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SHAPER, KATE J., "An Evidence-Based Non-Opiate Withdrawal Treatment Protocol for Vermont Correctional Facilities" (2018).
College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications. 32.
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**An Evidence-Based Non-Opiate Withdrawal Treatment Protocol
for Vermont Correctional Facilities
Kate Juliana Shaper RN**

Purpose: The purpose of this project was to implement an improved standard of care for patients in acute opiate withdrawal in 6 correctional facilities using available evidence-based practice.

Methods: A comprehensive literature review of non-opiate interventions for acute opiate withdrawal (AOW) confirmed that clonidine effectively treats the objective symptoms, with lower risk for abuse and diversion. Additional supportive measures for AOW included hydroxyzine (Vistaril/Atarax), acetaminophen, and loperamide. Using these findings, a new medication protocol was formulated in partnership with the state medical director, the Department of Corrections, and the state director of nursing. An educational presentation regarding implementation and safety of the protocol was administered at 5 of the 6 facilities to on-site nurse leaders and nursing staff. Nurses unable to attend watched a video recording of the training. In total, 71 nurses were invited to complete training. Data included pre-tests and post-tests from training, patient COWS scores, and nurse evaluation surveys after protocol implementation.

Results: 17 of the 71 nurses completed a pre-test and post-test at the initial education session, and another 17 of 71 completed the evaluation survey. Nurses performed similarly on both tests. After the educational module was given at the majority of sites, the protocol was loaded into the electronic medical record and implemented at all 6 sites. Two months after implementation, average patient COWS scores increased from 3 to 5. Nurse evaluation survey results showed the majority found the new protocol better for patients overall. About half of nurses reported decreased anxiety among patients and a successful implementation process. Other feedback included concerns over blood pressure monitoring associated with clonidine administration and suggestions to modify the initiation and length of clonidine protocol to be better timed with symptom onset.

Conclusions: An evidenced-based, non-opiate acute withdrawal protocol was successfully implemented in this correctional system.

Keywords. Correctional health care, acute opiate withdrawal