Interior Health

ADULT BUPRENORPHINE-NALOXONE INITIATION

GREATER THAN 17 YEARS OF AGE

Emergency Department

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders (☐) require physician / prescriber check mark (☑) to be initiated.

Ensure ALL inclusion criteria met:	**Exclusion Criteria**
– Greater than 17 years of Age – Informed consent acquired – Meets criteria for opioid use disorder – Patient willing to engage in opioid agonist treatment (OAT) with buprenorpine-naloxone	– Allergy to buprenorphine or naloxone – Severe liver dysfunction (Liver enzymes greater than 3 times the upper limit) – Currently stabilized on a OAT program including methadone, Kadian®, buprenorphine-naloxone, or injectable OAT – Decreased level of consciousness or alcohol intoxication **(DO NOT use EtOH level in isolation)** – Relative exclusion if pregnant must consult RACE Perinatal Addictions 1-877-696-2131

1. ALLERGIES see Allergy and Adverse Reaction Record #826234

2. CODE STATUS / MOST

☐ Refer to completed Medical Orders for Scope of Treatment (MOST) #829641

3. CONSULTS

☐ Consult 24 / 7 Addiction Medicine Clinician Support Line 1-778-945-7619

☐ Consult Referral to local Opioid Agonist Clinic add referral #826693

☐ Other _____

4. INDICATION TO BEGIN ED INDUCTION:

Eligibility to initiate ED induction (both criteria must be met)

1. Sufficient time since last opioid use:
   - 12 hours since last Short Acting Opioid (e.g. occasional fentaNYL use, heroin, crushed OxyContin®, Percocet®) or
   - 24 hours since last Long Acting Opioid (e.g. chronic fentaNYL use, PO OxyContin®, Hydromorph Contin®, OxyNeo®) or
   - 48 Hours since last Kadian® dose or
   - 72 hours since last methadone dose

Time since last opioid use Date *(dd / mm / yyyy)* _____ Time _____

Opioid last used: _____

2. Clinical Opiate Withdrawal Score (COWS Score) greater than 12
   COWS Score _____

☐ Patient is eligible to begin ED INDUCTION (they meet both criteria outlined above); or

☐ Patient does not currently meet criteria for ED INDUCTION (please see section 10 for HOME INDUCTION)

5. MONITORING

- Clinical Opiate Withdrawal Scale (COWS Form #855052) prior to first dose
- COWS score 30 minutes post dose and 1 hour
- Notify MRP if signs of precipitated withdrawal (Patient complaining of marked worsening symptoms of opioid withdrawal within 30 minutes of the first dose of buprenorphine-naloxone or increased in COWS score 1 hour post dose)

Date (dd / mm / yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

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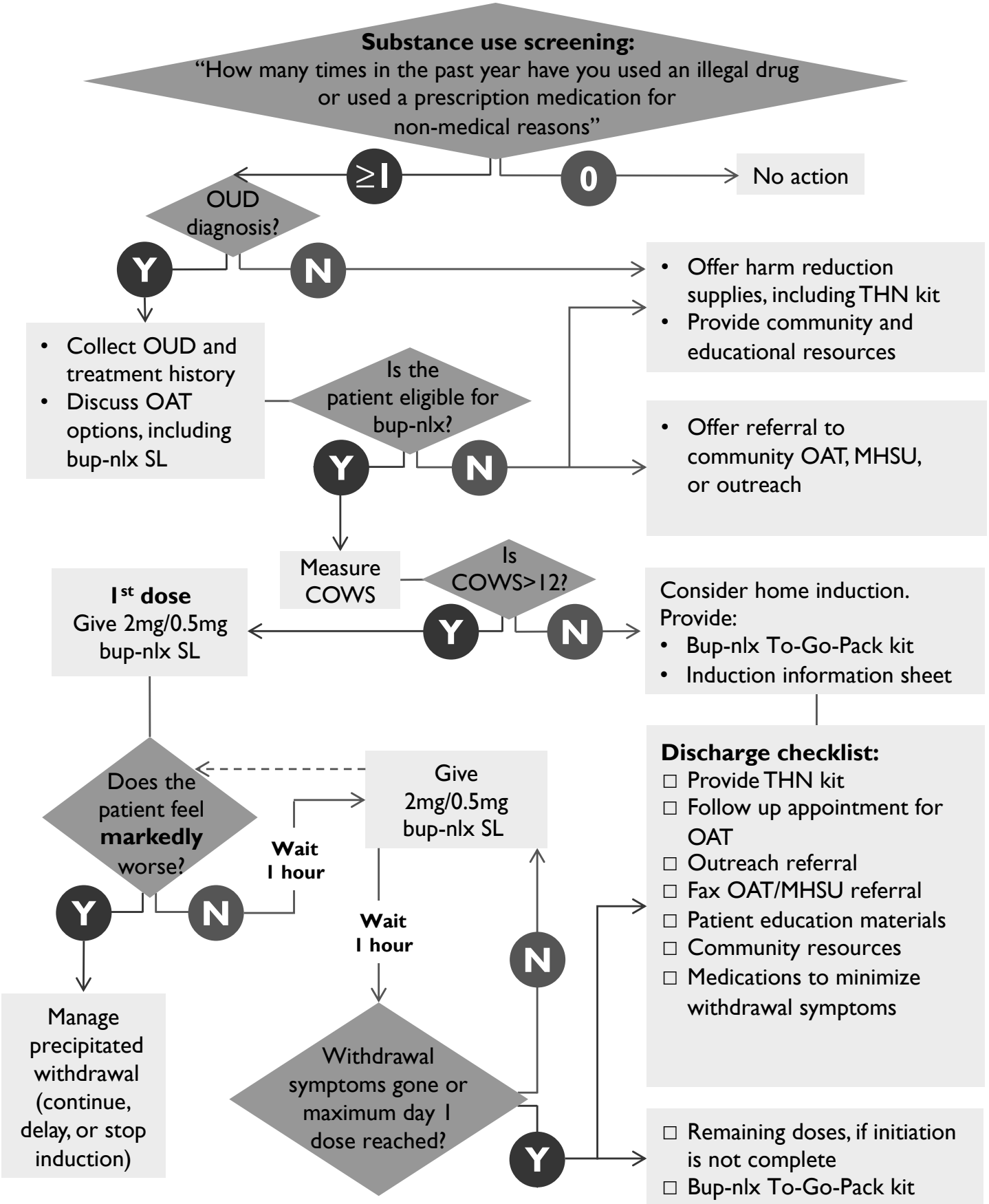
Emergency Department Buprenorphine-naloxone Induction: Decision Support Tool

LOUD in the ED
BC PATIENT SAFETY & QUALITY COUNCIL

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE



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6. LABORATORY

- CBC, lytes4, Urea, creatinine (incl GFR), ALT, AST, Alkaline Phosphatase, INR, Bilirubin Total, Hepatitis C Antibody, HIV Stop Initiative

☐ BHCG [SCREEN] ***OR*** ☐ BHCG Urine

☐ Urine Drug Screen including fentaNYL if available [URINE]

7. DIAGNOSTIC

☐ ECG 12 LEAD [CARD]

8. ED INDUCTION TREATMENT

☐ **ED INDUCTION**

MEDICATIONS

All doses to be witnessed to ensure taken sublingually and tablet dissolves (not to be chewed).

Step 1:
- **buprenorphine-naloxone 2 mg / 0.5 mg 1 TAB sublingual × 1 dose Now** then reassess COWS after 30 minutes

Step 2:
- Reassess COWS after 1 hour, if NO signs of precipitated withdrawal give:
- **buprenorphine-naloxone 2 mg / 0.5 mg 1 TAB sublingual PRN × 1 dose**

Step 3:
- Reassess COWS Q1H:
  - if signs of precipitated withdrawal notify MD
  - if ongoing signs / symptoms of withdrawal give **buprenorphine-naloxone 2 mg / 0.5 mg 1 TAB sublingually Q1H PRN** (Repeat until stable for discharge or a maximum of buprenorphine-naloxone 12 mg / 3 mg)
  - if NO signs / symptoms of withdrawal notify MD for possible discharge – follow discharge checklist at the end of the PPO (Section 11)

9. FOR ED INDUCTION PATIENTS REQUIRING ADMISSION

Begins the following morning after induction phase OR minimum 8 hours after day 1 dose achieved (withdrawal symptoms gone or max day 1 dose reached [12 mg / 3 mg]). The goal is to reduce withdrawal symptoms to a minimal level on a stable daily dose.

Day 2	• Give cumulative day 1 dose as calculated and documented on Phase 1 of PPO or MAR if available • For cravings give **buprenorphine-naloxone 2 mg / 0.5 mg sublingual Q2H PRN** (Target and maximum day 2 dose 16 mg / 4 mg). No COWS required. • If patient still has cravings after maximum dose is reached, contact MRP for instructions • Document Cumulative day 2 dose on MAR
Day 3 and onward	• Give cumulative day 2 dose as calculated and documented on MAR • For cravings give **buprenorphine-naloxone 2 mg / 0.5 mg sublingual Q2H PRN** with a target dose of 16 mg / 4 mg and a maximum daily dose of 24 mg / 6 mg. No COWS required. • If patient still has cravings after maximum dose is reached, contact MRP for instructions

- Consult Social Worker / Discharge Planning prior to discharge

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9. FOR ED INDUCTION PATIENTS REQUIRING ADMISSION *(cont'd)*

MEDICATIONS TO MINIMIZE WITHDRAWAL SYMPTOMS (Started on DAY 2)

- ☐ **cloNIDine 0.1 mg PO Q6H PRN** for withdrawal symptoms
- ☐ **ondansetron 4 to 8 mg PO or IV Q8H PRN** for nausea
- ☐ **loperamide 4 mg PO** for diarrhea then **2 mg PO PRN** for each loose bowel movement (max 16 mg daily)
- ☐ **ibuprofen 400 to 600 mg PO Q6H PRN** for pain
- ☐ **acetaminophen 650 mg to 975 mg PO Q6H PRN** for pain (maximum dose 4,000 mg in 24H from all sources)

10. HOME INDUCTION

- ☐ HOME INDUCTION

If insufficient time (section 4) since last opioid use and / or COWS score less than 13

- **Medication Dispensed buprenorphine-naloxone 2 mg / 0.5 mg 1 TAB sublingual × 22 TABLETS** for take home induction. Form # 826693 needs to be filled out and scanned to pharmacy. Patient directions take 1 tablet: sublingual Q1H to Q3H PRN (maximum 6 tablets on day 1 and a maximum 8 tablets on day 2 and day 3).
- Provide patient with buprenorphine-naloxone take home pack.
- Provide and review with patient Home Induction Instruction sheet.

11. DISCHARGE

- Provide and review Emergency Department Buprenorphine / Naloxone Initiation Patient Information sheet.
- Patient encouraged to return to ED if symptoms acutely worsen or feel unable to manage.
- Provide naloxone kit and associated teaching to patient at earliest convenience. Review harm reduction practices: use sterile supplies, do not use drugs alone, use smaller test doses if still using.
- Provide information for supervised consumption sites.
- Confirm Fax / Referral Sheet # 826693 sent to Opioid Agonist Clinic.

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