

CLINICAL PATHWAY

Behavioral Health



Opioid Withdrawal



CHRISTIANA CARE
HEALTH SYSTEM

Opioid Withdrawal

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INTRODUCTION

This clinical pathway supports optimal care of patients experiencing opioid withdrawal by standardizing the process of clinical care based on available best evidence, and by reducing the risk of harm that may occur due to unnecessary variations in clinical care.

Opioid Addiction in Our Community

Opioid addiction is an urgent public health crisis, resulting in an increase in overdose mortality rates. Delaware had the 7th highest age adjusted rate of drug and opioid overdose deaths in the U.S. in 2014.

<http://www.cdc.gov/drugoverdose/data/statedeaths.html>

Typically, screening, identification and care of patients with opioid withdrawal vary across inpatient settings. Variation in care and untreated opioid withdrawal increases AMA rates, length of stay, 7 day/30 day readmissions and total cost of care. Variation in care may also result in poor patient experience and staff morale. Illicit in-house drug use to self-treat opioid withdrawal may result in safety risk to patients and staff.

Scope of this Pathway

This pathway will be available to all admitted patients (except patients on critical care, ICU, OB, Peds and surgery units) that are identified with symptoms of opioid withdrawal. Patients outside the scope of this pathway include: pregnant patients, patients scheduled for surgery, patients whose urine drug screen is positive for benzodiazepine or methadone, patients currently receiving opioids for chronic or severe acute pain, and patients being treated for alcohol withdrawal.



Pathway Contacts

The content of this pathway is developed and maintained by the Behavioral Health service line of Christiana Care Health System. Questions or feedback about the content may be directed to:

Administrative Lead: Beverly Wilson
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CLINICAL PATHWAY

Screening, Diagnosis and Testing

TABLE 1: EARLY SCREENING FOR OPIOID WITHDRAWAL

SCREENING TYPE	CRITERIA	ACTIONS
Opioid Withdrawal Risk Assessment (OWRA) questions asked upon admission.	Have you used heroin or prescription pain medicines other than prescribed in the past week? Do you get sick if you can't use heroin, methadone or prescription pain medicine?	If patient answers yes to either question they are at risk for opioid withdrawal, begin Clinical Opioid Withdrawal Scale (COWS)
COWS Screening for patients that answer yes to either OWRA questions.	Is COWS \geq 8?	If YES, Notify Provider If NO, repeat COWS Q8h x 4.

TABLE 2: DIAGNOSTIC AND TESTING

TESTS	CRITERIA	ACTIONS
Psychiatric Urine Drug Screen (UDS 9 panel with methadone).	Positive for Benzodiazepine or methadone.	Hard stop for Opioid Withdrawal Clinical Pathway - Provider to call Addiction Medicine (AM) Consult Service @ 302-320-7099 or place urgent AM Consult with provider to provider contact.
Pregnancy Test	Positive pregnancy test	Consult OB

TABLE 3: ENTRANCE TO UNIT/DEPARTMENT

IS PATIENT AT RISK FOR OPIOID WITHDRAWAL? (OWRA SCREENING QUESTION = YES)	ACTIONS	TIMING
YES	Psych UDS STAT auto ordered	0 hrs



IS PATIENT AT RISK FOR OPIOID WITHDRAWAL? (OWRA SCREENING QUESTION = YES)	ACTIONS	TIMING
	Begin COWS	Q8hr x 4
NO	Continue Normal Admissions process.	0 hrs

TABLE 4: WITHDRAWAL SYMPTOM MANAGMENT

COWS SCREENING (COWS SCORE > or = 8)	ACTIONS	TIMING
YES	Review exclusion criteria below: Is patient pregnant? Is patient scheduled for surgery (same visit)? Is patient UDS positive for Methadone or Benzodiazepine? Is patient being treated for alcohol withdrawal? Is patient receiving opioids for chronic or severe acute pain?	Up to Q8hr x 4
YES	Patient is not excluded based on criteria above Provider to order Gen OW Pathway (COWS)	Up to Q8hr x 4

TABLE 5: THERAPEUTICS/DOSING

THERAPEUTIC DRUG SELECTION	Action	Timing
Suboxone 4mg/1mg sublingual STAT (dose 1)	Administer Suboxone Recheck COWS in one hour	0 hr
Suboxone 8mg/2mg sublingual (dose 2)	Administer Suboxone if COWS is <10 above previous COWS Continue to monitor COWS Q8hr x 4	One hour after first dose
Suboxone 4mg/1mg Q12h timed x 4 (doses 3 through 6)	Administer Suboxone q12hr TIMED x 4	Q12hr TIMED x 4



TABLE 6: DAY 2 - MONITORING THROUGH DISCHARGE

INPATIENT SUBOXONE TREATMENT BEGINS:
1. Administer COWS as described above and record score
2. Refer to Project Engage.
3. Suboxone information pamphlet given.
4. Discharge Instructions given to explain risk of relapse and potentially fatal overdose.
5. Therapeutic administration per pathway protocol.

Project Engage

Project Engage is an early intervention program designed to help substance using hospital patients connect with community-based treatment programs.

- Brief intervention/early engagement.
- Facilitated Referral to treatment.
- Relapse prevention.
- Overdose risk discussion.

Day of Discharge

- Discharge instructions.
- Relapse and overdose risk discussion - requires patient sign-off.

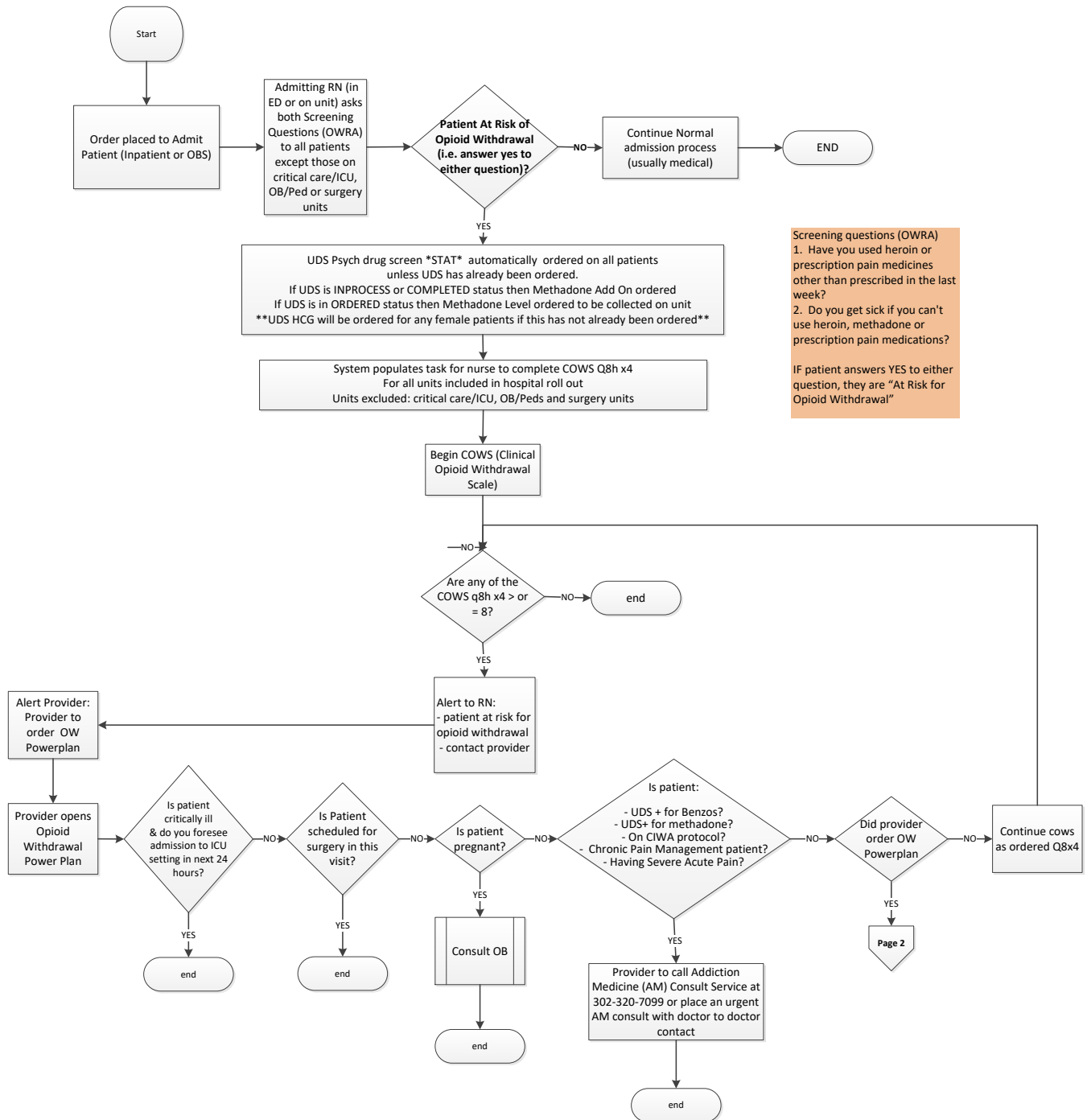


PATHWAY ALGORITHMS



ALGORITHM 1: THERAPEUTIC DETAIL

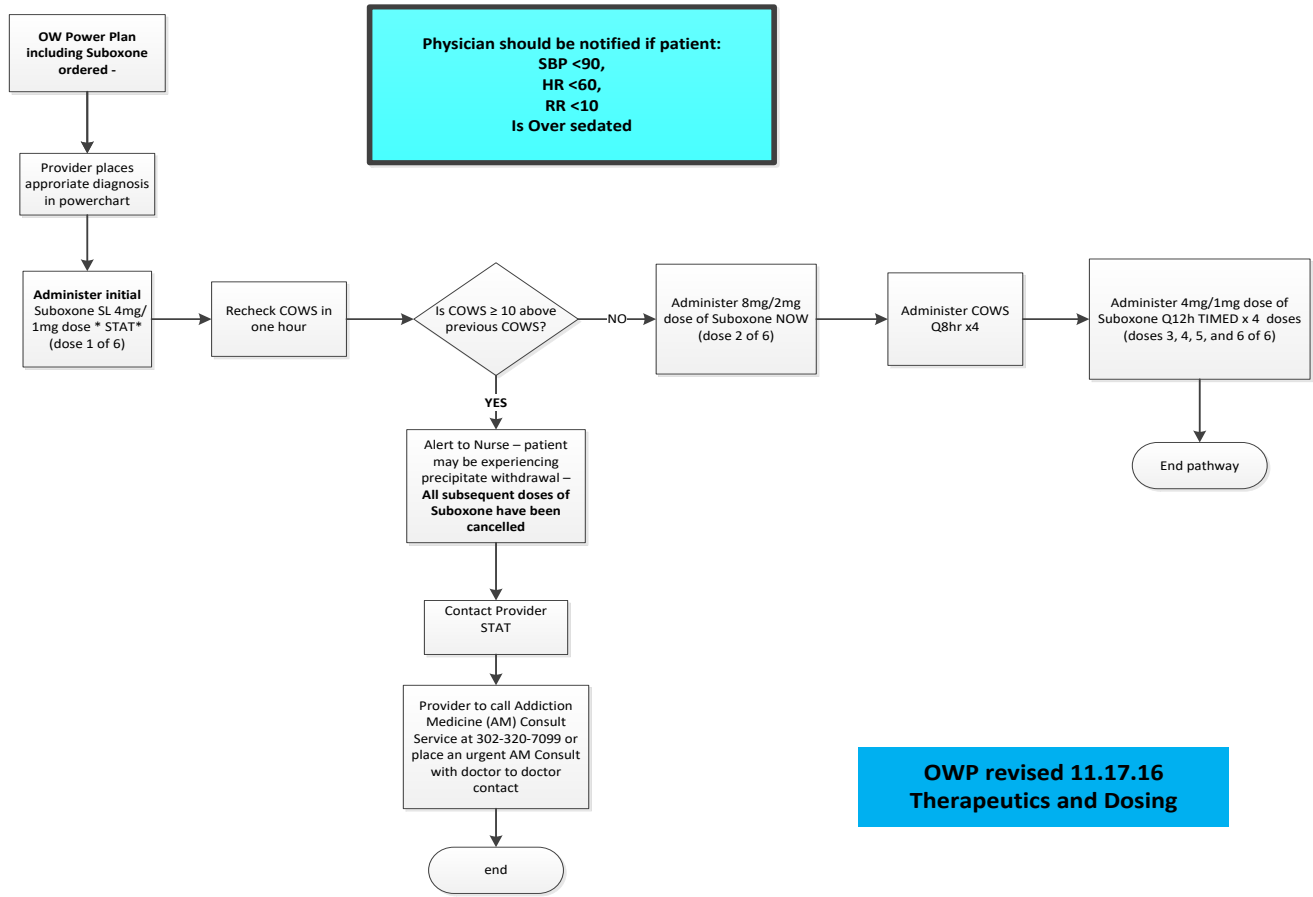
**Behavioral Health Clinical Care Pathway for Opioid Withdrawal
For Hospital Roll Out 11.21.16**



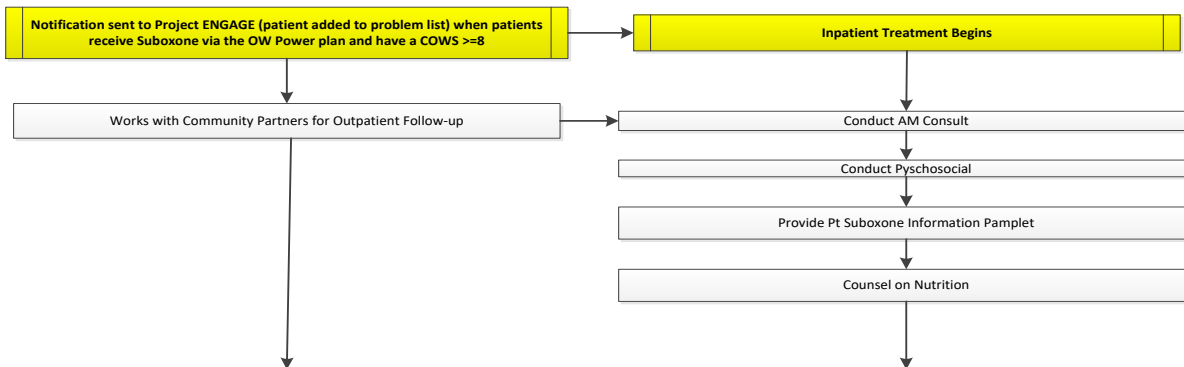
Screening questions (OWRA)
 1. Have you used heroin or prescription pain medicines other than prescribed in the last week?
 2. Do you get sick if you can't use heroin, methadone or prescription pain medications?
 IF patient answers YES to either question, they are "At Risk for Opioid Withdrawal"



ALGORITHM 2: OWP THERAPEUTICS AND DOSING PARALLEL PROCESS FOR IN-HOUSE TREATMENT



2- PARALLEL Process for In-house Treatment



PARALLEL Process-Discharge Planning and Billing



PATIENT EDUCATION MATERIALS

- Suboxone information pamphlet.



CLINICAL EDUCATION

Frequently Asked Questions

What are the Opioid Withdrawal (OW) pathway units?

All units except critical care, ICU, OB, Peds and surgery units.

Which patients are screened for Opioid Withdrawal?

All patients that are admitted, except in units listed above, or under OBS are asked the Opioid Withdrawal Risk Assessment (OWRA) questions. These questions must be read exactly as written/scripted. This ensures every patient is asked and answers the same questions.

What happens when the patient does not have clear decision making capacity?

Don't ask OWRA questions to a delirious or confused patient.

How do I know if someone is on the OW pathway?

Admitted patients with COWS ≥ 8 are on the OW pathway. Patients on the pathway can be identified with a problem of "PW Opioid Withdrawal" in the "Problems and Diagnoses" section of Power Chart.

How do we communicate info about patients on the pathway to ancillary departments (e.g.: MRI—Ativan or Percocet is sometimes ordered on-call)?



Since tests call for a report, we are encouraging the nurses to make note of these patients as well as document that they are on the OW pathway on a round-trip ticket. Also, since a provider has to place an order for opioids and benzodiazepines, an alert will pop up a warning for patients receiving Suboxone. The nurse should include it in the round trip ticket.

What happens if a patient receives an opioid while on Suboxone (e.g.: They take heroin in the bathroom even though they're on the pathway)?

Suboxone will block the analgesic effects of any prescribed or illicit opioid use, making the effect minimal or null.

Is Project Engage (PE) going to be able to document any of their interactions/education with these patients?

The only thing PE can document in Power Chart is "patient seen by Project Engage." However, Project Engage is not limited to what they may verbally communicate with the unit staff.

What if admitted patients are given an opioid in the Emergency Department (ED)? Do we allow a defined amount of time to pass before initiating the algorithm or do they get excluded?

All patients in the ED with an admission order will be asked the two Opioid Withdrawal Risk Assessment (OWRA) questions. If they answer yes to either of those questions and they are admitted, a Clinical Opioid Withdrawal Scale (COWS) assessment will be administered. If COWS score is <8 at that time, then subsequent COWS assessments will fire for the nurse to administer Q8hr x 4. If COWS score $=/ >8$, then patient is identified as having opioid withdrawal symptoms and the provider should be notified. If you begin to see opioid withdrawal symptoms before this time, consider repeating an ad hoc COWS and alert the provider if COWS



≥ 8 . It is always critical to verify active opioid withdrawal by insuring the COWS is ≥ 8 prior to giving the first dose of Suboxone.

Do we educate patients about the risks of Suboxone and opioid use before the first dose? If not could we be liable for not doing so?

Patient education may begin at any time. Make sure you print out education materials including Lexicomp Patient Education leaflets on: Opioid Abuse, Opioid Drug Abuse, Opioid Drug Abuse Treatment, Opioid Overdose, Opioid pain reliever overdose, Opioid safety, Opioid use disorder and Suboxone. In addition to educating the patient, staff are also encouraged to provide these materials to any support the patient may have. When Suboxone is ordered there will be a PDF, Suboxone Medication Guide, you must click on. A printable document will appear, so please provide this to the patient and support as well. Note: Lexicomp documents are available in 17 languages and the Suboxone Medication Guide is available in English and Spanish.

How many hours since the last dose of opioids may we begin Suboxone?

Timing of the effects as well as dosage of the opioid varies from patient to patient. It is important to still ask the OWRA. Proceed with the COWS if they answer yes to either OWRA question. Based on the COWS score the provider will determine the progression of the patient on the pathway. It is always critical to verify active opioid withdrawal by insuring the COWS is ≥ 8 prior to giving the first dose of Suboxone.

What happens if the patient doesn't have the decision-making capacity and we educate about the risks of Suboxone?

If the patient is unable to answer the OWRA, the COWS won't fire and the patient will not go on the pathway. If you assess that the patient may be



going through opioid withdrawal and that the patient's symptoms need to be addressed, notify the provider.

According to the OW pathway, a psych UDS is auto-ordered?

Yes, it is automatically ordered when the OWRA is positive (i.e. patient answers yes to either OWRA question).

Who is the ED asking the OWRA questions to?

Once the admission order goes through, all admitted inpatients or admitted observation patients may be asked the OWRA questions by the ED RN's. If these are not asked by the ED RN, the unit RN will be tasked to ask the OWRA questions.

Is the Discharge Disclaimer a legal document?

The Discharge Disclaimer is a legal document and will print out automatically with the discharge instructions. We also recommend that you read this aloud to the patient and patient support if available.

Will other staff be educated about Opioid Withdrawal?

PCTs, PCTIIs, ECTs, SNEs, SAFETY COMPANIONS, BHSSs, UNIT CLERKS AND PATIENT ESCORTs systemwide received a web-ed via the Education Center on the signs and symptoms of opioid withdrawal, as well as what to report to the RN. If you would like a refresher you can access the web-ed in your education transcript. In addition, nurses and providers also have access to a web-ed on the OW pathway in their Education Center.

Will opioid withdrawal risk assessment questions be completed in the ED?

After the admission order is placed, these questions can be completed by the ED RN or unit RN.



Can a patient who is placed on a CIWA protocol and receiving a benzo also be placed on the Opioid Withdrawal pathway?

Due to the complexity of this case, the provider should place a phone call to Terry Horton, MD at 302-757-6192 or place an urgent psych consult with provider to provider contact.

What if a provider refuses to order the OW pathway?

If you believe the patient would benefit from the OW pathway, further conversation with the provider is encouraged.

Does Pharmacy or the RN schedule the administration time for Suboxone?

The pharmacist will schedule the timing of Suboxone after the OW pathway is ordered by the provider. Suboxone will be delivered to the patient's medication bin/drawer. First dose is STAT and second dose is one hour later. The patient will receive a total of six doses of Suboxone. Doses three through six will be administered Q12hr TIMED x 4.

What about patients that are currently prescribed Suboxone and take a daily dose?

Patients prescribed and taking a daily dose of Suboxone are not part of the OW pathway. During the admission medication reconciliation the patient's daily dose is obtained and they should continue to receive this during their admission unless medical contraindications are identified by the provider.

How do I order Psychiatric Drug Screen manually?

In the orders, type in either (1) Psychiatric Drug Screen or (2) Urine Psychiatric Drug Screen.



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THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.



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