

# Medical Center ED Buprenorphine Initiation Flow

**NM BRIDGE**  
**BUP HELPLINE /Poison Center**  
**800-222-1222**

ED Visit for OUD related complication or OUD discovered during ED visit

Patient in uncomplicated withdrawal  
 COWS  $\geq 8$

Complicating factors

- Pregnancy (**See box 1**)
- Recent Methadone (**See box 2**)
- Medical complications
  - Altered mental status
  - Organ failure
  - Other severe medical illness

For COWS score  $<8$  consider home induction

Administer: ondansetron 8mg x1 PRN N+V  
 Give BUP 8mg sublingually-may use lower starting doses (**See Box 2**)  
 Observe for 30 minutes  
 Begin ED Mental Health Services

Administer 2<sup>nd</sup> Dose BUP 8mg SL  
 Observe for 30 minutes

Symptoms are improved?

Consider additional 8mg dose to max effect  
 Observe for 30 minutes (if additional dose)  
 Assess X Waiver status of the practitioner (**See box 3**)  
 If not started, begin ED Mental Health Services (**See box 4**)

Symptoms are improved?

SYMPTOMS NOT IMPROVED

- Precipitated or incomplete withdrawal: give more BUP- 8mg SL may repeat and titrate to effect (may require  $>40\text{mg}$ ) observe for 30 min in between doses
- Withdrawal mimic: treat underlying illness such as sepsis; DKA; influenza; alcohol/benzo withdrawal; pancreatitis

DISCHARGE

- Provide discharge instructions
- Provide instructions if home induction
- No X Waiver: (**See Box 3**)
  - Load
  - 3 Day Rule
- X Waiver: (**See Box 3**)
  - Discharge Rx BUP/Nalox
  - Take home pack BUP/Naloxone (if needed)
- Rx for adjunctive meds (**see box 2**)
- Rx for NARCAN + overdose educ

POST DC FOLLOW UP

- Entry into database and spread sheet
- Follow up phone contact post discharge
- CPSW Services
- Entry into Collective Medical (pending)

Box	Category	Guidance
1	Pregnancy/ Lactation	<p><u>PREGNANCY</u></p> <ul style="list-style-type: none"> <li>▪ OK in first trimester-may initiate like normal and discharge.</li> <li>▪ Buprenorphine mono-product (“Subutex”) is preferred over the combination medication (buprenorphine/naloxone).</li> <li>▪ Later in pregnancy, consult with OB and/or call helpline 800-222-1222.</li> <li>▪ Don’t delay therapy for a pregnant woman in moderate to severe withdrawal (COWS ≥ 13) due to risk of fetal distress and pre-term labor.</li> </ul> <p><u>LACTATION</u></p> <ul style="list-style-type: none"> <li>▪ Buprenorphine is safe to use in lactation.</li> </ul>
2	Drug/Dosing Information	<p><u>TREATING WITHDRAWAL FOR PATIENTS IN TREATMET WITH METHADONE</u></p> <ul style="list-style-type: none"> <li>▪ May treat with BUP if patient is agreeable and in moderate to severe withdrawal (COWS ≥ 13) and at least 2 days from his/her last methadone use.</li> <li>▪ Alternatively, may treat with methadone, a single dose of up to 30mg. For most patients in treatment with methadone, this dose will help mitigate withdrawal symptoms, but onset is slow (will not peak for 3-4 hours), and adjunctive meds such as clonidine may be needed.</li> <li>▪ A patient’s full regular scheduled methadone dose should only be replaced if the patient is being admitted, and only after verifying the patient’s dosing information with the patient’s methadone clinic.</li> <li>▪ Patient should be advised to inform his/her methadone clinic of receiving BUP or methadone in the ED.</li> </ul> <p><u>BUPRENORPHINE LOADING</u></p> <ul style="list-style-type: none"> <li>▪ The purpose of BUP loading, for appropriate patients, is to extend the duration of the effect of the drug prior to discharge in the absence of an X Waivered practitioner and until the patient can be seen by a MAT prescriber.</li> <li>▪ May give a total of 24-32mg during the ED visit. Give in divided doses (see Nursing FAQ).</li> <li>▪ Recommend observing patient 45-60 minutes after the last dose for safety.</li> </ul> <p><u>LOWER STARTING DOSES</u></p> <ul style="list-style-type: none"> <li>▪ Use lower starting doses in the 2-4mg range if: <ul style="list-style-type: none"> <li>○ Elderly; COPD; O2 dependent.</li> <li>○ Patient request: such as weaning off opioids or prior experience with lower dosing.</li> <li>○ May consider if a lower state of opioid dependence exists (low dose heroin or low dose prescription drug dependence, e.g. oxycodone &lt;30-40mg/day).</li> </ul> </li> </ul> <p><u>ADJUNCTIVE MEDS</u></p> <ul style="list-style-type: none"> <li>▪ Ondansetron 4-8mg orally every 8 hours as needed for N+V.</li> </ul>
3	X Waiver 3 Day Rule/ Take Home Pack	<ul style="list-style-type: none"> <li>▪ You may order and give BUP in the ED/Inpatient setting without an X-Waiver.</li> <li>▪ X-Waiver: <ul style="list-style-type: none"> <li>○ Discharge Rx-use Wellsoft order set BUP/Naloxone 8mg/2mg SL every 8-12 hours as needed for opioid withdrawal or craving.</li> <li>○ May dispense a take home pre-pack BUP/Naloxone 8mg/2mg if the patient is not able to access a pharmacy.</li> </ul> </li> <li>▪ No X-Waiver <ul style="list-style-type: none"> <li>○ 3-Day-Rule: A patient may come back to the Emergency Department for the next 2 days, a total of 3 days (must register) for a BUP dose until seen by a MAT prescriber.</li> <li>○ BUP load (see box 2).</li> </ul> </li> </ul>
4	ED Mental Health Services	<p>HOURS: _____ Days of the week: _____</p> <ul style="list-style-type: none"> <li>▪ During hours: All BUP initiation patients will receive behavioral health assessments, be assessed for BUP access, navigation, referral, contact information and introduction to peer support services from the therapist/social worker.</li> <li>▪ After hours: Nursing will have the patient fill out a locator form and the patient will be contacted as soon as possible to complete the mental health services process.</li> </ul>
5	<u>Practitioner Resources</u>	<ul style="list-style-type: none"> <li>▪ <u>NM Bridge BUP Helpline: 800-222-1222 (NM Poison Control Center). Available 24 hours/day.</u></li> <li>▪ <u>Local BUP assistance: _____ Available _____</u></li> <li>▪ <u>ED Mental Health Services: _____</u></li> <li>▪ <u>For Pharmacy related questions call our pharmacy @ _____</u></li> </ul>

