

Buprenorphine/naloxone 'Suboxone'® To-Go' Patient Kits for Induction Outside of Hospital Setting

Effective January 8, 2021

Site Applicability

SPH & MSJ Emergency Departments

Practice Level

Dispensing sublingual buprenorphine/naloxone - **RN, RPN:** Basic Skill

- Recommended Education:
 - [LearningHub Course: Buprenorphine-naloxone \(suboxone\)](#)

Need to Know

- Buprenorphine/naloxone is considered first-line opioid agonist treatment (OAT; see [Definitions](#)) for opioid use disorder (OUD) because of its low risk of sedation and overdose, and minimal drug interactions. Due to its slow onset and long duration of action, individuals who are opioid dependent do not experience sedation or euphoria at the appropriate dose.
- Buprenorphine is the active medication in Suboxone® that helps with craving and withdrawal symptoms; naloxone (which is an opioid antagonist and not bioavailable when absorbed orally) is combined to prevent diversion (it may cause withdrawal if injected or snorted).
- Buprenorphine is a partial agonist with high affinity for opioid receptors and displaces other opioids (e.g., methadone, heroin). If the patient initiates the medication too early (i.e., previously used opioids remain in their system), it can lead to precipitated withdrawal (see [Definitions](#)). Providing patients with education on how to avoid this is essential.
- The 'Suboxone® To-Go' program provides patients with pre-prepared, take-away doses, easy-to-understand instructions, and a defined follow-up care plan. It reduces barriers to get patients started on treatment, stabilized and engaged.

Protocol

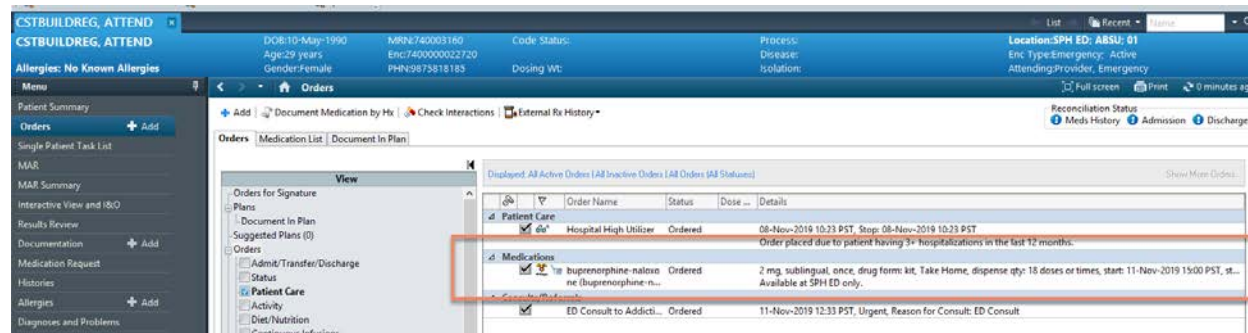
This program provides patients with a 3-day supply of buprenorphine-naloxone to start at home/outside the hospital setting as a way to improve access and reduce barriers to OUD treatment. Patients are to follow up at SPH Rapid Access Addiction Clinic (RAAC) or Downtown Eastside Connections Clinic, or in some cases, the ED where they received the kit.

ED physician or AMCT will determine that patient is a clinically appropriate candidate for 'Suboxone® To-Go' and enter an order for the kit in Cerner.

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Steps

Step I. Review order: Once order for ‘Suboxone’[®] To-Go’ is entered in Cerner, review order (will also appear in tasks)



Step II. Access Omnicell & provide patient education: Take kit out of Omnicell (select “buprenorphine-naloxone patient pack”) and **provide education to patient using instruction leaflet contained inside kit** ([Appendix A](#)).

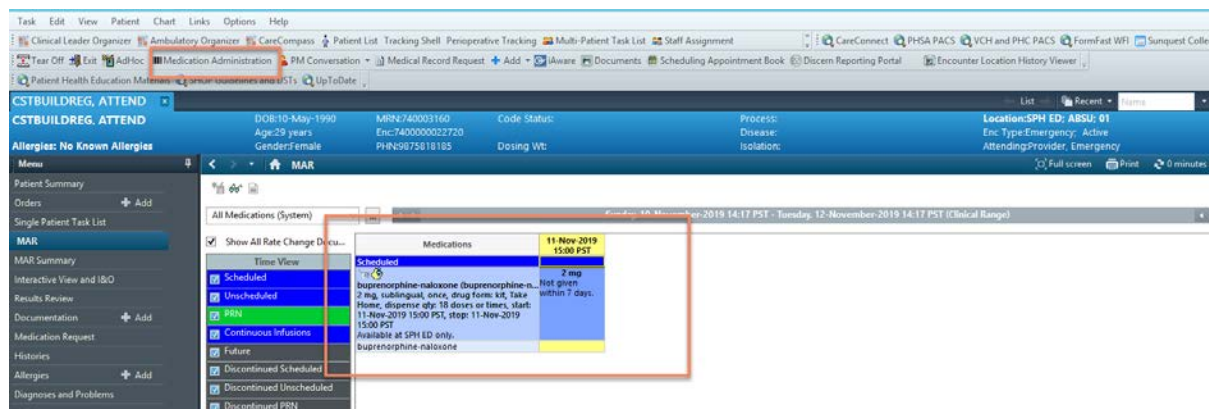
NOTE: In SPH ED, only the Omnicell in RAZ contains patient kits.

*Additional leaflets that are not folded, and easier to use for patient teaching, can be found in the ‘Suboxone’[®] To-Go’ resource binder by the Omnicell. If there are no printed leaflets, you may print a copy from the [intranet](#) and contact your CNL or nurse educator to order more printed copies.

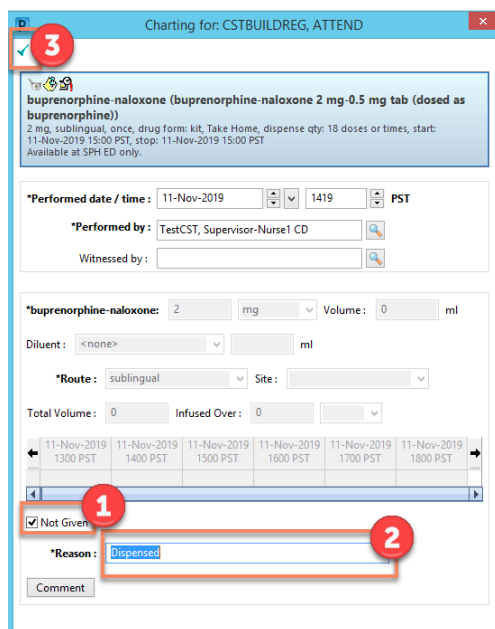
- Explain to the patient that *buprenorphine* is the active medication. *Naloxone* is combined to prevent diversion and injection (it may cause precipitated withdrawal if injected/snorted). If taken sublingually, the naloxone remains inactive
- Inform patient of what [precipitated withdrawal](#) is and how it can be avoided, especially if previously using long-acting opioids (they will need to wait longer to start the medication)
- Explain that the worse the patient feels (i.e., minimum 3 withdrawal symptoms) before starting the medication, the better it will make them feel after they take it
- Advise patient that the **sublingual** tablet must be **FULLY dissolved**, which can take **up to 10 minutes**. Instruct patient not to swallow their saliva or the tablet, and to refrain from talking, eating or drinking fluids while tab is dissolving. Inform patient if they swallow, chew, or take tablet with fluid, **it will have no effect**
- If they have been on buprenorphine-naloxone before, remind them of the administration process
- Discuss and confirm with patient their plan for follow-up
- Offer additional resources such as Overdose Outreach Team (OOT) or RAAC information (contained on leaflet)
- Consider Vancouver Detox referral if patient interested
- Consider Transitional Care Centre (TCC) referral for patients without stable housing

Step III. Complete dispensing and documentation process: Nurses must follow the [B-00-13-10167 - Dispensing Medications \(Nurses\)](#) protocol and BC College of Nurses and Midwives [Dispensing Medications](#) Standards.

Locate medication on e-MAR:



To document dispensing from e-MAR: Select the medication -> click box next to “Not Given” -> Reason: “Dispensed”. Click “Comment” to document ‘Education’ given to patient.



Complete Assessment and Dispensing Record ([Appendix B](#)):

- Assessment and Dispensing Records can be found and printed from FormFast (search “bupr”). **This form MUST be completed.**

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- Fax completed form to Crosstown Clinic Pharmacy at 604-689-3996 AFTER the patient has taken the kit (this will serve as notification that dispensing complete and then Crosstown pharmacy will enter information into PharmaNet system).
- Complete dispensing label on kit as per nurse dispensing protocol ([B-00-13-10167 - Dispensing Medications \(Nurses\)](#)).



If patient leaves without the 'Suboxone[®] To-Go' pack
Return the kit to Omnicell!
(to ensure accurate and complete records)

Other Patient Supports

- Suboxone[®] Patient Information sheet can be printed and provided to patient ([Appendix C](#)) <https://phc.eduhealth.ca/media/PHC/DA/DA.100.M468.PHC.pdf>
- Subjective Opiate Withdrawal Scale (SOWS) can be printed from: <https://www.bccsu.ca/wp-content/uploads/2017/08/SOWS.pdf> (can help patients determine their own level of withdrawal)
- Patients offered 'Suboxone[®] To-Go' should also be offered [Take Home Naloxone](#) kits

Related Documents

- [B-00-11-10125](#) - Philosophy of Care for Patients and Residents Who Use Substances
- [B-00-13-10167](#) - Dispensing Medications (Nurses)
- [BCCSU & MOH Guideline for the Clinical Management of Opioid Use Disorder](#)
- VCH/PHC [Buprenorphine-Naloxone \(Suboxone\) patient education handout](#) (PHEM website)
- BC College of Nurses and Midwives Practice Standard for Registered Nurses and Nurse Practitioners: [Medication Administration](#) (2020) <https://www.bccnm.ca/>

Additional Education

- [Addiction Care and Treatment Online Course \(free\) through UBC CPD](#)
- [Education video](#)

References

1. British Columbia Centre on Substance Use and B.C. Ministry of Health. (2017). *A guideline for the clinical management of opioid use disorder*. Retrieved from http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/bc_oud_guidelines.pdf
2. D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., Bernstein, S. L., Fiellin, D. A. (2015). Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *JAMA*, 313(16), 1636-44.

Definitions

Opioid agonist treatment: Opioid agonist treatment refers to the use of a substitution opioid to manage opioid use disorder. Methadone and buprenorphine are both long-acting opioids that are used in opioid agonist treatment. Opioid agonist treatment has been shown to reduce mortality, drug use and retain patients in treatment.

Precipitated withdrawal: Precipitated withdrawal can occur when someone is given an initial dose of buprenorphine/naloxone when they are not in moderate to severe opioid withdrawal. In this circumstance, the high affinity partial opioid agonist buprenorphine will displace the full agonist opioid (e.g., heroin, fentanyl, morphine) from the receptors causing a rapid decrease in receptor activity and the precipitation of opioid withdrawal symptoms.

Appendix A: 'Suboxone® To-Go' patient instruction leaflet



Suboxone® To Go

Please read both sides of these instructions before starting this treatment.

Before you start you must feel very sick from withdrawal. If you take Suboxone® too early it may cause "precipitated" withdrawal which can make you feel A LOT WORSE. Carefully following the instructions will help prevent this. Do not take with alcohol or sedatives.

You will need to stop all opioids **before taking your first dose of Suboxone®**:

- ☐ After stopping heroin or pain tablets, wait AT LEAST 12 hours.
- ☐ After stopping methadone, fentanyl or Kadian®, wait AT LEAST 24 hours.

These are estimates. Waiting longer is better and your withdrawal symptoms will tell you when you are ready to take your first dose. See instructions in next section.


You may take ibuprofen (Advil®/Motrin®, for body aches), Gravol® (for nausea and vomiting), and Imodium® (for diarrhea) to help manage withdrawal symptoms while you wait to start Suboxone®. You don't need a prescription for these.

You must have 3 or more of these symptoms before you take Suboxone®:

- ☐ Stomach cramps, nausea, vomiting or diarrhea
- ☐ Heavy yawning
- ☐ Bad chills or sweating
- ☐ Runny nose and tears in your eyes
- ☐ Twitching, tremors or shaking
- ☐ Feeling anxious or irritable (or both)
- ☐ Enlarged pupils
- ☐ Joint and bone aches
- ☐ Goose bumps
- ☐ Feeling restless/cannot sit still

DAY 1

1) When you feel very sick with at least 3 symptoms listed above:




- Dissolve 1 tablet under your tongue
- Keep it there **until fully dissolved** (10 mins)
- Do not** eat, drink or swallow the medication during this time



Wait 1 hour

If you feel **A LOT WORSE** after the first tablet, stop and go to one of the places listed on the back.



DO NOT TAKE more than 1 tablet at a time

2) If you still feel sick:



Dissolve 1 more tablet under your tongue and follow instructions above.



Wait 1 hour

3) If you still feel sick, continue to take 1 tablet every hour as needed.



STOP when you feel better **or** you have taken all 6 tablets.

DAY 2

When you wake up:

- 1) Dissolve the total number of tablets you took on Day 1 (up to 6) under your tongue at the same time.
- 2) Go to one of the clinics listed below.

DAY 3

When you wake up:

- 1) Dissolve the total number of tablets you took on Day 1 (up to 6) under your tongue at the same time.
- 2) If you didn't go on Day 2, go to one of the clinics listed below.

FOLLOW UP

EMERGENCY DEPARTMENT

Return to the Emergency Department where you got this kit for after-hours or urgent care. Follow-up with your regular provider or a clinic listed below.

RAPID ACCESS ADDICTIONS CLINIC (RAAC)

St. Paul's Hospital
2nd floor Burrard Building
Open 7 days a week
9:00 am to 4:00 pm
604-806-8867

CONNECTIONS

(for Downtown East Side residents)
623 Powell Street (entrance in alley)
Open Monday to Friday,
8:30 am to 7:30 pm
Saturday and Sunday,
8:30 am to 5:30 pm
604-675-3600

NEED ASSISTANCE?

Call the Overdose Outreach Team at 604-360-2874.

Number of tablets	When I took them (date and time)

IMPORTANT:

This medication needs to be stored in a locked area away from children.

This material has been reviewed and approved by patients, families and staff.



Appendix B: Buprenorphine-Naloxone (Suboxone) To-Go Packs Assessment & Dispensing Record (available to print from FormFast)



BUPRENORPHINE-NALOXONE (SUBOXONE) TO-GO PACKS ASSESSMENT & DISPENSING RECORD (PHC)

Medications
Administration Record

Place Patient Label Here

This form is to be completed by nursing when dispensing a Buprenorphine-Naloxone To-Go Pack from one the following areas: (specify)

☐ MSJ ED ☐ SPH ED ☐ SPH Rapid Access Addiction Clinic (RAAC)

Date: _____ Time: _____

ASSESSMENT DETAILS	
Allergies:	
Address:	
Prescriber:	

MEDICATION DETAILS	
Medication Dispensed	buprenorphine-naloxone 2 mg-0.5 mg tablet sublingual 18 tablets for take home induction
Indication	For treatment of opioid use disorder
Repeats	No repeats

TRAINING DETAILS	
<input type="checkbox"/> Buprenorphine-Naloxone To-Go pack training provided to patient	

DISPENSER DETAILS	
Name:	Signature:
Designation:	Nurse Witness Signature:

WHEN COMPLETE, FAX THIS FORM TO CROSSTOWN CLINIC AT 604-689-3996.

Appendix C: VCH/PHC Buprenorphine-Naloxone (Suboxone®) patient handout

MEDICATION CHOICES – Information for Patients and Families

*Promoting wellness. Ensuring care.**How you want to be treated.***Buprenorphine-Naloxone (Suboxone®)****Who should take Suboxone?**

Suboxone (buprenorphine-naloxone) is prescribed for people receiving treatment for opioid addiction. Opioids are substances like heroin, morphine, hydromorphone, and oxycodone. Suboxone helps people avoid using opioids. It helps reduce withdrawal symptoms and cravings for opioids.

Why would my doctor recommend Suboxone instead of methadone?

- You may want more freedom with your medication schedule. Many people who take Suboxone can, over time, start taking their doses at home. (This is not the case for everyone.) With methadone you must take the medication at the pharmacy every day.
- Suboxone is less likely to cause an overdose than methadone. It is also less likely to interact with other medication you may be taking such as antibiotics, antidepressants, and HIV medication.
- If you need to change medications in the future, it is easier to switch from Suboxone to methadone than the other way around.

How do I take Suboxone?

- Suboxone usually comes as a pill. You put it under your tongue and keep there until it is gone. This can take up to ten minutes. The medication does not work if you swallow the pill, or swallow your saliva, while the pill is dissolving. Never inject Suboxone. Doing this could lead to withdrawal.
- When you start Suboxone, you will have to take it in the presence of a health care professional, like a doctor, nurse, or pharmacist.
- Before you start Suboxone you have to wait at least 12 hours since you last used opioids. You need to be experiencing withdrawal symptoms. If you don't wait until you're feeling 'dope sick', at least 12 hours since the last time you used, Suboxone can make you feel even worse.

What if Suboxone doesn't work for me?

If you feel that Suboxone isn't working for you, talk to your doctor or nurse. You can decide together if you should change your dose or try something different.

How long should I continue taking this medication?

Most people can expect to take Suboxone for at least a year or longer. Taking it for a year significantly increases your chances of abstaining from opioid use. When you and your doctor decide it is time to stop taking Suboxone, your dose will probably be lowered slowly. This is done over several months.

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When can I start taking Suboxone at home?

You and your doctor will decide together if, and when, take-home doses are the right choice for you. This will depend on finding the right dose with few side effects. It also depends on how you are doing with your overall addiction treatment.

Is there anyone who shouldn't take Suboxone?

- If you are pregnant or breastfeeding, or have serious problems with your liver, you will need to work with a specialist doctor to decide if Suboxone is right for you.
- Suboxone can interact with certain drugs and medications in dangerous ways. These interactions can give an overdose that can cause death unless you get immediate medical care. Alcohol and certain medications (such as Valium and Ativan) can make you extremely sleepy. They can slow your breathing to dangerously low levels. It is extremely important that you talk to your doctor about alcohol use and all other medications you are taking.

What should I avoid while taking Suboxone?

- *Do not drive, operate heavy machinery, or perform any other dangerous activities* until you know if this medicine makes you sleepy.
- *Do not drink alcohol or take tranquilizers or sedatives* (medicines that help you sleep) while using Suboxone.

What are the possible side effects of Suboxone?

Call your doctor or get medical help right away if:

- you feel faint, dizzy, confused, or have any other unusual symptoms.
- your breathing gets much slower than is normal for you.

These can be signs of an overdose or serious problem.

Suboxone may cause liver problems. Call your doctor right away if:

- your skin or the white part of your eyes turns yellow (jaundice).
- your urine turns dark.
- your bowel movements (stools) turn light in color.
- you don't feel like eating much food for several days or longer.
- you feel sick to your stomach (nausea).
- you have pain in your lower stomach.

This material is for informational purposes only. It does not replace the advice or counsel of a doctor or health care professional. Providence Health Care makes every effort to provide information that is accurate and timely, but makes no guarantee in this regard. You should consult with, and rely only on the advice of, your physician or health care professional.

The information in this document is intended solely for the person to whom it was given by the health care team.



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Persons/Groups Consulted:

Addiction Medicine Consult Team (AMCT) physician group, PHC

Addiction Assessment Nurse SPH

Practice Consultant, PHC

PHC Practice Consultant Group, Professional Practice Office

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