



Narcotic Withdrawal and Methadone Taper

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S/S of Narcotic Withdrawal

- ⊗ Timing issue
- ⊗ N/V/D
- ⊗ Tachycardia
- ⊗ Fever
- ⊗ Agitation
- ⊗ HTN



Narcotic Potencies

- ⊗ Fentanyl
- ⊗ Morphine
- ⊗ Methadone
- ⊗ Nalbuphine
- ⊗ Hydromorphone



Taper Indicated

- ⦿ **Length of Narcotic Infusion**
- ⦿ **7 Day Threshold**
- ⦿ **Increased Narcotic Demands**
- ⦿ **Tolerance**
- ⦿ **Respiratory Status**
- ⦿ **Other Tx (bdz)**

Art vs. Science

- ⊗ **Adjust dose/frequency**
- ⊗ **Max dose = 40 mg/day**
- ⊗ **Per dose = 0.2 mg/kg**
- ⊗ **Simultaneous Wean of Other Agents**



The good, bad, and the ugly

- ⊗ Methadone advantages
- ⊗ Methadone disadvantages
- ⊗ +/- Clonidine transdermal
- ⊗ 80% rule

Taper Example

- Pt A is 5 kg
- Fentanyl 0.03 mcg/kg/min x 7 days
- Is taper indicated
- Fentanyl 100x potent as methadone
- Methadone given initially q6h
- IV vs PO

Taper Example (cont'd)

- $0.03 \text{ mcg/kg/min} \times 60 \text{ min} \times 5 \text{ kg}$
- Total hourly dose = 9 mcg
- $9 \text{ mcg} = 0.009 \text{ mg}$
- Methadone equivalent = 0.9 mg
- Doses less than 1 mg
- IV not available

Strategies for Initial 24 hours

- **Low dose morphine (0.05 mg/kg) q6h x 24 hours**
- **Decrease fentanyl infusion by 50% x 6 hours, then another 50% reduction x 6 hours, then d/c. Remember 80% rule.**
- **Intermittent fentanyl boluses (1-3 mcg/kg)**

Sample tamper

- Methadone 0.72 mg po q6h x 48 hours along with morphine 0.25 mg iv q6h x 24 hours
- Methadone 0.58 mg po q8h x 48 hours
- Methadone 0.58 mg po q12h x 24 hours
- Methadone 0.35 mg po q24h x 24 hours

Conclusions

- **Recognize s/s of withdrawal**
- **Adjust dosing and/or frequency schedule based on patient withdrawal scores**
- **Consider clonidine as adjunct tx**
- **Wean other tx on opposite days**

Questions

