



## Detox and Withdrawal Protocols

### Alcohol Withdrawal:

#### **Key Points:**

1. Alcohol withdrawal can be lethal.
2. Anyone experiencing severe withdrawal symptoms should be sent to the hospital immediately. This includes: hallucinations, agitation, loss of consciousness, seizures, tremors that are not being relieved by medication.
3. Other individuals that should be transported to the hospital for further assessment include: pregnant clients and clients that have severe medical issues. These medical issues may include a diagnosis of diabetes that is not under control and clients that have liver disease. Other clients of concern include: clients who have had previous withdrawal issues or seizures when withdrawing, a client who is drinking very heavily in the community, and/or an older or medically fragile client.
4. Please note that even if a client has just stopped drinking a few hours ago, he or she may begin having withdrawal symptoms.

| <b>Signs and Symptoms client may experience:</b>   | <b>Helpful hints:</b>  | <b>Time frame you may see:</b>   |
|--|--|--|
| Hallucinations   | Usually visual hallucinations.<br><br>For example, may describe seeing things like ants or bugs crawling on the walls.       | Usually 12-24 hours after the last drink.  |
| Anxiety, feelings of panic, delusions, headache, upset stomach, trouble sleeping, agitation, reduced pain tolerance, feeling restless. | Many of these symptoms are from hyperarousal, or the nervous system going into "overdrive", as alcohol is no longer present. | May occur within a few hours after the last drink of alcohol if the person is a heavy drinker. |
| Seizures   | Turn the client on their side, monitor their airway, and call for help. Do not put anything into their mouth.                | Usually occurs within 48 hours of the last drink.  |



Medication regimen for clients who have been using alcohol excessively:

| <b>Medication:</b>         | <b>Dosage:</b>  | <b>Helps with:</b>  | <b>Helpful Hint:</b>  |
|----------------------------|---|---|---|
| Chlordiazepoxide (Librium) | 25 mg capsules, 1 – 2 caps by mouth every 8 hours for 3-5 days.<br><br>Usually how often the client will get the medication and the dosage offered depends on how much alcohol the client has been drinking recently in the community and their withdrawal history in the past. | Librium helps to calm down the nervous system and helps the body adjust to not having alcohol available.<br><br>Is of the same medication class as Valium. Reduces anxiety, helps the client sleep.                                 | Once the client has started taking the medication, if the client appears very tired and/or is difficult to wake up, may want to hold the medication for a few hours until the client is easier to wake up. This medication can accumulate in a person's body and how they process the medication in their body is different for each person and each situation. |
| Thiamine (Vitamin B1)      | 100 mg, 1 tab by mouth daily for 7 days.  | Many clients suffer damage to the brain from the toxic effects of alcohol. This particular vitamin many clients are not receiving as they don't eat healthy. Taking it during the detox period helps to begin the recovery process. | Thiamine deficiency can contribute to "wet brain" or the damage to the brain and nervous system done by alcohol.  |



## Detox and Withdrawal Protocols

### Withdrawal from Heroin and/or Pain medications (also called Opiates):

#### **Key Points:**

1. High risk patients, including women who may be pregnant and those with or other medical issues, should be transported to the hospital for management of their withdrawal.
2. Withdrawal from heroin and opiates may begin within 4-6 hours after the last time a client took the last dose.

| <b>Signs and Symptoms client may experience:</b>   | <b>Helpful hints:</b>   | <b>Time frame you may see:</b>                            |
|--|---|---|
| Cravings, anxiety, agitation, and sweating   | Often the symptoms that show up depend on what opiate, (like heroin, or pain pills), the person was taking. | May begin 4-6 hours after the last dose.                  |
| Yawning, restlessness, sweating, eyes tearing, nose running.   | Same as above, when these symptoms show up may depend on last dose.   | Usually occur within 8 – 24 hours after last dose.        |
| Vomiting, diarrhea, chills, muscle aches and spasms, goose flesh, (chicken skin), tremors, and a racing heart. | Same as above.  | Usually occurs within 25 hours and may last up to 3 days. |
| Trouble sleeping, drug cravings, unstable mood, and feeling sad and depressed                                  | Same as above.  | Usually occurs within 24 hours and can last for months.   |



Medications that can be used to aid with opiate withdrawal include:

| <b>Medication:</b>              | <b>Dosage:</b>  | <b>Helps with:</b>  | <b>Helpful Hint:</b>  |
|---------------------------------|---|---|---|
| Hydroxyzine Pamoate (Vistaril): | 50 mg tablet, 1 tablet by mouth twice a day.  | Sleep, restlessness, irritability, agitation, anxiety. Also helps with itching!   | Usually takes about 15-20 minutes to work.  |
| Clonidine (Catapres):           | 0.1 – 0.2 mg, 1 tablet by mouth three times a day for 3 days.                                       | Seems to calm things down in the body, slow things down, reduce motor activity, restlessness from withdrawal, sweating, heart racing. | Sometimes also used for high blood pressure, PTSD, and even ADHD.<br><br>Does have side effects of dry mouth, constipation, sedation, may make some people's blood pressure go lower. |
| Ondansetron (Zofran):           | Either 4 mg or 8 mg sublingual (under the tongue administration) or tablets, by mouth, twice a day. | For nausea and vomiting.  | Encourage a BRAT diet: Bananas, Rice, Applesauce, Toast, or other simple, bland, easy to digest foods for the few days.   |
| Acetaminophen (Tylenol):        | 500 mg, 1 -2 tablets by mouth, twice a day or three times a day.                                    | For muscle aches, overall body aches, muscle cramps, joint pain   | Other supportive therapies include: Push fluids and warm showers.   |
| Imodium (Loperamide):           | 2 mg tablet, 1 tablet by mouth twice a day.   | For diarrhea  | See above for diet recommendations, bland and easy to digest foods.   |



## Detox and Withdrawal Protocols

### Withdrawal from Benzodiazepines

#### **Key Points:**

1. High risk patients, including women who may be pregnant and those with or other medical issues, should be transported to the hospital for management of their withdrawal.
2. Similar to alcohol, withdrawal from these substances can also be lethal. This is a withdrawal that should always be treated, just like alcohol.
3. Withdrawal from benzodiazepines may begin within just a few hours after the last time a client took the last dose.
4. A client can present with being intoxicated with benzodiazepines and this might be seen as:
  - a) The client is very sedated, can be temporarily aroused, then when not kept awake with stimulation, will rapidly go back to sleep.
  - b) Slurred speech and drooling.
  - c) Loss of balance, loss of coordination.
  - d) Disinhibition – will say and do anything that comes to their mind....“no filter”.

Symptoms you might see:

| <b>Signs and Symptoms client may experience:</b>   | <b>Helpful hints:</b>   | <b>Time frame you may see:</b>  |
|--|---|---|
| Anxiety, agitation.<br>Muscle aches, tension, twitching. Poor memory, trouble sleeping, trouble concentrating.<br>Feeling very sad, depressed.             | For many of the withdrawal signs and symptoms, it can weeks, up to months for the client to start feeling better.   | For all the signs and symptoms of withdrawal, depends on the last time the medication was taken, how long they've been taking benzodiazepines, and what kind of pills they have been taking.  |
| May see increased physical activity, restlessness.<br>May see tremors.<br>May see body temperature raised, like a fever.<br>Sweating.<br>Seizure activity. | Most clients are using many drugs, daily. Always ask what they are using, how they are using it, and let them know it is not to punish or hurt them, just to help them get better | There are short-acting and long-acting benzodiazepines used in the community. An example of a short-acting benzo is Xanax (Alprazolam). The peak period of withdrawal is within 1-2 days. An example of a long-acting benzo is Valium (Diazepam). A person would start to |



|   |                                |   |
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| Disorientation – not knowing where they are, what day it is, etc. | and be safe in their recovery. | withdraw from this medication in about 2-7 days, or longer. |
|---|--------------------------------|---|

Medications that can be used to aid with benzodiazepine withdrawal include:

| <b>Medication:</b>         | <b>Dosage:</b>  | <b>Helps with:</b>   | <b>Helpful Hint:</b>   |
|----------------------------|---|--|--|
| Chlordiazepoxide (Librium) | <p>Day 1 - 2: 25 mg, 1 – 2 caps by mouth every 8 hours for 2 days, then</p> <p>Day 3 - 4: tapered down to 2 caps every 12 hours for 2 days,</p> <p>Day 5 – 6: then 1 cap twice a day for 2 days,</p> <p>Day 7: then 1 cap at bedtime.</p> <p>Usually how often the client will get the medication and the dosage offered depends on how many pills the client has been using recently in the community and their withdrawal history in the past. (Taper over 5-7 days usually.)</p> | <p>Librium helps to calm down the nervous system and helps the body adjust to not having the anxiety pills they were used to taking.</p> <p>Is of the same medication class as Valium. By tapering down over a period of time the client has time to adjust to lower and lower doses each day, versus abruptly stopping.</p> | <p>Once the client has started taking the medication, if the client appears very tired and/or is difficult to wake up, may want to hold the medication for a few hours until the client is easier to wake up. This medication can accumulate in a person's body and how they process the medication in their body is different for each person and each situation.</p> |
| Imodium (Loperamide):      | 2 mg tablet, 1 tablet by mouth twice a day.   | For diarrhea, if needed  | Recommend bland and easy to digest foods. See below.   |
| Ondansetron (Zofran):      | Either 4 mg or 8 mg sublingual (under the tongue administration) or tablets, by mouth, twice a day.   | For nausea and vomiting, if needed.  | Encourage a BRAT diet: Bananas, Rice, Applesauce, Toast, or other simple, bland, easy to digest foods for a few days.  |