

**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.

<p><b>Ensure ALL inclusion criteria met:</b></p> <ul style="list-style-type: none"> <li>- Greater than 17 years of Age</li> <li>- Informed consent acquired</li> <li>- Meets criteria for opioid use disorder</li> <li>- Patient willing to engage in opioid agonist treatment (OAT) with buprenorphine-naloxone</li> </ul>	<p><b>Exclusion Criteria</b></p> <ul style="list-style-type: none"> <li>- Allergy to buprenorphine or naloxone</li> <li>- Severe liver dysfunction (Liver enzymes greater than 3 times the upper limit)</li> <li>- Currently stabilized on a OAT program including methadone, Kadian®, buprenorphine-naloxone, or injectable OAT</li> <li>- Decreased level of consciousness or alcohol intoxication <b>(DO NOT use EtOH level in isolation)</b></li> <li>- Relative exclusion if pregnant must consult RACE Perinatal Addictions 1-877-696-2131</li> </ul>
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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)

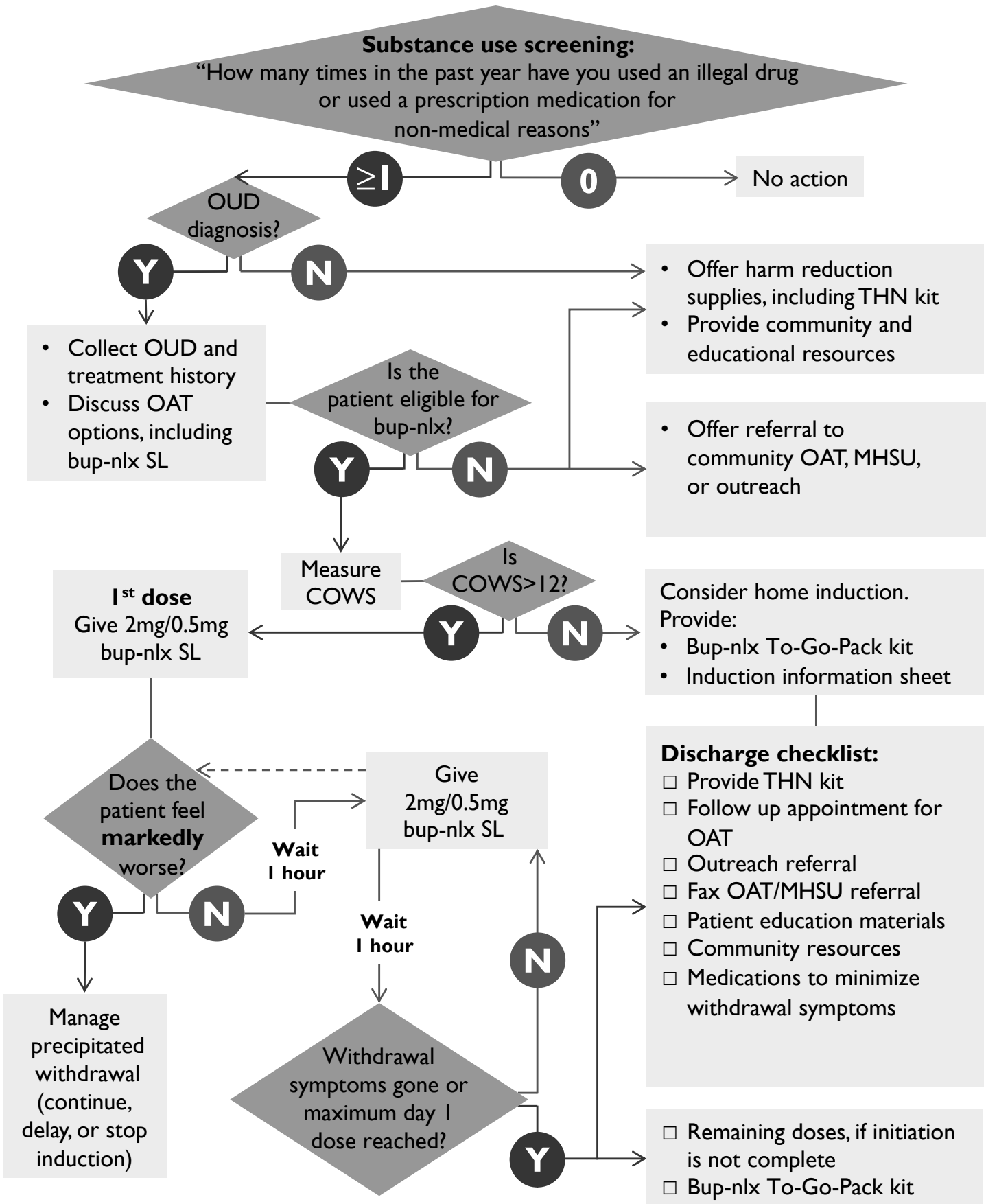
5. **MONITORING**

- 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



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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.**

<b>Day 2</b>	<ul style="list-style-type: none"> <li>• Give cumulative day 1 dose as calculated and documented on Phase 1 of PPO or MAR if available</li> <li>• For cravings give <b>buprenorphine-naloxone 2 mg / 0.5 mg sublingual Q2H PRN</b> (Target and maximum day 2 dose 16 mg / 4 mg). No COWS required.</li> <li>• If patient still has cravings after maximum dose is reached, contact MRP for instructions</li> <li>• Document Cumulative day 2 dose on MAR</li> </ul>
<b>Day 3 and onward</b>	<ul style="list-style-type: none"> <li>• Give cumulative day 2 dose as calculated and documented on MAR</li> <li>• For cravings give <b>buprenorphine-naloxone 2 mg / 0.5 mg sublingual Q2H PRN</b> with a target dose of 16 mg / 4 mg and a maximum daily dose of 24 mg / 6 mg. No COWS required.</li> <li>• If patient still has cravings after maximum dose is reached, contact MRP for instructions</li> </ul>

- Consult Social Worker / Discharge Planning prior to discharge

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

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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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