

# Opioid Withdrawal Management: ED Huddle Education Tool

## Case Study

A patient arrives in triage reporting severe withdrawal symptoms after discontinuing Fentanyl.

You are completing your bedside assessment, your patient reports feeling like unwell and experiencing ‘insane’ withdrawal symptoms. They have not been seen by the Emergency Physician yet.

- How would you describe typical opioid withdrawal signs?
- What can assist in your assessment of the patient?
- What are your next steps in providing evidence-based care?

## Answer

1. **Identify Symptoms:** How would you describe typical opioid withdrawal signs?
  - Restlessness, enlarged pupils, sweating, nausea, cravings, chills, stomach cramps, anxiety, agitation, runny nose.
2. **Assessment Tools:** What can assist in your assessment of the patient?
  - **Self-report from the patient:** there can be lots of subjective symptoms prior to objective signs. Ask if there were previous episodes of withdrawal. If so, what have they been like?
  - **Ask when did they last use?** Symptoms can present 12-30 hours since last opioid use
  - **Clinical Opiate Withdrawal Scale (COWS)** for severity. where appropriate (only use COWS to guide withdrawal management during traditional induction of buprenorphine).
3. **Next Steps:** What are next steps you might take?
  - **Prioritize Safety of patient:** Provide Opioid Agonist Therapy medications including PRN medications to prevent/manage withdrawal symptoms based on prescriber’s order as soon as possible following assessment and medical history before withdrawal progresses further.
  - **Provide Comfort:** Offer basic comforts like food and water if patient is interested. Utilize medications (including adjunct non-opioid medications) to minimize discomfort and prevent patient-initiated discharge.
  - **Initiate IV**

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## Resources

**SHOP BCCSU/VCH Hospital Care Substance Use Guidelines**



**Substance Use Consult Service**

24/7 Addiction Medicine Clinician Support Line

**Clinical Resources and Tools:**

COWS

**BCCSU Clinical Resources:**

Acute Clinical Care Guidance

Opioid Use Disorder