AMBULATORY WITHDRAWAL MANAGEMENT

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TRAINING OBJECTIVES

• What is this level of care?

• Why is this level of care needed?

• Who is most appropriate for this level of care?

• What is the treatment process for this level of care?

• What are the goals of this level of care?

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WHAT IS AMBULATORY WM?

• According to SAMHSA, Ambulatory WM is defined as “outpatient treatment services providing for safe withdrawal in an ambulatory setting” – TIP 45

• Ambulatory is defined as “able to walk about and not bedridden; performed on or involving an ambulatory patient” – Merriam Webster

• Thus, ambulatory WM is managing acute and post-acute withdrawal symptoms in an outpatient setting

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WHAT IS AMBULATORY WM?

• The ASAM Criteria outlines four levels of care treating WM:

  • Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring
  • Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring
  • Level 3.2-WM: Clinically Managed Residential Withdrawal Management
  • Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management
  • Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management

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LEVEL 4-WM: MEDICALLY MANAGED INTENSIVE INPATIENT WITHDRAWAL MANAGEMENT

• Acute care inpatient setting or psychiatric hospital inpatient unit with 24-hour care

• Provides services to those whose symptoms are severe enough to require primary medical and nursing care services

• Highly individualized biomedical, emotional, behavioral, and addiction treatment

• Hourly or more frequent nurse monitoring

• H&P completed within 12 hours of admission

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LEVEL 3.7-WM: MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT

• Provides 24-hour evaluation and withdrawal management in a facility with inpatient beds – free standing withdrawal management center

• Signs and symptoms are significant enough to require 24-hour care

• Full resources of an acute care general hospital are not necessary

• Individualized biomedical, emotional, behavioral, and addiction treatment

• Hourly or more frequent nurse monitoring and medication administration/self-administration

• H&P completed within 24 hours of admission

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LEVEL 3.2-WM: CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT

• Clinically managed residential withdrawal management – social setting detoxification/social detox

• Emphasis on peer and social support rather than medical and nursing care

• Safely assist patient through withdrawal without the need for onsite medical staff 24hours/day – access to medical evaluation and consultation if needed

• Self-administration of medications – frequently use over the counter medications

• Individualized emotional, behavioral, and addiction treatment

• H&P completed prior to admission

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LEVEL 2-WM: AMBULATORY WITHDRAWAL MANAGEMENT WITH EXTENDED ON-SITE MONITORING

• Withdrawal management is delivered in an office setting, health/mental health facility, or an addiction treatment facility

• Medical and nursing professionals conduct evaluations and WM in daily scheduled sessions

• Staffed by physicians and nurses however they don’t need to be present 24/7 – available for consultation if needed

• Individualized biomedical, emotional, behavioral, and addiction treatment

• Daily assessment of progress during withdrawal management – medication or non-medication methods

• H&P completed prior to admission

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LEVEL 1-WM: AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING

• Organized outpatient service, delivered in an office setting, health care/addiction treatment facility, or in a patient’s home

• Physicians and nurses staff this level of service

• Assessment of progress during withdrawal management – medication or non-medication methods

• Frequency of scheduled sessions are determined by severity of withdrawal symptoms

• Patient has a sufficient/stable support system (family) who can assist with monitoring symptoms

• H&P completed prior to admission

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WHY IS AMBULATORY WM NEEDED?

• Opioid use and misuse continues to increase

• CDC reports 91 Americans die from opioid overdose and approximately 50 Americans die from alcohol use everyday

• Efficacy and efficiency of Medication Assisted Treatment has been proven
WHY IS AMBULATORY WM NEEDED?

Opiate Withdrawal

- abdominal pain cramps
- goosebumps (cutis anserina)
- muscle cramps
- mydriasis
- tachycardia
- sweating (diaphoresis)

VOMIT
URINE
DIARRHEA

"kicking the habit"
I'm quitting cold turkey!

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WHO IS APPROPRIATE FOR AMBULATORY WM?

• Ambulatory WM may be appropriate for individuals suffering from alcohol, nicotine, opioid, sedative/hypnotic, and stimulant use disorders

• Level of care is based on risk severity and ratings – per ASAM
  • Thorough assessment of withdrawal symptoms must be completed before recommendation and admission
WHAT IS THE TREATMENT PROCESS FOR AMBULATORY WM?

• Regular Office Visits
  • Daily for 2-WM - extended on-site monitoring
  • Every few days or as determined by provider and patient for 1-WM – w/o on-site monitoring

• Withdrawal Symptoms Assessment – CIWA-AR; COWS; CINA; and Fagerstrom Test

• Medication Assessment – initial then reassessment of treatment goals/service needs – adjustment and taping of medications

• Drug Screens

• Therapy and/or other psychosocial services

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WHAT ARE THE GOALS OF AMBULATORY WM?

• Stabilization

• Manage Withdrawal Symptoms

• Eliminate Illicit Use

• Reduce relapse potential

• Reduce readmission to intensive levels of service
CONCLUSION

• Thorough assessment of all six dimensions is crucial to patient placement

• Thorough assessment of present withdrawal symptoms as well as the risk of withdrawal symptoms is crucial to patient placement

• MAT is an effective intervention that assists with making 1-WM and 2-WM successful

• 1-WM and 2-WM can be woven into other treatment programs/levels of care

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REFERENCES

• Centers for Disease Control - Opioid Overdoses:
  https://www.cdc.gov/drugoverdose/epidemic/index.html

• Centers for Disease Control - Alcohol Deaths:
  https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

REFERENCES
