

Michigan COMMUNITY INTEGRATED PARAMEDICINE Treatment Protocol

SUBSTANCE USE DISORDER CARE

Initial Date: November 19, 2020

Revised Date: Section 11-63

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Substance Use Disorder.

- I. Follow CIP General Assessment and care protocol
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals/examinations:
 - i. Site infections/wounds
 - ii. COWs assessment/score
 - iii. CIWA assessment/score
 - iv. Signs of substance intoxication
 - v. Oral health
 - vi. Hygiene
 - b. History:
 - i. Evaluate risks for concurrent polysubstance use
 - ii. Use history for prescribed medications and illicit substances
 - iii. Intervention history
 - iv. Immunization status
- III. On scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
- IV. On scene interventions may include:
 - a. X Vaccinations see CIP Vaccination protocol (optional)
 - b. Wound Care **see CIP Wound Care protocol** (optional)
 - c. Naloxone Leave Behind see CIP Naloxone Leave Behind protocol (optional)
 - d. Medication Assisted Therapy (MAT) for Opioid Use Disorder see CIP Medication Assisted Therapy protocol (optional)
 - e. Intervention resource referrals
- V. Consider transport to the emergency department for the following:
 - a. COWS score >36
 - b. CIWA score greater than or equal to 9
- VI. On-scene education and suggested support sources may include:
 - a. Harm reduction/safer use education
 - b. Syringe Service Program (SSP) opportunities
 - c. Risks of self-medicating

MCA Name: St. Clair Co. MCA



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d. Withdrawal riskse. Local resources

COWS Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9. Clinical Opiate Withdrawal Scale

Resting Pulse	Rate: beats/minute	GI Upset: over last 1/2 hour		
Measured aft	er patient is sitting or lying for one minute	0 No GI symptoms		
0 Pulse rate 80 or below		1 Stomach cramps		
1	Pulse rate 81-100	2 Nausea or loose stool		
2	Pulse rate 101-120	3 Vomiting or diarrhea		
4	Pulse rate greater than 120	5 Multiple episodes of diarrhea or vomiting		
Sweating: ove	r past 1/2 hour not accounted for by room temperature or patient	Tremor observation of outstretched hands		
activity.		0 No tremor		
0	No report of chills or flushing	1 Tremor can be felt, but not observed		
1	Subjective report of chills or flushing	2 Slight tremor observable		
2	Flushed or observable moistness on face	4 Gross tremor or muscle twitching		
3	Beads of sweat on brow or face			
4	Sweat streaming off face			
Restlessness Observation during assessment		Yawning Observation during assessment		
0	Able to sit still	0 No yawning		
1	Reports difficulty sifting still, but is able to do so	1 Yawning once or twice during assessment		
3	Frequent shifting or extraneous movements of legs/arms	2 Yawning three or more times during assessment		
5	Unable to sit still for more than a few seconds	4 Yawning several times/minute		
Pupil size		Anxiety or irritability		
0	Pupils pinned or normal size for room light	0 None		
1	Pupils possibly larger than normal for room light	1 Patient reports increasing irritability or anxiousness		
2	Pupils moderately dilated	2 Patient obviously irritable anxious		
5	Pupils so dilated that only the rim of the iris is visible	4 Patient so irritable or anxious that participation in the		
·	Tupis so unated that only the rini of the its is visible	assessment is difficult		
	aches If patient was having pain previously, only the additional	Gooseflesh skin		
component attributed to opiates withdrawal is scored		0 Skin is smooth		
0	Not present	3 Piloerrection of skin can be felt or hairs standing up on		
1	Mild diffuse discomfort	arms		
2	Patient reports severe diffuse aching of joints/muscles	5 Prominent piloerrection		
4	Patient is rubbing joints or muscles and is unable to sit	Commence of the Commence of th		
	still because of discomfort			
	t tearing Not accounted for by cold symptoms or allergies	1977 276		
0	Not present	Total Score		
1	Nasal stuffiness or unusually moist eyes			
2	Nose running or tearing			
4	Nose constantly running or tears streaming down cheeks			

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

MCA Name: St. Clair Co. MCA MCA Board Approval Date: 11/15/23 MCA Implementation Date: 03/01/24



Michigan COMMUNITY INTEGRATED PARAMEDICINE

Treatment Protocol SUBSTANCE USE DISORDER CARE

Initia

Patient:	Date:		Time:	(24-hour clock, midnight = 00:00
Pulse or heart rate, ta	aken for one minute:		Blood pressure:	
NAUSEA AND VOMITIN	NG	AUDITORY DIS	STURBANCES	HEADACHE, FULLNESS IN HEAD
Ask "Do you feel sick to you vomited?" Observati 0 No nausea and no v 1 Mild nausea with no	your stomach? Have ion. omiting	Ask "Are you mo you? Are they ha Are you hearing you? Are you he	ore aware of sounds around arsh? Do they frighten you? anything that is disturbing to earing things you know are not	Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness Otherwise, rate severity.
2		there?" Observa		0 Not present
3		0 Not presen		1 Very mild
4 Intermittent nausea	with dry heaves		narshness or ability to frighten	2 Mild
5			ness or ability to frighten	3 Moderate
6			narshness or ability to frighten	4 Moderately severe
7 Constant nausea, fre	equent dry heaves and		severe hallucinations	5 Severe
vomiting		5 Severe hall		6 Very severe
		-	severe hallucinations	7 Extremely severe
TACTILE DISTURBANCE	ES .	/ Continuous	s hallucinations	
Ask "Have you had any it	9.1	DAROVVCBAAL	CIMITATO	AGITATION
needles sensations, burni		PAROXYSMAL	SWEATS	Observation.
do you feel like bugs are your skin?" Observation.		Observation.	5.9.1	0 Normal activity
0 None		0 No sweat v		1 Somewhat more than normal activity
1 Very mild itching, pi	ns and poodles		eptible sweating, palms moist	2
burning or numbnes		2		3
2 Mild itching, pins an		3		4 Moderately fidgety and restless
numbness	,		veat obvious on forehead	5
3 Moderate itching, p	ins and needles,	5		6
burning or numbnes	SS	6		7 Paces back and forth during most of
4 Moderately severe h	allucinations	7 Drenching	sweats	the interview, or constantly thrashes about
5 Severe hallucination	S			about
6 Extremely severe ha	llucinations	VISUAL DISTU		ORIENTATION AND CLOUDING OF
7 Continuous hallucin	ations	Is its color differ	ight appear to be too bright? ent? Does it hurt your eyes? anything that is disturbing to	SENSORIUM Ask "What day is this? Where are you?
TREMOR			eing things you know are not	Who am I?"
Arms extended and finge	ers spread apart.	there?" Observa		0 Oriented and can do serial additions
Observation.		0 Not presen	t	1 Cannot do serial additions or is
1 Not visible, but can	be felt fingertip to	1 Very mild s	ensitivity	uncertain about date
fingertip		2 Mild sensiti	ivity	2 Disoriented with date by no more than
2		3 Moderate s	sensitivity	two calendar days
3		4 Moderately	severe hallucinations	3 Disoriented with date by more than
4 Moderate, with pati	ent's arms extended	5 Severe hall	ucinations	two calendar days
5		6 Extremely s	severe hallucinations	4 Disoriented with place or person
6		7 Continuous	s hallucinations	
7 Severe, even with ar	ms not extended			
		ANXIETY		
		Ask "Do you fee	el nervous?" Observation.	
		0 No anxiety,	, at ease	
		1 Mildly anxi	ous	
		2		
		3		
		4 Moderately anxiety is ir	anxious, or guarded, so nferred	
		5		
		6		Total CIWA-Ar score:
			to acute panic states as seen	Rater's initials:
		in severe de reactions	elirium or acute schizophrenic	Maximum possible score is 67

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Page 3 of 3