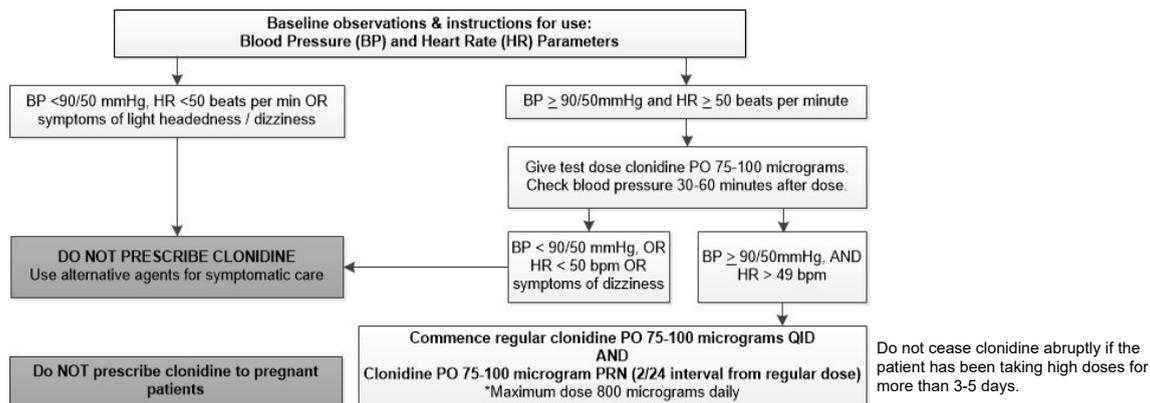


Clinical Opiate Withdrawal Scale (COWS)

<p>RESTING PULSE RATE — Measured after patient is sitting or lying for one minute</p> <p>0 = Pulse rate ≤80 1 = Pulse rate 81-100 2 = Pulse rate 101 - 120 4 = Pulse rate > 120</p>	<p>RUNNING NOSE OR TEARING — Not accounted for by cold symptoms or allergies</p> <p>0 = Not present 1 = Nasal stuffiness or unusually moist eyes 2 = Nose running or tearing 4 = Nose constantly running or tears streaming down cheeks</p>
<p>SWEATING — Over past half hour, not accounted for by room temperature, patient activity or co-existing illness</p> <p>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</p>	<p>GASTROINTESTINAL UPSET — Over last half hour</p> <p>0 = No gastrointestinal symptoms 1 = Stomach cramps 2 = Nausea or loose stool 3 = Vomiting or diarrhoea 5 = Multiple episodes of diarrhoea or vomiting</p>
<p>RESTLESSNESS — Observation during assessment</p> <p>0 = Able to sit still 1 = Reports difficulty sitting still but able to do so 3 = Frequent shifting or extraneous movements of legs/arms 5 = Unable to sit still for more than a few seconds</p>	<p>TEMOR — Observation of out stretched hands</p> <p>0 = No tremor 1 = Tremor can be felt, but not observed 2 = Slight tremor observable 4 = Gross tremor or muscle itching</p>
<p>PUPIL SIZE</p> <p>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</p>	<p>YAWNING — Observation during assessment</p> <p>0 = No yawning 1 = Yawning once or twice during assessment 2 = Yawning three or more times during assessment 4 = Yawning several times per minute</p>
<p>BONE OR JOINT ACHES — If patient was having pain previously only the additional component attributed to opiate withdrawal is scored</p> <p>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 due to discomfort</p>	<p>ANXIETY OR IRRITABILITY</p> <p>0 = None 1 = Patient reports increasing irritability or anxiousness 2 = Patient obviously irritable/anxious 4 = Patient so irritable/anxious that participation in assessment is difficult</p>
<p>Referral to Alcohol and Drug Service Referred by: _____ To: _____ Date: _____</p>	<p>GOOSEBUMPS/PILOERECTION</p> <p>0 = Skin is smooth 3 = Piloerection of skin can be felt or hairs standing up on arms 5 = Prominent piloerection</p>



Symptom of Opiate Withdrawal	THIS IS NOT A PRESCRIPTION - REFER TO THE WA HOSPITAL MEDICATION CHART
Nausea & Vomiting	Metoclopramide PO / IV 10 mg three times a day PRN Prochlorperazine PO 5 mg three times a day PRN Ondansetron PO / IV 4-8 mg twice a day PRN
Diarrhoea	Loperamide PO 2 mg twice a day PRN (maximum five days).
Abdominal Cramps	Hyoscine butylbromide PO 10-20 mg four times daily PRN
Muscle and Joint Pain	Ibuprofen PO 200-400 mg three to four times daily PRN (maximum 1200mg / 24 hours), Paracetamol PO 1 g every 4 hours PRN (maximum 4 g / 24 hours)
Anxiety and Insomnia	Second line (after clonidine): Diazepam PO 5-10 mg four times daily for 5 days on a reducing regimen (example: diazepam 5 mg four times per day for 3 days; then 5mg twice a day for 2 days, then 5 mg nocte for 1 day then cease)

Refer to Specialist AOD service for consideration of alternative and additional therapies (eg buprenorphine-naloxone as opioid replacement therapy [ORT]). ORT can only be continued on discharge when prescribed by authorised CPOP prescribers. Under S80 of the Medicines and Poisons Act 2014 an Authorised Health Practitioner who reasonably believes that a patient is a drug dependent person commits an offence if the practitioner does not make a report to the Department of Health.

Treatment recommendations do not cover all clinical scenarios and do not replace the need for clinical judgment.

V1.1 Endorsed by WATAG July 2021

References:

Drug and Alcohol Office (2014) Western Australian Community Program for Opioid Pharmacotherapy (CPOP): Clinical Policies and Procedures for the use of methadone and buprenorphine in the treatment of opioid dependence, 3rd Edition.