NHS Emergend

Emergency Opioid Flowchart

NO

Urine drug test positive for opiates (instant drug screens available from Huntlyburn)

If **negative urine test** (or cannot provide sample)-do NOT prescribe any opioid substitution. Consider use of symptomatic relief and await a sample from patient. Or wait for lab test results if instant dip toxicology was negative for opiates.

Positive

Undertake a **COWS** assessment of opiate withdrawal (Appendix B)

Prescribe Symptomatic relief if required from the table below and reassess within 4 hours.

YES

Prescribe a single dose of dihydrocodeine, 120mgs (on "once only" part of chart)

Reassess after 4 hours and prescribe further 120mgs, twice if necessary. The patient should not receive more than 360mgs in the first 12 hours.

After initial 12 hours the dose may be increased by one 120mgs increment over the next 24 hours. Do not exceed 480mgs daily (given as 120mg X 4 daily) without discussion with BAS/senior medical advice.

Continue dihydrocodeine until able to discuss with BAS. Do not discharge from ward with dihydrocodeine.

Symptomatic Relief				
Indication	Medication	Route	Dose	Max/ 24 hours
Muscle spasm/ Cramps	Hyoscine Butylbromide (Buscopan)	Oral	20 mg QID	80mg
Nausea/ Vomiting	Metoclopramide	Oral	10mg TID (Weight > 60Kg)	30mg
Cramps/ Diarrhoea	Loperamide	Oral	2- 4mg	16mg
Aches/ Pains	Paracetamol Ibuprofen	Oral Oral	1g QID 200- 400mg TID	4g 2.4g
Insomnia	Zopiclone Trazodone	Oral Oral	7.5mg 50mg	7.5mg 50mg

IMPORTANT

- NEVER prescribe dihydrocodeine on an "as required" basis.
- Write on prescription Do NOT give if drowsy / sedated / ataxic / slurred speech /asleep.
- Do NOT give if patient has been off ward and could have used drugs illicitly.
- Do NOT allow patient to leave ward for four hours after increase in dose.
- Inform patient that dihydrocodeine will NOT be prescribed on discharge, but that advice will be sought from specialist services for decision regarding any ongoing prescription.
- Any analgesia required (including opioid) should be prescribed IN ADDITION to this regime (although careful assessment must be made and alternatives preferred).
- Use symptomatic relief paracetamol, metoclopramide, loperamide, hyoscine butylbromide, NSAIDs.

Contact Borders Addiction Services next working day for further advice and support if this protocol has been needed. Tel: 01896 664436 or addiction.secretaries@borders.scot.nhs.uk