Behavioral Health Services

Quick reference guide to detox medications

For more information or a copy of the Detox Handbook, contact: Behavioral Health Administration, Associate Director of Chemical Dependency Services, at 206-287-2753.

For the patient to receive a referral for a chemical dependency evaluation, have them contact Behavioral Health Access (BHA):
  o Western WA, toll-free: 1-888-287-2680
  o Eastern and Central WA and North Idaho, toll-free: 1-800-851-3177

Support group meeting schedules are available in the phone book as well as online.

Alcohol

- Librium 50-100 mg PO every 6 hrs (taper over 3 days).
- Trazodone 50 mg PO at bedtime. May repeat with 50 mg in 1 hour if ineffective.
- Acetaminophen 650 mg PO every 4 hrs prn pain. Do not exceed 3,000 mg per 24 hours.
- Ibuprofen 400 mg PO every 6 hrs prn pain (if no history of GI bleed).

See patient back in 3 days.

Additional Recommendations:
  - Refer patient to BHA to receive a referral for a chemical dependency evaluation.
  - Attendance at daily support group meetings (such as AA).

Opiates (excluding Methadone)

For 3 days
- Clonidine 0.1 mg PO every 4 hrs prn restlessness/agitation.
- Methocarbamol 750 mg PO every 4 hrs prn muscle cramps.
- Dicyclomine 20 mg PO every 4 hrs prn abdominal cramps.
- Chloral Hydrate 1 gm PO at bedtime prn insomnia.
- Loperamide 4 mg PO prn diarrhea. May repeat with 2 mg PO after each loose stool, not to exceed 16 mg per 24 hours.
- Milk of Magnesia 30 ml PO with full glass of water daily prn constipation.
- Acetaminophen 650 mg PO every 4 hrs prn pain. Do not exceed 3,000 mg per 24 hours.
- Ibuprofen 400 mg PO every 6 hrs prn pain (if no history of GI bleed).

See patient back in 3 days.

Additional Recommendations:
  - Refer patient to BHA to receive a referral for a chemical dependency evaluation.
  - Attendance at daily support group meetings (such as NA, AA).

Methadone: Due to methadone’s long half-life of 24–32 hours, withdrawal symptoms may peak at about 5 days. If you have questions related to an addicted patient who is using/abusing methadone, please contact the Chief of Chemical Dependency at 206-287-2753 so the detoxification plan can be tailored to the patient’s needs.
Benzodiazepines
- Tapering the benzodiazepine is the best detoxification method, usually 10% reduction per week.
- Depakote 250 mg PO TID for 3 weeks to prevent seizures (for rapid tapers only).
See patient back in 3 days.
Additional Recommendations:
- Refer patient to BHA to receive a referral for a chemical dependency evaluation.
- Attendance at daily support group meetings (such as NA, AA).

Stimulants (i.e., Cocaine, Methamphetamine, Ecstasy)
- Avoid medications—see Detox Handbook for details.
See patient back in 3 days.
Additional Recommendations:
- Refer patient to BHA to receive a referral for a chemical dependency evaluation.
- Attendance at daily support group meetings (such as Cocaine Anonymous).

Marijuana
- No medications
Patient does not need to return for a follow up visit.
Additional Recommendations:
- Refer patient to BHA to receive a referral for a chemical dependency evaluation.
- Attendance at daily support group meetings (such as Marijuana Anonymous).

Quick guide for evaluating alcohol and drug use

Alcohol
- Refer to patient’s most recent AUDIT score. If patient is a binge drinker, assess pattern and refer to BHA.
- If last use is recent and patient has a history of seizures or hallucinations during withdrawal, call BHA or refer patient to BHA for an inpatient detox assessment.
- If patient’s living situation is very unstable, recommend patient stay with a close friend or relative who can be with them during their outpatient detox.

Opiates and Other Drugs (excluding alcohol)
- What drug(s) is the patient using (prescription or illicit)?
- Has patient ever tried to stop using before? If so, when and what was the outcome?
- When did they begin routinely using each drug?
- How much of each drug do they use (quantity difficult to ascertain with illicit drugs)?
- Last use? If recent and patient has co-occurring medical issues call or refer patient to BHA for an inpatient detox assessment.
- If patient’s living situation is very unstable, recommend patient stay with a close friend or relative who can be with them during their outpatient detox.

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