

### I. Purpose and Scope

Although Spring Grove Hospital Center does not operate a distinct detoxification service, from time to time patients who are admitted to the center with primary psychiatric diagnoses have co-existing cocaine addictions. Therefore, as an essential element of the psychiatric treatment provided, such patients may need to be monitored for signs and symptoms of cocaine withdrawal, and may need to be provided palliative interventions intended to ease the physical side effects of withdrawal. These guidelines are intended to provide guidance to the Spring Grove Hospital clinicians in such instances. Detoxification may continue on an outpatient basis once the patient is psychiatrically and medically stable. If withdrawal signs or symptoms are severe and the patient is medically unstable, the patient may need to be transferred to the Med/Psych Unit or to an acute general hospital setting.

### II. Definition

- A. COCAINE - Cocaine Hydrochloride - a stimulant drug also known as coke, dust, snow, flake, blow and girl. Crack is a form of cocaine produced by a process called freebasing. The "crack" form of freebase cocaine is produced by "cooking" street-grade cocaine in a baking soda solution.

### III. Description of Cocaine Withdrawal

The clinical features of cocaine withdrawal and duration of symptoms are not well defined, although anhedonia and cravings are common. Diagnostic criteria for cocaine withdrawal are based on acute cessation of, or reduction in heavy or prolonged use of cocaine. Cocaine withdrawal has been described as the following three phases. However, a mild form of withdrawal is very typical and phases may not be identifiable. The three phrases are:

- A. "Crash" period (lasts several hours up to six days after cessation of cocaine use; may become acute after 24 - 48 hours)
1. Depressed mood
  2. Anhedonia
  3. Irritability

4. Intense and unpleasant feelings of depression
5. Fatigue
6. Confusion
7. Suicidal ideation
8. Anxiety
9. Paranoia
10. Insomnia or hypersomnia

- B. Gradual Withdrawal Phase ( Decreases steadily over several weeks)

1. Mild symptom of depression
2. Anxiety
3. Anhedonia
4. Sleep disturbance, either insomnia or hypersomnia
5. Increased appetite
6. Psychomotor retardation
7. Irritability

- C. Extinction Phase - Even if abstinence is sustained, abnormal mood and episodic cocaine craving may continue for weeks

### IV. Treatment of the patient in Cocaine Withdrawal

- A. Medication – Propranolol has been cited as being effective in reducing the symptoms of cocaine withdrawal.
- B. Mild sedation with dephenhydramine, trazodone or hydroxyzine for sleep may make the patient more comfortable.
- C. Order cocaine withdrawal monitoring.

### V. Nursing Responsibilities

- A. When an order is written for cocaine withdrawal monitoring, the nurse will:
1. Provide a safe environment with as little stimulation as possible.
  2. Provide reassurance and support.
  3. Encourage eating balanced meals and taking in sufficient fluids.
  4. Unless otherwise specified by the physician, the nurse will implement the

SGHC Vital Signs Flow Sheet Form and document for three (3) days.

- Vital signs every 6 hours
- Weight every morning AM
- Withdrawal signs and symptoms severity q 6 hours on VS Flow Sheet in the section called "Comments" at the bottom of the sheet as mild, moderate, severe.

**VI. Use of the Vital Signs Flow Sheet Form**

- Record vital signs in the spaces provided.
- Enter any pertinent withdrawal signs and symptoms (as listed in Section III) in the "Comments" section at the bottom of the VS Flow Sheet Form, and assign a numeric severity score for each of the withdrawal signs or symptoms that are entered. The severity ratings are enumerated as follows:

**Mild (1)** - Symptom is present, but in a mild form. It does not cause the patient particular distress and does not, to any substantial degree, impact upon the patient's ability to function.

**Moderate (2)** - Symptom is present at least in a moderate degree of severity. It causes the patient to experience at least moderate distress, and may adversely impact upon the patient's ability to function in one or more spheres, such as daily activities, concentration, interpersonal activities, sleep, and appetite.

**Severe (3)** - Symptom is present to a marked or pronounced degree. It causes the patient substantial distress, and may cause significant interference in the patient's ability to function in several spheres, such as daily activities, concentration, interpersonal activities, sleep and appetite.

- Initial each entry in the space provided.

**References**

Vital Sign Flow Sheet Form

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2994240/>

**Approved by**

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