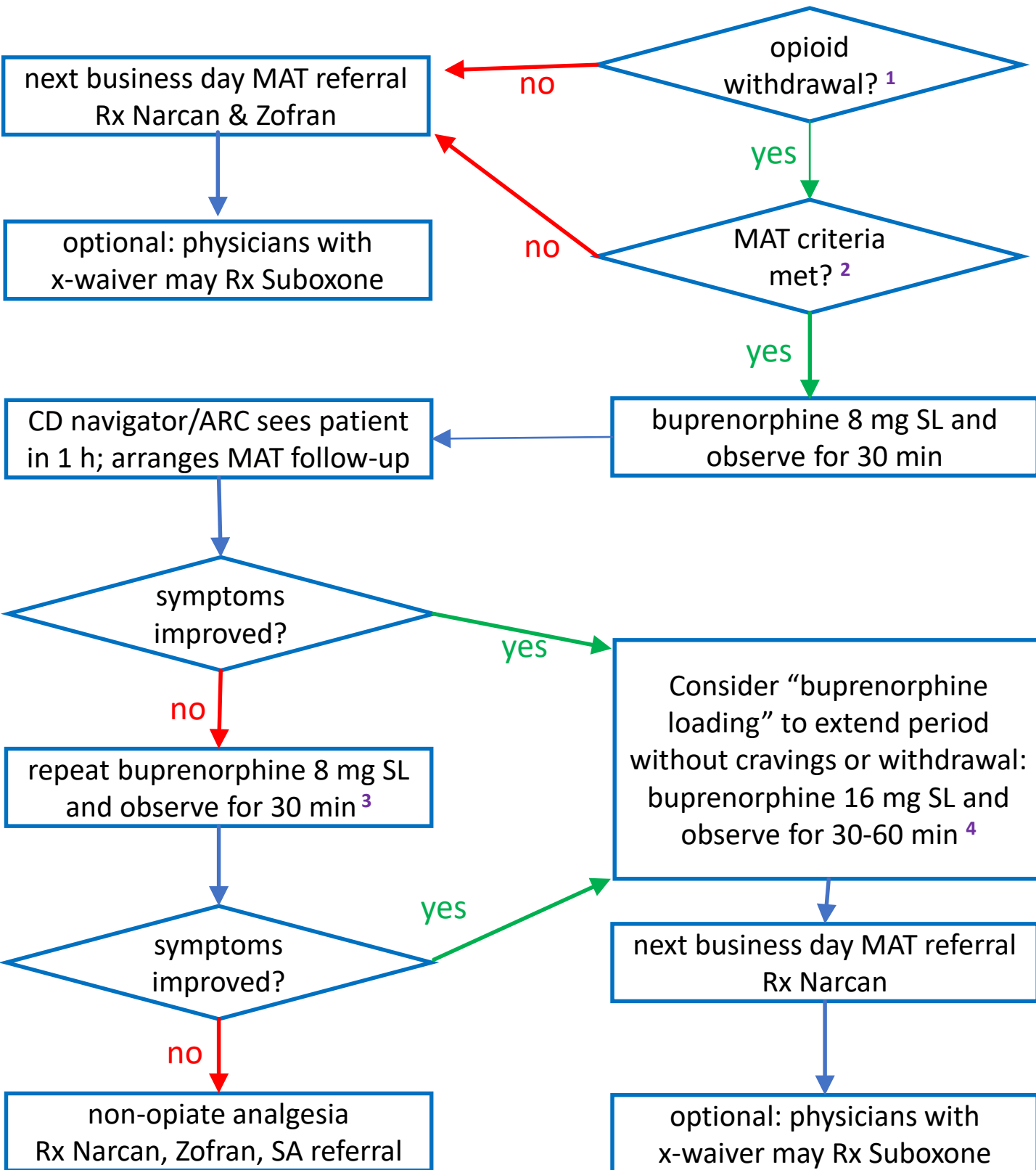


ED Initiation of Buprenorphine (Subutex) for OUD in Adults

Note: Call CD navigator (or ARC) for any OUD case



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Algorithm Discussion Points

1 - Inadequate Withdrawal

If inadequate withdrawal, buprenorphine will precipitate withdrawal. Score on Clinical Opioid Withdrawal Scale (COWS) should be ≥ 8 (and ≥ 13 if pt takes long acting oral opioids – e.g. methadone).

2 - Complicating factors

- Severe medical disease (ESLD, severe COPD, etc.)
- Intoxicated/altered (e.g. acutely ill, liver failure)
- Using methadone or other extended release opioids;
- Naloxone-precipitated withdrawal (but consider buprenorphine Tx if pt withdrawing from short half-life opioids -- e.g., fentanyl, heroin, oxycodone)

3 – Reasons for Unimproved Symptoms

- If symptoms not improved after 30 min with 8mg buprenorphine, may need additional 8mg doses due to high tolerance, severe withdrawal, or first dose not absorbed SL (occurs when buccal use, chewed, swallowed, or drooled/vomited out medication).
- Patient may be in buprenorphine-precipitated withdrawal and effects of a higher doses of buprenorphine are uncertain. Confirm Hx, and consider additional buprenorphine vs. non-agonist Tx.
- Buprenorphine can cause nausea (even in the opioid experienced). If other withdrawal symptoms have improved, but only nausea/vomiting persists, treat with ondansetron (and other anti-emetics if necessary).

4 - Buprenorphine Loading:

- The higher the initiation dose of buprenorphine, the longer the patient is protected from withdrawal, cravings, and street opioid overdose.
- High dose (total of 16-32mg in the ED) is preferred if patient not able to be seen by buprenorphine prescriber or able fill prescription within 24 hours.
- Do not initiate high dose buprenorphine if patient is a heavy user of alcohol or benzodiazepines, is medically complex, has chronic respiratory disease, or of older age – for risk of respiratory depression.