



# Anticipating, preventing, & managing opioid withdrawal in your ED

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# TOP 5

## reasons for hospital stays



1

**Giving birth**



2

**Heart attack**



3

**Heart failure**



4

**Substance use disorders**



5

**Other medical care**  
(e.g., palliative care, chemotherapy)

# 3 times more likely to be discharged “AMA”

- Undertreated withdrawal and cravings
- Uncontrolled acute and chronic pain
- Stigma and discrimination
- Hospital restrictions, including not being allowed off the floor

# Typical Withdrawal Symptoms



Cold shakes.



Chills and sweating.



Fever-like symptoms.



Mood swings.



Anxiety and depression.



Bone pain.



Vomiting.



Insomnia.



Diarrhea.

People who use street fentanyl  
typically have a tolerance of 500 –  
3000 oral morphine equivalents  
per day

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3 or more missed methadone doses

Cannot confirm if today's dose was received

> 36 hours since last SR0M dose (Kadian)

> 5 days since last buprenorphine/naloxone (Suboxone)

# Opioid Use Disorder in the ED

... patient presents with opioid withdrawal, overdose or complication of opioid use (skin/soft tissue infection, abscess, endocarditis)

Contact ED substance use navigator/hospital to home coordinator if available.

- Offer RAAM referral/harm reduction resources
- Provide naloxone kit
- Con...
- with...
- man...
- 0.1m...

Offer buprenorphine. Does the patient want buprenorphine treatment?

[www.metaphi.ca/ed-resources/](http://www.metaphi.ca/ed-resources/)

- ... IADONE ... (ANGED) ... (E IN)
- Confirm last dose with pharmacy
  - Send discharge note to treatment provider

- OPTIONS:
- Offer home buprenorphine start
  - Offer microinduction buprenorphine start
  - Offer return to ED when in withdrawal for buprenorphine treatment
- ... patient handouts on buprenorphine treatment ... start ... kit

(COWS  $\geq$  13)

Is timing of last opioid use appropriate?  
 >12 hours since short-acting opioid  
 >18 hours since intermediate-acting opioid  
 >48 hours since fentanyl

- Initiate buprenorphine
- Usual starting dose 4mg
  - Elderly/patients on BZDs/unsure of last opioid use 2mg

- PRECAUTIONS
- Patients in naloxone-induced withdrawal/reversal of overdose need to meet criteria for time from last ... to avoid pr...



# Managing pain & withdrawal

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01

Continue  
OAT /  
backbone

02

Frequent  
initial  
doses

03

Re-evaluate  
often

04

Communicate  
clearly



# Last sparks

