



## Appendix 2

### Withdrawal Management

**Opioid Withdrawal** – If patients are not interested in treatment with any of the medications approved for OUD, we will support them through acute opioid withdrawal, which can last 2-7 days. If the patient will be in the hospital for a prolonged period (e.g 2 weeks or more), we offer methadone to abate the symptoms of acute opioid withdrawal per prior dosing recommendations but do not generally increase the dose beyond 60mg and we taper methadone prior to discharge. The taper regimen and length is based on expected hospital length of stay, but a typical taper is to reduce methadone dose by 5-10 mg per day until it is stopped. We do not hold patients in the hospital for a methadone taper. For shorter hospital stays, we use the same supportive medications we use for buprenorphine or naltrexone induction, including clonidine, hydroxyzine, acetaminophen, and ibuprofen.

**Alcohol Withdrawal** – Most hospital-based providers are comfortable managing alcohol withdrawal any many hospitals have protocols in place. When in doubt, we find the article by Johnson (2018) to be a useful reference.

1. Johnson BA. Pharmacotherapy for alcohol use disorder. *UpToDate*. 2018. Available at: <https://www.uptodate.com/contents/pharmacotherapy-for-alcohol-use-disorder>. Accessed September 4, 2018.