NCLEX • 2026 TEST PLAN • MENTAL HEALTH

SUBSTANCE USE DISORDERS — OPIOIDS

Opioid *Intoxication* & *Withdrawal*

A high-yield nursing review covering pathophysiology, priority interventions, pharmacology, and the traps the NCLEX loves to set.

SYSTEM
Mental Health / CNS & Pharm

1 Definition / Overview

- **Opioids** = drugs that bind to opioid receptors (mu, kappa, delta) producing analgesia, sedation, and euphoria.
- **Examples:** heroin, fentanyl, morphine, oxycodone, hydrocodone, codeine, methadone.
- **Why it matters:** Opioid overdose is a **leading cause of accidental death** in the U.S. — fentanyl has made even single-use doses lethal.

2 Pathophysiology (simplified)

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Opioid binds μ receptor in brain & spinal cord	▶ ↓ **Neurotransmitter release** (GABA, substance P)	▶ **CNS + respiratory depression**, euphoria, analgesia	▶ **Chronic use →** tolerance & physical dependence	▶ **Stop drug →** rebound sympathetic surge = withdrawal

★ PRIORITY ***Opioid intoxication is life-threatening (respiratory arrest). Opioid withdrawal is miserable but NOT usually life-threatening — unlike alcohol or benzo withdrawal.***

3 Signs & Symptoms — Intoxication vs Withdrawal

OPIOID INTOXICATION (OVERDOSE)

Classic Toxic Triad

Pinpoint Pupils	↓ Respirations	↓ LOC / Coma
Miosis — constricted	RR < 12 / apnea	Stupor, unresponsive

ALSO SEEN

- Bradycardia, hypotension, hypothermia
- Cold, clammy, cyanotic skin; "nodding off"
- Pulmonary edema (frothy sputum) RED FLAG
- ↓ Bowel sounds, constipation

OPIOID WITHDRAWAL

"Flu-like on steroids" — autonomic overdrive

EARLY (6–12 HRS)

- Anxiety, restlessness, drug craving
- Yawning, lacrimation (tearing), rhinorrhea
- Sweating, insomnia

LATE / PEAK (1–3 DAYS)

- **Dilated** pupils (mydriasis) — opposite of intox!
- Piloerection ("cold turkey" goosebumps)
- Muscle aches, leg cramps ("kicking")
- N/V/D, abdominal cramps → dehydration
- ↑ HR, ↑ BP, low-grade fever WATCH

⚠ NOT LIFE-THREATENING IN ADULTS — BUT DEADLY IN NEONATES (NAS)

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Priority Nursing Interventions

FOR INTOXICATION / OVERDOSE — ABCS FIRST!

- **Assess airway & breathing FIRST** — begin bag-valve-mask if RR < 10.
- **Administer NALOXONE** (Narcan) IV / IM / intranasal — may repeat Q2–3 min.
- **Prepare for intubation** & mechanical ventilation if unresponsive to Narcan.
- **Continuously monitor** RR, SpO_2, LOC — Narcan's half-life is SHORTER than most opioids.
- Keep patient until fully alert ≥ 2–4 hrs post-last Narcan dose (risk of re-narcotization).

FOR WITHDRAWAL

- **Assess severity** using **COWS** (Clinical Opiate Withdrawal Scale).
- **Administer** methadone, buprenorphine, or clonidine per protocol.
- **Replace fluids & electrolytes** (N/V/D → dehydration).
- **Provide** quiet, low-stim environment; emotional support.
- **Screen** for suicidal ideation & co-occurring mental illness.

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Pharmacology

Naloxone (Narcan) — ANTAGONIST

MECH	Reverses opioid effects at μ receptor — antidote.
SE	Precipitated withdrawal, agitation, N/V.
NSG	Short duration → may need re-dose. Priority: airway & monitoring.

Methadone — LONG-ACTING AGONIST

MECH	Long-acting μ agonist for maintenance & detox.
SE	QT prolongation, sedation, constipation.
NSG	Daily dosing at licensed clinic. Monitor ECG.

Buprenorphine / Naloxone — PARTIAL AGONIST

MECH	Partial μ agonist — ceiling effect ↓ resp. depression.
SE	HA, constipation, precipitated withdrawal if given too early.
NSG	Sublingual. Pt must be in MILD withdrawal before 1st dose.

Clonidine — α_2-AGONIST

MECH	Dampens autonomic withdrawal symptoms.
SE	Hypotension, sedation, dry mouth, rebound HTN.
NSG	Monitor BP & HR. Taper — do NOT stop abruptly.

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⚠ NCLEX Test Traps

PINPOINT pupils VS **DILATED** pupils — constricted = intoxication; dilated = withdrawal. Don't mix them up.

Opioid **withdrawal** VS alcohol/benzo withdrawal — opioid withdrawal is **uncomfortable but not usually lethal**; alcohol/benzo can cause seizures & death.

Naloxone VS **Flumazenil** — Naloxone = opioid reversal; Flumazenil = benzo reversal. Do NOT confuse.

Priority in overdose: **AIRWAY & BREATHING** BEFORE giving Narcan — ABCs always win.

Giving buprenorphine **too early** = **precipitated withdrawal** — wait for objective signs (COWS ≥ 8–12).

Narcan's duration is **shorter** than most opioids — pt can re-narcotize. Don't discharge too soon!

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Patient Education

- **Carry naloxone** (Narcan nasal spray) & teach family how to use it.
- **Never use alone**; use fentanyl test strips — most street drugs are laced.
- **Don't mix** opioids with alcohol or benzos (synergistic respiratory depression).
- **MAT is NOT "trading addictions"** — medication-assisted treatment saves lives.
- **Attend support groups:** NA, SMART Recovery, counseling.
- **Recognize** early withdrawal signs & contact provider before relapse.
- **Safe storage & disposal** of prescribed opioids (locked; DEA take-back).
- **Tolerance drops rapidly** after abstinence — prior dose may now overdose you.

Narcan kit | MAT adherence | Support group | Lock meds

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Memory Boosters

★ Intoxication triad: "COMA"

C onstricted pupils (pinpoint)
O ut cold (↓ LOC, sedation)
M ini breaths (resp. depression)
A ction: NALOXONE + ABCs

★ "The 3 P's of OD"

P inpoint pupils · **P** oor respirations · **P** assed out

★ Withdrawal: "YAWNS"

Y awning (early clue)
A bdominal cramps + diarrhea
W atering eyes & runny nose
N ausea / vomiting
S weating, shivering, goosebumps

★ Opposites rule

Intox = everything DOWN (↓RR, ↓HR, ↓BP, ↓LOC, ↓pupils)
Withdrawal = everything UP (↑RR, ↑HR, ↑BP, ↑pupils, ↑secretions)

★ Antidote pairs

Opioids → NALOXONE (Narcan)
Benzos → FLUMAZENIL (Romazicon)
Tylenol → N-acetylcysteine
Warfarin → Vitamin K

★ "Cold Turkey"

Slang for opioid withdrawal — remember the 2 most iconic signs: **goosebumps (piloerection)** & **chills** — like a plucked cold turkey.