




General Anticipated Timing of Symptoms by Varied Opioid and 2 Common Non-opioid Exposures*

Drug	Symptom Onset	Peak in Symptoms	Start to Improve
Opioids			
Short-acting opioids**	1st 24 hr	~36 hr	~48 hr
Heroin	24-48 hr	~36 hr	~48 hr
Methadone	48-72 hr	Day 3-4	Day 4-5
Buprenorphine	36-60 hr	Day 3-4	Day 4-5
Non-opioids			
Nicotine	1st 24 hr	~24-48 hr	48 hr
SSRIs	24-48 hr	~48 hr	48-72 hr

* Timings are recommended for use in standardized ESC Care Tool training cases to guide IRR testing in some training cases, teaching indicates that nicotine or SSRI effects are likely to resolve in 3 days. If you are unsure regarding timing of co-exposures, indicate "Unsure" on the ESC Care Tool.

** Short-acting opioids can include, but are not limited to, codeine, fentanyl, hydrocodone, morphine, and oxycodone.

Withdrawal Symptoms

CNS Hyperexcitability 	Autonomic Dysregulation 	Gastrointestinal Disturbances 
High-pitched or continuous crying / excessive irritability*	Fever*	Excessive sucking
Decreased sleep	Sweating	Poor / disorganized feeding
Hyperactive moro reflex	Nasal stuffiness	Regurgitation or projective vomiting*
Undisturbed tremors	Sneezing	Loose or watery stools
Increased muscle tone	Tachypnea*	
Myoclonic jerks	<div data-bbox="844 1006 1898 1161"> <p>Hyperactive moro + undisturbed tremors + increased tone are 3 items that have been found to discriminate b/w opioid and non-opioid exposed infants</p> <p>- Jones <i>et al. J Opioid Manag.</i> 2010.</p> </div>	
Seizures*		

Bolded items = those found in “short forms” to be correlated to withdrawal symptoms (*though does not necessarily mean opioid withdrawal*)

*** Items:** Perform careful history, exam, and labs/imaging as needed to r/o other etiologies