Stabilization Algorithm

1. Substance-using patient who may require stabilization for withdrawal

2. Obtain history, physical examination, mental status examination, medication including over the counter, and laboratory tests as indicated

3. Is the patient in need of urgent or emergent care for medical or psychiatric conditions?
   - Yes
   - No

4. Provide appropriate care to stabilize medical or psychiatric condition;
   - Follow legal mandates;
   - For DoD Active Duty: keep commanding officer informed

5. Assess severity of withdrawal symptoms using standardized measure (e.g., CIWA-Ar for alcohol or COWS for opioids)

6. Is the patient in need of withdrawal management?
   - Yes
   - No

7. Is the patient willing to accept withdrawal management?
   - Yes
   - No

8. Does patient require inpatient withdrawal?
   - Yes
   - No

9. Admit to inpatient withdrawal management (See Sidebars 1 and 2)

10. Initiate ambulatory withdrawal management (See Sidebars 1 and 2)

11. Was withdrawal management successful?
   - Yes
   - No

12. Is patient willing to accept addiction treatment?
   - Yes
   - No

13. Assess barriers to successful withdrawal management

14. Follow-up in SUD specialty care

15. Follow-up in general medical or mental healthcare or return to Box 1 as indicated

16. Return to Module A

Sidebar 1: Pharmacological Treatment
Alcohol Withdrawal
For managing moderate to severe alcohol withdrawal:
- Benzodiazepines
- For patients without severe alcohol withdrawal for whom risks of benzodiazepines outweigh benefits:
  - Carbamazepine
  - Gabapentin
  - Valproic acid

Opioid Withdrawal
For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:
- Methadone in an Opioid Treatment Program only
- Buprenorphine
For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, or unavailable:
- Clonidine

Sidebar 2: Tapering Strategies
Alcohol Withdrawal (use one of the following)
- A predetermined fixed medication tapering schedule with additional medication as needed
- Symptom-triggered therapy where patients are given medication only when signs or symptoms of withdrawal occur (e.g., PRN dosing)

Opioid Withdrawal
- Use structured taper for methadone and buprenorphine

Abbreviations
AUD: alcohol use disorder; CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol-Revised; COWS: Clinical Opiate Withdrawal Scale; DoD: Department of Defense; OUD: opioid use disorder; PRN: as needed
## Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar)

### Patient and Time Information
Name, date, time, pulse or heart rate taken for one minute, and blood pressure

<table>
<thead>
<tr>
<th>Items</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nausea and vomiting</strong></td>
<td>Ask, “Do you feel sick to your stomach? Have you vomited?” Observation.</td>
<td></td>
</tr>
<tr>
<td>0: No nausea and no vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Mild nausea with no vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Intermittent nausea with dry heaves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Constant nausea, frequent dry heaves and vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tactile disturbances</strong></td>
<td>Ask, “Have you had any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?” Observation.</td>
<td></td>
</tr>
<tr>
<td>0: None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Very mild itching, pins and needles, burning or numbness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Mild itching, pins and needles, burning or numbness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Moderate itching, pins and needles, burning or numbness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Moderately severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Extremely severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Continuous hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tremor</strong></td>
<td>Arms extended and fingers spread apart. Observation.</td>
<td></td>
</tr>
<tr>
<td>0: No tremor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Not visible, but can be felt fingertip to fingertip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Moderate, with patient’s arms extended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Severe, even with arms not extended</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Auditory disturbances</strong></td>
<td>Ask, ”Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?” Observation.</td>
<td></td>
</tr>
<tr>
<td>0: Not present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Very mild harshness or ability to frighten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Mild harshness or ability to frighten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Moderate harshness or ability to frighten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Moderately severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Extremely severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Continuous hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paroxysmal sweats</strong></td>
<td>Observation.</td>
<td></td>
</tr>
<tr>
<td>0: No sweat visible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Barely perceptible sweating, palms moist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Beads of sweat obvious on forehead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Drenching sweats</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visual disturbances</strong></td>
<td>Ask, ”Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?” Observation.</td>
<td></td>
</tr>
<tr>
<td>0: Not present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Very mild sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Mild sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Moderate sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Moderately severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Extremely severe hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Continuous hallucinations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Clinical Institute Withdrawal Assessment of Alcohol (CIWA-Ar)**

<table>
<thead>
<tr>
<th>Anxiety: Ask, &quot;Do you feel nervous?&quot; Observation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0: No anxiety, at ease</td>
</tr>
<tr>
<td>1: Mild anxious</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4: Moderately anxious, or guarded, so anxiety is inferred</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7: Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Headache, fullness in head: Ask, &quot;Does your head feel different? Does it feel like there is a band around your head?&quot; Do not rate for dizziness or lightheadedness. Otherwise, rate severity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0: Not present</td>
</tr>
<tr>
<td>1: Very mild</td>
</tr>
<tr>
<td>2: Mild</td>
</tr>
<tr>
<td>3: Moderate</td>
</tr>
<tr>
<td>4: Moderately severe</td>
</tr>
<tr>
<td>5: Severe</td>
</tr>
<tr>
<td>6: Very severe</td>
</tr>
<tr>
<td>7: Extremely severe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agitation: Observation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0: Normal activity</td>
</tr>
<tr>
<td>1: Somewhat more than normal activity</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4: Moderately fidgety and restless</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7: Paces back and forth during most of the interview, or constantly thrashes about</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orientation and clouding of sensorium: Ask, &quot;What day is this? Where are you? Who am I?&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>0: Oriented and can do serial additions</td>
</tr>
<tr>
<td>1: Cannot do serial additions or is uncertain about date</td>
</tr>
<tr>
<td>2: Disoriented for date by no more than 2 calendar days</td>
</tr>
<tr>
<td>3: Disoriented for date by more than 2 calendar days</td>
</tr>
<tr>
<td>4: Disoriented for place/or person</td>
</tr>
</tbody>
</table>

**Scoring**

<table>
<thead>
<tr>
<th>Total CIWA-Ar Score</th>
<th>Rater’s Initials</th>
<th>Maximum Possible Score: 67</th>
</tr>
</thead>
</table>

Interpret sum of total scores as follows:
- Minimal or absent withdrawal: ≤9
- Mild to moderate withdrawal: 10-19
- Severe withdrawal: ≥20
# Clinical Opiate Withdrawal Scale (COWS)

## Patient and Time Information

Name, date, time, reason for this assessment

## Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pulse Rate:</strong> Record Beats per Minute</td>
<td>Measured after patient is sitting or lying for one minute</td>
</tr>
<tr>
<td>0: Pulse rate 80 or below</td>
<td>1: Pulse rate 81-100</td>
</tr>
<tr>
<td>2: Pulse rate 101-120</td>
<td>4: Pulse rate greater than 120</td>
</tr>
<tr>
<td><strong>Gastrointestinal Upset:</strong> Over Last 1/2 Hour</td>
<td>0: No gastrointestinal symptoms</td>
</tr>
<tr>
<td>1: Stomach cramps</td>
<td>2: Nausea or loose stool</td>
</tr>
<tr>
<td>3: Vomiting or diarrhea</td>
<td>5: Multiple episodes of diarrhea or vomiting</td>
</tr>
<tr>
<td><strong>Sweating:</strong> Over Past 1/2 Hour not Accounted for by Room Temperature or Patient Activity</td>
<td>0: No report of chills or flushing</td>
</tr>
<tr>
<td>1: Subjective report of chills or flushing</td>
<td>2: Flushed or observable moistness on face</td>
</tr>
<tr>
<td>3: Beads of sweat on brow or face</td>
<td>4: Sweat streaming off face</td>
</tr>
<tr>
<td><strong>Tremor Observation of Outstretched Hands:</strong></td>
<td>0: No tremor</td>
</tr>
<tr>
<td>1: Tremor can be felt, but not observed</td>
<td>2: Slight tremor observable</td>
</tr>
<tr>
<td>4: Gross tremor or muscle twitching</td>
<td></td>
</tr>
<tr>
<td><strong>Restlessness Observation During Assessment:</strong></td>
<td>0: Able to sit still</td>
</tr>
<tr>
<td>1: Reports difficulty sitting still, but is able to do so</td>
<td>3: Frequent shifting or extraneous movements of legs/arms</td>
</tr>
<tr>
<td>5: Unable to sit still for more than a few seconds</td>
<td></td>
</tr>
<tr>
<td><strong>Yawning Observation During Assessment:</strong></td>
<td>0: No yawning</td>
</tr>
<tr>
<td>1: Yawning once or twice during assessment</td>
<td>2: Yawning three or more times during assessment</td>
</tr>
<tr>
<td>4: Yawning several times/minute</td>
<td></td>
</tr>
<tr>
<td><strong>Pupil Size:</strong></td>
<td>0: Pupils pinned or normal size for room light</td>
</tr>
<tr>
<td>1: Pupils possibly larger than normal for room light</td>
<td>2: Pupils moderately dilated</td>
</tr>
<tr>
<td>5: Pupils so dilated that only the rim of the iris is visible</td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety or Irritability:</strong></td>
<td>0: None</td>
</tr>
<tr>
<td>1: Patient reports increasing irritability or anxiousness</td>
<td>2: Patient obviously irritable/anxious</td>
</tr>
<tr>
<td>4: Patient so irritable or anxious that participation in the assessment is difficult</td>
<td></td>
</tr>
<tr>
<td><strong>Bone or Joint Aches if Patient was Having Pain Previously, only the Additional Component Attributed to Opiate Withdrawal is Scored:</strong></td>
<td>0: Not present</td>
</tr>
<tr>
<td>1: Mild diffuse discomfort</td>
<td>2: Patient reports severe diffuse aching of joints/muscles</td>
</tr>
<tr>
<td>4: Patient is rubbing joints or muscles and is unable to sit still because of discomfort</td>
<td></td>
</tr>
<tr>
<td><strong>Gooseflesh Skin:</strong></td>
<td>0: Skin is smooth</td>
</tr>
<tr>
<td>3: Piloerection of skin can be felt or hairs standing up on arms</td>
<td>5: Prominent piloerection</td>
</tr>
<tr>
<td><strong>Runny Nose or Tearing Not Accounted for by Cold Symptoms or Allergies:</strong></td>
<td>0: Not present</td>
</tr>
<tr>
<td>1: Nasal stuffiness or unusually moist eyes</td>
<td>2: Nose running or tearing</td>
</tr>
<tr>
<td>4: Nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Opiate Withdrawal Scale (COWS)

<table>
<thead>
<tr>
<th>Scores</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-12</td>
<td>Mild withdrawal</td>
</tr>
<tr>
<td>13-24</td>
<td>Moderate withdrawal</td>
</tr>
<tr>
<td>25-36</td>
<td>Moderately severe withdrawal</td>
</tr>
<tr>
<td>&gt;36</td>
<td>Severe withdrawal</td>
</tr>
</tbody>
</table>

#### Scoring

- Total COWS Score ______
- Rater’s Initials ______
- Maximum Possible Score: 48

#### Patients Appropriate for Inpatient Medically Supervised Withdrawal Management

<table>
<thead>
<tr>
<th>Patients for Whom Inpatient Medically Supervised Withdrawal Management is Recommended</th>
<th>Patients for Whom Inpatient Medically Supervised Withdrawal Management is Suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with any of the following conditions:</td>
<td>Patients with at least moderate alcohol withdrawal (i.e., CIWA-Ar score ≥10 and any of the following conditions:</td>
</tr>
<tr>
<td>- History of delirium tremens or withdrawal seizures</td>
<td>- Recurrent unsuccessful attempts at ambulatory withdrawal management</td>
</tr>
<tr>
<td>- Inability to tolerate oral medication</td>
<td>- Reasonable likelihood that the patient will not complete ambulatory withdrawal management (e.g., due to homelessness)</td>
</tr>
<tr>
<td>- Co-occurring medical conditions that would pose serious risk for ambulatory withdrawal management (e.g., severe coronary artery disease, congestive heart failure, liver cirrhosis)</td>
<td>- Active psychosis or severe cognitive impairment</td>
</tr>
<tr>
<td>- Severe alcohol withdrawal (i.e., CIWA-Ar score ≥20)</td>
<td>- Medical conditions that could make ambulatory withdrawal management problematic (e.g., pregnancy, nephrotic syndrome, cardiovascular disease, lack of medical support system)</td>
</tr>
<tr>
<td>- Risk of withdrawal from other substances in addition to alcohol (e.g., sedative hypnotics)</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviation: CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol (revised version)
## Sedative-hypnotic Conversion Table

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Approximate Equivalents to Diazepam 10 mg or Phenobarbital 30 mg</th>
<th>Time to Peak Plasma level (in Hours)</th>
<th>Half-life Parent Drug (in Hours)</th>
<th>Metabolite Activity (Maximal Half-life in Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>1 mg</td>
<td>1-2</td>
<td>12 ± 2</td>
<td>Inactive</td>
</tr>
<tr>
<td>Chlordiazepoxide</td>
<td>25 mg</td>
<td>1-4</td>
<td>10 ± 3.4</td>
<td>Active (up to 120)</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>1 mg</td>
<td>1-4</td>
<td>23 ± 5</td>
<td>Inactive</td>
</tr>
<tr>
<td>Clorazepate</td>
<td>15 mg</td>
<td>Variable</td>
<td>2 ± 0.9</td>
<td>Active (up to 120)</td>
</tr>
<tr>
<td>Diazepam</td>
<td>10 mg</td>
<td>1-2</td>
<td>43 ± 13</td>
<td>Active (up to 120)</td>
</tr>
<tr>
<td>Estazolam</td>
<td>1 mg</td>
<td>0.5-0.6</td>
<td>10-24</td>
<td>Inactive</td>
</tr>
<tr>
<td>Flurazepam</td>
<td>15 mg</td>
<td>0.5-1.0</td>
<td>74 ± 24</td>
<td>Active (up to 100)</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>2 mg</td>
<td>2-4</td>
<td>14 ± 5</td>
<td>Inactive</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>30 mg</td>
<td>2-3</td>
<td>8.0 ± 2</td>
<td>Inactive</td>
</tr>
<tr>
<td>Quazepam</td>
<td>10 mg</td>
<td>1.5</td>
<td>39</td>
<td>Active (up to 75)</td>
</tr>
<tr>
<td>Temazepam</td>
<td>15 mg</td>
<td>2.5</td>
<td>11 ± 6</td>
<td>Inactive</td>
</tr>
<tr>
<td>Triazolam</td>
<td>0.25 mg</td>
<td>1-2</td>
<td>2.9 ± 1.0</td>
<td>Inactive</td>
</tr>
<tr>
<td>Eszopiclone</td>
<td>15 mg</td>
<td>1</td>
<td>6</td>
<td>Active (&lt;parent)</td>
</tr>
<tr>
<td>Zaleplon</td>
<td>20 mg</td>
<td>1</td>
<td>1</td>
<td>Inactive</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>20 mg</td>
<td>1.6</td>
<td>2</td>
<td>Inactive</td>
</tr>
<tr>
<td>Butalbital</td>
<td>50 mg</td>
<td>1-2</td>
<td>35</td>
<td>Inactive</td>
</tr>
<tr>
<td>Pentobarbital</td>
<td>100 mg</td>
<td>0.5-1</td>
<td>15-50</td>
<td>Inactive</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>30 mg</td>
<td>1+</td>
<td>53-140</td>
<td>Inactive</td>
</tr>
<tr>
<td>Meprobamate</td>
<td>400 mg</td>
<td>2-3</td>
<td>10</td>
<td>Inactive</td>
</tr>
<tr>
<td>Carisoprodol</td>
<td>350 mg</td>
<td>1-3</td>
<td>2</td>
<td>Active (see Meprobamate)</td>
</tr>
<tr>
<td>Choral hydrate</td>
<td>250 mg</td>
<td>0.5</td>
<td>&lt;1</td>
<td>Active (up to 94)</td>
</tr>
</tbody>
</table>

Abbreviation: mg: milligrams

---

1 Withdrawal doses of diazepam or phenobarbital are those sufficient to suppress most withdrawal symptoms and may not reflect therapeutic dose equivalency.

2 Half-life of active metabolite(s) may differ.

3 Primary route of barbiturate elimination is renal excretion.