ColoradoMAT

Buprenorphine (Bup) Hospital Quick Start

- Any prescriber can order Bup in the hospital, even without an x-waiver.
- Bup is a high-affinity, partial agonist opioid that is safe and highly effective for treating opioid use disorder.
- If patient is stable on methadone or prefers methadone, recommend continuation of methadone as first-line treatment.

Uncomplicated* opioid withdrawal?**

NO → **Start Bup after withdrawal**
Supportive meds prn, stop other opioids

YES (stop other opioids)

Administer 8mg Bup SL

(one hour)

Withdrawal symptoms improved?

NO →

No Improvement
Differential Diagnosis:
- **Withdrawal mimic:** Influenza, DKA, sepsis, thyrotoxicosis, etc. Treat underlyling illness.
- **Incompletely treated withdrawal:** Occurs with lower starting doses; improves with more Bup.
- **Bup side-effect:** Nausea, headache, dysphoria. Continue Bup, treat symptoms with supportive medications.
- **Precipitated withdrawal:** Too large a dose started too soon after opioid agonist. No clear evidence regarding treatment of withdrawal, many experts recommend additional Buprenorphine. In complex or severe cases of precipitated withdrawal, OK to give short acting agonist (fentanyl or hydromorphone). Usually time limited, self-resolving with supportive medications.

YES

Administer 2nd dose
ED: 8-24mg. Consider discharge with higher loading dose.
Inpatient: 8mg. Subsequent days, titrate from 16mg with additional 4-8mg prn cravings.

Maintenance Treatment
16 mg Bup SL/day
Titrate to suppress cravings; Usual total dose 16-32mg/day

Discharge
- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- **If no X-waiver:** Use loading dose up to 32mg for long effect and give rapid follow up.
- **If X-waiver:** Prescribe sufficient Bup/Nx until follow-up. Consider bridging dose of 16mg/day.

Overdose Education
Naloxone Kit
Naloxone 4mg/0.1ml intranasal spray

PROVIDER RESOURCES:

Rocky Mountain Poison Center
Open 24 hours
1-800-222-1222
Specify ED Buprenorphine Induction

Rocky Mountain Crisis Partners
Open 24 hours
1-888-211-7766
Specify Opiate Related Call

Buprenorphine Dosing

- Either Bup or Bup/Nx (buprenorphine/naloxone) films or tab sublingual (SL) are OK.
- If unable to take oral/SL, try Bup 0.3mg IV/IM.
- OK to start with lower initial dose: Bup 2-4mg SL.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- Bup SL onset 15 min, peak 1 hr, steady state 7 days
- May dose qday or if co-exisiting chronic pain split dosing TID/QID.

*Complicating Factors

- Altered mental status, delirium, intoxication
- Severe acute pain, trauma or planned large surgeries
- Organ failure or other severe medical illness
- Recent methadone use

**Diagnosing Opioid Withdrawal
Subjective symptoms AND one objective sign

Subjective: Patient reports feeling "bad" due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose)
Objective: [at least one] restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor
Typical withdrawal onset:
≥ 12 hrs after short acting opioid
≥ 24 hrs after long acting opioid
≥ 48 hrs after methadone (can be >72 hrs)
If unsure, use COWS (clinical opioid withdrawal scale). Start if COWS ≥ 8 AND one objective sign.
If Completed Withdrawal: Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q4h prn cravings, usual dose 16-32mg/day. Subsequent days, OK to decrease frequency to qday

Opioid Analgesics

- Pause opioid pain relievers when starting Bup.
- OK to introduce opioid pain relievers after Bup is started for breakthrough pain. Do not use methadone with Bup.

Supportive Medications

- Can be used as needed while waiting for withdrawal or during induction process.

Pregnancy

- Bup monoproduct or Bup/Nx OK in pregnancy.
- Consider referencing buprenorphine in pregnancy guide.

Adapted from California Bridge, a program of the Public Health Institute (www.bridgetotreatment.org)

c|h|a Colorado Hospital Association