

ED Buprenorphine/Naloxone Protocol: Go Live Oct 3

For patients dependent on opioids, consider initiating buprenorphine if the patient is willing. Buprenorphine treats withdrawals, prevents cravings, and dramatically reduces the risk of overdose. For patients in acute withdrawal, initiate buprenorphine in the ED with a prescription to bridge to outpatient treatment. For patients not acutely withdrawing, prescribe buprenorphine for the patient to start taking at home until bridged to outpatient treatment. Assess acute withdrawal via COWS score. COWS > or = 8 can be started on buprenorphine. Refer **all** patients to SBIRT and outpatient followup.

Exclusion: patients who have taken methadone within 72 hours, or with a true allergy to buprenorphine

Risks: Starting buprenorphine before the patient is withdrawing, or if the patient is on a long-acting opioid (like methadone) can cause precipitated withdrawal. Higher dose buprenorphine has **lower** rates of precipitated withdrawal.

Risks of respiratory depression or sedation from buprenorphine are extremely uncommon and occur primarily in patients with simultaneous use of other sedatives.

Precipitated withdrawal is managed with repeat doses of high-dose buprenorphine.

ED Initiation:

- Loading protocol with starting dose 8mg, up to 32 mg in the ED
- Adjuncts and management of precipitated withdrawal as needed

The screenshot shows a clinical protocol for ED Buprenorphine/Naloxone. It includes a 'Non Categorized' section with a note about contraindications (allergy to buprenorphine, methadone use in last 72 hours). The 'Patient Care' section contains a 'Clinical Opiate Withdrawal Scale (COWS) by Nurse' tool, which is described as relative contraindication for pregnancy. The 'Medications' section includes a note about buprenorphine-naloxone being contraindicated in patients using long-acting opioids. It lists various medications for buprenorphine precipitated withdrawal, such as ondansetron, loperamide, ibuprofen, hydroxyzine, dicyclomine, and clopidogrel. Each medication has specific dosing and indication details.

Take home pathway/discharge prescriptions:

- Recommendation sending **all** patients with a prescription unless they are going directly to opioid treatment.
- Default prescription is for take-home initiation pathway, but can increase if patient requires higher dose in ED.
- Recommended 16-24mg/day for **at least three days, or as long as needed to bridge to treatment.**
- Does not affect opioid prescribing metrics.
- E-prescribe per Maryland law.
- Give all patients "home instructions for buprenorphine"
- Give follow-up instructions specific to your site: under "buprenorphine follow-up"

Naloxone:

- Send all patients with naloxone in hand (mandatory in Maryland) – built into order set