Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool

To be used in conjunction with hospital-approved pre-printed order sets for buprenorphine/naloxone induction

**Substance use screening:**
“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons”

- OUD diagnosis?
  - Y
    - Collect OUD and treatment history
    - Discuss OAT options, including bup/nlx SL
  - N
    - Is the patient eligible\(^a\) for bup/nlx?
      - Y
        - Measure COWS
      - N
        - Consider home induction.
      - Y
        - Give 2mg/0.5mg bup/nlx SL
        - Does the patient feel markedly worse?
          - Y
            - Manage precipitated withdrawal\(^a\) (continue, delay, or stop induction)
          - N
            - Withdrawal symptoms gone or maximum day 1 dose reached?\(^d\)
              - Y
                - Wait 1 hour
                - Give 2mg/0.5mg bup/nlx SL\(^c\)
              - N
                - Wait 1 hour
      - Y
        - Consider home induction.
        - Provide:
          - “Bup to Go” kit
          - Induction information kit
      - N
        - Consider home induction.
        - Provide:
          - “Bup to Go” kit
          - Induction information kit

- N
  - Offer harm reduction supplies, including THN kit
  - Provide community and educational resources
  - Call 24/7 or RACE line\(^a\)
  - Offer referral to AMCT/RAAC, community OAT, MHSU, or outreach

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\(^a\) See overleaf; \(^b\) If COWS is approaching >12, consider waiting to allow an ED induction; \(^c\) Once the patient reaches 6mg/1.5mg bup/nlx SL, their COWS has consistently decreased, and there is no sign of precipitated withdrawal, it may be appropriate to increase to 4mg/1mg bup/nlx SL per hour; \(^d\) Bup/nlx SL can be titrated up to a total first day dose of 12mg/3mg to 16mg/4mg bup/nlx SL. In some instances, it may be appropriate to exceed 16mg/4mg bup/nlx SL based on patient comfort and clinical discretion.

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**Discharge checklist:**
- Provide THN kit
- Follow up appointment for OAT
- Plan G application faxed (if applicable)
- Outreach referral
- Fax OAT/MHSU referral
- Patient education materials
- Community resources
- Medications to minimize withdrawal symptoms\(^a\)
- Remaining doses, if initiation is not complete
- Bridging prescription

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**Abbreviations on overleaf.**
**Patient Eligibility for Buprenorphine/naloxone**

1. Presence of an opioid use disorder
2. Informed consent
3. In moderate withdrawal (COWS>12)
4. Adequate time since last opioid use to prevent precipitated withdrawal

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Duration</th>
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<tbody>
<tr>
<td>≥12h heroin, oxycodone, hydromorphone</td>
<td></td>
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<tr>
<td>≥24h slow-release oral morphine; confirmed, suspected, or uncertain fentanyl</td>
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<tr>
<td>24–72h methadone</td>
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</tbody>
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**Medications to Minimize Withdrawal Symptoms**

Prior to the first dose or during the first few doses of bup/nlx SL, consider providing:

- Acetaminophen
- Clonidine
- Dimenhydrinate
- Ibuprofen
- Loperamidene
- Ondansetron

**Managing Precipitated Withdrawal During Bup/nlx Induction**

1. Explain to the patient what has occurred
2. Discuss the options below for management
3. Obtain informed consent for the agreed-upon option
4. Offer non-opioid adjuncts to treat withdrawal symptoms

**Option 1: Continue induction**

1. Administer additional doses of 2mg/0.5mg bup/nlx SL every 1–2 hours
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

**Option 2: Delay induction**

1. If patient chooses to continue, consider waiting a few hours to allow full agonist to clear opioid receptors before administering the next bup/nlx SL dose
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

**Option 3: Stop induction**

1. Provide reassurance that symptoms will resolve as opioid withdrawal runs its course

**Addiction Medicine Specialist Consultation**

1. Presence of an opioid use disorder
2. Informed consent
3. In moderate withdrawal (COWS>12)
4. Adequate time since last opioid use to prevent precipitated withdrawal

24/7 Addiction Medicine Clinician Support Line
Call 778-945-7619 (24 hours a day, 7 days per week)

RACE line
Call 604-696-2131 (Monday–Friday, 8.00am–5.00pm, excluding statutory holidays)

**Abbreviations**

AMCT: addiction medicine consult team; bup/nlx SL: buprenorphine/naloxone sublingual; COWS: Clinical Opiate Withdrawal Scale; ED: emergency department; MHSU: mental health and substance use; N: no; PRN: pro re nata (as needed); q1h: quaque hora (every hour); OAT: opioid agonist treatment; OUD: opioid use disorder; RAAC: rapid access addiction clinic; RACE: Rapid Access to Consultative Expertise; THN: take-home naloxone; Y: yes.