

# Medical Detox

Kern Behavioral Health and Recovery Services



# Overview

**Understanding Medical Detox**

**Recognize signs that indicate medical detox is necessary**

**Learn withdrawal symptoms**

**Review protocols and medications during detox.**

**Strategies to support clients post detox**

# What Is Medical Detox

Acute withdrawal happens immediately after a substance is stopped. Acute withdrawal can last anywhere from 1 day to 2 weeks. The use of multiple substances can further complicate acute withdrawal.

Withdrawal is a physiological response that occurs after someone's body becomes dependent on the substance and they abruptly stop or reduce the amount they were using. Withdrawing from a substance can impact someone physically, emotionally, and mentally. The severity of withdrawal symptoms depends on a variety of factors, including:

- Which substance the person was using
- How much the person was using
- How long they had been using
- Their health
- Genetics

Medical detox is a supervised process that helps individuals' withdrawal from addictive substances by managing physical and psychological symptoms.

Medical detox is one part of a continuum of care for substance-related disorders.

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal.

# Benefits of Medical Detox

## Safety

- Substances, especially alcohol and benzodiazepines can produce severe, sometimes fatal withdrawal symptoms, such as seizures, delirium tremens. Medical detox provides monitoring and medications to reduce those risks.

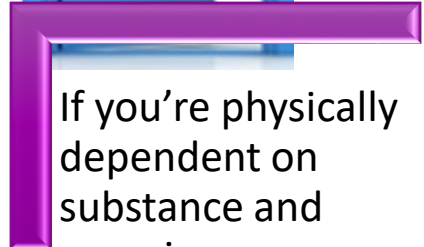
## Reduces Suffering

- Under medical supervision, symptoms such as nausea, insomnia, anxiety and large psychological fluctuations can be managed more effectively than unmonitored withdrawal.

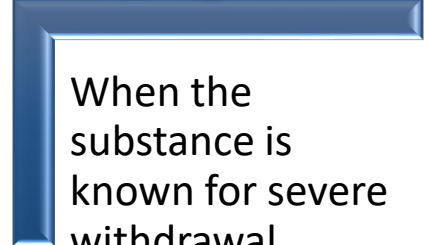
## Tailored Interventions by substance type

- Research shows linkage to post-detox treatment is lower for non-opioid substances versus opioid suggesting need for specialized strategies based on the kind of substance involved.

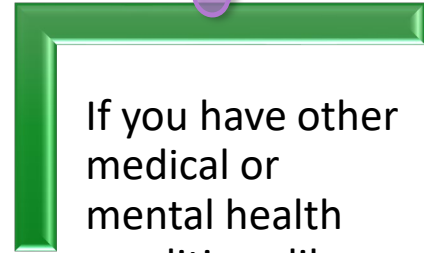
# When is Medical Detox Needed?



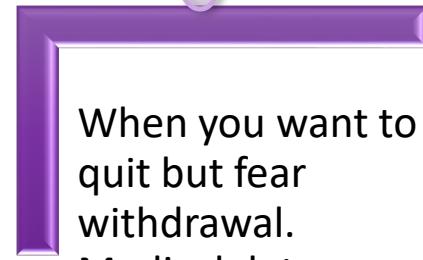
If you're physically dependent on substance and experience shaking, nausea, anxiety, insomnia when you stop or reduce use.



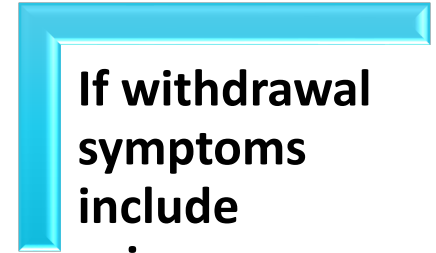
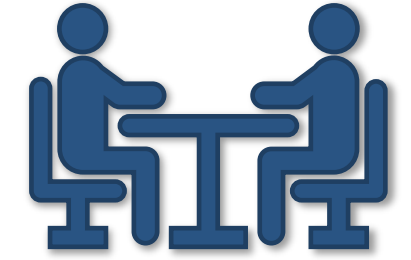
When the substance is known for severe withdrawal. Alcohol, benzodiazepines, barbiturates and opioids can cause life threatening symptoms.



If you have other medical or mental health conditions like heart disease, liver problems, or mental health disorders there is an increased risk and need for monitoring.



When you want to quit but fear withdrawal. Medical detox helps ease those symptoms and improve safety.



**If withdrawal symptoms include seizures, confusion, hallucinations, severe agitation or chest pain, seek emergency medical care immediately.**

# Common Withdrawal Symptoms & Risks

## Alcohol

- Tremors
- Sweating
- Anxiety/irritability
- Insomnia
- Increased heart rate, blood pressure
- Hallucinations
- Seizures and Delirium Tremens (DTs)-life threatening

## Opioids

- Muscle aches
- Restlessness
- Runny nose/watery eyes
- Yawning frequently
- Sweating
- Nausea, vomiting, diarrhea
- Insomnia
- Dilated pupils
- Intense cravings

## Benzodiazepines

- Anxiety, panic attacks
- Insomnia
- Irritability, agitation
- Tremors
- Sweating
- Muscle pain/stiffness
- Difficulty concentrating
- Seizures (especially if abrupt cessation)
- Confusion or hallucinations in severe cases.

## Stimulants

- Fatigue, exhaustion
- Depression, anxiety
- Increased appetite
- Vivid, unpleasant dreams
- Irritability, agitation
- Slowed thinking or movements
- Intense drug cravings.

# Medications for Medical Detox.

## Alcohol

- Benzodiazepines like lorazepam, chlordiazepoxide, and diazepam are used to prevent seizures and Delirium Tremens, reduce anxiety and agitation.
- Anticonvulsants like carbamazepine are sometimes used as an alternative to benzos for seizure prevention.
- Clonidine can be used for autonomic symptoms like rapid heart rate and high blood pressure.

## Opioids

- Methadone is long lasting opioid that reduces withdrawal symptoms by replacing the opioid of abuse.
- Buprenorphine is a partial opioid agonist that reduces withdrawal and cravings with lower overdose risk.
- Clonidine can help reduce some withdrawal symptoms like anxiety, muscle aches but it doesn't block cravings.

## Benzodiazepines

- Diazepam and clonazepam can be used to taper from shorter acting benzos to prevent seizures and reduce withdrawal symptoms.

## Stimulants

- Symptomatic treatment such as supportive care, antidepressants and sleep can help improve withdrawal.

# Monitoring & Safety During Detox



## Continuous Medical Assessment:

Frequent vital sign checks (heart rate, blood pressure, respiratory rate, temperature) to detect early signs of complications.

Use of standardized withdrawal assessment tools like CIWA-Ar for alcohol and COWS for opioids to monitor severity.

Regular physical and mental status exams to identify worsening symptoms.



## Early Identification of Complications:

Watch for signs of severe withdrawal such as seizures, delirium tremens, hallucinations, or severe agitation.

Monitor for cardiovascular instability, dehydration, electrolyte imbalances, and respiratory issues.



## Medication Management:

Administer medications per protocols to manage symptoms and prevent severe events (e.g., benzodiazepines for alcohol withdrawal seizures).

Adjust dosages based on ongoing assessment to avoid over- or under-medication. Opioid withdrawal management (i.e., detoxification) on its own, without ongoing treatment for OUD, is not a treatment method for OUD and is NOT recommended.

Ongoing maintenance medication, in combination with psychosocial treatment appropriate for the patient's needs, is the standard of care for treating OUD.



## Safety Precautions:

Provide a safe environment with supervision to prevent injury during seizures or agitation.

Ensure hydration, nutrition, and rest to support recovery. Implement fall precautions if the client is at risk.



## Communication and Documentation:

Maintain detailed records of assessments, medications administered, and client responses.

Communicate changes promptly among the care team to adjust treatment as needed.



## Emergency Preparedness:

Have protocols and resources ready for emergency interventions (e.g., seizure management, transfer to higher level care).

Educate clients and staff on recognizing emergency warning signs.

# Supporting Clients Post-Detox

## Comprehensive Assessment and Treatment Planning

- After detox, it's crucial to conduct thorough assessments to identify the client's needs, including mental health, social support, and readiness for change. This information should inform a personalized treatment plan that addresses both substance use and co-occurring disorders.

## Referral to Appropriate Treatment Services

- Clients should be promptly referred to appropriate treatment services, such as inpatient or outpatient rehabilitation, counseling, or medication-assisted treatment (MAT), to ensure continuity of care and support their recovery journey.

## Integration of Co-Occurring Disorder Treatment

- Many individuals with substance use disorders also experience mental health issues. TIP 45 emphasizes the importance of integrating treatment for co-occurring disorders to enhance recovery outcomes.

## Engagement in Recovery Support Services

- Encouraging clients to participate in recovery support services, such as peer support groups, sober living environments, and community resources, can provide ongoing encouragement and reduce the risk of relapse.

## Monitoring and Follow-Up Care

- Regular monitoring and follow-up care are essential to assess the client's progress, address emerging issues, and adjust the treatment plan as needed to support sustained recovery.

# References

SAMHSA  
Links

*TIP 45: Detoxification and Substance Abuse*

*Treatment*<https://store.samhsa.gov/product/TIP-45-Detoxification-and-Substance-Abuse-Treatment/SMA15-4131>

ASAM

- *Clinical Practice Guideline on Alcohol Withdrawal Management*<https://www.asam.org>
- *ASAM National Practice: Guideline for the Treatment of Opioid Use Disorder 2020 Focused Update*, Publication Date: March 20, 2020, Last Updated: June 10,

Resource  
In Relias

- Supporting Individuals in Early Recovery