Institution Name: Al Masarra Hospital

Document Title: Opioid Use Disorder Management Guideline

Approval Process

	Name	Title / Designation	Institution	Date	Signature
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Contents Table:

Acronyms

AMRH	Al Masarra Hospital
P&P	Policy & procedure
OPD	Outpatient department
MSE	Mental state examination
COWs	Clinical Opioid Withdrawal scale
MDT	Multidisciplinary team
OD	Overdose
IRLS	Incident reporting system

Opioid Use Disorder Management Guideline

1. Introduction

Opioid use disorder is often a chronic relapsing condition associated with increased prevalence of morbidity and mortality. Despite this, with appropriate treatment and follow-ups, patients can still achieve a sustained long-term remission. This guideline is developed to provide health care professionals in Al Masarra Hospital (AMRH) with an educational tool and clinical practice recommendations primarily relevant on clinical management of patients with opioid use disorder.

2. Scope

This document is applicable to all health care professionals in Al-Masarra Hospital (AMRH)

who are dealing and managing patients with opioid use disorder.

3. Purpose

To provide health care professionals an evidenced based guidelines and recommendations on appropriate management of patients with opioid use disorder.

4. Definitions

4.1**. Opioids:** Are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, pethidine, tramadol, and many others. It is a CNS depressant that has analgesic, sedative, and euphoric effects. It has high addictive potential.

4.2. **Methadone:** A long-acting opioid agonist has been shown to be an effective maintenance therapy intervention for the treatment of opioid dependence by retaining patients in treatment and decreasing other opioid use more than non-opioid based replacement therapy.

4.3. **Opioid Withdrawal:** term used to describe the physical and mental symptoms that a person has when suddenly stop or cut back the use of opioid.

4.4. **Detoxification:** Is the process of clearing the body from drugs that an individual has consumed. The purpose of detoxification is to safely manage withdrawal symptoms after

stopping drugs. The type of drug and how long it was used affect what detoxification process.

4.5. **Rehabilitation:** A set of interventions designed to optimize functioning and reduce disabilities in individuals with drug dependence in interaction with their environment

5. Guideline

5.1. Opioid treatment program in Al Masarra hospital begins in the Outpatient department (OPD) after booking an OPD appointment which can through self-referral or through referral from other health care institutions in Oman such as primary or secondary health care.

5.2. The aims of the treatment are to reduce or prevent withdrawal symptoms, to reduce or eliminate non-prescribed drug use, to stabilize drug intake and lifestyle, and to reduce drug-related harm, particularly injecting behavior; and to provide patient an opportunity to be engaged on the treatment plans.

5.3. The general assessment of patient with opioid use disorder in Addiction Clinic, OPD involves a comprehensive clinical assessment right on the first day of patient's visit in the hospital.

5.4. The comprehensive clinical assessment comprises the assessments of patient's opioid dependence history and examination; a recent urine drug screen positive for opioids; and blood investigations such as CBC, LFT, RFT, GGT, HCV, HBV, HIV and Alcohol level.

5.5. The assessment of patient's opioid dependence history and examination includes details related to the substance abused; patient's social condition; and the patient's health condition

5.5.1. Details related to the substance abused pertain to the substance's name, quantity used and frequency of use, route of administration, and duration of the current abuse including level, date and time of the last use; details related to the patient's social condition pertain to the psychosocial data, past-history, family history, medical

history; and details related to the patient health condition includes mental state, physical state , objective signs of opioid withdrawal like nausea, stomach cramps, muscular tension, muscle spasms/twitching, aches and pains, insomnia, etch.,

5.6. Management planning and clinical treatment decision proceeds after completion of pertinent patient assessment and after involving the patient with the planning.

5.7. Detoxification management may either be pharmacologically supported community detoxification or medically supervised in patient detoxification.

5.8. The pharmacologically supported community detoxification involves an outpatient detoxification management decided after discussion with patient and next of kin taking in consideration with the patient's social situation, the medical and psychiatric comorbidities.

5.9. Medically supervised in patient detoxification involves an inpatient detoxification management and starts in the OPD along with baseline clinical examination, laboratory investigations, securing informed consent, review of the rules and regulation of the inpatient disciplinary actions, and checking the patients for banned and prohibited substances or objects.

5.10. Once patient is admitted in the ward, the staff nurse monitors and documents the patient's opioid withdrawal symptoms and signs using the tool-Clinical Opioid Withdrawal Scale (COWs), together with vital signs monitoring. Based on COWs score, an opioid agonist, methadone regiment plan is prescribed and is gradually tapered over a 6-day period.

5.10.1. The initial total daily dose of methadone for most cases will be around the range of 10–20, or 15 mg depending on the level of tolerance which are always administered on the first day of admission and to be tapered accordingly. *(Refer to Table 1, Appendix 1.)*

5.11. Supportive and symptomatic medications such as metoclopramide, loperamide, mefenamic acid, promethazine, and diazepam can be prescribed when needed. *(Refer to Table 2, Appendix 2.)*

5.12. After methadone regiment completion clinical assessment of patient current condition is done for possible transfer to rehabilitation.

5.13. Rehabilitation interventions may compose of outpatient rehabilitation sessions, inpatient rehabilitation program, half-way houses rehabilitation program, and after care plan

5.13.1. Outpatient Rehabilitation Session involves adopting bio-psychosocial approach sessions with the treating doctor, psychologist, and social worker.

5.13.2. Inpatient Rehabilitation Program is a two (2) week short term rehabilitation program which can be extended up to 2 months as per patient's preference and clinical assessment supported by the Multi-disciplinary team (MDT)

5.13.3. Halfway Houses Rehabilitation Program is a 12 step program adopted form 12 step program of Alcoholic Anonymous (AA) but in combination with therapeutic community approach.

5.13.4. After Care Plan occurs after patient is discharged from hospital and reviewed by the treating doctor and the therapists for continued follow up in the OPD.

6. Responsibilities

6.1. Doctors Shall

6.1.1. Perform comprehensive clinical assessment and formulate the patient care plan.

6.1.2. Document all clinical assessment of patients and management plan in Al Shifa system.

6.1.3. Adjust withdrawal regimen and other prescribed medications doses.

6.1.4. Refer patient internally and externally to specialist or services when indicated.

6.2. Physicians shall provide medical assessment and expert opinion when required for referred patients with physical co-morbidities or opioid overdose (OD).

6.3. *Pharmacists shall*

6.31. Play a key role in drug therapy management, a medication monitoring strategy that selects the right drug therapy

6.3.2. Educates and monitors patients, and assesses patient outcomes through therapeutic drug levels, patient outcomes, laboratory results, and adverse drug events to track potential opioid abuse.

6.4. Nursing Staff Shall

6.4.1. Complete nursing procedures including blood collection, and vital signs checking.

6.4.2. Complete admission procedures including securing admission contract consent.

6.4.3. Observe patient for withdrawal symptoms and its severity using the available opioid withdrawal monitoring tools and document observations of patient's progress in *Kardex*.

6.4.4. Administer medications as prescribed.

6.4.5. Report any incidents in Incident Reporting System (IRLS) accordingly.

6.5. Psychologists Shall:

6.5.1. Perform psychological assessments including personality assessment, I.Q Test, Cognitive Assessments, etc., for referred patients.

6.5.2. Conduct therapeutic individual sessions for referred patients when indicated.

6.5.3. Conduct regular group sessions as a part of multidisciplinary rehabilitation program.

6.6. Social Workers Shall:

6.6.1. Perform social assessments and intervention including family education for referred patients Conduct therapeutic individual sessions for referred patients when indicated.

6.6.2. Conduct regular group sessions as part of multidisciplinary rehabilitation program.

6.7. Occupational Therapists shall provide regular occupational therapy sessions as part of multidisciplinary rehabilitation program.

6.8. Physiotherapist shall provide a regular physiotherapy sessions part of multidisciplinary rehabilitation program.

6.9. Music Therapist shall provide regular musical sessions as part of multidisciplinary rehabilitation program.

6.10. Security Staff shall perform patient body inspection and search with staff nurse supervision for any banned substances and objects before and after admission.

6.11. Public Relation staff shall:

6.11.1. Provide support for admitting team in clinic and in the addiction wards.

6.11.2. Complete all required signatures from the patients when leaving against advice from wards.

6.11.3. Communicate with patient's family and Police if needed upon patient's violation of admission contract and ward policy and facilitate patient's discharge.

7. Document History and Version Control Table

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
1	Initial Release	Dr. Nawal Al Zadjali Dr. Ahmed ElShebly	March 2026
2	Update		
Written by	**Reviewed by**	**Approved by**	
Dr. Nawal Al Zadjali Dr. Ahmed ElShebly	Dr. Asila Al-Zaabi Dr.Preeti Srivastava Ph.Sharifa Al Ruzaiqi	Dr. Bader Al Habsi	

8. Related Documents

8.1 Appendix 1. Clinical Opioid Withdrawal Scale (COWS) Form

8.2 Appendix 2. Audit Tool

8.4. Appendix 3. Document Request Form

8.5. Appendix 4. Document Validation Checklist

9. References

Title of book/Journal/articles/Website	Author	Year of publication	Page
- NICE Guideline, Drug misuse: opioid detoxification and assessment and testing Ch.5 page 64-72 and Ch.8 pages 170-182. -The Maudsley prescribing guidelines in psychiatryCh.6 substance misuse Page 429-454. - NIDA guideline in opioid detoxification		2021 2015	

10. Appendices

Appendix 1. Clinical Opioid Withdrawal Scale Form

MINISTRY OF HEALTH SULTANATE OF OMAN DOCUMENT CODE:NSS-27 DATE CREATED: 12/12/2013 DATE TO BE REVIEWED: 12/12/2015 DEVELOPED BY: NSS APPROVED BY: NSG AFFAIRS	**AL MASARRA HOSPITAL** **NURSING AFFAIRS DEPARTMENT** **CLINICAL NURSING SERVICES SECTION** **CLINICAL OPIATE WITHDRAWAL SCALE (COWS)**	**PATIENT STICKER**

Flow Sheet for Measuring Opioids Withdrawal Symptoms over a Period of Time

For each item, write in the number that best describes the patient's signs and symptoms. Rate just the apparent relationship to opioids withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting or lying for one minute* **0** pulse rate 80 or below **1** pulse rate 81-100 **2** pulse rate 101-120 **4** pulse rate greater than 120	**GI Upset**: *over last ½ hour* **0** no GI symptoms **1** stomach cramps **2** nausea **3** vomiting **5** Multiple episodes of diarrhea or vomiting
Sweating: *over past ½ hour not accounted for by room temperature or patient activity.* **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** *observation of outstretched hands* **0** No tremor **1** tremor can be felt, but not observed **2** slight tremor observable **4** gross tremor or muscle twitching
Restlessness *Observation during assessment* **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** *Observation during assessment* **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 *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* **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** piloerrection of skin can be felt or hairs standing up on arms **5** prominent piloerrection
Runny Nose or Tearing *Not accounted for by cold symptoms or allergies* **0** not present **1** nasal stuffiness or unusually moist eyes **2** nose running or tearing **4** nose constantly running or tears streaming down cheeks	**SCORE:** **Mild = 5-12** **Moderate = 13-24** **Moderately Severe = 25-36** **Severe Withdrawal = more than 36**

MINISTRY OF HEALTH
SULTANATE OF OMAN

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APPROVED BY: NSG AFFAIRS
DATE TO BE REVIEWED: 12/12/2015

AL MASARRA HOSPITAL
NURSING AFFAIRS DEPARTMENT
CLINICAL NURSING SERVICES SECTION

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)
SCORING CHART

PATIENT STICKER

DATE																								
TIME	6am	10am	2pm	6pm	10pm	2am	6am	10am	2pm	6pm	10pm	2am	6am	10am	2pm	6pm	10pm	2am	6am	10am	2pm	6pm	10pm	2am
Signs & Symptoms																								
Resting Pulse Rate																								
Sweating																								
Restlessness																								
Pupil size																								
Bone/Joint Aches																								
Runny Nose/ Tearing																								
GI Upset																								
Tremor																								
Yawning																								
Anxiety/ Irritability																								
Gooseflesh Skin																								
TOTAL																								
Nurse Signature																								

Appendix 2.Audit Tool

Department:							**Date:**
S. N.	**Audit Process**	**Standard / Criteria`**	**Yes**	**Partial**	**No**	**N/A**	**Comment**
1.	Document review	Is full assessment of all opioid use cases presenting to OPD performed as per OPD protocol of assessment, and documented by treating doctor in progress notes?					
2.	Document review	Does the staff nurse measure vitals and collect sample for drug screening in all booked admission opioid use cases attending OPD and documented in patient's Kardex?					
3.	Document review	Is the protocol and criteria for outpatient opioid withdrawal management being followed for eligible patients?					
4.	Document review	Are procedures of OPD follow-up visits followed?					
5.	Document review	Is the protocol and criteria for initiating inpatient opioid use withdrawal management being followed for eligible patients?					
		IN PATIENT					
6	Document review	Does staff nurse complete admission procedures including admission contract consent?					
8.	Observation	Does the security staff under staff nurse supervision perform patient body check and search for banned substances and					

		objects before and after admission?					
9.	Document review	Are opioid withdrawal assessment tools for monitoring the severity of withdrawal utilized and documented in Kardex?					
10	Document review	Are vital signs: Temp, B.P, PR and P.R monitored by staff in the first 24 hrs of admission and documented in Kardex as directed by the admitting doctor?					
11	Document review	Is reassessment done by doctors within 24 hrs of admission or when required?					
12	Document review	Are management plan and medications (methadone, and other supportive treatment) are clearly documented in the patient file by admitting doctor?					
13	Document review	Are the management guideline for cases with comorbidities or withdrawal of other substances in the same time with opioid withdrawal					
14	Document review	Is routine internal referral for multidisciplinary team members (psychologists, social workers, occupational therapists, physiotherapists and music therapist) done accordingly as applicable for patient's rehabilitation activities?					

Appendix 3.Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Dr. Nawal Al Zadjali Dr Ahmed ElShebly	Date of Request	March 2023
Institute	Al Masarra Hospital	Mobile	-
Department	Addiction Department	Email	nawal.alzadjali@moh.gov.om ahmed.elshibli@moh.gov.om
The Purpose of Request			
☒ Develop New Document	☐ Modification of Document	☐ Cancelling of Document	
1. Document Information			
Document Title	Opioid Use Disorder Management Guideline		
Document Code	AMRH/AP/GUD/002/Vers.01		
Section B: Completed by Document Controller			
☒ Approved	☐ Cancelled	☐ Forward To:……..	
Comment and Recommendation: *proceed with the document*			
Name	Kunooz Al Balushi	Date	March 2023
Signature		Stamp	

Appendix 4.Document Validation Checklist

Document Validation Checklist					
Document Title: Opioid Use Disorder Management Guideline		**Document Code:** AMRH/AP/GUD/002/Vers.01			
No	Criteria	**Meets the Criteria**			**Comments**
		Yes	**No**	**N/A**	
1.	**Approved format used**				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	**Document Content**				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	**Well defined procedures and steps**				
3.1	Procedures in orderly manner			✓	
3.2	Procedure define personnel to carry out step			✓	
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	**General Criteria**				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..... For implementation ..✓..... More revision ..... To be cancelled.....					
Reviewed by: Kunooz Al Balushi		**Reviewed by:** Maria Claudia Fajardo-Bala			

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