

SUBSTANCE ABUSE INFORMATION CARD

courtesy of DIVISION ON ADDICTIONS, Cambridge Health Alliance,
an affiliate of Harvard Medical School

CAGE Test (adapted) to screen for Alcoholism/Drug Addiction:

1 + = high risk for addiction; full assessment recommended.

Have you ever:

- Cut back or Changed your drinking or (drug use) pattern?
- felt Annoyed if people criticized your or (drug use) drinking?
- felt Guilty about drinking or (drug use)?
- needed a drink Early in the day to steady yourself?
(Eye opener)

ALCOHOL WITHDRAWAL

Early Sxs (6-12 hrs.): Tremor, anorexia, nausea/vomiting, insomnia, anxiety, irritability, diaphoresis, tachycardia, fever, mild hypertension, hallucinosis.

Later Sxs. (7-96 hrs): Seizures, Delirium Tremens

Timing: Earliest onset 6-8 hrs. after abstinence. Can be immediate or up 5 - 7 days. Some may present sxs. with a decrease in amount of use)

Rx: 1) Benzos to alleviate sxs.: Acute Medical Settings: lorazepam (ativan) at least 1 mg q 4-6 hrs IV; titrate up or down holding the interval steady depending on patient status aiming for calm, but not oversedation . Dosage requirements vary widely. Decrease by no more than 10-20% per day.

Note: Lorazepam preferred in acute medical settings (greatest flexibility); Detox Setting: Chlordiazepoxide (Librium) 50-100 mg. po; titrate up and down as indicated

2) Thiamine 100 mg IM or IV qd x 3d; Folate 1 mg po qd.

3) Haloperidol (Haldol) .5-2.0 mg po or IM for severe agitation or psychotic sxs.

Low stimulation environment.

DTs: Marked hypertension, tachycardia, fever, hallucinosis, agitation, confusion, combativeness, and seizures.

Timing: 24-72 hrs. after abstinence

Rx: ICU monitoring, restraints, IV fluids, IV benzos, antipyretics if needed. Diazepam 5-10 mg or lorazepam (if liver disease) 1-2 mg slowly IV q 15-20 min. until stabilized. Then q 2h prn.

Wernicke's encephalopathy

Sx: Ataxia, nystagmus, ophthalmoplegia, confusion

Prevention: Thiamine 100 mg IM or IV prior to any glucose

Belligerent Patient

Security guards present; Don't show anger; Haloperidol 5 mg po or IM; Add lorazepam 1-2 mg if needed; restraints if violent.

Seizures

Sx: Generalized (focal gets a workup); often 2-6 closely spaced; status rare.

Timing: 7-48 hrs. after abstinence (late onset gets a workup).

DDX: R/O Trauma, metabolic causes (incl low Mg++), infection.

Rx: Benzos best. Protect from falls.

This resource is intended solely for the use of medical professionals and should not be used by the lay public.

OPIATE WITHDRAWAL

Early Signs (8-12 hrs): Diaphoresis, nausea, yawning, lacrimation, tremor, rhinorrhea, irritability, dilated pupils, resp. rate, pulse>90
Severe Signs (12-48 hrs): Insomnia, elevated T,P,R,& BP, nausea, vomiting, abdominal cramps, chills, diarrhea, muscle twitching, dilated pupils

Course: (1) Heroin: onset in 8-12 hrs, lasting 5-10 d, untreated.
(2) Methadone: onset in 24-48 hrs., lasting 2-4 wks.

Methadone:

- Methadone-maintained pt - confirm dose w/methadone clinic.
- Analgesics: pt is tolerant to opioids - analgesic Rx required for pain management. Methadone maintenance pts. may require higher than conventional doses or increased frequency to attain analgesia.
- Expect coping problems: Don't dwell on dosage with pt.
- Monitor pulse, respiration, pupil size.

Acute Medical Adm:

Dose (inpt.)

- Untreated street addict: @ signs of w/drawal. Rx 20 mg po.
- Known heavy use: 30 mg po: Increase 5-10 mg q 2-4 hrs. to stabilize. No more than 40 mg in 1st 24 hrs.
- Avoid doses >40 mg qd. unless enrolled in a licensed methadone program or inpt. > 4 days.
- May use Clonidine 0.1 mg. po tid with methadone or alone for short stay patients.
- If NPO: ½ daily dose IM, divided q 12 hrs & restart prior full po dose as tolerated.

Course: Onset 30-60 m: peak levels 2-6 hrs: duration 24-36 hrs.

Side Effects: Reduce 5-10 mg prn lethargy:

- Taper: If 1-14 d s/p admission, 10-20% qd. Expect distress.

Discharge planning: initiate as quickly as possible.

AVAILABLE RESOURCES:

AA	(617) 426-9444	North Charles	(617) 661-5700
AL-Anon	(508) 366-0556	STEP (N. End)	(617) 720-0153
SMART Recovery	(866) 951-5357		

Detoxes:

Andrew House	(617) 479-9320
CASPAR	(617) 628-6300
Dimock	(617) 442-8800
x1311	
Faxon House	(617) 472-8060

Outpatient Programs:

Boston Detox	(617) 983-3710
VA Treatment Prog.	(617) 248-1010
(Veterans only)	
Faulkner Hospital	(617) 983-7908
Inpatient	(617) 983-7711
Fenway Cmty. Health	(617) 927-6202
Mt. Auburn Hospital	(617) 499-5194

Prevention/Recovery

Problem Gambling:

Massachusetts Council on
Compulsive Gambling
(800) 426-4554

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