

## NURSING CLINICAL STANDARD

**DRUG AND ALCOHOL WITHDRAWAL**

**PURPOSE:** To outline the management of the patient withdrawing from drugs or alcohol.

**SUPPORTIVE DATA:**

Once dependence on a substance or drug has formed, withdrawal symptoms will start when the substance or drug is removed. Different drugs and substances will have different withdrawal symptoms and timelines.

The symptoms of substance/drug withdrawal vary depending on the drug of abuse and the length of the addiction.

Patients may be admitted with the primary diagnosis of drug or alcohol withdrawal, or it can be a secondary diagnosis complicating the primary admitting problem (for example, a person admitted with an acute MI or trauma who no longer has access to the abused substance/drug while hospitalized will begin to withdraw from the substance/drug).

The severity and duration of withdrawal is influenced by the level of dependency on the drug/substance and other factors, including:

- Length of time abusing the substance
- Type of substance abused
- Method of abuse (e.g. snorting, injecting, smoking)
- Amount taken each time
- Family history and genetic makeup
- Medical and mental illness factors (e.g. addictive personality)

<b>Drug Class</b>	<b>Onset</b>	<b>Peak</b>	<b>Duration</b>
Narcotic Rx (opiates)	8-12 hours	12-48 hours	5-10 days
Heroin	12 hours	24-48 hours	1 week-2 months
Cocaine	Few hours	Few days	1-10 weeks
Benzodiazepines	1-4 days	1 <sup>st</sup> 2 weeks	Can last months
Sedative-Hypnotics	2-3 days	-	12-14 days
Amphetamines	12-24 hours	-	3-7 days
Alcohol	8-24 hours	24-72 hours	5 days -2 weeks

**ASSESSMENT:**

1. Assess the following:
  - Vital Signs
  - Richmond Agitation Sedation Scale (ICU)
  - Level of consciousness (Acute Care Units)
  - Any presence/absence of agitation/tremors:
    - Upon admission and a minimum of every 4 hours (every 2 hours ICU)
    - Before sedation *given to manage alcohol withdrawal* (within 30 minutes)
    - After sedation *given to manage alcohol withdrawal*
      - Within 15-30 minutes for intravenous
      - Within 30-60 minutes for oral

2. Assess for pain (including muscle aches or cramps) a minimum of every 4 hours (every 2 hours ICU).
3. Assess the following upon admission and a minimum of every eight hours (every 4 hours ICU):
  - Hydration status (e.g. dry mucus membranes, decreased urine output)
  - Need for chemical/physical restraint or continuous patient observation
  - Psychological stability (e.g. suicidal ideation, depression)
4. Obtain history upon admission, to include:
  - Usual amount of and type of drug/alcohol use (e.g. daily use)
  - Time of last drug/alcohol use
  - Overall duration of drug/alcohol use (e.g. weeks, months, years)
5. Assess for specific signs and symptoms of withdrawal, as follows:
  - Opioid (e.g. heroin, oxycodone)
    - Increased lacrimation (tearing)
    - Rhinorrhea (watery nasal discharge)
    - Chills/fever
    - Yawning, muscle aches, "gooseflesh"
    - Nausea/vomiting, diarrhea, abdominal pain
  - Cocaine
    - Lethargy, somnolence, depression, irritability
    - Nausea, vomiting, muscle pain
    - Disturbed sleep/nightmares
  - Sedative-hypnotics
    - Disorientation, memory loss, lack of judgment
    - Muscle twitching or spasm
    - Seizures
  - Amphetamines
    - Fatigue, depression, increased appetite
    - Disturbed sleep
    - Suicidal ideation
  - Alcohol
    - Disorientation, memory loss, lack of judgment
    - Seizures
    - Tremors
    - Auditory hallucinations
    - Delirium tremens (DTs): the following in addition to the above
      - Agitation
      - Hyperthermia, dehydration
      - Hypertension, tachycardia
6. Assess toxicology lab results as drawn.

**SAFETY:**

7. Assess for the need of a Care Companion.
8. Maintain bed in low position with side rails up.
9. Remove potentially harmful objects away from patient.
10. Provide continuous patient observation as needed (e.g. suicidal ideation, extreme agitation).
11. Maintain leg-length distance from patient unless providing direct patient care.

**MANAGEMENT:**

12. Administer withdrawal management medication, as ordered.
13. Collaborate with Social Work as needed.
14. Encourage verbalization of concerns and fears.

REPORTABLE  
CONDITIONS:

15. Notify provider immediately for the following:
- Deterioration in vital signs
  - Change in mental status/level of consciousness
  - Pain
  - Agitation or tremors not relieved by medication
  - Need for chemical or physical restraint
  - Seizures

ADDITIONAL  
STANDARDS:

16. Refer to the following as indicated:
- Agitated Patient
  - Confused Patient
  - Fall/Injury Prevention
  - Hyperthermia
  - Pain Management
  - Restraints
  - Sedation/ Analgesia (IV)- ICU
  - Seizure Activity
  - Suicidal Patient

DOCUMENTATION: 17. Document in accordance with “documentation standards”.

Initial date approved: 08/05	Reviewed and approved by: Professional Practice Committee Pharmacy & Therapeutics Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date: 01/14, 03/15, 10/20
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References:

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Miller, G, Gold, M., Management of Withdrawal Syndromes and Relapse Prevention in Drug and Alcohol Dependence. *American Family Physician*, 1998

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