**BTG**

**Buprenorphine/Naloxone (AKA Suboxone or BNX) To-Go**

**Instructions for ED Physicians (MD aCTIONS in BOLD)**

Steps 1-5 by ED Addiction Assessment Nurse (AAN) (days) **or MD (nights)**

1. Assess patient for opioid use disorder
   1. Self-reports opioids as a primary drug of use, or daily/near daily opioids
   2. Experiences withdrawal or is “dopesick” if does not use
   3. Caution: if infrequent opioid use and/or accidental opioid OD during intended stimulant use, then not BNX candidate

**Prescriber to confirm above criteria (MD)**

1. Check for contraindications for BNX to-go program
   1. Decompensated cirrhosis, acute hepatitis (clinically)
   2. Methadone maintenance, pregnancy: consult Addiction Medicine
   3. In acute withdrawal (patient potential candidate for BNX start in ED)

**Prescriber to confirm above criteria (MD)**

1. Possible talking points for BNX to-go
   1. Express concern for patient safety overall. BNX safer than street drugs.
   2. Have they tried BNX before? If they had a bad experience, ask about reasons.
   3. Something to use if you are feeling dopesick
   4. If this trial works for you, it can be easily continued
2. Teaching
   1. Use ED laminated copies of patient instructions for community starts
   2. Patient’s copy of instruction sheet located inside BNX patient pack
   3. Caution on risk of precipitated withdrawal
3. **Consult social work (nights)** (during days AAN will coordinate social supports)
4. **Order BNX for patient in SCM (3 options) (MD)**
   1. **Stand alone order under “buprenorphine” and “Suboxone”**
   2. **From ED MEDS TO GO list**
   3. **From ED Opioid Order set**
5. **Consider ordering “comfort” meds for withdrawal (MD)**
   1. **ED MEDS TO GO LIST: Gravol, ibuprofen, clonidine, loperamide**
6. **Enter Overdose Outreach Team order in SCM (MD or RN)**
   1. **Specify ED BNX To Go and verbal consent given in comment box**
   2. **Patient verbal consent only necessary if did not present with OD**
7. **If returns to ED (instead of RAAC or Connections) for continuation (MD)**
   1. **Consult AAN/RAAC physician (days), Addictions on call (nights)**
   2. **Confirm community BNX & no other opioid since last BNX**
   3. **BNX 12mg SL x 1 continuation dose if approx. 24 hrs since last dose**
   4. **Re-direct to clinic +/- prescription for 2 days of 12-16mg BNX SL QD**