

Opioid Withdrawal — Quick Reference

Initial Recognition & Critical Treatment

Recognize Early (Triage-level)

tachycardia, diaphoresis, restlessness, dilated pupils, piloerection ('gooseflesh')

Treat as a clinical emergency — discomfort at this level is what drives patients to leave AMA.

Assessment and Buprenorphine Initiation



Assess

COWS (Clinical Opiate Withdrawal Scale) — 11-item objective tool

Score bands

Mild (5–12) · Moderate (13–24) · Moderately Severe (25–36) · Severe (36+)

→ COWS ≥ 8 = initiate buprenorphine. This is the standard of care.

Complications & Manage Protocols



Watch for precipitated withdrawal — abrupt symptom worsening following buprenorphine or naloxone.

Mild cases often brief, self-resolving with observation + supportive care

Severe/persistent cases

90-Minute Treatment Bundle — 16mg SL buprenorphine + 2mg PO lorazepam; reassess at 30 min, repeat buprenorphine if no improvement

System & Peer Support



Low-barrier triage model empower nursing staff to initiate COWS + comfort measures immediately at intake

Rule out mimics sepsis, DKA, alcohol withdrawal — all can present with similar autonomic instability

Peer introduction as soon as available — peer provides social stabilization while clinical team manages physical withdrawal.