WOODSTOCK HOSPITAL

Department/Category	Nursing -General
Policy Name/ Unit Number	Clinical Opiate Withdrawal Scale (COWS) Symptom Measurement for Buprenorphine-Naloxone Induction-Unit 5
Location	Clinical Practice Manual
Approval Committees	☒CPC: June 2, 2020 ☒NAC: June 25, 2020 ☐MAC: Click here to enter a date. ☐P and T: Click here to enter a date. ☐Board of Directors: Click here to enter a date. ☐Senior Team: Click here to enter a date. ☐Patient and Family Advisory: Click here to enter a date. ☐Other: Click here to enter a date.
Signature (if applicable)	

Document Owner	**Original Date**	**Reviewed Date**	**Revision Date**	**Page 1 of 5**
Staff Development	April 2020			

Background:
Opioid dependence is an increasing problem for both Public Health and clinical settings in Canada. Public access issues, as well as patient disinterest limit Methadone treatment. Buprenorphine-naloxone (Suboxone) has demonstrated safety in the primary care setting and improved access in the community. Its use will reduce opioid withdrawal symptoms while discouraging misuse of drugs. For patients expressing the desire to stop using opioids, Woodstock Hospital (WH) may offer the use of Suboxone to support the patient in a timely manner. Administration through the Emergency Department (ED) will facilitate early treatment and may prevent admission to hospital. In order to accomplish this, WH will implement an assessment tool, the Clinical Opiate Withdrawal Scale (COWS), to monitor patients receiving Suboxone, either through the ED or inpatient units.

Purpose:
The COWS tool is a standardized tool used to assess for opiate withdrawal symptoms based on a rating system (See Appendix A). The resulting score provides clinicians with information on the stage and severity of opioid withdrawal and can be used for dosing of Suboxone. Withdrawal symptoms occur in stages depending on when the opioid was last used, the dose, the route, and the half-life of the medication. Withdrawal is most often identified during ED encounter, but can occur at any time during the patient hospital stay.

The summed score for the completed scale can help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids.

Policy:

1. This screening tool is to be used to assess for and reassess the patient's response to Suboxone administration
2. As directed within the pathway, the Most Responsible Physician (MRP) is to be notified of any positive score, and assess the need for interventions (e.g. Suboxone administration)
3. Documentation of the COWS tool will be completed within the electronic health record (eHR)

Practice Guidelines

1. The COWS tool can be used for any patient requesting treatment for withdrawal or if the nurse suspects opioid withdrawal
2. Perform two client identifiers
3. Provide patient with explanation of the purpose of the COWS screening, frequency of assessments, medications and expected outcomes
4. Assess the symptoms of withdrawal, which can occur six hours after last dose of short acting opioid, peak at two to three days, and resolve by five to seven days. The screening of symptoms includes the following physical assessments:
   a. Resting heart rate
   b. GI Upset
   c. Sweating
   d. Tremor
   e. Restlessness
   f. Yawning
   g. Pupil Size
   h. Anxiety or Irritability
   i. Bone or Joint Pain
   j. Gooseflesh skin
5. Document the screening results in the eHR. In Powerchart, use the adhoc -folder above the demographic bar, then search screening tools; or in Firstnet, the ED General Information and Screening Tools Band during an ED encounter
6. Once the COWS assessment is complete, click on the TOTAL to obtain a calculated score
7. Notify the MRP of possible withdrawal symptoms and the score from the COWS tool
8. The MRP may choose to order the power plan if the patient meets the following inclusion criteria:

i. At least twelve hours since last dose of short acting opioid
ii. At least seventy-two hours since last dose of methadone
iii. Patient consents to taking Suboxone

9. The power plan is contraindicated if any of the following exclusion criteria are present:
   i. Allergy to Suboxone
   ii. Decreased level of consciousness
   iii. Prescribed methadone or Buprenorphine/naloxone
   iv. Inability to provide informed consent
   v. Severe liver dysfunction
   vi. Acute alcohol intoxication or withdrawal
   vii. Acute respiratory distress
   viii. Paralytic ileus
   ix. Pregnancy
10. If COWS score is less than 12, Suboxone is not required
11. If COWS score is twelve or higher; give the Suboxone dose ordered by the MRP
    a) Instruct patient to moisten mouth with water and swallow
    b) Instruct patient to place Suboxone under tongue (sublingually)
    c) Instruct patient to avoid sucking on tablet(s) or swallowing saliva during this time
    d) Patient must be supervised while dose dissolves under the tongue for one to five minutes
12. Reassess the patient hourly using the COWS tool for a maximum of 4 hours until the max dose of 8 mg has been administered OR if score is below ten
13. Physician to refer patient to Rapid Access Addiction Medicine Clinic (RAAM) Provide pamphlet and link to website http://www.oxfordraam.ca . If able, complete the intake form with the patient that is available on the website. Fax the intake form with the final Suboxone dose amount and time of discharge to the RAAM clinic.
14. If patient is stable and discharged, provide a prescription for Suboxone until next available date of RAAM clinic drop in date; with no dose provided for this date
15. Fax prescription to local pharmacy of patient's choice, and instruct patient that dose(s) will be dispensed and supervised
16. Nurse is to complete discharge Suboxone therapy checklist
17. Provide patient with RAAM clinic pamphlet
18. Provide and review the Suboxone discharge handout with the patient or family member before the leave the hospital
19. Patient may require a maintenance dose of Suboxone if remaining in hospital and a referral to RAAM clinic on discharge, with a prescription for doses until the next available clinic drop in date

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Current Reviewer:	
Responsibility:	Director of Patient Care
Reference:	1) Clinical Opiate Withdrawal Scale. (2015). Retrieved February 6, 2020, from https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf 2) Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline Copyright © 2011 Centre for Addiction and Mental health From: Wesson, DR & Ling, WJ. (2003). Psychoactive Drugs 35(2): 253–9. 3) LHSC Emergency Services Program Protocol for COWS and Opiate withdrawal-C Jaramillo Clinical Educator 4) Barbosa-Leiker, C., McPherson, S., Mamey, M. R., Burns, G. L., Layton, M. E., Roll, J., & Ling, W. (2015). Examining the factor structure of the Clinical Opiate Withdrawal Scale: A secondary data analysis from the National Drug Abuse Treatment Clinical Trials Network (CTN) 0003. *Drug and Alcohol Dependence*, *152*, 218–223. https://doi.org/10.1016/j.drugalcdep.2015.03.036
Cross Reference:	1) Buprenorphine/Naloxone (Suboxone®), Unit 7, Clinical Practice Manual

WOODSTOCK HOSPITAL

Clinical Opiate Withdrawal Scale (COWS) Symptom Measurement for Buprenorphine/ Naloxone Induction

Appendix A: Clinical Opiate Withdrawal Scale (COWS)

Clinical Opiate Withdrawal Scale (COWS)

For each item, select the response that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal.

For example, if the heart rate is increased because the patient was jogging just prior to the assessment, the increased pulse rate would not add to the score.

Reason for Assessment

Resting Pulse Rate Measure after patient is sitting or lying for one minute	○ 0 - Pulse rate 80 bpm or below ○ 1 - Pulse rate 81-100 bpm ○ 2 - Pulse rate 101-120 bpm ○ 4 - Pulse rate greater than 120 bpm	**GI Upset** Over last 1/2 hour	○ 0 - No GI symptoms ○ 1 - Stomach cramps ○ 2 - Nausea or loose stool ○ 3 - Vomiting or diarrhea ○ 5 - Multiple episodes of vomiting or diarrhea
Sweating Over past 1/2 hour not accounted for by room temperature or patient activity	○ 0 - No report of chills or flushing ○ 1 - Subjective 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	**Tremor** Observation of outstretched hands	○ 0 - No tremor ○ 1 - Tremor can be felt, but not observed ○ 2 - Slight tremor observable ○ 4 - Gross tremor or muscle twitching
Restlessness Observation during assessment	○ 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	**Yawning** Observation during assessment	○ 0 - No yawning ○ 1 - Yawning once or twice during assessment ○ 2 - Yawning three or more times during assessment ○ 4 - Yawning several times/minute
Pupil Size	○ 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 rim of the iris is visible	**Anxiety or Irritability**	○ 0 - None ○ 1 - Patient reports increasing irritability or anxiousness ○ 2 - Patient obviously irritable or anxious ○ 4 - Patient so irritable or anxious/ participation difficult
Bone or Joint Aches If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored	○ 0 - Not present ○ 1 - Mild diffuse discomfort ○ 2 - Patient reports severe diffuse aching of joints/muscles ○ 4 - Rubbing joints/muscles, can't sit still with discomfort	**Gooseflesh Skin**	○ 0 - Skin is smooth ○ 3 - Piloerection can be felt or hairs standing up on arms ○ 5 - Prominent piloerrection
Runny Nose or Tearing Not accounted for by cold symptoms or allergies	○ 0 - Not present ○ 1 - Nasal stuffiness or unusually moist eyes ○ 2 - Nose running or tearing ○ 4 - Nose constantly running or tears streaming down cheeks	Total Score	
		Score Indicative Of	○ Mild withdrawal ○ Moderate withdrawal ○ Moderatly severe withdraw ○ Severe withdrawal

Wesson, D.R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). J Psychoactive Drugs, 35(2), 253-9.