



buprenorphine/naloxone (Suboxone) Induction Orders

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Key: Req – Requisition MAR – Medication Administration Record K – Kardex Dis – Discontinued P – Drug Profile

KEY

Patient Population

Adults with suspected or diagnosed Opioid Use Disorder (OUD) who have consented to begin treatment with buprenorphine/naloxone

Common Contraindications/Cautions

Urine drug screen positive for methadone, pregnancy, acute alcohol intoxication, current alcohol withdrawal, severe liver dysfunction, severe respiratory illness, benzodiazepine use disorder

Preparation and Education

- Print PharmaNet profile and place on chart , if not done on arrival
• Provide information sheets on buprenorphine/naloxone Induction, precipitated withdrawal, and local 'Referral Pathway'
• Offer Island Health 'Take Home naloxone (THN)' kit, if not already given

Consults

- ☐ Consult to local Opioid Agonist Prescriber: _____ (if known)
☐ Addiction Medicine Consult Service (where available, see MHSU Services on the Island Health Intranet)

Consult support is also available Monday to Friday, 0800 – 1700 at 'Rapid Access to Consultative Expertise (RACE)' Line (1-877-696-2131)

Investigations ***Notify Provider of drug screen/BHCG results before beginning Induction Treatment***

- Urine drug screen with methadone metabolite and fentaNYL.
• Urine BHCG (For female patients of child bearing age)
☐ Hepatitis B surface antibody, Hepatitis A IgG, Hepatitis C antibody
☐ HIV Serology

To be completed by physician – This is not an order

Opioid(s) used: _____ Time of last Opioid intake: _____

*Wait at least 12 to 24 hours after last ingestion of shorting acting opioid, and at least 24 hours after long acting opioid

Assessment and Monitoring

- STOP all opioids now Or at _____
• Clinical Opiate Withdrawal Scale starting now Or at _____ (See Page 3)
• For COWS less than 10, monitor q2h
• When COWS equal to or greater than 10, monitor q1h until COWS greater than 12
• When COWS greater than 12 AND urine drug screen and urine BHCG results are available, Notify Provider for approval to begin Treatment

Treatment

- Advise patient to dissolve tablet completely under tongue (may take 5 to 10 minutes). Patient should not swallow saliva or tablet, talk or drink during this time
☐ buprenorphine/naloxone 4 mg /1 mg SL PRN once for COWS greater than 12 AND Provider approval has been given to begin treatment
Or
For frail, elderly or patients at greater risk of withdrawal (including transition from long-acting opioids)
☐ buprenorphine/naloxone 2 mg /0.5 mg SL PRN once for COWS greater than 12 AND Provider approval has been given to begin treatment

Treatment Continued on Page 2

Signature, Designation College License # Date Time Page 1/3



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Treatment (continued)

- Observe and repeat COWS q1h until patient states they are no longer in withdrawal
- If COWS INCREASES after first dose **Notify Provider immediately**
- If COWS is the same or decreases after first dose, THEN start PRN as below:
 - buprenorphine/naloxone 2 mg/0.5 mg to 4 mg/1 mg SL q1h PRN until patient states they are no longer in withdrawal
 - Max dose in first 24h: 16 mg/4 mg

After 24 Hours, MRP to Complete 'BUPRENORPHINE/NALOXONE MAINTENANCE ORDERS' or ensure patient has been referred to community prescriber on discharge

Signature, Designation

College License #

Date

Time

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COWS Protocol

LABEL

Clinical Opiate Withdrawal Scale (COWS)

Room # _____

<p><i>For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opioid withdrawal. For example: If heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.</i></p>	Date							
	Time							
	BP							
	Pulse							
	O₂ sat							
RESTING PULSE RATE:								
<p><i>Measured after patient is sitting or lying for one minute</i> 0 = pulse rate 80 or below; 1 = pulse rate 81-100; 2 = pulse rate 101-120 4 = pulse rate greater than 120</p>								
SWEATING:								
<p><i>Over past 1/2 hour not accounted for by room temperature or patient activity</i> 0 = no report of chills or flushing; 1 = subjective report of chills or flushing 2 = flushed or observable moistness on face 3 = beads of sweat on brow or face; 4 = sweat streaming off face</p>								
RESTLESSNESS:								
<p><i>Observation during assessment</i> 0 = able to sit still; 1 = reports difficulty sitting still, but is able to do so 3 = frequent shifting or extraneous movement of legs/arms 5 = unable to sit still for more than a few seconds</p>								
PUPIL SIZE:								
<p>0 = pupils pinned or normal size for room light 1 = pupils possibly larger than normal for room light; 2 = pupils moderately dilated; 5 = pupils so dilated that only the rim of the iris is visible</p>								
BONE OR JOINT ACHES:								
<p><i>If patient was having pain previously, only the additional component attributed to opiate withdrawal is scored</i> 0 = not present; 1 = mild diffuse discomfort 2 = patient reports severe diffuse aching of joints/muscles; 4 = patient is rubbing joints/muscles and is unable to sit still because of discomfort</p>								
RUNNY NOSE OR TEARING:								
<p><i>Not accounted for by cold symptoms or allergies</i> 0 = not present; 1 = nasal stuffiness or unusually moist eyes; 2 = nose running or tearing; 4 = nose constantly running or tears streaming down cheeks</p>								
GI UPSET:								
<p><i>Over last 1/2 hour</i> 0 = no GI symptoms; 1 = stomach cramps; 2 = nausea or loose stool 3 = vomiting or diarrhea; 5 = multiple episodes of diarrhea or vomiting</p>								
TREMOR:								
<p><i>Observation of outstretched hands</i> 0 = no tremor; 1 = tremor can be felt, but not observed 2 = slight tremor observable; 4 = gross tremor or muscle twitching</p>								
YAWNING:								
<p><i>Observed during assessment</i> 0 = no yawning; 1 = yawning once or twice during assessment 2 = yawning three or more times during assessment 4 = yawning several times/minute</p>								
ANXIETY OR IRRITABILITY								
<p>0 = none; 1 = patient reports increasing irritability or anxiousness 2 = patient obviously irritable/anxious; 4 = patient so irritable or anxious that participation in the assessment is difficult</p>								
GOOSEFLESH SKIN								
<p>0 = skin is smooth; 3 = piloerection of skin can be felt or hairs standing up on arms; 5 = prominent piloerection</p>								
Total Score:								
Nurse's Initials								
Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; > 36 = severe withdrawal								

Focus on OBJECTIVE measures if score is borderline
Minimum Score of 13 needed to start Buprenorphine