

Approach to Patients in Opioid Withdrawal in the ED

Contact
Addiction
Medicine/ ED
substance use
navigator if
available.

Patient presents with opioid withdrawal and high opioid tolerance and/or high-risk opioid use disorder, such as the following:

- Daily fentanyl use
- Participation in a safer supply opioid program

Is the person on OAT in the community?
(buprenorphine, methadone, slow-release oral morphine)



Continue/adjust doses based on last witnessed dose confirmed with pharmacy/Connecting Ontario.

Buprenorphine:

- Up to 7 missed doses: Continue usual dose
- >7 missed doses: Offer [restart](#)

Methadone/SROM:

- No missed doses, no dose in the last 24h: Usual dose
- 1–3 missed doses: Usual dose
- 4 missed doses: Reduce by 50%
- ≥5 missed doses: Offer [restart](#)

Are any exclusion criteria to buprenorphine present?

- Allergy or hypersensitivity to buprenorphine or naloxone
- Reported methadone use in the last 72 hours
- Acute intoxication
- Severe medical illness such as sepsis, respiratory distress, severe liver dysfunction
- Altered mental status, depressed level of consciousness, or delirium
- Unable to provide informed consent



Offer buprenorphine using:

- Standard initiation
- Microdosing
- Macro dosing

Does the person require management of withdrawal symptoms while in the ED to address presenting health issues?



- Dispense [naloxone kit](#) at any time during the ED visit
- Refer to [RAAM/community clinic](#)
- Refer to harm reduction resources

- Treat with hydromorphone until [COWS](#) < 5 or self-reported improvement in symptoms.
- For patients at **no increased risk of toxicity**:
 - Hydromorphone 8–16 mg PO q 1–2 H PRN
- For patients at **higher risk of toxicity** (e.g., respiratory depression, hemodynamic instability, alcohol withdrawal requiring benzodiazepines, advanced age/frailty, acute kidney injury/chronic renal failure):
 - Hydromorphone 4–8 mg PO q 1–2 H PRN / Hydromorphone 2 mg SC/IV q 30 min PRN
- For patients at **no increased risk of toxicity with severe withdrawal, unable to tolerate oral doses, vomiting, and/or at high risk of self-initiated discharge**:
 - Hydromorphone 4–8mg SC/IV q 15 min PRN up to 4 doses
- Double the dose if no significant reduction in withdrawal (decrease of ≥ 4 points on COWS). Hold all opioids if [POSS](#) ≥ 3, RR < 10 and resume at 50% of prior dose when appropriate.
- Offer adjuvant non-opioid medications, e.g., NSAIDs, acetaminophen, ondansetron, clonidine.
- **Once acute withdrawal is stabilized, reassess indications/contraindications to OAT.** If discharging, refer to [RAAM/community clinic](#), dispense [naloxone kit](#), [OUD info sheet](#)