fraserhealth

Regional Pre-Printed Orders for

buprenorphine-naloxone (SUBOXONE) - Adult Induction Day 1

Emergency Department

Form ID: DRDO106890B Rev: March 26, 2018

DRUG & FOOD ALLERGIES

• **Mandatory** ☐ **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

Inclusion Criteria	Exclusion Criteria
• Age 17 or older • DSM - 5 criteria greaterthan or equal to 2 (see reverse) • Positive urine screen for opioids (recommended) • Negative urine pregnancy test • 12 hours or more since last opioid use	• Any **methadone** use within last 7 days • Acute pain not attributable to withdrawal • Sedation Scale greater than 2 • Severe liver disease • Alcohol intoxication or Alcohol withdrawal • Regular benzodiazepine use

DIAGNOSTICS:

- Urine pregnancy test if female age 17 to 60 years old
- Urine screen for Drugs of Abuse and fentanyl (UDAS and UFENT)

☐ CBC, LYTES, BUN/Cr, LFT, INR
☐ HsBsAg, AntiHBs, Anti HCV, HIV, syphilis, gonorrhea (urine), and chlamydia (urine); TB acid fast bacilli
☐ ECG

- Social Work referral and Psychiatric Liaison Nurse/Psychiatric Worker/Substance Use Liaison (SSL) consult
- Diet as tolerated
- Nursing to complete Clinical Opiate Withdrawal Scale (COWS) score form (NUAS106891) every 2 hours until COWS Score greater than 12.
- Score COWS conservatively to avoid causing precipitated withdrawal.

INITIAL MANAGEMENT: STEP 1 (for COWS score greater than 12)
Do **NOT** start **STEP 1** until COWS score is greater than 12. If COWS score is less than 12 reassess in one hour.
Do **NOT** start **STEP 1** if sedation scale is greater than 2.
** Please note sublingual tab may take up to 10 minutes to dissolve and patient should not eat, drink, or swallow.**

Patient age 17 to 64 years of age	Patient age 65 or greater
☐ **buprenorphine-naloxone** 2 mg-0.5 mg tab sublingual x 1 dose **OR** ☐ **buprenorphine-naloxone** 4 mg-1 mg tab sublingual x 1 dose (for moderate or severe withdrawal)	☐ **buprenorphine-naloxone** 2 mg-0.5 mg tab sublingual x 1 dose

Re-assess COWS score 2 hours after initial buprenorphine-naloxone dose and move to STEP 2.

INITIAL MANAGEMENT: STEP 2
Do **NOT** start **STEP 2** if patient develops symptoms of precipitated withdrawal. If precipitated withdrawal occurs consider the use of PRN medications, hold buprenorphine-naloxone dose, score COWS after 2 hours, and restart STEP 2 if symptoms are controlled.

Hold STEP 2 if COWS score is 5 or less **OR** if sedation scale is greater than 2

Patient age 17 to 64 years of age	Patient age 65 or greater
☐ **buprenorphine-naloxone** 2 mg-0.5 mg tab sublingual every 2 hours (max 12 mg buprenorphine/24 hours) ☐ **buprenorphine-naloxone** 4 mg-1 mg tab sublingual every 2 hours (max 12 mg buprenorphine/24 hours)	☐ **buprenorphine-naloxone** 2 mg - 0.5 mg tab sublingual every 2 hours (max 12 mg buprenorphine/24 hours)

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#

DSM-5 Criteria for diagnosis of Opioid Use Disorder (Opioid Use Disorder requires at least 2 criteria be met within a 12 month period)	**Meets Criteria?** Yes or No
1. Opioids are often taken in larger amounts or over a longer period of time than intended.	
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.	
4. Craving, or a strong desire to use opioids.	
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.	
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	
7. Important occupational or recreational activities are given up or reduced because of opioid use.	
8. Recurrent opioid use in situations in which it is physically hazardous.	
9. Continued use despite knowledge of having a persistent or recurrent physical or physiological problem that is likely to have been caused or exacerbated by opioids.	
10. *Tolerance, as defined by either of the following: (a) need for markedly increased amounts of opioids to achieve intoxication or desired effect. (b) markedly diminished effect with continued use of the same amount of an opioid.	
11. *Withdrawal, as manifested by either of the following: (a) the characteristic opioid withdrawal syndrome. (b) the same (or a closely related) substance(s) are taken to relieve or avoid withdrawal symptoms.	

*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervisions.

Severity: Mild 2-3 symptoms, Moderate: 4-5 symptoms. Severe: 6 or more symptoms.

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ONGOING MANAGEMENT

- Blood pressure, heart rate, respiratory rate, temperature, COWS score, and sedation scale Q2H
- Notify physician if COWS score is 5 or less
- Consult Addiction Medicine Service or Addiction Specialist at RACE line if UPREG is positive at 604-696-2131

PRN MEDICATIONS

- **cloNIDine** 0.1 mg PO Q6H PRN for withdrawal symptoms (hold if Systolic BP is less than 100 mmHg)
- **dimenhyDRINATE** 50 mg PO Q6H PRN for nausea
- **ibuprofen** 400 to 600 mg PO Q6H PRN for pain
- **acetaminophen** 650 to 975 mg PO Q6H PRN for pain

☐ **loperamide** 2 mg PO for every loose BM (maximum 16 mg/24 hours) for diarrhea (hold if QTc greater than 500 ms)
☐ **ondansetron** 4 to 8 mg PO or sublingual Q8H PRN for nausea (hold if QTc is greater than 500 ms)
☐ **QUEtiapine** 25 to 50 mg PO Q6H PRN for agitation (hold if QTc is greater than 500 ms)

DISCHARGE AND FOLLOW UP

- Discharge with adequate control of withdrawal symptoms or when maximum daily dose of buprenorphine-naloxone 12 mg-3 mg has been given.

- Provide Triplicate discharge prescription for total dose **buprenorphine-naloxone** received in Emergency Department as once a day daily witnessed ingestion x number of days until patient can access follow-up with Addiction Service Physician. Daily witnessed ingestion prescription x 7 days is recommended if follow-up date with Physician is unknown.

- If maximum daily dose has not been given prior to discharge from the Emergency Department, provide:
  - ☐ **buprenorphine-naloxone** 2-0.5 mg tablet to go
  - **OR**
  - ☐ **buprenorphine-naloxone** 4-1 mg tablet to go

  to maximum daily dose day 1 of induction of buprenorphine-naloxone 12 mg-3 mg. Do not exceed maximum daily dose of buprenorphine-naloxone unless Addiction Specialist consulted or prescriber is clinically experienced.

  PRN dose may be taken 4 hours after last ED dose. Second PRN dose may be taken 4 hours after first PRN dose if applicable.

- Complete Plan G application for coverage if needed. Plan G form available on FormImprint at MRXX102469 or at https://www2.gov.bc.ca/assets/gov/health/forms/3497fil.pdf

- Refer to **Substance Use Services Access Team** (MEDITECH OE: SUS Access)

- Provide patient with directions to OAT clinic if follow-up appointment is confirmed prior to discharge.
- Fax Emergency/Ambulatory Care Clinical Record, ENAR and/or MAR to OAT Clinic if follow-up is confirmed.
- Provide list of walk-in clinics where OAT is available if follow-up appointment is not confirmed prior to discharge.

- Provide patient with **Take Home Naloxone (THN) Kit.**

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#