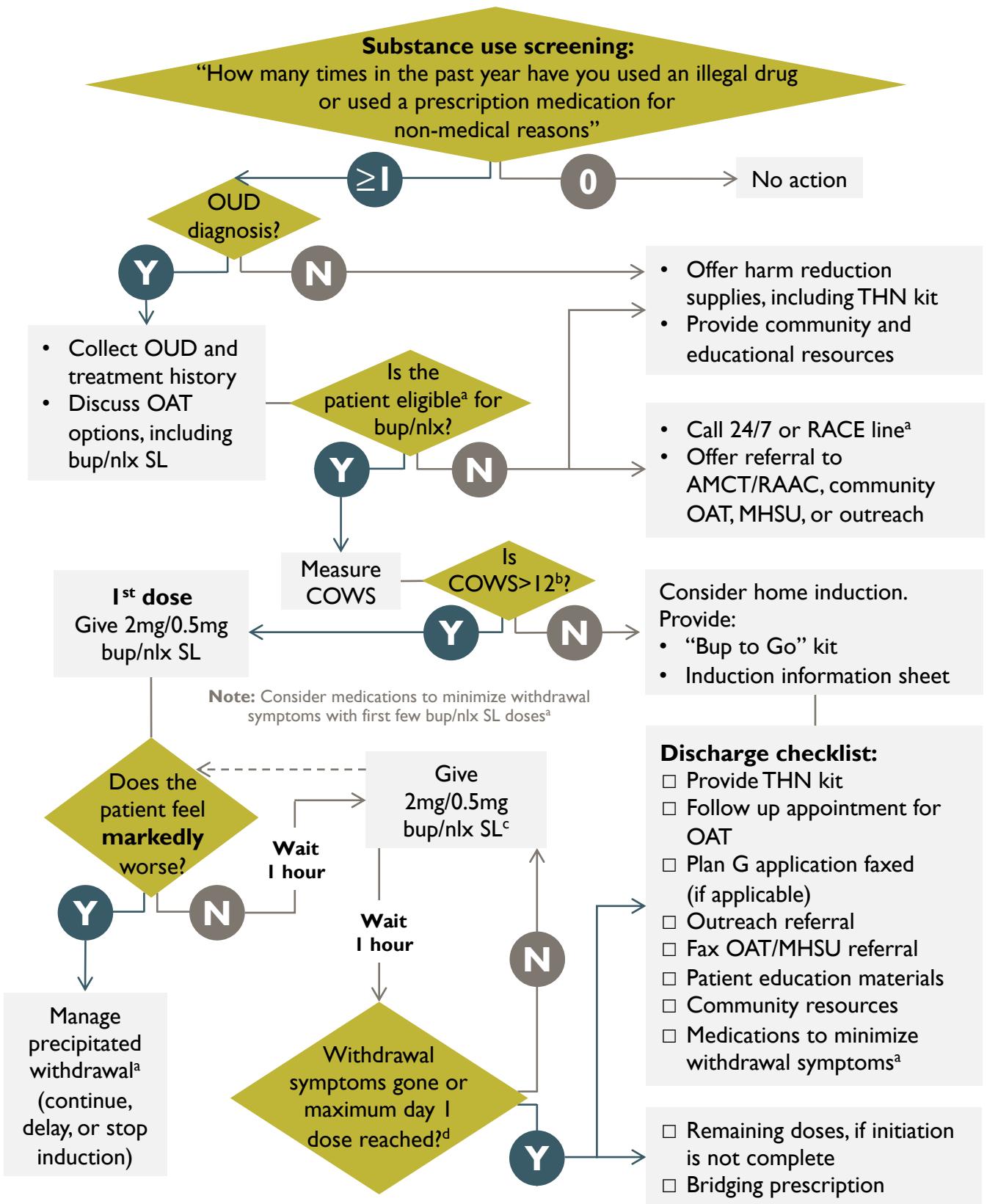


Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool

To be used in conjunction with hospital-approved pre-printed order sets for buprenorphine/naloxone induction



Abbreviations on overleaf.

^aSee overleaf; ^bIf COWS is approaching >12, consider waiting to allow an ED induction; ^cOnce the patient reaches 6mg/1.5mg bup/nlx SL, their COWS has consistently decreased, and there is no sign of precipitated withdrawal, it may be appropriate to increase to 4mg/1mg bup/nlx SL per hour; ^dBup/nlx SL can be titrated up to a total first day dose of 12mg/3mg to 16mg/4mg bup/nlx SL. In some instances, it may be appropriate to exceed 16mg/4mg bup/nlx SL based on patient comfort and clinical discretion.

Patient Eligibility for Buprenorphine/naloxone

1. Presence of an opioid use disorder $\geq 12\text{h}$ heroin, oxycodone, hydromorphone
2. Informed consent $\geq 24\text{h}$ slow-release oral morphine;
3. In moderate withdrawal (COWS >12) $\geq 24\text{h}$ confirmed, suspected, or uncertain fentanyl
4. Adequate time since last opioid use to prevent precipitated withdrawal $24\text{--}72\text{h}$ methadone

Medications to Minimize Withdrawal Symptoms

Prior to the first dose or during the first few doses of bup/nlx SL, consider providing:

- Acetaminophen
- Clonidine
- Dimenhydrinate
- Ibuprofen
- Loperamide
- Ondansetron

Managing Precipitated Withdrawal During Bup/nlx Induction

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Explain to the patient what has occurred	Discuss the options below for management	Obtain informed consent for the agreed-upon option	Offer non-opioid adjuncts to treat withdrawal symptoms

Option 1: Continue induction

1. Administer additional doses of 2mg/0.5mg bup/nlx SL every 1–2 hours
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

Option 2: Delay induction

1. If patient chooses to continue, consider waiting a few hours to allow full agonist to clear opioid receptors before administering the next bup/nlx SL dose
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

Option 3: Stop induction

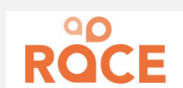
1. Provide reassurance that symptoms will resolve as opioid withdrawal runs its course

Addiction Medicine Specialist Consultation



24/7 Addiction Medicine Clinician Support Line

Call 778-945-7619 (24 hours a day, 7 days per week)



RACE

Access with “RACEApp+” (Monday–Friday, 8.00am–5.00pm, excluding statutory holidays)

Abbreviations

AMCT: addiction medicine consult team; **bup/nlx SL:** buprenorphine/naloxone sublingual;

COWS: Clinical Opiate Withdrawal Scale; **ED:** emergency department; **MHSU:** mental health and substance use; **N:** no;

PRN: *pro re nata* (as needed); **q1h:** quaque hora (every hour); **OAT:** opioid agonist treatment; **OUD:** opioid use disorder;

RAAC: rapid access addiction clinic; **RACE:** Rapid Access to Consultative Expertise; **THN:** take-home naloxone; **Y:** yes.