt, but not observed 2- slight tremor observable 4- gross tremor or muscle twitching														
<b>Yawning</b> <i>Observation during assessment</i> 0- no yawning 1- yawning once or twice during assessment 2- yawning three or more times during assessment 4- yawning several times/minute														
<b>Anxiety or Irritability</b> 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														
<b>Gooseflesh skin</b> 0- skin is smooth 3- piloerection of skin can be felt or hairs standing up on arms 5- prominent piloerection														
<b>Total Score</b>	5-12 = <b>mild</b> ; 13-24 = <b>moderate</b> ; 25-36 = <b>moderately severe</b> ; > 36 = <b>severe</b> withdrawal													
Initials of person completing Assessment:														

