

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
SUBSTANCE USE DISORDER CARE

Initial Date: November 19, 2020

Revised Date:

Section 11-63

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Substance Use Disorder.

- I. Follow **CIP General Assessment and care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals/examinations:
 - i. Site infections/wounds
 - ii. COWs assessment/score
 - iii. CIWA assessment/score
 - iv. Signs of substance intoxication
 - v. Oral health
 - vi. Hygiene
 - b. History:
 - i. Evaluate risks for concurrent polysubstance use
 - ii. Use history for prescribed medications and illicit substances
 - iii. Intervention history
 - iv. Immunization status
- III. On scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
- IV. On scene interventions may include:
 - a. Vaccinations **see CIP Vaccination protocol** (optional)
 - b. Wound Care **see CIP Wound Care protocol** (optional)
 - c. Naloxone Leave Behind **see CIP Naloxone Leave Behind protocol** (optional)
 - d. Medication Assisted Therapy (MAT) for Opioid Use Disorder **see CIP Medication Assisted Therapy protocol** (optional)
 - e. Intervention resource referrals
- V. Consider transport to the emergency department for the following:
 - a. COWS score >36
 - b. CIWA score greater than or equal to 9
- VI. On-scene education and suggested support sources may include:
 - a. Harm reduction/safer use education
 - b. Syringe Service Program (SSP) opportunities

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- c. Risks of self-medicating
- d. Withdrawal risks
- e. Local resources

COWS Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.
Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____ 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	GI Upset: <i>over last 1/2 hour</i> 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: <i>over past 1/2 hour not accounted for by room temperature or patient activity:</i> 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	Tremor <i>observation of outstretched hands</i> 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness <i>Observation during assessment</i> 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	Yawning <i>Observation during assessment</i> 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 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	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <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	Gooseflesh skin 0 Skin is smooth 3 Piloerection of skin can be felt or hairs standing up on arms 5 Prominent piloerection
Runny nose or tearing <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

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

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MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References: <https://img.grepmed.com/uploads/1565/withdrawal-diagnosis-addiction-opiate-scale-original.jpeg>
<https://www.aafp.org/afp/2013/1101/p589.html>



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Patient: _____ Date: _____ Time: _____ (24-hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: _____ Blood pressure: _____

NAUSEA AND VOMITING

Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 No nausea and no vomiting
- 1 Mild nausea with no vomiting
- 2
- 3
- 4 Intermittent nausea with dry heaves
- 5
- 6
- 7 Constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES

Ask "Have you had any itching, pins and needles sensations, burning, or numbness, or do you feel like bugs are crawling on or under your skin?" Observation.

- 0 None
- 1 Very mild itching, pins and needles, burning or numbness
- 2 Mild itching, pins and needles, burning or numbness
- 3 Moderate itching, pins and needles, burning or numbness
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

TREMOR

Arms extended and fingers spread apart. Observation.

- 1 Not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 Moderate, with patient's arms extended
- 5
- 6
- 7 Severe, even with arms not extended

AUDITORY DISTURBANCES

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.

- 0 Not present
- 1 Very mild harshness or ability to frighten
- 2 Mild harshness or ability to frighten
- 3 Moderate harshness or ability to frighten
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

PAROXYSMAL SWEATS

Observation.

- 0 No sweat visible
- 1 Barely perceptible sweating, palms moist
- 2
- 3
- 4 Beads of sweat obvious on forehead
- 5
- 6
- 7 Drenching sweats

VISUAL DISTURBANCES

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.

- 0 Not present
- 1 Very mild sensitivity
- 2 Mild sensitivity
- 3 Moderate sensitivity
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

ANXIETY

Ask "Do you feel nervous?" Observation.

- 0 No anxiety, at ease
- 1 Mildly anxious
- 2
- 3
- 4 Moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD

Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 Not present
- 1 Very mild
- 2 Mild
- 3 Moderate
- 4 Moderately severe
- 5 Severe
- 6 Very severe
- 7 Extremely severe

AGITATION

Observation.

- 0 Normal activity
- 1 Somewhat more than normal activity
- 2
- 3
- 4 Moderately fidgety and restless
- 5
- 6
- 7 Paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM

Ask "What day is this? Where are you? Who am I?"

- 0 Oriented and can do serial additions
- 1 Cannot do serial additions or is uncertain about date
- 2 Disoriented with date by no more than two calendar days
- 3 Disoriented with date by more than two calendar days
- 4 Disoriented with place or person

Total CIWA-Ar score: _____

Rater's initials: _____

Maximum possible score is 67

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