

## ED Buprenorphine Guide for Opioid Use Disorder/Withdrawal

1. Identify if patient has opioid use disorder and is in opioid withdrawal
  - **Calculate COWS score and document score in chart.**
    - If your patient has a **COWS score 4-7** discuss buprenorphine with your patient and if no contraindications consider a **home induction**.
    - If your patient has a **COWS score >8** discuss buprenorphine with your patient and if no contraindications start **induction in the ED**.
  - You DO NOT need an X waiver to treat opioid withdrawal while the patient is in the ED, but you do need an X-waiver to prescribe buprenorphine to the patient for opioid use disorder.
  - Discuss with addiction medicine specialist if your patient is <16 years old

2. Use **“Adult Buprenorphine for Opiate Withdrawal”** PowerPlan
  - Order **UDATR (rapid urine drug screen) on ALL patients** and **HCG/UPreg on ALL female patients** of child bearing age. Buprenorphine should not be withheld pending the UDATR or HCG results. The UDATR is to help screen for co-occurring SUD. If a patient refuses UDATR, it is okay to start buprenorphine in the ED.

Treat your patient based on their COWS score:

**Minimal withdrawal (COWS 4-7):** Do not give buprenorphine in the ED as it may worsen withdrawal. **Discuss possible home induction** with the patient. To start a home induction you will need to provide the patient with a prescription for SL Suboxone and discharge instructions **“ED Suboxone Home Start DC”** (found in Cerner/FirstNet). Please see **Figure 1** at the end of this document for graphical guide to home inductions.

**Mild withdrawal (COWS 8-12):** Start with 4mg SL buprenorphine. Re-evaluate your patient after 30-45 minutes to assess withdrawal symptoms and determine if re-dosing of another 4mg SL buprenorphine is necessary. Re-evaluate your patient after another 30-45 minutes, if the patient still has a COWS 8-12 another 4mg SL buprenorphine can be administered. A total maximum of 12mg SL buprenorphine is usually sufficient for patients in mild withdrawal, however some may require higher doses.

**Moderate-severe withdrawal (COWS >12):** Start with 8mg SL buprenorphine. Re-evaluate your patient after 30-45 minutes to assess withdrawal symptoms and determine if re-dosing is necessary. You can give an additional 4mg SL buprenorphine for COWS 8-12 **OR** an additional 8mg SL buprenorphine for COWS >12. A total maximum of 16mg SL buprenorphine is usually sufficient for moderate-severe withdrawal, however some may require higher doses.

**Discharge / Follow-up**

- 3.** Once the patient is ready for discharge, a buprenorphine and naloxone prescription and discharge instructions should be provided to the patient.
- **You or someone you are working with must have X-waiver** to write the prescription.
  - There are prescription orders within the **“Adult Buprenorphine for Opiate Withdrawal”** PowerPlan
    - Default prescription order is **16 mg SL Suboxone (buprenorphine-naloxone) daily for 7 days.**
    - If the patient was **induced in the ED:**
      - Provide patients with **“ED Suboxone ED Start DC”** discharge instructions (found in Cerner/FirstNet).
      - You can discuss with the patient that they can take more buprenorphine on the day of discharge if they have worsening withdrawal (4mg at a time and up to a total of 12mg).
      - Typically, patients will be instructed to take 16mg daily each subsequent day after their induction until they follow up in clinic.
    - If the patient is planning a **home induction:**
      - Provide patients with **“ED Suboxone Home Start DC”** discharge instructions (found in Cerner/FirstNet).
      - On Day #1 the patient will be advised to take 4mg once they begin experiencing worse withdrawal. Then, they can take an additional 4mg 45min after their initial dose if they are still feeling sick from withdrawal. After 6 hours if they are still feeling sick from withdrawal they can take an additional 4mg, for a total maximum dose of 12mg on Day #1. On the subsequent days they should take 16mg per day until their follow up appointment.
    - Document **X-waiver number** on the prescription under **“special instructions”**.
    - Always ensure your patient also has a naloxone prescription or take home naloxone.
  - If your patient is pregnant, discuss with **Family Medicine Maternal & Child Health (MCH) or OBGYN** prior to giving buprenorphine prescription (no naloxone if the patient is pregnant)

**4.** Determine best location/time for outpatient follow-up (see below).

- Below are three clinics that are working with our ED for referrals.
  - **UNM Family Health Clinic, North Valley**  
3401 4th Street NW  
Albuquerque, NM 87107  
Phone: 505-994-5300  
Day: Thursday
- You can find clinic information discharge instructions for the patient under **“ED Opioid Use Disorder North Valley Clinic”** (found in Cerner/FirstNet).
  - Hour for OUD Appointment:
    - **1 p.m.** on Thursdays

- Cerner Message **Dr. Valerie Carrejo and Dr. Ellen Green**
  - Click on the “**Communication**” tab *while in patient chart*
    - Ensure patient’s **name**, **DOB**, and **MRN** populate to the message
    - In message, note the following:
      - **Start date, total amount, and route of induction** (SL or XR SQ injection)
      - Patient **cell #** and **secondary #**
      - If the patient received SL-BUP: **note the dose and duration of the prescription**
  - **NO WALK IN APPTS AVAILABLE**
- **UNM Family Health Clinic, Southwest Mesa**  
 301 Unser NW  
 Albuquerque, NM 87121  
 Phone: 505-925-4126  
 Day: Wednesday
- You can find clinic information discharge instructions for the patient under “**ED Opioid Use Disorder SW Mesa Clinic**” (found in Cerner/FirstNet).
  - Hour for OUD Appointment:
    - **11:05 a.m.** on Wednesdays
    - Cerner Message **Dr. Sara Doorley and Dina M. Duran-Quintana**
      - Click on the “**Communication**” tab *while in patient chart*
        - Ensure patient’s **name**, **DOB**, and **MRN** populate to the message
        - In message, note the following:
          - **Start date, total amount, and route of induction** (SL or XR SQ injection)
          - Patient **cell #** and **secondary #**
          - If the patient received SL-BUP: **note the dose and duration of the prescription**
      - **Follow up with a Tigertext to Dr. Sara Doorley and Dina M. Duran-Quintana**
      - **Dr. Doorley treats patients 16 y/o and older**
      - **NO WALK IN APPTS AVAILABLE**
  - **Recovery Services of New Mexico, Isleta Clinic, South Valley**  
 1711 Isleta SW  
 Albuquerque, NM 87105  
 Phone: 505-717-2397  
 Day(s): Monday, Tuesday, or Thursday
  - You can find clinic information discharge instructions fo the patient under “**ED Opioid Use Disorder Isleta Clinic**” (found in Cerner/FirstNet).
    - Hour for OUD Appointment: **12:30 p.m.**
      - Send a “**RE: \*secure\* OUD Referral**” email to **Dr. Sergio Huerta** and **isleta@rsonm.com** (email template available on last page of this document)
        - Note the following:
          - Patient:

- **Name, phone #, MRN, insurance** (must be in-state)
  - **Induction start date, total amount administered, and route** (SL or XR SQ injection)
  - If the patient received SL-BUP: **note the dose and duration of the prescription**
  - Patient must have a valid picture ID (MDC and prison IDs accepted if given within 30 days of discharge)
- **WALKS INS OK**

### Contraindications and considerations

- If initiating Buprenorphine in the ED **make sure your patient is actively withdrawing with a COWS  $\geq$  8.**
- **Do not initiate** buprenorphine if your patient is NOT in opioid withdrawal (or early in stages) or **taking methadone** – buprenorphine can precipitate severe withdrawal.
- Other points of consideration/caution for your patient:
  - Alcohol use disorder or alcohol withdrawal.
  - Although the FDA advises buprenorphine should not be withheld for a person with co-occurring benzo or alcohol use disorder, advise the patient the sedating meds are an increased risk factor of death. New or increased doses of sedatives should be avoided when starting buprenorphine. Prescribing/using other sedating meds (ie - benzos, sleep aids, Lyrica, Soma, Seroquel).
  - Pregnant
    - **Discuss with Family Medicine maternal & child health (MCH).**
  - Moderate to severe liver disease (OK for single dose), if prescribing **check LFTs.**

### Other FAQs

- **Can I give buprenorphine if withdrawal was precipitated from naloxone?**
  - Yes, but be sure and observe patient >2 hours after last dose of naloxone prior to buprenorphine induction and monitor the patient for at least 1 hour after administration (peak effect 45-60 min after administration).
- **What if the buprenorphine induction causes opioid withdrawal?**
  - Consider more buprenorphine and/or standard meds for supportive care:
    - Muscle aches/pains:
      - Acetaminophen 650mg, NSAIDs: ibuprofen 200-800mg, ketorolac 30-60mg
    - Abdominal cramps/diarrhea:
      - Dicyclomine (Bentyl) 20mg, Loperamide (Imodium) 2mg
    - Nausea:
      - Ondansetron (Zofran) 8mg, Prochlorperazine (Compazine) 5-10mg, OR promethazine (Phenergan) 12.5-25mg
    - Elevated BP or Tachycardia
      - Clonidine 0.1-0.3mg (q 4-6 hrs), not to exceed 0.6mg in 24 hrs
        - Hold for systolic bp of < 100 mgHG or HR of <56 bpm

- **What if my patient is still in withdrawal after re-dosing?**
  - Consider other causes for withdrawal symptoms.
  - Did patient vomit, spit out, or swallow induction dose? The strip/tab should be left in the mouth until fully dissolved.
  - Possible patient has a high tolerance and may need more buprenorphine - discuss with pharmacy

**Further Questions?**

- Consider contacting Jimmie Cotton, Cameron Crandall, Micah Shaw, Gen Lauria via TigerText

| <b>A Guide to Begin Buprenorphine Treatment on Your Own</b>   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>Before you begin you want to feel <u>very sick</u> from your withdrawal symptoms</b>   |  |   |   |   |  |
| It should be about ...  |  | You should feel at least three of these symptoms ...  |   |   |  |
| <ul style="list-style-type: none"> <li>• 12 hours since you used heroin/fentanyl</li> <li>• 12 hours since snorted pain pills (Oxycontin)</li> <li>• 16 hours since you swallowed pain pills</li> <li>• 48-72 hours since you used methadone</li> </ul> | <ul style="list-style-type: none"> <li>• Restlessness</li> <li>• Heavy yawning</li> <li>• Enlarged pupils</li> <li>• Runny nose</li> </ul> | <ul style="list-style-type: none"> <li>• Body aches</li> <li>• Tremors/twitching</li> <li>• Chills or sweating</li> <li>• Anxious or irritable</li> </ul> | <ul style="list-style-type: none"> <li>• Goose pimples</li> <li>• Stomach cramps, nausea, vomiting or diarrhea</li> </ul> |   |  |
| <b>Once you are ready, follow these instructions to start the medication</b>  |  |   |   |   |  |
| <b>DAY 1:</b><br>8-12mg of buprenorphine<br><small>Most people feel better the first day after 8-12mg. (Dosing depends on how early on the first day you started)</small>   |  |   | <b>DAY 2:</b><br>16mg of buprenorphine  |   |  |
| <b>Step 1.</b>  |  | <b>Step 2.</b>  |   | <b>Step 3.</b>  | <b>Take one 16mg dose</b>  |
| Take the first dose   | Wait 45 minutes  | Still feel sick? Take next dose   | Wait 6 hours  |   |  |
|   |  |   |   |   |  |
| <ul style="list-style-type: none"> <li>• Put the tablet or strip under your tongue</li> <li>• Keep it there until fully dissolved (about 15 min.)</li> <li>• Do NOT eat or drink at this time</li> <li>• Do NOT swallow the medicine</li> </ul>         |  | Most people feel better after two doses = 8mg   |   | <ul style="list-style-type: none"> <li>• Stop after this dose</li> <li>• Do not exceed 12mg on Day 1</li> </ul> | Most people feel better with a 16mg dose<br><br><br><br>Repeat this dose until your next follow-up appointment |
| If you develop worsening symptoms while starting buprenorphine before your scheduled outpatient appointment return to the emergency department  |  |   |   |   |  |

Figure 1. A guide for home induction

Email Template for Recovery Services of New Mexico, Isleta Clinic

Send a “**RE: \*secure\* UNMH ED OUD Referral**” email to [SHuerta@salud.unm.edu](mailto:SHuerta@salud.unm.edu) and [isleta@rsonm.com](mailto:isleta@rsonm.com) .

Hello Dr. Huerta and RSONM Team,

I would like to refer the following patient to your clinic for opioid use treatment.

On (pick one: Monday, Tuesday, or Thursday) @12:30 p.m.

Patient Name:

Phone:

MRN:

Insurance (must be in-state):

Patient was induced in the ED:

- On mm/dd/yy
- Administered \_\_\_\_ mg of buprenorphine
- Route: (SL or XR SQ injection)

\*\*If patient was administered SL-Bup, note the amount and duration of discharge Rx

- d/c'd with SL-BUP Rx for \_\_\_\_ mg for \_\_\_\_ days.

Thank you,