

# **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?

# 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

# 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

# **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

# **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

# **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

# **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



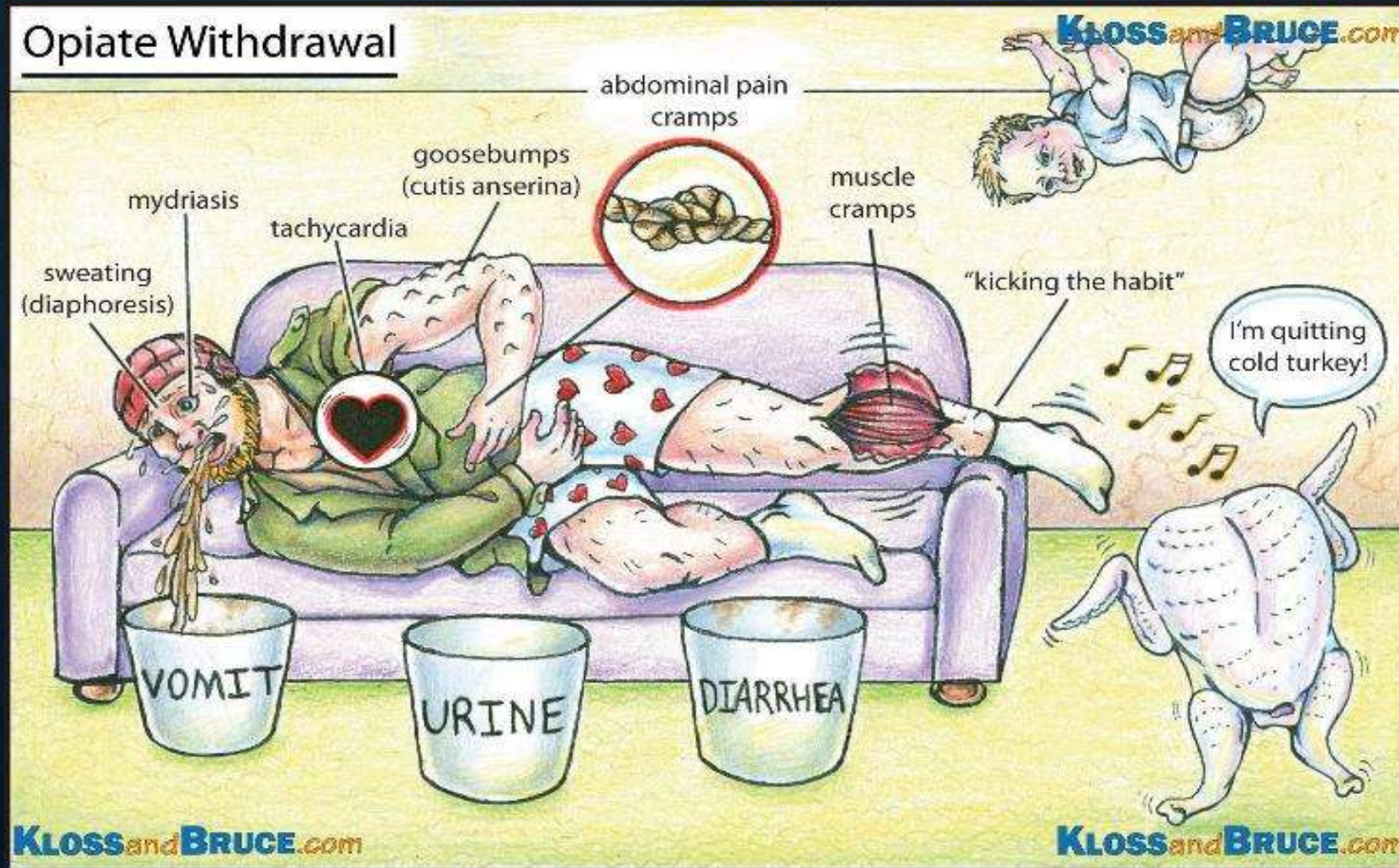
# **LEVEL 1-WM: AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING**

- 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

# 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?



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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

# 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

# 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>
- Center for Substance Abuse Treatment. *Detoxification and Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.



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- Volkow, N. D., et al. (2014). “Medication-Assisted Therapies – Tackling the Opioid-Overdose Epidemic.” *N Engl J Med*.