THE NEWFOUNDLAND AND LABRADOR CENTRE ON SUBSTANCE USE

Update: Initiation of Suboxone for Inpatients at NLHS

Eastern Urban Zone

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Goals

- Anyone admitted to any inpatient unit can be initiated
- Simple, easy to follow
- To help empower our staff
- Ensure access to follow-up care is in place
- Evidence-based

Our Policy

There are several initiation methods that may be used for buprenorphine-naloxone. This
policy uses the traditional initiation method only.

• Patients admitted to inpatient units who self-identify or are identified by the treatment team as meeting criteria for an opioid use disorder diagnosis will be considered for buprenorphine-naloxone initiation.

 Before initiation, the prescriber must arrange a community OAT prescriber and dispensing OAT pharmacy.

Labs & Diagnostics

Lab Investigations:			
Note: Do not delay treatr	nent while waiting for investigation	ns	
☐ CBC ☐ Electrolytes	☐ Creatinine ☐ Urine Drug Screen	☐ Liver Function Tests (HEPFUP)☐ Urine Pregnancy Test (HCGU)	☐ Blood Alcohol Level
Consider:			
☐ Patient consent obta		PDX, TPALAB, CTNGPU, CTBGDP, HBSAB, gonorrhea, chlamydia and HIV testingonon	
Other:			
Diagnostics: Note: Do not delay treatn	nent while waiting for investigation	า	
☐ ECG			
Other:			

Medication Options

Medications:

Choose one:

☐ Buprenorphine-Naloxone Tablets

OR
☐ Buprenorphine-Naloxone Film

- Dispense for dose titration on Days 1 to 3:
 - 5 X 8 mg/4 mg tablets or films
 - 16 X 2 mg/0.5 mg tablets or films

Day 1

Initiation Day 1:

Maximum total dose on Day 1 is Buprenorphine 16 mg - Naloxone 4 mg.

Administer Initial Dose when COWS greater than 12:

☐ Buprenorphine 4 mg - Naloxone 1 mg SL once

OR

☐ Buprenorphine 2 mg - Naloxone 0.5 mg SL once (consider if age 65 or older, on benzodiazepines or unsure of last opioid use)

Repeat COWS score in one hour after initial dose:

• If COWS increased by 2 or more after initial dose (precipitated withdrawal), contact prescriber for further direction.

OR

• If COWS unchanged/decreased, continue with initiation.

Subsequent Doses on Day 1:

- Repeat COWS Q4H while awake and PRN if patient reports worsening withdrawal symptoms:
 - If COWS less than 7, do not administer subsequent dose.
 - If COWS score between 7 and 12, administer buprenorphine 2 mg naloxone 0.5 mg SL once.
 - If COWS greater than 12, administer buprenorphine 4 mg naloxone 1 mg SL once.

If maximum dose reached (buprenorphine 16 mg - naloxone 4 mg) and patient showing symptoms of ongoing/worsening withdrawal, contact prescriber.

If improvement of symptoms, continue with initiation Day 2.

Day 2

Initiation Day 2

Maximum total dose on Day 2 is Buprenorphine 20 mg - Naloxone 5 mg

Initial Dose on Day 2:

- Complete COWS prior to morning buprenorphine-naloxone dose.
 - If COWS less than 7 give total amount buprenorphine naloxone administered on Day 1 as a single SL dose in AM.
 - If COWS greater than or equal to 7 give total amount administered on Day 1 plus an additional buprenorphine 4 mg
 naloxone 1 mg SL as a single dose in AM.

Subsequent Doses on Day 2:

- Repeat COWS Q4H while awake and PRN if patient reports worsening withdrawal symptoms:
 - If COWS less than 7, do not administer subsequent dose.
 - If COWS score between 7 and 12, administer buprenorphine 2 mg naloxone 0.5 mg SL once.
 - If COWS greater than 12, administer buprenorphine 4 mg naloxone 1 mg SL once.

If maximum dose reached (buprenorphine 20 mg - naloxone 5 mg) and patient showing symptoms of ongoing/worsening withdrawal, contact prescriber.

If improvement of symptoms, continue with initiation on Day 3.

Treatment of Withdrawal Symptoms

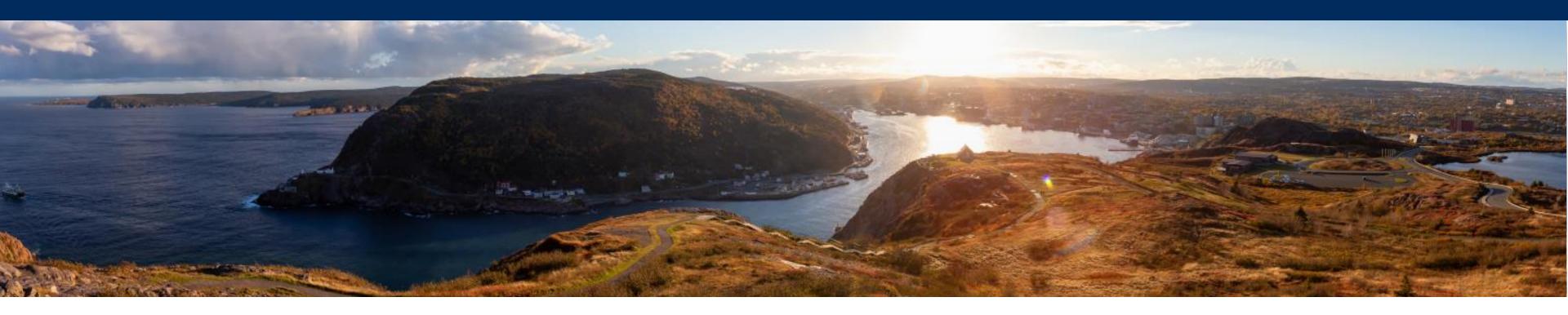
Pain Management:
 ☐ Acetaminophen 650 mg PO QID PRN ☐ Ibuprofen 400 mg PO TID PRN (caution with lithium)
Sleep Management:
☐ Melatonin 3 mg PO HS PRN ☐ Trazodone 50 mg PO HS PRN ☐ Other:
Avoid initiation of benzodiazepines during initiation
lausea Management:
☐ Ginger Gravol 2 tablets PO TID PRN☐ DimenhyDRINATE 50 mg PO Q4H PRN
Diarrhea Management:
☐ Loperamide 4 mg PO X 1 dose with first loose bowel movement, followed by 2 mg PO PRN after each loose bowel movement to a maximum of 16 mg per day
Other:

THANK YOU!

- Dr. Christopher Earle
- Dr. Rebecca King
- Alicia Hennebury
- Megan Tucker
- Sherry Gosse
- Courtney Coish

- Allison Noftall
- Dr. Barbara Thomas
- Elizabeth Reelis
- Dr. Peter Daley
- Dr. Samuel Bourassa-Blanchette
- Karen Singleton
- Many more!!

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Thank you!

Any Questions?

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