

Opioid Withdrawal Comfort Pack Order Set

Purpose:

Certain clinical situations (contract violations, incarceration, etc.) may necessitate abruptly stopping a prescription opioid medication, leading to acute withdrawal. Opioid withdrawal syndrome in adults is not life-threatening but can be extremely unpleasant. Common symptoms include anxiety, restlessness, insomnia, stomach cramps, vomiting, diarrhea, fever, chills, sweating, muscle spasms, tremor, tachycardia, and hypertension. Depending on the withdrawn opioid, withdrawal symptoms may last for days to weeks. Short-term prescriptions for symptom management are typically prescribed to patients during this time as a comfort measure.

Policy Applies: (check all that apply)

- ☐ All Staff
- ☐ Administrative Staff
- ☐ Clinical Staff
- ☒ Providers
- ☐ Board of Directors
- ☐ Only applies to this or these sites:

Policy:

PCHC will maintain a standard comfort pack order set in the electronic medical record for patients experiencing opioid withdrawal. Providers may order the default comfort pack or select from the list of alternate agents as appropriate for each patient's symptoms. Default quantities are for 3-day supplies (with the exception of clonidine and cyclobenzaprine) but may be increased or provided with refills based on patient needs and half-life of the withdrawn opioid.

Opioid Withdrawal Comfort Pack Order Set
Cholinergic Overload
<input type="checkbox"/> Clonidine 0.1 mg #18 1 tablet three times daily for three days, then 1 tablet twice daily for three days, then 1 tablet once daily for three days, then stop **Dispense in 3-day supplies, hold if BP < 90/60**
Nausea/Vomiting/Insomnia
Default: <input type="checkbox"/> Diphenhydramine 25 mg #36 1 to 2 capsules every 4 to 6 hours as needed (max 6 doses/day) Alternate: <input type="checkbox"/> Promethazine 25 mg #12 1 tablet every 4 to 6 hours as needed (max 4 doses/day) or <input type="checkbox"/> Hydroxyzine pamoate 50 mg #18

1 capsule every 4 to 6 hours as needed (max 6 doses/day)
Diarrhea
<p>Default:</p> <p><input type="checkbox"/> Loperamide 2 mg #24 2 tablets first dose, then 1 tablet after every loose stool (max 8 tabs/day)</p> <p>Alternate:</p> <p><input type="checkbox"/> Bismuth subsalicylate 262 mg #48 2 tablets every 30 to 60 minutes as needed (max 8 doses/day)</p>
Muscle Spasms/Twitching
<p>Default:</p> <p><input type="checkbox"/> Cyclobenzaprine 10 mg #6 ½ (one-half) tablet every 8 hours as needed (max 3 doses/day)</p> <p>Alternate:</p> <p><input type="checkbox"/> Baclofen 5 mg #9 1 tablet every 8 hours as needed (max 3 doses/day)</p>
Aches
<p>Default:</p> <p><input type="checkbox"/> Acetaminophen 325 mg #24 2 tablets every 4 to 6 hours as needed (max 4 doses/day)</p> <p>Alternate/Add-On:</p> <p><input type="checkbox"/> Ibuprofen 400 mg #18 1 tablet every 4 to 6 hours as needed (max 6 doses/day)</p>