

SUMMARY PROTOCOL FOR MANAGEMENT OF WITHDRAWAL IN HOMELESS PERSONS AT SHELTERS DURING COVID-19 LOCKDOWN:

Purpose:

Homeless persons using substances are likely to encounter withdrawal symptoms during a lockdown, isolation or quarantine period. Recognising and managing their withdrawal symptoms is important to ensure their cooperation and safety during this period.

Kindly refer to the KZN Guidelines for the Management of Intoxication and Withdrawal of Psychoactive Substances for further details.

Procedure:

1. All persons accommodated at the shelter must be asked about recent (in the last month) and current substance use.
2. The substances used and date last used are noted. Have a high index of suspicion as the person may be guarded or unaware of what they were taking.
3. Giving withdrawal medication to an individual who is intoxicated is dangerous. Therefore withdrawal treatment should not be given pre-emptively or prophylactically.
4. Physical signs of withdrawal must be present before starting withdrawal management (as in the attached scales).
5. Cravings without physical signs should not be given medication. Rather use distraction techniques (activity, sport, praying, music, a sweet snack) to cope with cravings.
6. Treatment regimens: For-
 - **cannabis (dagga),**
 - **amphetamines (tik),**
 - **inhalants (glue, benzene sniffing),**
 - **cocaine (including rock), and**
 - **ecstasy:**

NO TREATMENT is usually required. The person should settle on their own. However, if restless consider symptomatic treatment.

7. For **ALCOHOL**:

- a. Administer the CIWA-AR scale:
- b. If score ≥ 13 – Refer to closest hospital for admission (refer to KZN Guidelines)
- c. If screen < 13 – Manage as follows:
 - DIAZEPAM 10mg TDS X 2 days then
 - 5mg TDS X 3 days then
 - 5mg BD X 3 days then
 - 5mg NOCTE X 4 days
 - THIAMINE 100mg BD

8. For **OPIODS** (Whoonga)

- a. Administer the OOWS
 - b. If score < 4 – No Treatment necessary. Manage psychosocially.
 - c. If score ≥ 4 – Administer a “rescue pack” to the user, consisting of medication for symptomatic relief for TWO days:
 - FOR STOMACH CRAMPS: **Hyoscine butylbromide (Buscopan®)** 10mg PRN up to TDS
 - FOR DIARRHOEA: **Loperamide (Imodium)** 4 mg stat followed by 2 mg after each loose stool up to 8mg
 - MUSCLE PAIN: **paracetamol** PRN
 - VOMITING: **Metochlopramide (Maxalon®)** 10 mg PRN
 - IRRITABILITY/ANXIETY **Promethazine (Phenergan®)** or Chlorphenaramine, Allergex, 25 mg PRN up to TDS
 - **Diazepam (Valium)** 5mg nocte
 - d. If the user remains symptomatic, after 2 days, the “rescue pack” may be repeated.
 - e. If the the user remains symptomatic after 4 days using the “rescue pack”, repeat the OOWS, If OOWS > 6 , then refer to the closest hospital for management.
9. The following constitutes medical emergencies, and should be referred to the closest hospital via EMS as soon as possible:
- a. Past history of convulsions during detoxification
 - b. Past history of Delirium Tremens
 - c. Significant medical co morbidity (e.g. liver disease, cardiac disease, severe infections etc.)
 - d. Acute psychiatric co morbidity (e.g. psychosis, mania)

10. Role of health care professionals:

- The OOWS and CIWA-AR may be administered by any nurse or social worker
- All patients started on treatment should be monitored by a nurse daily – checking BP, pulse, RR and Temp. If any abnormality, call local hospital / clinic ASAP for support and further advice.
- Any medical practitioner is allowed to prescribe the above regime of medication
- Local catchment hospital / clinic to provide medication

CIWA-AR: TO ASSESS FOR ALCOHOL WITHDRAWAL		
NAUSEA AND VOMITTING – Ask “Do you feel sick to your stomach? Have you vomited?” Observation.	TACTILE DISTURBANCES – Ask “Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?” Observation.	ANXIETY – Ask “do you feel nervous?” Observation
0 - no nausea and vomiting	0 – none	0 - no anxiety, at ease
1 - mild nausea with no vomiting	1 - very mild itching, pins and needles, burning or numbness	1 - mild anxious
2 -	2 - mild itching, pins and needles, burning or numbness	2 -
3 -	3 - moderate itching, pins and needles, burning or numbness	3 -
4 - intermittent nausea with dry heaves	4 - moderately severe hallucinations	4 - moderately anxious, or guarded
5 -	5 - severe hallucinations	5 -
6 -	6 - extremely severe hallucinations	6 -
7 - constant nausea, frequent vomiting	7 - continuous hallucinations	7 - equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions
TREMOR – Arms extended and fingers spread apart. Observation.	ADUITYORY 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	VISUAL DISTURBANCE – Ask, “Does the light appear to be too bright? Is the colour 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 - no tremor	0 - no present	0 - no present
1 - not visible, but can be felt on fingertip	1 - very mild harshness or ability to frighten	1 - very mild sensitivity
2 -	2 - mild harshness of ability to frighten	2 - mild sensitivity
3 -	3 - moderate harshness or ability to frighten	3 - moderate sensitivity
4 - moderate, with patient's arm extended.	4 - moderately severe hallucinations	4 - moderately severe hallucinations
5 -	5 - severe hallucinations	5 - severe hallucinations
6 -	6 - extremely severe hallucinations	6 - extremely severe hallucinations
7 - severe, even with arms not extended	7 - continuous hallucinations	7 - continuous hallucinations
PAROXYSMAL SWEATS - Observation	HEADACHE, FULLNESS IN HEAD – Ask “does your head feel different? Does it feel like there is a band around your head?” Do note rate dizziness or light-headedness.	AGITATION – Observation
0 - no sweat visible	0 - no present	0 - normal activity
1 - barely perceptible sweating, palms moist	1 - very mild	1 – somewhat more than normal activity
2 -	2 - mild	2 -
3 -	3 - moderate	3 -
4 - beads of sweat obvious on forehead	4 - moderately severe	4 - moderately fidgety and restless
5 -	5 - severe	5 -
6 -	6 - very severe	6 -
7 - drenching sweats	7 - extremely severe	7 - paces back and forth during most of the interview, or constantly thrashes about.
ORIENTATION AND CLOUDING OF SENSORIUM – Ask “What day it this? Where are you? Who am I?”	Total CIWA-A Score	
0 - orientated	If score \geq 13 – Refer to hospital	
1 - uncertain about date	If score < 13, give treatment as per regime	
2 - disorientated for date by no more than 2 calendar days		
3 - disorientated for date by more than 2 calendar days		
4 - disorientated for place and/or person		

OOWS: TO ASSESS FOR OPIOID WITHDRAWAL

	Sign	Measures		Score
		Absent	Present	
1	Yawning	0	1	
2	Rhinorrhoea (runny nose)	0 (<3 sniffs)	1 (3 or more sniffs)	
3	Piloerection (goose flesh) – Observe arm	0	1	
4	Perspiration (sweating)	0	1	
5	Lacrimation (tearing)	0	1	
6	Tremor (hands)	0	1	
7	Mydriasis (pupil dilatation)	0	1 (>3mm)	
8	Hot and cold flushes	0	1 (shivering)	
9	Restlessness	0	1	
10	Vomiting	0	1	
11	Muscle twitches	0	1	
12	Abdominal cramps	0	1 (holding stomach)	
13	Anxiety	0	1	
Total score				
If score ≥ 4 – give treatment as per regime				
If score < 4 – reassure, no treatment required				



FIGHTING DISEASE. FIGHTING POVERTY. GIVING HOPE

Enquiries:

Dr. K Narsi: Specialist Psychiatrist
Kalpesh.Narsi@kznhealth.gov.za

Ms.MA Charles: Deputy Director
 Mental Health and Substance
 Abuse
melanie.charles@kznhealth.gov.za