

# Intoxication and Withdrawal Care Guide

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CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Recognize signs and symptoms of intoxication/withdrawal that may need stabilization at a higher level of care (HLOC)
- ✓ Successfully treat symptoms of withdrawal in a way that facilitates opportunities to offer access to treatment for substance use disorder (SUD)
- ✓ Patients who are eligible and interested in pursuing SUD treatment should be referred to addiction services (See [CCHCS Care Guide: Substance Use Disorder](#))

### ALERTS

- Patients who present with an opioid overdose should be referred to an addiction provider (the Addiction Medicine Central Team [AMCT] or institution Addiction Medicine Champion) for evaluation
- Severe respiratory depression, unstable vital signs, altered level of consciousness, risk for sympathetic storm should be referred to a HLOC
- Patients presenting with altered level of consciousness typical of intoxication should also be checked for possible coinciding injury that can complicate their presentation

### ASSESSMENT

- The first step is stabilizing patient and airway, then determine whether signs and symptoms warrant transfer to a HLOC, or if the patient can be successfully treated within the institution in a treatment and triage area (TTA) or inpatient medical bed.
- The identification of withdrawal or intoxication must begin with the collection of pertinent patient information including: patient history, physical examination, and laboratory screening.
- Use intoxication diagnostic codes – search under intoxication and select for the specific substance(s) used.
- The signs and symptoms of intoxication and withdrawal differ by the specific type of substance used. This Care Guide covers intoxication and withdrawal related to the following substances: Alcohol, Opioids, Stimulants, Sedative-Hypnotics.

### TREATMENT

#### Treatment for Intoxication

- For substances other than opioids and benzodiazepines, there are no specific antagonist (reversal) agents to treat an intoxication. Instead, treatment is primarily supportive with a focus on prevention of morbidity or mortality, and restoring/maintaining vital functions.
- For opioid intoxication, naloxone is available within CDCR/CCHCS and can reverse the effects of opioid intoxication including respiratory depression.
- Flumazenil is available within CDCR/CCHCS and can reverse the effects of benzodiazepine intoxication.

#### Treatment for Intoxication

- Since the withdrawal phase is typically very unpleasant, it is during this phase where the opportunity to intervene and instigate changes in behavior is greatest.
- Use of long-acting agents that may ease withdrawal symptoms over time or initiation of a replacement agent should be carefully considered where appropriate (e.g., buprenorphine for opioid withdrawal).

### MONITORING

- Serial clinical assessments including vital signs and use of other tools such as the Clinical Opioid Withdrawal Scale (COWS) or Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) instruments may help to provide objective measures of response to therapy.
- Laboratory analysis may detect significant nutrient deficiencies or complications caused by the effects of intoxication. Consider comprehensive metabolic panel (CMP), complete blood count (CBC), urine drug screen (UDS), electrocardiogram (EKG), and additional investigations as appropriate (see each section for additional guidance).

- Provide the patient with educational handouts on intoxication risks and relapse prevention and assure they understand how to access help for an underlying SUD if not pursued at the time surrounding acute intoxication and withdrawal.