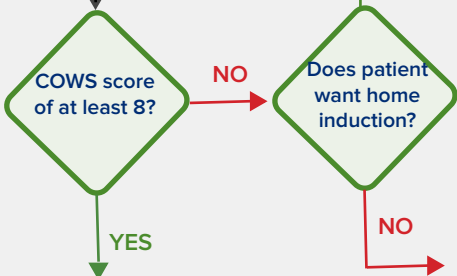


ED-Based Buprenorphine Induction Workflow

START

Before considering buprenorphine*

1. Diagnose opioid use disorder (OUD).
2. Last opioid use > 12 hours prior to arrival for short-acting opioids and >48 hours for long-acting opioids (methadone).
3. Evaluate whether the patient wants Medication Assisted Treatment (MAT) such as buprenorphine — proceed only if “yes.”
4. Obtain Clinical Opiate Withdrawal Scale (COWS) score. [Click here.](#)



ED Induction**

COWS score 8-12:
•Buprenorphine 4mg/1mg tablet/film.

COWS score 13+:
•Buprenorphine 8mg/2mg tablet/film.

Observe for 1 hour.

Reassess

Reassess with COWS score.

If COWS is still 8+, repeat dose 4-8mg and observe again for 1 hour. Repeat reassessment/ dosing each hour until COWS score less than 8. Do not exceed max. cumulative dose of 32 mg.

If COWS is less than 8, proceed to next step.

Home Induction

Provide handout about home induction. [\(click here\)](#)

Prescribe:
Prescribe buprenorphine for home induction.

Referral:
Ensure patient has MAT clinic appointment secured.

Options

If the patient doesn't have a COWS score of at least 8 and doesn't want home induction you can either:

1. Discharge patient with instructions to return to ED when withdrawal symptoms worsen; or
2. Discharge patient with instructions/ referral to follow up with an outpatient MAT clinic; or
3. Observe patient in ED until COWS score is at least 8, at which point clinician can proceed with ED induction.

Prescribe

Write bridging buprenorphine prescription (3-5 days) to last until patient can get to outpatient MAT clinic.

Referral

Refer patient to outpatient MAT clinic for next dose; appointment should be within the next 24-48 hrs.

Assess/Review (if possible)

- Did case manager secure MAT appt?
- Does patient have housing?
- Does their housing allow MAT?
- Does patient have transportation for weekly appts?
- Can patient afford MAT (Tx and Rx)?

BEFORE DISCHARGE (All patients)

Referral
Ensure patient has MAT referral list and/ or appointment scheduled. See the Case Management and Referral Process sample questions/checklist on Page 8 of this toolkit.

Harm Reduction
Provide comprehensive harm reduction patient education and tools.

- Naloxone prescription/kit
- Needle exchange info
- Safe injection info

DISCHARGE

AFTER DISCHARGE

Re-dose in Clinic or ED

After initial dose of buprenorphine (whether in the ED or at home), patient should receive re-dose in outpatient clinic within 24-48 hrs.

If clinic follow-up in 24-48 hrs isn't possible, patient to return to ED for re-dosing. (Patient can return for up to 2 additional days for buprenorphine administration and provided daily dosing rather than BID dosing.)

NOTES

* Multiple buprenorphine products are FDA-approved for the treatment of OUD, including buprenorphine combination products such as Suboxone and monoproducs. Learn more at: <http://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>

** Note: For patients taking opioids regularly who are NOT in opioid withdrawal or are in early (less than mild) withdrawal -- buprenorphine may precipitate a rapid onset severe withdrawal. The steps to take for buprenorphine precipitated withdrawal (BPW) can be found here, under “BPW Management”: <https://www.acep.org/patient-care/bupe/>

⁹ Sources: UNC School of Medicine, <http://www.med.unc.edu/emergmed/wp-content/uploads/sites/649/2019/07/ED-suboxone-algorithm.pdf>; ACEP, <http://www.acep.org/patient-care/bupe/>; Yale School of Medicine, http://medicine.yale.edu/edbup/home_buprenorphine_initiation_338574_5_v1.pdf; Dr. Christopher Griggs, Atrium Health; Dr. Genevieve Verrastro, MAHEC Faculty, Special Projects, and UNC Associate Professor of Medicine