

## ED Buprenorphine Guide

### ED Initiated Buprenorphine

- Acute opioid withdrawal (COWS  $\geq$  8) (usually last opioid use >6 hours)
  1. Identify patient in opioid withdraw/**calculate COWS score (document score in chart)**
  2. Discuss buprenorphine with your patient and if no contraindications start induction.
  3. 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.
  4. Use **“Adult Buprenorphine for Opiate Withdrawal”** PowerPlan
    - **Mild withdraw:** (COWS 8-12) Start with 4mg SL. Re-evaluate your patient after 30-45 minutes to assess withdrawal symptoms and determine if re-dosing is necessary (+ 4mg SL). Re-evaluate your patient after another 30-45 minutes, if the patient still has a COWS 8-12 another 4mg can be administered. A total of 12mg buprenorphine may be administered for patients in mild withdrawal.
    - **Moderate-severe withdraw:** (COWS >12) Start with 8mg SL. Re-evaluate your patient after 30-45 minutes to assess withdrawal symptoms and determine if re-dosing is necessary (+ 4mg **OR** 8mg SL). A total maximum of 16mg may be administered for patients in moderate-severe withdrawal.
    - Order **UDTAR (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 UDM or HcG results. The UDTAR is to help screen for co-occurring SUD. If a patient refuses UDM, it is okay to start buprenorphine.
- Discuss with addiction medicine specialist if your patient is <16 years old

### Discharge / Follow-up

- Once symptoms are improved and the patient is ready for discharge, we recommend a buprenorphine prescription and instructions should be provided to the patient.
  1. **You or someone you are working with must have X-waiver** to write the prescription.
  2. Use the prescription order **“Adult Buprenorphine for Opiate Withdrawal”**
    - Default prescription order is **16 mg SL Suboxone (buprenorphine-naloxone) daily for 14 days.**
    - If you need to adjust the daily dose, you can make the change in the PowerPlan
    - Document your X-number on the prescription.
    - Always ensure your patient also has a naloxone prescription or take home naloxone.
  3. If your patient is pregnant, discuss with FM MCH prior to giving prescription.
- Determine best location/time for outpatient follow-up and provide :
  1. **UNM Family Health Clinic, North Valley**  
3401 4th Street NW  
Albuquerque, NM 87107  
Phone: 505-994-5300  
Day: Monday  
Hour for OUD Appointment:

- **1 p.m.** on the first three Mondays of the month
  - **2 p.m.** on the fourth Monday of the month
    - Cerner Message Drs. Valerie Carrejo, Sabrina Gill, and Stephanie Castillo
      - 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 that the patient received a Rx for 16mg of Suboxone daily for 14 days
    - **NO WALK IN APPTS AVAILABLE**
2. **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  
 Hour for OUD Appointment: **1 p.m.**
- Send a “RE: \*secure\* OUD Referral” email to Dr. Sergio Huerta and stebay@rsonm.com
    - 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 Rx
      - Patient must have a valid picture ID (MDC and prison IDs accepted)
    - **WALKS INS OK**

**Contraindications and considerations**

- If initiating Buprenorphine in the ED **make sure your patient is actively withdrawing** (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 45-60m 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 redosing?**
  - Consider other causes for withdrawal symptoms.
  - Did patient vomit, spit out, or swallow induction dose? The strip or the 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