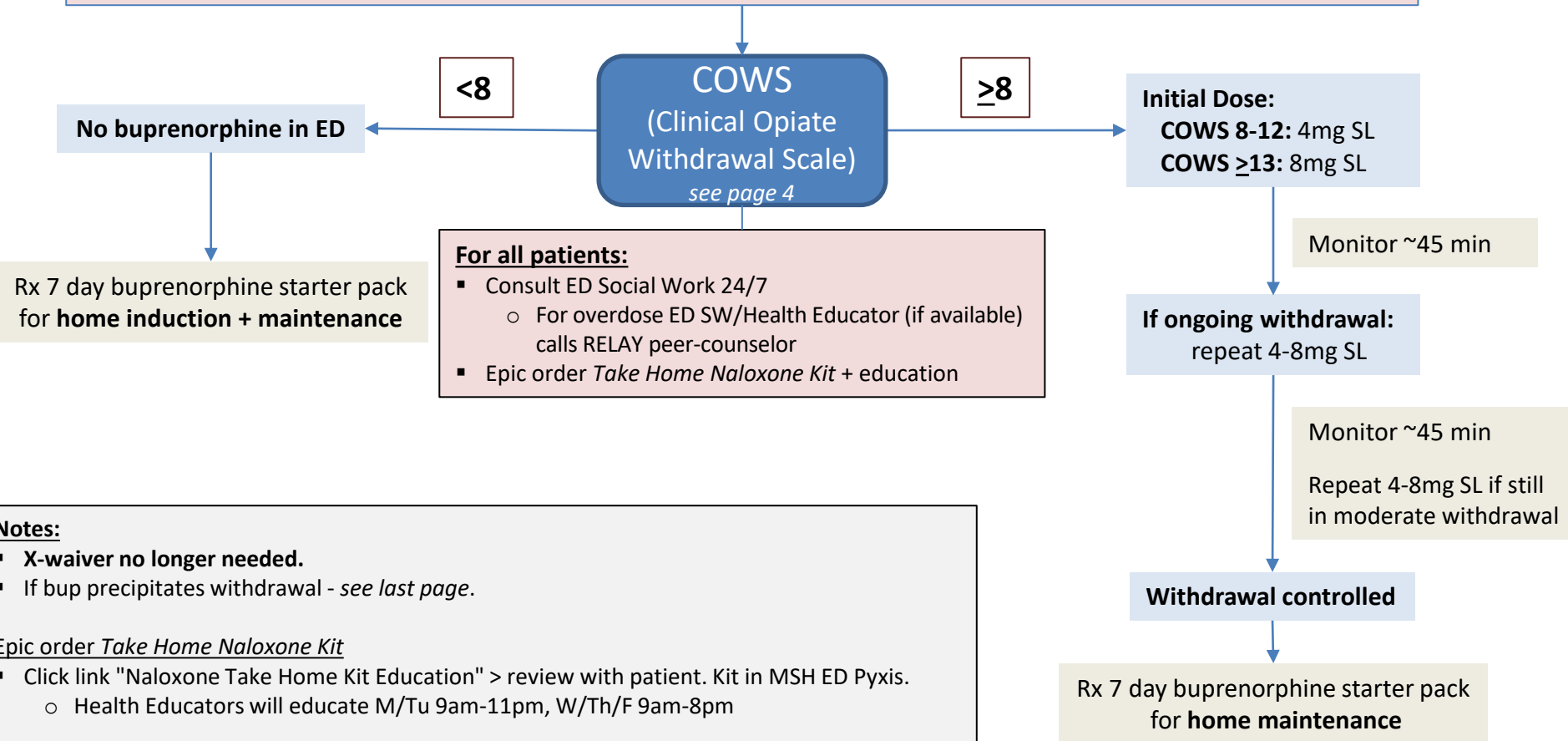


MSH Emergency Department - Buprenorphine Pathway

Diagnose Opioid Use Disorder (OUD) by DSM-5 (see page 3)

Ask opioid type and last use – methadone in past 3 days or regular fentanyl use may ↑ risk of precipitated withdrawal



Notes:

- **X-waiver no longer needed.**
- If bup precipitates withdrawal - see last page.

Epic order *Take Home Naloxone Kit*

- Click link "Naloxone Take Home Kit Education" > review with patient. Kit in MSH ED Pyxis.
 - Health Educators will educate M/Tu 9am-11pm, W/Th/F 9am-8pm

Epic order set *Buprenorphine (7 day starter pack)*

- **See next page for screenshots.**
- SW brings it to provider, who gives it to patient.

Discharge instructions

- List bup program appt date/time within 1 week, SW coordinates.
 - Appts are referred through NY MATTERS (e.g. to MSH REACH program).
- Print in ED Documents: *BUPRENORPHINE - Home Instructions: Induction + Initial Maintenance*

For real-time guidance, physicians who can serve as resources:

Jonathan Schimmel, Jennifer Love, Rubén Olmedo, Stephanie Hernandez, Madeline Renny (peds), Siri Shastri, Utsha Khatri, Ethan Cowan

Buprenorphine

Remove Order Sets

Do NOT initiate buprenorphine for the first time in someone who recently took other opioids (e.g. <6 hours for short-acting opioids) and is not currently in withdrawal. This may cause precipitated withdrawal. Exception to this rule is starting buprenorphine via low dose initiation or microinduction.

The ordering team must ensure the following in advance of discharge:

- If the patient is newly started on buprenorphine, ensure they have a scheduled appointment within 1-2 weeks post-discharge with a provider who can continue their buprenorphine.
- Provide a bridge prescription to last until the patient's scheduled appointment with their prescriber. Effective December 29, 2022, the DEA no longer requires an X-waiver to prescribe buprenorphine for opioid use disorder treatment.

- Inpatient Buprenorphine Treatment Protocol for Hospitalized Patients

Medications

Buprenorphine HCL (SUBUTEX) SL tablet

☒ Buprenorphine HCL (SUBUTEX) SL tablet

☐ buprenorphine HCL (SUBUTEX) SL tablet
2 mg, sublingual, DAILY, Starting 1/4/24

☒ Opioid Use Disorder DISCHARGE PRESCRIPTION Starter Pack - Buprenorphine HCL (SUBUTEX) SL tablet

The 7-day discharge prescription starter pack is for patients who will have difficulty filling prescription post-discharge to ensure continuity of treatment. It will be given to the patient at bedside before discharge and will NOT be sent to a community pharmacy. To discharge a patient with a 7-day starter pack, contact SW covering your area to process request through the patient prescription drug program.

☒ buprenorphine HCL (SUBUTEX) 8 mg tablet, sublingual

Take 1 to 3 tablets daily, as directed by provider. Max 3 tablets per day., Disp-21 tablet, R-0, E-Prescribing, Maximum MME/Day: Unknown for this order

⚠ Maximum MME cannot be calculated for this prescription. Enter discrete sig details to calculate maximum MME.

Epic order set *Buprenorphine (7 day starter pack)*

- Select "Opioid Use Disorder DISCHARGE Prescription Starter Pack"
- Has 8mg SL tablets, quantity 21.
- *In Patient Sig:* enter instructions, e.g. "Take 2 tablets daily."
- For most patients, 12 or 16mg daily is appropriate initially. Some may adequately avoid withdrawal on 8 mg daily.

- For home induction instructions, see ED Documents >

BUPRENORPHINE - Home Instructions- Induction + Initial Maintenance

- Order routes 9am-5pm to CAM pharmacy, after-hours to inpatient pharmacy

buprenorphine HCL (SUBUTEX) 8 mg tablet, sublingual

Accept

Cancel

Pharmacy Coverage:

Not Reimbursable

Product:

BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET

View Available Strengths

Sig Method:

Specify Dose, Route, Frequency

Taper/Ramp

Combination Dosage

Use Free Text

Start Date:

1/4/2024

End Date:

First fill:

Dispense:

21

tablet

Refill:

0

☐ Dispense As Written

Renewal Provider:

☐ Do not send renewal requests to me

Mark long-term:

☐ BUPRENORPHINE HCL

Patient Sig:

Take 2 tablets daily

abc

↶

↷

?

ⓧ

+

Insert SmartText

↶

↷

↶

↷

↶

↷

100%

⌵

Take 2 tablets daily

Modify

Reference Links:

Buprenorphine Treatment Protocol

Lexi-Comp Peds

Lexi-Comp

Class:

E-Prescribing

E-Prescribing

Normal

No Print

Historical Med

Priority:

Add-On

Directly Observed Therapy

Routine

STAT

Today

Dx association:

Associate diagnoses

Phase of Care:

Note to Pharmacy:

Add Note to Pharmacy

Taking:

☒

Next Required

Accept

Cancel

DSM-5 questions to identify Opioid Use Disorder (OUD)

In the past 12 months:		
Have you often found that when you started using (name opioid(s)), you ended up taking more than you intended to?	0 (No)	/ 1 (Yes)
Have you wanted to stop or cut down using or control your use of XX?	0 (No)	/ 1 (Yes)
Have you spent a lot of time getting or using XX?	0 (No)	/ 1 (Yes)
Have you had a strong desire or urge to use XX?	0 (No)	/ 1 (Yes)
Have you missed work or school or often arrived late because you were intoxicated, high or recovering from the night before?	0 (No)	/ 1 (Yes)
Has your use of XX caused problems with other people such as with family members, friends or people at work?	0 (No)	/ 1 (Yes)
Have you had to give up or spend less time working, enjoying hobbies, or being with others because of your drug use?	0 (No)	/ 1 (Yes)
Have you ever gotten high before doing something that requires coordination or concentration like driving, boating, climbing a ladder, or operating heavy machinery?	0 (No)	/ 1 (Yes)
Have you continued to use even though you knew that the drug caused you problems like making you depressed, anxious, agitated or irritable?	0 (No)	/ 1 (Yes)
Have you found you needed to use much more drug to get the same effect that you did when you first started taking it?	0 (No)	/ 1 (Yes)
When you reduced or stopped using, did you have withdrawal symptoms or felt sick when you cut down or stopped using? (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feel agitated, anxious, irritable, or depressed)?	0 (No)	/ 1 (Yes)
Severity: Mild: 2-3 symptoms. Moderate: 4-5 symptoms. Severe: ≥6 symptoms		

COWS Clinical Opiate Withdrawal Scale

<p>Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i></p> <p>0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120</p>	<p>GI Upset: <i>over last 1/2 hour</i></p> <p>0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting</p>
<p>Sweating: <i>over past 1/2 hour not accounted for by room temperature or patient activity.</i></p> <p>0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat on brow or face 4 Sweat streaming off face</p>	<p>Tremor <i>observation of outstretched hands</i></p> <p>0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching</p>
<p>Restlessness <i>Observation during assessment</i></p> <p>0 Able to sit still 1 Reports difficulty sitting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds</p>	<p>Yawning <i>Observation during assessment</i></p> <p>0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute</p>
<p>Pupil size</p> <p>0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible</p>	<p>Anxiety or irritability</p> <p>0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult</p>
<p>Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i></p> <p>0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort</p>	<p>Gooseflesh skin</p> <p>0 Skin is smooth 3 Piloerection of skin can be felt or hairs standing up on arms 5 Prominent piloerection</p>
<p>Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i></p> <p>0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks</p>	<p>Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____</p>

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

Precipitated opioid withdrawal from buprenorphine

Primary Treatment

- Provide reassurance, calm the environment.
- Administer **additional buprenorphine**
 - High dose (24-32mg total) to bind remaining unoccupied opioid receptors.
 - Only give if certain no long-acting opioid exposure (e.g. methadone).

Optional Adjunct Medications

- **Nausea/vomiting:**
 - Dopamine antiemetics preferred e.g. metoclopramide (Reglan), prochlorperazine (Compazine).
 - Otherwise ondansetron (Zofran), promethazine (Phenergan), etc.
- **Autonomic hyperactivity:** clonidine 0.1-0.3mg q4-6h (max 0.6 mg, hold for low BP or HR)
- **Agitation:** antipsychotic, benzodiazepine
- **Dysphoria/anxiety:** benzodiazepine
- **Muscle pain:** NSAID, acetaminophen
- **Muscle cramps:** benzodiazepine, cyclobenzaprine
- **Abdominal cramps/diarrhea:** loperamide (Imodium)

Consider RETU observation