Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool

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

**Substance use screening:**
“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons”

- **≥1**
  - OUD diagnosis?
    - **Y**
      - Collect OUD and treatment history
      - Discuss OAT options, including bup/nlx SL
    - **N**
      - Offer harm reduction supplies, including THN kit
      - Provide community and educational resources
  - **0**
    - No action

- **Is the patient eligible** for bup/nlx?
  - **Y**
    - Measure COWS
    - **Y**
      - Is COWS>12²?
        - **Y**
          - Consider home induction. Provide:
            - “Bup to Go” kit
            - Induction information sheet
        - **N**
          - 1st dose
            - Give 2mg/0.5mg bup/nlx SL
            - Note: Consider medications to minimize withdrawal symptoms with first few bup/nlx SL doses
  - **N**
    - 1st dose
      - Give 2mg/0.5mg bup/nlx SL
      - Does the patient feel markedly worse?
        - **Y**
          - Manage precipitated withdrawal (continue, delay, or stop induction)
        - **N**
          - With drawal symptoms gone or maximum day 1 dose reached?
            - **Y**
              - Wait 1 hour
              - Give 2mg/0.5mg bup/nlx SL
            - **N**
              - Wait 1 hour

**Discharge checklist:**
- Provide THN kit
- Follow up appointment for OAT
- Plan G application faxed (if applicable)
- Outreach referral
- Fax OAT/MHSU referral
- Patient education materials
- Community resources
- Medications to minimize withdrawal symptoms
- Remaining doses, if initiation is not complete
- Bridging prescription

Abbreviations on overleaf.

See overleaf;
²If COWS is approaching >12, consider waiting to allow an ED induction; "Once 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; Bup/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 ≥12h heroin, oxycodone, hydromorphone
2. Informed consent
3. In moderate withdrawal (COWS>12) ≥24h slow-release oral morphine; confirmed, suspected, or uncertain fentanyl
4. Adequate time since last opioid use to prevent precipitated withdrawal 24–72h 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**

1. Explain to the patient what has occurred
2. Discuss the options below for management
3. Obtain informed consent for the agreed-upon option
4. 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.