1. **Introduction**

1.1 Buprenorphine hydrochloride (Subutex® or Suboxone®) is licensed for the substitute treatment for opioid drug dependence, within a frame work of medical, social and psychological treatment.

1.2 Buprenorphine for opioid drug dependence is formulated as a sub-lingual tablet: buprenorphine 0.4 mg, 2 mg or 8 mg tablets and buprenorphine/naloxone 2mg/0.5mg and 8mg/2mg tablets.

1.3 Buprenorphine is a partial agonist at the $\mu$ receptor and as such exhibits a different pharmacological profile to full agonists. The addition of naloxone deters intravenous use and reduces diversion to illicit use. For this reason buprenorphine/naloxone (Suboxone®) is the formulation of choice for doses of 2mg or more.

1.4 **Function**

1.4.1 To ensure safe and effective prescribing of buprenorphine and minimise the negative effects of withdrawal from opioids.

2. **Location**

2.1 In client’s homes, GP practices and NHS premises as outpatient or inpatient.

3. **Responsibility**
3.1 NHS Clinical staff trained in opioid detoxification.

4. **Operational System**

4.1 Buprenorphine detoxification is a treatment option for:
   - Patients new to treatment who are seeking opioid detoxification e.g. heroin-dependent clients, opioid-dependent clients using combinations of heroin and illicit methadone (less than 31ml methadone).
   - Patients with analgesia induced opioid dependence see Severity of Opioid Dependence Questionnaire (SODQ) (Appendix 1).
   - Methadone-dependent clients reduced/stabilised at doses of 30mg or less.
   - Community detoxification from heroin/methadone as alternative to lofexidine or continuing methadone reduction.

4.2 Priority should be given to younger heroin users, heroin smokers and those not wanting or previously failed on methadone treatment, however long-term and regular intravenous users should also be included for consideration.

4.3 Stable immediate social environment is highly desirable with a nominated ‘significant other’ present.

4.4 Exclusion criteria to consider when using buprenorphine treatment include:
   - Hypersensitivity to buprenorphine or any other component of tablet
   - Severe respiratory insufficiency
   - Severe hepatic insufficiency
   - Acute alcoholism or delirium tremens
   - Acute mental health problems
   - Recent head injury / loss of consciousness
   - Breast feeding
   - Children less than 16 years of age (buprenorphine)
   - Children less than 15 years of age (buprenorphine/naloxone)

4.5 Buprenorphine with naloxone is licensed for use in adults and adolescents over 15 years of age. However, due to lack of data in adolescents (age 15–18), buprenorphine with naloxone should be used with caution in this age group.

4.6 Buprenorphine/naloxone should not be used during pregnancy. If it is the prescribers’ opinion that therapy in pregnancy is required the use of buprenorphine alone may be considered but would be “off label”.

4.7 As with methadone caution should be taken if prescribing buprenorphine in combination with benzodiazepines or alcohol as this may cause respiratory depression.

4.8 Baseline liver function tests and documentation of viral hepatitis status is recommended prior to commencing treatment. Hepatic function should be monitored in patients:
   - with pre-existing liver enzyme abnormalities
   - who are positive for viral hepatitis
   - who use other potentially hepatotoxic medicines/substances.
4.9 Criteria for community and home detoxification using buprenorphine:

- Completed assessment by clinicians including mental health assessment, physical health assessment, drug-using history, life/social history which confirms opioid dependence.

- It is essential that all clients undergoing this procedure are provided with a copy of the buprenorphine information booklet and the contents discussed prior to Day 1 of the procedure.

- Education to be completed prior to approval of the buprenorphine detoxification programme comprises overdose training, action, effects, side effects and administration of buprenorphine, including advantages and disadvantages over other treatment options, issues related to pregnancy and contraception, potential impact on driving and employment, circumstances in which treatment may be withdrawn or ceased. Consent should be taken and the patient must complete the Buprenorphine Detoxification Contract (Appendix 2).

- Laboratory urine (or oral fluid) result within last 14 days and current drug diary.

- Discussion with the responsible prescriber to establish if buprenorphine prescribing is appropriate.

- Discuss continuing treatment programme for relapse prevention including the role of naltrexone as an adjunct.

- The initial proposed dose regimen (usually 7–21 days) will have been decided by the responsible medical officer and a prescription to cover the first seven days issued. Buprenorphine may be prescribed by the client’s General Practitioner or Addiction Services staff. The regimen is agreed and the prescription is issued, usually for dispensing on a daily basis by the pharmacist to the client or approved carer.

- The client will have signed a contract which explains the procedure. A copy of this will be placed in the client’s notes.

- The community detoxification programme will be monitored by a key worker trained in detoxification (this may be the Practice Nurse or G.P. in Primary Care).

4.10 Buprenorphine supply

- The pharmacy must have agreed in advance to dispense the buprenorphine in the appropriate instalments. The community pharmacist who has agreed to provide the service will dispense sublingual buprenorphine which will be picked up by the designated client or carer. The patient must have signed a mandate for the key worker or carer to collect their medication (Appendix 3) if required.

- Buprenorphine should be taken in a single daily dose as a sublingual tablet(s). Doses for the first 3 days will be dispensed on a daily basis and collected by the client or carer. Thereafter, buprenorphine should be prescribed on a daily dispensed
and supervised basis, with take-away dose when the pharmacy is closed. Where possible, detoxification programmes will be managed to avoid public holidays.

- Buprenorphine will be prescribed as Suboxone® for doses over 2mg unless the patient is pregnant or buprenorphine only (Subutex®) has been authorised by the responsible doctor.

4.11 Induction to Buprenorphine from heroin or other opioids

- This guidance should be followed for any client who has not previously taken buprenorphine. Where the client is familiar with the process and the risk of diversion are considered low, the client may be prescribed the first three days of buprenorphine and be reviewed on day three for dose adjustment.

4.12 Day 1

- Ensure a current drug diary and recent drug screen result is available. Establish that no opioids and other drugs (including alcohol) have been taken at least 8 hours before intake of buprenorphine.

- Carry out on site urine test for drugs and breathalyse for alcohol. If evidence of intoxication is present or a reading breath alcohol is greater that 20mmol/L or urine positive or if detoxification is cancelled, methadone or buprenorphine dependent clients will be prescribed at a dose determined by the prescriber.

- Methadone should be stopped at least 24 hours (preferably 36 hours) before intake of buprenorphine. Patients should be prepared to attend in opioid withdrawal (see Appendix 4) for further information.

- Complete the Clinical Opioid Withdrawal Scale (COWS) (Appendix 5)

- Induction should only commence when signs of withdrawal are evident with a score of at least 6 on the objective measures. If unclear then the patient should be reassessed after a further hour.

- The initial dose of buprenorphine will be 2-4mg regardless of current opioid use. 2mg should be used if there are minimal signs of objective opioid withdrawal (<7). 4mg should be administered if there are clear signs of moderate objective withdrawal (7+).

- The client will take buprenorphine tablets sublingually in front of the key worker.

- Following the initial dose the client is reviewed after 90 minutes.

- Precipitated withdrawal should be excluded then a further dose of 2-4mg may be allowed to a total maximum of 8mg. This should be taken at least 2 hours after initial dose.

4.13 Procedure: Day 2

- The prescription will be dispensed by the pharmacist, but the client will not take a dose until the amount of buprenorphine required has been assessed by the key worker.
• The COWS is completed. If no signs of withdrawal are apparent then the total dose from Day 1 should be repeated. If obvious withdrawal features are present then the total dose from Day 1 together with an increment of 2 – 4mg should be administered.

• Any discrepancy will be recorded in the client clinical record and any surplus medication will be returned to the dispensing pharmacist for destruction.

4.14 Procedure: Day 3 onward

• Clients will be given Day 2 dosage and an extra 2-4 mg if COWS shows further opioid withdrawal. This day should be repeated until there are minimal signs of withdrawal.

• The reduction regimen should then be agreed and a review schedule to cover the period of the regimen set up. This should normally be at least twice weekly review. If the patient is struggling with the reduction regimen then the reductions should be stopped for 2-3 days then resumed at a slower rate. If the client decides not to continue with the detoxification then they should be stabilised on the dose required to prevent withdrawal.

• Clients requiring more than 16mg should be referred to specialist addiction service for further assessment.

4.15 Induction of buprenorphine from methadone

• Prior to ‘day 1’ methadone dose reduced to 30mg or less. Dosing as for transfer from heroin.

• Caution: last methadone dose should be at least 24 hours before initial dose of buprenorphine.

• Clients should be educated about the need to be in withdrawal before commencing treatment with buprenorphine. Some clients may need to stop methadone 2 or 3 days prior to induction.

4.16 Detoxification/dose reduction schedule using buprenorphine:

• Clients requiring more than 8mg to prevent withdrawal should be reduced using the slow reduction regimen until the daily dose is 8mg. Then one of the following regimens should be agreed with the client.

<table>
<thead>
<tr>
<th>Brief Buprenorphine Detoxification Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>
### Standard Buprenorphine Detoxification Regimen

<table>
<thead>
<tr>
<th>Day</th>
<th>Dose (mg)</th>
<th>Day</th>
<th>Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>15</td>
<td>1.6 – 2</td>
</tr>
<tr>
<td>2</td>
<td>8 – 12</td>
<td>16</td>
<td>1.2 - 2</td>
</tr>
<tr>
<td>3</td>
<td>8 – 16</td>
<td>17</td>
<td>1.2 - 1.6</td>
</tr>
<tr>
<td>4</td>
<td>6 – 14</td>
<td>18</td>
<td>0.8 - 1.6</td>
</tr>
<tr>
<td>5</td>
<td>6 – 12</td>
<td>19</td>
<td>0.8 - 1.6</td>
</tr>
<tr>
<td>6</td>
<td>6 – 10</td>
<td>20</td>
<td>0.4 - 1.2</td>
</tr>
<tr>
<td>7</td>
<td>6 – 8</td>
<td>21</td>
<td>0.4 - 1.2</td>
</tr>
<tr>
<td>8</td>
<td>6 - 8</td>
<td>22</td>
<td>0 -1.2</td>
</tr>
<tr>
<td>9</td>
<td>4 – 6</td>
<td>23</td>
<td>0 -0.8</td>
</tr>
<tr>
<td>10</td>
<td>4 – 6</td>
<td>24</td>
<td>0 -0.8</td>
</tr>
<tr>
<td>11</td>
<td>4 – 6</td>
<td>25</td>
<td>0 - 0.8</td>
</tr>
<tr>
<td>12</td>
<td>2 – 4</td>
<td>26</td>
<td>0 - 0.4</td>
</tr>
<tr>
<td>13</td>
<td>2 – 4</td>
<td>27</td>
<td>0 - 0.4</td>
</tr>
<tr>
<td>14</td>
<td>1.6 – 2</td>
<td>28</td>
<td>0 - 0.4</td>
</tr>
</tbody>
</table>

### Slow reduction of buprenorphine
- This should be reserved where the above regimens have failed.

The following is recommended as the maximum time advised in reduction.

<table>
<thead>
<tr>
<th>Daily Buprenorphine dose</th>
<th>Reduction Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above 16mg</td>
<td>4mg every 1-2 weeks</td>
</tr>
<tr>
<td>8 -16mg</td>
<td>2 - 4mg every 1-2 week 2mg per 1-2 weeks</td>
</tr>
<tr>
<td>2 - 8 mg</td>
<td>2mg every 1-2 weeks</td>
</tr>
<tr>
<td>Below 2mg</td>
<td>0.4 - 0.8mg per week</td>
</tr>
</tbody>
</table>

### 4.17 Clients who fail their detoxification
- Clients who relapse into opioid use during titration onto buprenorphine should be offered stabilisation on their day 3 dose then reassessed by clinical staff. Return to methadone should only be considered after prescribing review due to possible loss of tolerance.
4.18  Naltrexone for relapse prevention

- All patients should already have been assessed for and received advice about the use of naltrexone to support relapse prevention.
- Naltrexone should be continued for at least 6–12 months.

4.19  Role of key worker

- To provide a safe and effective home detoxification programme tailored to meet the needs of the client who wishes to become free from opioids.
- Throughout the detoxification programme the practitioner will undertake motivational work exploring issues relating to lifestyle changes which will assist the client in his goal for abstinence.
- The practitioner will see the client every day for the first three days then at least twice weekly for the subsequent weeks of the detoxification, according to the clients needs.

5  Risk/Observation

5.1  The importance of close supervision and observation of clients undergoing buprenorphine detoxification cannot be understated given the risk of overdose. Any unexplained absences of clients should be a cause for concern and signs of intoxication should prompt an urgent clinical evaluation.

6  Related Documents

Appendix 1:  Severity of Dependence Questionnaire (SODQ)
Appendix 2:  Buprenorphine Detoxification Contract
Appendix 3:  Prescription Collection Mandate
Appendix 4:  Opioid Withdrawal Symptoms checklist
Appendix 5:  Clinical Opioid Withdrawal Scale (COWS)

7  References


7.3  Summary of Product Characteristics, Buprenorphine (Subutex® and Suboxone®) www.medicines.org.uk


Appendix 1: SEVERITY OF OPIOID DEPENDENCE QUESTIONNAIRE (SODQ)

Please answer every question by ticking one response only

On waking and before my first dose of Opioids

- My body aches or feels stiff:
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I get stomach cramps
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I feel sick
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I notice my heart pounding
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I have hot and cold flushes
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I feel miserable or depressed
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I feel tense or panicky
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I feel irritable or angry
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I feel restless and unable to relax
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I have a strong craving
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

Please answer the following questions

- I try to save some Opioids to use on waking
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- I like to take my first dose of Opioids within two hours of waking up
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- In the morning, I use Opioids to stop myself feeling sick
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- The first thing I think of doing when I wake up is to take some Opioids
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- When I wake up I take Opioids to stop myself aching or feeling stiff
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- The first thing I do after I wake up is to take some Opioids
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

Please think of your Opioid use during a typical period of drug taking when answering the following questions

- Did you think your Opioid use was out of control?
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- Did the prospect of missing a fix (or dose) make you very anxious or worried?
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- Did you worry about your Opioid use?
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- Did you wish you could stop?
  - Never or almost never (_)
  - Sometimes (_)
  - Often (_)
  - Always or nearly always (_)

- How difficult would you find it to stop or go without?
  - Not difficult (_)
  - Quite difficult (_)
  - Very difficult (_)
  - Impossible (_)

Not difficult (_)
Quite difficult (_)
Very difficult (_)
Impossible (_)

Page 9 of 13
Appendix 2
Buprenorphine Detoxification Contract

BUPRENOPHINE DETOXIFICATION CONTRACT

Patient Name: ___________________________ CHI No: ___________________________

- I understand that it is in my best interests to be truthful about my drug use.

- I understand that I will have to abstain from illicit drugs, and alcohol from 10pm on ______________ to allow the optimum level of buprenorphine to be reached.

- I understand that during the period of time I am being detoxified I will not take any illicit drugs or consume alcohol.

- I understand that while being prescribed, any behaviour which is abusive or aggressive will result in the prescription being cancelled.

- I agree to attend scheduled appointments unless otherwise stated by my Addictions Nurse.

- I am responsible for attending all of my appointments on time. If I am unable to do so, I am responsible for telephoning in advance and making an alternative arrangement.

- I understand that if I attend an appointment under the influence of illicit drugs or alcohol, I will NOT be seen. Prescriptions will NOT be issued to individuals under these circumstances.

- I agree to provide samples of urine or saliva for drug testing when requested by Addiction Services staff. Failure to do so may result in my prescription being stopped.

- I agree to behave in a responsible manner while in a pharmacy. I understand that Buprenorphine will be supervised by the pharmacist who may refuse to dispense it if I appear to be under the influence of drugs or alcohol.

- I agree to be responsible for my medication and prescription and understand that these will not be replaced. Any attempt to change a prescription will result in loss of prescribing.

- I agree not to take any painkillers (other than Aspirin, Paracetamol or Ibuprofen) unless these are prescribed by my GP.

- I understand that if I use other drugs on top of my prescription, this will increase my risk of overdose and that this is my own responsibility. I have discussed this with my Nurse / Doctor and understand fully.

- I understand that Addiction Services staff will communicate with my GP regularly.

I HAVE READ THESE RULES AND FULLY UNDERSTAND THEM. I AGREE TO ABIDE BY THEM. I UNDERSTAND IF I DO NOT, MY PRESCRIPTION MAY BE STOPPED.

Patient Signature ___________________________ Date __________________

Keyworker Signature ___________________________ Date __________________
Appendix 3

Prescription Collection Mandate

### Prescription Collection Form

<table>
<thead>
<tr>
<th>Date of prescription</th>
<th>Prescription Number</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Dispensing Arrangements</th>
<th>Expiry Date of prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Name:____________________________     File No. ______________

Keyworker: ____________________________

I understand that if I lose this prescription it will not be replaced and if I lose or spill any of the prescribed medication after it is dispensed it will not be replaced.

Signature of patient:     Date of collection:

Signature of Witness:     Date of collection:

Confirm Pharmacy details:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix 4

FIFE NHS ADDICTION SERVICES
OPIOID WITHDRAWAL SYMPTOMS CHECKLIST
TO BE USED FOR STABILISATION WITH BUPRENORPHINE

Name...........................................................................................................

- Please tick if you have been experiencing any of the following symptoms in the past 24 hours:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Craving</td>
</tr>
<tr>
<td>2</td>
<td>Anxiety</td>
</tr>
<tr>
<td>3</td>
<td>Muscle twitches</td>
</tr>
<tr>
<td>4</td>
<td>Hot/cold flushes</td>
</tr>
<tr>
<td>5</td>
<td>Aching bones &amp; muscles</td>
</tr>
<tr>
<td>6</td>
<td>Loss of appetite</td>
</tr>
<tr>
<td>7</td>
<td>Irritability</td>
</tr>
<tr>
<td>8</td>
<td>Stomach cramps</td>
</tr>
<tr>
<td>9</td>
<td>Sleeplessness</td>
</tr>
<tr>
<td>10</td>
<td>Nausea</td>
</tr>
<tr>
<td>11</td>
<td>Vomiting/diarrhoea</td>
</tr>
<tr>
<td>12</td>
<td>Yawning</td>
</tr>
<tr>
<td>13</td>
<td>Sweating</td>
</tr>
<tr>
<td>14</td>
<td>Runny nose</td>
</tr>
<tr>
<td>15</td>
<td>Watering eyes</td>
</tr>
<tr>
<td>16</td>
<td>Gooseflesh</td>
</tr>
<tr>
<td>17</td>
<td>Restlessness</td>
</tr>
<tr>
<td>18</td>
<td>Pupil size</td>
</tr>
<tr>
<td>19</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>20</td>
<td>Pulse Rate</td>
</tr>
<tr>
<td>21</td>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>22</td>
<td>Temperature</td>
</tr>
</tbody>
</table>
Appendix 5
Clinical Opioid Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opioid withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

| Patient's Name:_____________________ | Date and Time ____/_____/____:__________ |
| Reason for this assessment: | |

<table>
<thead>
<tr>
<th>Resting Pulse Rate: _______beats/minute</th>
<th>GI Upset: over last ½ hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured after patient is sitting or lying for 1 minute</td>
<td>0 no GI symptoms</td>
</tr>
<tr>
<td>0 pulse rate 80 or below</td>
<td>1 stomach cramps</td>
</tr>
<tr>
<td>1 pulse rate 81-100</td>
<td>2 nausea or loose stool</td>
</tr>
<tr>
<td>2 pulse rate 101-120</td>
<td>3 vomiting or diarrhea</td>
</tr>
<tr>
<td>4 pulse rate greater than 120</td>
<td>5 Multiple episodes of diarrhea or vomiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sweating: over past ½ hour not accounted for by room temperature or patient activity.</th>
<th>Tremor observation of outstretched hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 no report of chills or flushing</td>
<td>0 No tremor</td>
</tr>
<tr>
<td>1 subjective report of chills or flushing</td>
<td>1 tremor can be felt, but not observed</td>
</tr>
<tr>
<td>2 flushed or observable moistness on face</td>
<td>2 slight tremor observable</td>
</tr>
<tr>
<td>3 beads of sweat on brow or face</td>
<td>4 gross tremor or muscle twitching</td>
</tr>
<tr>
<td>4 sweat streaming off face</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restlessness Observation during assessment</th>
<th>Yawning Observation during assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 able to sit still</td>
<td>0 no yawning</td>
</tr>
<tr>
<td>1 reports difficulty sitting still, but is able to do so</td>
<td>1 yawning once or twice during assessment</td>
</tr>
<tr>
<td>3 frequent shifting or extraneous movements of legs/arms</td>
<td>2 yawning three or more times during assessment</td>
</tr>
<tr>
<td>5 Unable to sit still for more than a few seconds</td>
<td>4 yawning several times/minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pupil size</th>
<th>Anxiety or Irritability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pupils pinned or normal size for room light</td>
<td>0 none</td>
</tr>
<tr>
<td>1 pupils possibly larger than normal for room light</td>
<td>1 patient reports increasing irritability or anxiousness</td>
</tr>
<tr>
<td>2 pupils moderately dilated</td>
<td>2 patient obviously irritable anxious</td>
</tr>
<tr>
<td>5 pupils so dilated that only the rim of the iris is visible</td>
<td>4 patient so irritable or anxious that participation in the assessment is difficult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bone or Joint aches If patient was having pain previously, only the additional component attributed to Opioids withdrawal is scored</th>
<th>Gooseflesh skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td>0 skin is smooth</td>
</tr>
<tr>
<td>1 mild diffuse discomfort</td>
<td>3 piloerrection of skin can be felt or hairs standing up on arms</td>
</tr>
<tr>
<td>2 patient reports severe diffuse aching of joints/muscles</td>
<td>5 prominent piloerrection</td>
</tr>
<tr>
<td>4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Runny nose or tearing Not accounted for by cold symptoms or allergies</th>
<th>Total Score ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td>The total score is the sum of all 11 items</td>
</tr>
<tr>
<td>1 nasal stuffiness or unusually moist eyes</td>
<td>Initials of person completing Assessment:</td>
</tr>
<tr>
<td>2 nose running or tearing</td>
<td></td>
</tr>
<tr>
<td>4 nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

(D:\bup curr update\Cl Tools fr ECS\22 COWS.doc)