

# HEALTHWEST

## Procedure

No. 06-031

Prepared by:

Cyndi Blair, RNBC  
Chief Clinical Officer

Effective Date: June 1, 2017

Revised Date: April 25, 2019

Approved by:

Subject: Suboxone (Buprenorphine,  
Naloxone, Zubsolv, Sublocade, Subutex)  
Administration Protocol

---

Julia B. Rupp  
Executive Director

### I. PURPOSE

It is the commitment of HealthWest to provide quality health care including addiction treatment, with patient safety as a priority.

### II. APPLICATION

All HealthWest employees, volunteers, student interns, interpreters, affiliated providers, and persons under contract with HealthWest.

### III. PROCEDURE

- A. Suboxone sublingual film or tablet or Sublocade injectable is indicated for treatment of opioid dependence and shall be used as part of a complete treatment plan to include counseling and psychosocial support. Physicians who wish to treat opioid addiction with Suboxone must demonstrate that they have obtained a waiver from SAMHSA and have approved privileges at HealthWest. Prior to utilization, consideration should be given to the type of opioid dependence (i.e., long- or short-acting opioid products), the time since the last opioid use, and the degree or level of opioid dependence.
- B. Prior to prescribing the following will occur:
  1. The individual must sign a Medication Assisted Treatment Agreement (C363).
  2. A MAPS will be completed based on the state law Public Act 248 of 2017 before prescribing or dispensing controlled substances.
  3. A COWS (Clinical Opiate Withdrawal Scale) will be given to rule out withdrawal just before first dose. If results are favorable, initial dose will be given, followed by a follow-up exam with nursing 30 minutes later to assess for possible side effects, and a second COWS will then be given to rule out withdrawal. On day 2 of treatment, the individual will be assessed on effectiveness of the strength of the initial dose. The individual may be asked by the psychiatrist to undergo a second drug screen at this time to confirm presence of Suboxone and measure the amount

of medication in the individual's system. Urine, Saliva, or Serum Drug Screens will be completed on a regular and random basis inclusive of weekly testing for treatment weeks 1-12, and monthly for treatment months 4-6 or as determined on a regular and random basis by the provider.

4. Liver and kidney function tests, along with an Acute Hepatitis Panel and HIV screen, will also be done at baseline and at the provider's discretion as documented in Appendix G.
- C. Administration: Individuals need to be instructed on the correct procedure for administration of the medication. Suboxone is supplied as sublingual films, tablets or injectables.
1. Do not cut, chew, or swallow film or tablet.
  2. Do not move film or tablet after placed under the tongue.
  3. Allow film or tablet to dissolve completely.
  4. Rinse mouth with water prior to placing strip and after dissolved.
  5. Sublocade is supplied as an injectable. Administer per manufacturer guidelines.
  6. Required Documentation: Suboxone will be placed on the medication list as all other prescribed medications. The Suboxone Tracking Log (C380) will be used to track appointments, drug screens, no shows, therapy sessions, etc. and provided to the physician at each appointment for ALL Suboxone consumers.
- D. Maintenance: The optimal maintenance dose is highly individualized according to the patient's response to Suboxone. The target dose is 16mg/4mg depending on the patient's symptoms of withdrawal. Additional medication such as Clonidine may be used to assist with these symptoms. Regular patient review for the first few weeks to evaluate adequacy of dose; withdrawal symptoms, side-effects, or any additional drug use. Dose increases should be undertaken as indicated by reviews.
1. Frequent reviews by the prescriber are required in the first few weeks:
    - a. To titrate the individual to achieve optimal doses of Suboxone.
    - b. To make a more comprehensive overall assessment of the patients.
    - c. To further discuss treatment plans.
    - d. To establish adequacy of dose.
    - e. To inquire about withdrawal symptoms or side-effects.
    - f. To monitor any additional drug use.
  2. Monitoring and Follow-up: Patient monitoring/followup visits should address the following points:

- a. The Cravings Assessment (Form C377) will be completed and reviewed with the prescriber at these contacts.
- b. Whether the patient continues to use alcohol or illicit drugs, or to engage in non-medical use of prescription drugs.
- c. The degree of compliance with the treatment regimen, including the use of prescribed medications as directed.
- d. Changes (positive or negative) in social functioning and relationships.
- e. Avoidance of high-risk individuals, situations, and diversion risk.
- f. Review of whether and to what degree the patient is involved in counseling and other psychosocial therapies, as well as in self-help activities through participation in mutual support meetings of groups such as Narcotics Anonymous.
- g. The presence or absence of medication side effects.
- h. The presence or absence of medical sequelae of substance use and its remission.

Individuals being treated with medication-assisted therapy often demonstrate dramatic improvement in addiction-related behaviors and psychosocial functioning. Such positive changes should be acknowledged and reinforced by the prescribing physician whenever possible. Reducing the frequency of monitoring visits, with their associated costs, and increasing the patient's responsibility for medications are examples of how positive, responsible behaviors can be reinforced.

- i. The following minimal maintenance schedule of follow up is recommended:

**Week 1 – 4:**

- Weekly Medication Review
- Weekly individual session with member of the multidisciplinary treatment team for MAT monitoring
- Weekly Drug Screen
- Weekly Group Therapy
- Required Red Project Training and Receipt of Naloxone Kit

**Week 5 – 12:**

- Weekly Individual session with treatment team
- Weekly Drug Screen
- Weekly Group Therapy
- Monthly Medication Review at a minimum or as determined by the provider.

**Week 13/Month 4 – Month 6:**

- Month Medication Review or as determined by the provider.
- Monthly Drug screen or as determined by the provider.
- Combination of Group and Individual sessions at least one time per week

**Month 7 and on:**

- Medication review 1 – 3 times every 90 days
- Drug screen 1 – 3 times every 90 days
- Group and Individual sessions as recommended within Person Centered Plan

IV. REFERENCES

MDCH Medication Assisted Treatment Guidelines for Opioid Use Disorders,  
Corey Waller MD, MS

CB/ab

# HEALTHWEST

## MEDICATION ASSISTED TREATMENT AGREEMENT

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name: \_\_\_\_\_

As a participant receiving medication assisted treatment for a substance use disorder, I freely and voluntarily agree to accept this treatment agreement/contract as follows:

(Please initial the below statements as they are reviewed by and/or read to you.)

- I agree to keep, and be on time to, all my scheduled appointments with my physician and/or physician assistant/nurse practitioner.
- I agree to not sell, share, or give any of my medication to another individual.
- I agree that my medication will be provided at scheduled appointments; missed appointments may result in a delay in receiving medication. Medication will be provided to take home in quantities based on individual assessment. Random call-backs to verify counts (including wrappers) will occur. I will respond to call-backs within 48 hours.
- I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
- I agree to not obtain medications from any physicians, pharmacies, or other source outside of HealthWest without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines such as valium, alcohol, and other drugs of abuse can be dangerous and even deadly.
- I agree to take my medication as prescribed, inclusive of all prescribed medications, and will not alter the way I take my medication without consulting with my doctor first. I will stop taking all other opioid medications unless explicitly told to continue.
- Urine, Saliva, and Serum Drug Screens will be completed on a regular and random basis; visual observation by staff may be required.
- I understand that medication alone is not sufficient treatment for my disease, and I agree to participate in the recommended treatment program to assist in my treatment. The recommended treatment program consists of the following:

### Week 1 – 4:

- Weekly Medication Review
- Weekly individual session with member of the multidisciplinary treatment team for MAT monitoring
- Weekly Drug Screen
- Weekly Group Therapy
- Attend a 15 minute, free Red Project training and obtain a Naloxone kit by this date: \_\_\_\_\_

### Week 5 – 12:

- Weekly Individual session with treatment team
- Weekly Drug Screen
- Weekly Group Therapy



## HEALTHWEST

### ACUERDO PARA TRATAMIENTO ASISTIDO CON MEDICAMENTOS

Fecha: \_\_\_\_\_ Nombre: \_\_\_\_\_ Número de caso: \_\_\_\_\_

Como participante que recibe tratamiento asistido con medicamentos por un trastorno de consumo de sustancias, acepto libre y voluntariamente este acuerdo o contrato de tratamiento conforme a lo incluido a continuación:

(Por favor, escriba sus iniciales en las siguientes declaraciones a medida que son revisadas y / o leídas).

- Acepto respetar y llegar en hora a todas mis citas programadas con mi médico, mi asistente médico o mi enfermero licenciado.
- Acepto no vender, compartir ni regalar mis medicamentos a otra persona.
- Acepto que me entreguen mis medicamentos en las citas programadas; si falto a una cita, podría retrasarse la entrega de los medicamentos. Me darán medicamentos para llevarme a casa en cantidades adecuadas según mi evaluación personal. Es posible que me convoquen, aleatoriamente, para verificar el recuento de medicamentos (incluidos los envoltorios). Responderé a esas convocatorias en un plazo de 48 horas.
- Acepto que los medicamentos que reciba son mi responsabilidad y los guardaré en un lugar seguro. Acepto que los medicamentos extraviados no serán repuestos, independientemente de los motivos de dicho extravío.
- Acepto no recibir medicamentos de ningún otro médico, farmacia u otro tercero ajeno a HealthWest sin informar a mi médico tratante. Entiendo que mezclar buprenorfina con otros medicamentos, en especial las benzodiazepinas (como el Valium), el alcohol y otras drogas ilegales puede ser peligroso e incluso mortal.
- Acepto tomar mis medicamentos según lo indicado, inclusive todos mis medicamentos recetados, y no alteraré el modo en que tomo los medicamentos sin antes consultar con mi médico. Dejaré de tomar todos los demás medicamentos opiáceos salvo que me digan explícitamente que siga haciéndolo.
- Me harán análisis de orina, saliva y sangre para detección de drogas, tanto periódicamente como en forma aleatoria; tal vez sea necesario que un miembro del personal esté presente como testigo visual.
- Entiendo que solo el medicamento no es tratamiento suficiente para mi enfermedad y acepto participar en el programa de tratamiento recomendado que ayudará a mi tratamiento general. El programa de tratamiento recomendado consta de lo siguiente:

#### Semanas 1 a 4:

- Revisión semanal de los medicamentos.
- Sesión semanal individual con un integrante del equipo de tratamiento multidisciplinario para control de MAT.
- Prueba de detección de drogas semanal.
- Terapia de grupo semanal.
- Asista a una capacitación gratuita de 15 minutos de Red Project y obtenga un kit de naloxona para esta fecha: \_\_\_\_\_

#### Semanas 5 a 12:

- Sesión semanal individual con el equipo de tratamiento.
- Prueba de detección de drogas semanal.
- Terapia de grupo semanal.
- Revisión mensual de medicamentos, como mínimo, o según lo determine el proveedor.

**Semana 13/mes 4 - mes 6:**

- Revisión mensual de medicamentos o según lo determine el proveedor.
- Prueba de detección de drogas mensual o según lo determine el proveedor.
- Combinación de sesiones grupales e individuales al menos una vez por semana.

**Mes 7 en adelante:**

- Revisión de medicamentos de 1 a 3 veces cada 90 días.
- Prueba de detección de drogas de 1 a 3 veces cada 90 días.
- Sesiones grupales e individuales según las recomendaciones del Plan Centrado en la Persona.

Si, después de que comience el tratamiento con MAT, un consumidor tiene una prueba de detección de drogas positiva, resultados negativos para Buprenorfina, o si las películas no se han recogido de forma constante, se cambiarán a la dosificación in situ. Después de la primera instancia, la dosificación se realizará in situ durante 1 semana. Después de la segunda ofensa, la dosis estará en el sitio durante dos semanas. A continuación, el médico que prescribe lo volverá a evaluar según sea necesario. Si la dosificación en el lugar no tiene éxito, se requerirá una dosis inyectable de Sublocade.

Al firmar a continuación, indica que ha revisado y está de acuerdo con las pautas anteriores y que todas las preguntas relacionadas con estas pautas se trataron con un miembro de mi equipo de tratamiento.

\_\_\_\_\_  
Firma del usuario                      Fecha                      Firma del miembro del equipo de tratamiento                      Fecha

Se proporcionó una copia de este documento al consumidor.

# HEALTHWEST

## CRAVINGS ASSESSMENT

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

### URGE-TO-USE SCALE – OPIATES/ALCOHOL

Instructions: The following questions are designed to help you assess an important aspect of your recovery status – the urge to use opiates/alcohol.

#### DURING THE PAST WEEK

1. How often have you thought about using opiates/alcohol or about how good using opiates/alcohol would make you feel during this period?
  - Never 0 times during this period of time
  - Rarely 1 to 2 times during this period of time
  - Occasionally 3 to 4 times during this period of time
  - Sometimes 5 to 10 times during this period, or 1 to 2 times per day
  - Often 11 to 20 times during this period or 2 to 3 times per day
  - Most of the time 20 to 40 times during this period or 3 to 6 times per day
  
2. At its most severe point, how strong was your urge to use opiates/alcohol during this period?
  - None at all
  - Slight, a very mild urge
  - Mild urge
  - Moderate urge
  - Strong urge but easily controlled
  - Strong urge and difficult to control
  - Strong urge and would have used opiates/alcohol if available
  
3. How much time have you spent thinking about opiates/alcohol or about how good using opiates/alcohol would make you feel during this period?
  - None at all
  - Less than 20 minutes
  - 21 to 45 minutes
  - 46 to 90 minutes
  - 90 minutes to 3 hours
  - Between 3 to 6 hours
  - More than 6 hours

4. How difficult would it have been to resist using opiates/alcohol during this period if you had these substances available to you?
- Not difficult at all
  - Very mildly difficult
  - Mildly difficult
  - Moderately difficult
  - Very difficult
  - Extremely difficult
  - Would not be able to resist
5. Keeping in mind your responses to the previous questions, please rate your overall average urge to use opiates/alcohol during the past week.
- Never thought about using opiates/alcohol and never had the urge to use opiates/alcohol
  - Rarely thought about using opiates/alcohol and rarely had the urge to use opiates/alcohol
  - Occasionally thought about using opiates/alcohol and occasionally had the urge to use opiates/alcohol
  - Sometimes thought about using opiates/alcohol and sometimes had the urge to use opiates/alcohol
  - Often thought about using opiates/alcohol and often had the urge to use opiates/alcohol
  - Thought about using opiates/alcohol most of the time and had the urge to use opiates/alcohol most of the time
  - Thought about using opiates/alcohol nearly all the time and had the urge to use opiates/alcohol nearly all of the time



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Staff Initials												
Medication Review					Required at Least 1 x per Month				Required at Least 1 x per Month			
Individual Therapy												
Drug Screen												
Med pick-up												
Group Therapy												
Notes:												
	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24
Staff Initials												
Medication Review	Required 1 x per Month				Required 1 x per Month				Required 1 x per Month			
Combination of : Individual Therapy & Group Therapy (1 x / week)												
Drug Screen	Required 1 x per Month				Required 1 x per Month				Required 1 x per Month			
Notes:												
	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18
Staff Initials												
Medication Review (1 – 3 x's every 90 days)												
Drug Screen (1– 3 x's every 90 days)												
Combination of Individual Therapy & Group Therapy (as recommended in PCP)												
Notes:												

Key: NS - No Show; CC - Client Cancel; SC - Staff Cancel

	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30
Staff Initials												
Medication Review (1 – 3 x's every 90 days)												
Drug Screen (1– 3 x's every 90 days)												
Combination of Individual Therapy & Group Therapy (as recommended in PCP)												
Notes:												
	Month 31	Month 32	Month 33	Month 34	Month 35	Month 36	Month 37	Month 38	Month 39	Month 40	Month 41	Month 42
Staff Initials												
Medication Review (1 – 3 x's every 90 days)												
Drug Screen (1– 3 x's every 90 days)												
Combination of Individual Therapy & Group Therapy (as recommended in PCP)												
Notes:												
	Month 43	Month 44	Month 45	Month 46	Month 47	Month 48	Month 49	Month 50	Month 51	Month 52	Month 53	Month 54
Staff Initials												
Medication Review (1 – 3 x's every 90 days)												
Drug Screen (1– 3 x's every 90 days)												
Combination of Individual Therapy & Group Therapy (as recommended in PCP)												
Notes:												

Key: NS - No Show; CC - Client Cancel; SC - Staff Cancel



## APPENDIX G

### HEALTHWEST LABORATORY MONITORING GUIDELINES FOR USE OF PSYCHOTROPIC MEDICATIONS

#### Mood Stabilizers

Carbamazepine (Carbatrol, Equetro, Tegretol) and Oxcarbazepine (Trileptal)

TESTS	BASELINE	2 <sup>nd</sup> WEEK	1 <sup>st</sup> MONTH	3 <sup>rd</sup> MONTH	6 <sup>th</sup> MONTH	YEARLY
Pregnancy Test	Every 3 months for women of childbearing age					
CBC (not for Trileptal)	Yes		Yes	If indicated		Yes, or early as indicated
Liver Function Test	Yes		Yes			Yes, or early as indicated
Carbamazepine Level (Tegretol)	1 week		Yes, or early or if meds increase/ decrease			Yes, or early as indicated
Kidney Function Test (BUN and Creatinine)	Yes					If indicated
TSH	Yes					If indicated
Electrolytes, especially with Trileptal (BMP)	Yes		Yes			Yes

#### Mood Stabilizers

Lithium (Eskalith, Lithobid, and Lithium)

TESTS	BASELINE	WEEK 1	WEEK 2	1 <sup>st</sup> MONTH	6 <sup>th</sup> MONTH	ANNUALLY
Pregnancy Test	Every 3 months for women of childbearing age					
Serum Levels		Yes	Yes, if meds increase/ decrease until levels stabilize		Yes	Yes, or early if indicated
Urine Analysis	Yes					If indicated
TSH	Yes		Yes		Yes	Yes, or early if indicated
ECG*	If indicated or if 45 years or older and if pre-existing cardiac disease					If indicated
BUN/Creatinine	Yes		Yes			Yes

**Mood Stabilizers**

Valproic Acid (Depakene) and Divalproex Sodium (Depakote)

TESTS	BASELINE	2 WEEKS	1 MONTH	3 MONTHS	6 MONTHS	YEARLY	IF SYMPTOMS ARISE
Pregnancy	Every 3 months for women of childbearing age						Yes
CBC with Platelets	Yes	Yes			Yes	Yes	Yes
Liver Function Tests	Yes	Yes				Yes	
Electrolytes (BMP)	Yes						Yes
Drug Levels		Yes, and weekly until stabilized				Yes	Yes
Prothrombin Time							Yes
Androgens							
Amylase							Yes
Bicarb *only for Topamax	Yes		Yes				Yes

**Mood Stabilizers**

Lamotrigine (Lamictal)

TESTS	BASELINE	IF SYMPTOMS ARISE
Drug Level		Yes (if indicated)
Pregnancy	Every 3 months for women of childbearing age	

**\*Second Generation Antipsychotic**  
In addition to Clozapine and Chlorpromazine

TESTS	BASELINE	8 WEEKS OR EARLY AS INDICATED	QUARTERLY	YEARLY	IF SYMPTOMS ARISE
Pregnancy	If indicated				Yes
Weight/BMI	Yes	Yes	Yes	Yes	
Waist Circumference	Yes			Yes	
Blood Pressure	Yes		Yes	Yes	Yes
Fasting Glucose/HbA1C	Yes			Yes	Yes
ECG	If indicated				Yes
Fasting Lipids Panel	Yes			Yes	
Drug Level					If indicated

\*Clozapine (Clozaril): Refer to Clozapine/Clozaril Procedures. Use protocol for ANC.

**ANTIDEPRESSANTS**

A. SNRIs: Venlafaxine (Effexor), Duloxetine (Cymbalta)

	BASELINE	QUARTERLY
BP	Yes	Yes
Hepatic Enzyme (Duloxetine)	If indicated	If indicated

B. MAOIs

	BASELINE	QUARTERLY	YEARLY
Liver Enzymes	Yes		Yearly
BP	Yes		Yearly

C. Tricyclics

	BASELINE	YEARLY
Pregnancy Test	If indicated	
ECG	If indicated	If indicated
Drug Level		If indicated
Liver Function Test		If indicated

D. Serotonin: 2 Antagonist/Reuptake Inhibitors: Nefazodone (Serzone)

	BASELINE	YEARLY
Liver Function Test	Yes	Yes, or earlier if indicated

## Medication Assisted Treatment

### Vivitrol (Vivitrol Injection)

TESTS	BASELINE	2 <sup>nd</sup> WEEK	1 <sup>st</sup> MONTH	3 <sup>rd</sup> MONTH	6 <sup>th</sup> MONTH	YEARLY
Pregnancy Test	Yes And at provider discretion					
Liver Function Test	Yes			Yes	Yes	Yes, every three months throughout treatment
Drug Screen	Yes					To be done prior to each injection.

### Campral (Acamprosate)

TESTS	BASELINE	2 <sup>nd</sup> WEEK	1 <sup>st</sup> MONTH	3 <sup>rd</sup> MONTH	6 <sup>th</sup> MONTH	YEARLY
Pregnancy Test	Yes And at provider discretion					
Kidney Function Test (BUN/Creatinine)	Yes				Yes	Yes, every six months throughout treatment
Electrolytes	Yes				Yes	Yes, every six months throughout treatment

### Revia, Antabuse (Naltrexone, Disulfiram)

TESTS	BASELINE	2 <sup>nd</sup> WEEK	1 <sup>st</sup> MONTH	3 <sup>rd</sup> MONTH	6 <sup>th</sup> MONTH	YEARLY
Pregnancy Test	Yes And at provider discretion					
Liver Function Test	Yes			Yes	Yes	Yes, every three months throughout treatment
ECG	Yes if not done in the last 6 months					
Acute Hepatitis Panel	Yes					
HIV	Yes					
Electrolytes	Yes				Yes	Yes, every six months throughout treatment

Suboxone  
(Buprenorphine, Naloxone)

TESTS	BASELINE	2 <sup>nd</sup> WEEK	1 <sup>st</sup> MONTH	3 <sup>rd</sup> MONTH	6 <sup>th</sup> MONTH	YEARLY
Pregnancy Test	Yes And at provider discretion					
Liver Function Test	Yes			Yes	Yes	Yes, every three months throughout treatment
Kidney Function Test (BUN/Creatinine)	Yes					
Electrolytes	Yes					
Acute Hepatitis Panel	Yes					
HIV Screen	Yes					

# Clinical Opiate Withdrawal Scale

## Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Practitioners sometimes express concern about the objectivity of the items in the COWS; however, the symptoms of opioid withdrawal have been likened to a severe influenza infection (e.g., nausea, vomiting, sweating, joint aches, agitation, tremor), and patients should not exceed the lowest score in most categories without exhibiting some observable sign or symptom of withdrawal.

## APPENDIX 1 Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate 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: _____	
<b>Resting Pulse Rate:</b> _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	<b>GI Upset: over last 1/2 hour</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
<b>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity.</b> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	<b>Tremor observation of outstretched hands</b> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
<b>Restlessness Observation during assessment</b> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	<b>Yawning Observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
<b>Pupil size</b> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	<b>Anxiety or Irritability</b> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
<b>Bone or Joint aches</b> <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____  The total score is the sum of all 11 items  Initials of person completing assessment: _____

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

This version may be copied and used clinically.