Cc

SAMPLE 1- Buprenorphine received in the emergency department

You received buprenorphine in the emergency department today for treatment of opioid withdrawal or opioid use disorder. Buprenorphine is also known by its brand names of Suboxone or Zubsolv. This was given to treat the side effects of opioid withdrawal. The dose that you received today in the emergency department will treat your withdrawal symptoms until you are able to follow-up in the clinic which can supply you with longer-term treatment for withdrawals and addiction.

Many studies have shown that buprenorphine decreases withdrawal symptoms, decreases relapse, improves the chance a patient will enter into recovery and saves lives.

Buprenorphine is a long-acting partial opiate agonist, which can treat or prevent opioid withdrawal. This means it is not a very strong opioid and lasts a long time, usually longer than 24 hours.

Buprenorphine will affect the way other opioids work in your body. If you take Methadone, Oxycontin, Morphine Sulfate, Hydrocodone, Oxycodone or use heroin and start buprenorphine before these other opioids are out of your system, you may have withdrawal symptoms.

Dangerous side effects, such as sedation and respiratory depression, are less common with buprenorphine compared with other opioids, but they can still occur.

It is very important not to take any benzodiazepines, barbiturates or alcohol with buprenorphine because these substances can also cause sedation and respiratory depression, which can lead to death.

Nausea and constipation are common side effects. Your health care provider may prescribe you ondansetron or Zofran to treat nausea either in the emergency department or at home.

Addiction to opioids is a life-threatening disease, but treatment is highly effective for helping get patients into recovery. Addiction specialty clinics are available and ready to help you take the first steps toward recovery. Call Rocky Mountain Crisis Partners at 1-844-493-8255 or text TALK to 38255 and someone can help connect you to a nearby treatment provider.

While you have been started on buprenorphine today, you can easily transition to other treatments for opioid addiction such as Methadone or Naltrexone. An addiction specialist can help you decide on which medication will be right for you long-term.

Your health care provider may have also prescribed you naloxone or Narcan to help treat an unintentional opioid overdose. Please fill this prescription as having it available can save your life or the life of someone you know.

ColoradoMAT Emergency Department Sample Discharge Instructions



SAMPLE 1- Referral to MAT treatment

You have been seen in the emergency department today for one or more conditions related to substance use. You have been referred for medication assisted therapy (MAT) to help with substance use disorders.

Medication assisted therapy is used to treat multiple substance use disorders but is most commonly used for treatment of opioid addiction. MAT is commonly combined with behavioral therapy and social support programs to treat the multi-dimensional aspects of addiction

MAT has been shown to be effective at treating substance use disorders as well as making it more likely someone will remain in recovery and prevent relapse. The medications used work by treating withdrawal symptoms, controlling cravings and helping to normalize brain chemistry. MAT has also been shown to increase the ability to gain and maintain employment and decreases the likelihood of contracting HIV or Hepatitis.

There are multiple medications available for MAT so there are different options to best fit your lifestyle and specific needs. Congratulations on this major step you are taking towards recovery!

Listed below are some clinics at which you can obtain long-term treatment for opioid addiction and to prevent withdrawals.

***[Hospitals place pertinent follow up clinics here. Hospitals please refer to treatment locator on*** [***ColoradoMAT.org***](file:///C%3A%5CUsers%5CJulieDenning%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CBYONQ33G%5CColoradoMAT.org) ***to find clinics if you do not already have an established relationship]***



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**What You Need To Know:**

Opioids may be used to treat pain or abused recreationally. Dependence happens after you have used opioids regularly for a long period of time and means that your body gets used to how much medicine you take. Your body goes through withdrawal (craving, nausea, aches/pains) when you stop taking opioids. The purpose of buprenorphine is to help you manage withdrawal symptoms and help you not use other opioids.

**Discharge Instructions:**

Follow up with your health care provider or MAT provider as directed, where you will be further evaluated and continue to receive maintenance therapy medicine to keep you from experiencing withdrawal. Write down your questions so you remember to ask them during your visits.

**Opioid Replacement Treatment:**

Your buprenorphine induction will begin/continue at home. In general, buprenorphine should be slowly increased to a target dose of 8-16 mg per day to keep you comfortable. While suboxone contains buprenorphine and naloxone, when we talk about dosing, we are only talking about the buprenorphine amount. Follow the directions below to escalate dosing.

**ED Visit**

During this visit you receive basic testing and evaluation for MAT induction. Follow the directions below for home induction and titration.

**Day 1:**

If you have not taken any buprenorphine today and believe that you have already gone through withdrawal earlier, then you may take 4 mg of buprenorphine to initiate maintenance therapy. If you have recently used heroin or other opioids and have no withdrawal symptoms, then hold off taking buprenorphine until you begin to withdraw. This can take up to 24 hours. Taking buprenorphine while you still have other opioids in your system can precipitate severe withdrawal and should be avoided.

You can monitor your withdrawal symptoms with the SOWS scoring sheet (attached). A score of 17 or higher suggests you are showing signs of withdrawal and should take an additional 2-4 mg of buprenorphine. Alternatively, you can take additional buprenorphine if you feel at least three withdrawal symptoms (twitching, tremors or shaking; joint and bone aches; bad chills or sweating; anxious or irritable; goose pimples) at least three to four hours following your last dose. Do not take more than 16 mg in one day (and 8 mg on the first day).



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**Day 1:**

Buprenorphine acts on opiate receptors. It should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

Note how much buprenorphine you took totally on day one. This should be your daily dose.

|  |  |  |
| --- | --- | --- |
|  | Time | Dose |
| ED buprenorphine |  |  |
| Home buprenorphine |  |  |
|  |  |  |
| TOTAL DAILY DOSE |  | (up to 8 mg) |

**Day 2:**

Tomorrow, take your daily dose under your tongue in the morning. If you are feeling severe withdrawal symptoms three to four hours later, you may take an additional 4 mg. If you are feeling severe withdrawal three to four hours after that, you may take an additional 4 mg. DO NOT take more than 16 mg total in one day (that's eight tablets of 2 mg buprenorphine).

|  |  |  |
| --- | --- | --- |
|  | Time | Dose |
| Home buprenorphine |  |  |
|  |  |  |
|  |  |  |
| TOTAL DAILY DOSE |  | (up to 16 mg) |



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**Day 3 and after:**

For the following days, take the dose you took on the previous day (not to exceed 16 mg/day) in the morning. Most people feel their symptoms are controlled on 12 mg per day. If you felt too tired, groggy or over sedated, try taking a lower dose on the following days.

|  |  |  |
| --- | --- | --- |
|  | Date | Dose |
| Home buprenorphine |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

While buprenorphine is very safe, it can make the side effects of other medications worse. For example, taking buprenorphine with alcohol or benzodiazepines (such as diazepam/Valium, lorazepam/Ativan, zolpidem/Ambien, clorazepate/Tranzene) can decrease, and in some cases stop your breathing. If you use any of these medications talk with your doctor. Do not drink alcohol while taking buprenorphine.

Buprenorphine should also not be taken with opioid pain medications. This includes oxycodone (including Percocet), hydrocodone (including Norco or Vicodin), morphine, hydromorphone (Dilaudid), tramadol or fentanyl. If you are having pain that is not responding to the recommended doses of ibuprofen or acetaminophen, talk with your doctor. Do not take opioid pain medications with buprenorphine.



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**Symptom Control**

In addition to suboxone, you may receive medications to help control symptoms of minor withdrawal including nausea, diarrhea and achiness. You may take these as needed in addition to the suboxone. These medications may include:

* Clonidine 0.1 mg tablets by mouth up to three times per day as needed for anxiety or palpitations. This medicine can help with sleep and sometimes makes people lightheaded if they stand up too quickly.
* Loperamide 4 mg tablets by mouth every six hours as needed for diarrhea.
* Ondansetron 4 mg disintegrating tablets by mouth every six hours as needed for nausea.
* Ibuprofen 600 mg tablets by mouth every six hours as needed for aches and pains. These can irritate the stomach and should be taken with crackers or other gentle food. Do not take ibuprofen if you are pregnant, have kidney failure or known stomach ulcers.

**Naloxone (Opioid Antidote)**

Your provider may prescribe naloxone. This reverses opioid overdoses and can be used if you or someone in your household overdoses on heroin, oxycodone or other opioids. Because buprenorphine is not expected to cause problems with breathing, naloxone is not usually required to treat buprenorphine overdose.

Contact your health care provider if:

* You have difficulty staying awake.
* You have uncontrollable nausea and vomiting.
* You have questions or concerns about your condition or care.

Return to the emergency department if:

* You feel lightheaded or faint.
* You have a fast, slow or irregular heartbeat.
* You have a seizure.



Range 0-64 . Handelsman , L., Cochrane, K. J., Aronson, M. J. et al. (1987)

Two New Rating Scales for Opiate Withdrawal, *American Journal of Alcohol Abuse,* 13, 293-308.

SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**SOWS (Subjective Opiate Withdrawal Scale) -** used in home inductions

Assessment of Withdrawal from Opioids the Subjective Opiate Withdrawal Scale (SOWS)

|  |  |
| --- | --- |
|  | PLEASE SCORE EACH OF THE 16 ITEMS BELOW ACCORDING TO HOW YOU FEEL **NOW**(CIRCLE ONE NUMBER) |
|  | SYMPTOM | NOT AT ALL | A LITTLE | MODERATELY | QUITE A BIT | EXTREMELY |
| 1 | I feel anxious | 0 | 1 | 2 | 3 | 4 |
| 2 | I feel like yawning | 0 | 1 | 2 | 3 | 4 |
| 3 | I am perspiring | 0 | 1 | 2 | 3 | 4 |
| 4 | My eyes are teary | 0 | 1 | 2 | 3 | 4 |
| 5 | My nose is running | 0 | 1 | 2 | 3 | 4 |
| 6 | I have goosebumps | 0 | 1 | 2 | 3 | 4 |
| 7 | I am shaking | 0 | 1 | 2 | 3 | 4 |
| 8 | I have hot flashes | 0 | 1 | 2 | 3 | 4 |
| 9 | I have cold flashes | 0 | 1 | 2 | 3 | 4 |
| 10 | My bones and muscles ache | 0 | 1 | 2 | 3 | 4 |
| 11 | I feel restless | 0 | 1 | 2 | 3 | 4 |
| 12 | I feel nauseous | 0 | 1 | 2 | 3 | 4 |
| 13 | I feel like vomiting | 0 | 1 | 2 | 3 | 4 |
| 14 | My muscles twitch | 0 | 1 | 2 | 3 | 4 |
| 15 | I have stomach cramps | 0 | 1 | 2 | 3 | 4 |
| 16 | I feel like using now | 0 | 1 | 2 | 3 | 4 |



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**Buprenorphine/Naloxone (Into the mouth)
Buprenorphine (bue-pre-NOR-feen), Naloxone (nal-OX-own)**

**Treats narcotic dependence.**

**Brand Name(s): Bunavail, Suboxone, Zubsolv**There may be other brand names for this medicine.

**When This Medicine Should Not Be Used:**
This medicine is not right for everyone. Do not use it if you have had an allergic reaction to buprenorphine or naloxone in the past.

**How to Use This Medicine:**

**Thin Sheet, Tablet**

* Take your medicine as directed. Your dose may need to be changed several times to find what works best for you.
* **You must let the medicine dissolve.** Never swallow the film or tablet. Your body may not absorb enough of the medicine if you swallow it.
* Your health care provider will show you how to use the medicine. If you do not understand, ask for help. It is important to use the medicine correctly.
* Do not talk while the medicine is in your mouth.
* **Buccal film:** Rinse your mouth with water to moisten it. Place the film against the inside of your cheek. If your doctor told you to use more than one film, place the second film inside your other cheek. Do not place more than two films inside of one cheek at a time. Do not move or touch the film. Do not eat or drink anything until the film is completely dissolved.
* **Sublingual tablet:** Place the tablet under your tongue. If your doctor told you to use more than one tablet, place all of the tablets in different places under your tongue at the same time. You can use two tablets at a time until you have taken all of the medicine, if that is easier for you. Let the tablets dissolve completely in your mouth. Do not eat or drink anything until the tablets are completely dissolved.
* **Sublingual film:** Drink some water to help moisten your mouth. Place the film under your tongue. If your doctor told you to use more than one film, place the second film on the opposite side from the first one. Do not move the film after you place it under your tongue. If you are supposed to use more than two films, use them the same way, but do not start until the first two films are completely dissolved.
* Do not break, crush, chew or cut the film or tablet.
* This medicine should come with a medication guide. Ask your pharmacist for a copy if you do not have one.
* **Missed dose:** Take a dose as soon as you remember. If it is almost time for your next dose, wait until then and take a regular dose. Do not take extra medicine to make up for a missed dose.
* Store the medicine in a closed container at room temperature, away from heat, moisture and direct light. Ask your pharmacist about the best way to dispose of medicine you do not use.



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**Drugs and Foods to Avoid:**

* Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins and herbal products.
* Some foods and medicines can affect how buprenorphine/naloxone works. Tell your doctor if you are using the following:
	+ Carbamazepine, phenobarbital, phenytoin or rifampicin
	+ Tranquilizer or benzodiazepine (including alprazolam, clonazepam, diazepam, lorazepam)
	+ Medicine to treat an infection (including ketoconazole or erythromycin)
	+ Medicine to treat HIV/AIDS (including delavirdine, efavirenz, etravirine, nevirapine)
* Do not drink alcohol while you are using this medicine.
* Some pain relievers, allergy medicines or sleeping pills may cause you to feel more lightheaded, dizzy or faint when used with this medicine. Tell your doctor if you use any medicine that makes you drowsy.

**Warnings While Using This Medicine:**

* Tell your doctor if you are pregnant or breastfeeding or if you have kidney disease, liver disease (including hepatitis), adrenal gland problems, an enlarged prostate, trouble urinating, gallbladder problems, low thyroid levels, lung or breathing problems, a head injury or brain tumor.
* This medicine may cause the following problems:
	+ High risk of overdose, which can lead to death
	+ Respiratory depression (serious breathing problem that can be life-threatening)
	+ Liver problems
* This medicine may make you dizzy or drowsy. Do not drive or do anything that could be dangerous until you know how this medicine affects you. Stand or sit up slowly if you feel lightheaded or dizzy.
* Tell any doctor or dentist who treats you that you are using this medicine.
* This medicine can be habit-forming. Do not use more than your prescribed dose. Call your doctor if you think your medicine is not working.
* Do not stop using this medicine suddenly. Your doctor will need to slowly decrease your dose before you stop it completely.
* Keep all medicine out of the reach of children. Never share your medicine with anyone.

**Possible Side Effects While Using This Medicine:
Call your doctor right away if you notice any of these side effects:**

* Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
* Blue lips, fingernails or skin
* Dark urine or pale stools, nausea, vomiting, loss of appetite, stomach pain, yellow skin or eyes
* **Extreme dizziness or weakness, shallow breathing, sweating, seizures, cold or clammy skin**
* Severe confusion, lightheadedness, dizziness or fainting
* Trouble breathing or slow breathing



SAMPLE 2 - Home Induction: Opioid Dependence Treatment with Medication Assisted Therapy (MAT)

**If you notice these less serious side effects, talk with your doctor:**

* Headache
* Constipation or upset stomach
* Shaking, feeling hot or cold, runny nose, watery eyes, diarrhea, vomiting or muscle aches
* Sweating
* Trouble sleeping

**If you notice other side effects that you think are caused by this medicine, tell your doctor.**
**Call your doctor for medical advice about side effects. You may report side effects to FDA
at 1-800-FDA-1088**



SAMPLE 3 - Patients Who Use IV Drugs

You were seen in the emergency department today for one or more conditions related to injection drug use. Injection drugs pose multiple serious risks to your health, including overdose, infections of the skin, blood and heart as well as lifelong infections like Hepatitis B, Hepatitis C and HIV/AIDS. Injecting drugs is very dangerous and also very difficult to stop. Injection drug use has negative effects on your entire life, making it difficult to maintain employment or have healthy relationships with others.

This organization’s goal is for you to be as safe and healthy as possible. The decision to seek help and the path of recovery is a journey that everyone makes in different ways and at different times. When you are ready to make changes related to your substance use, you are strongly encouraged to seek help and there are many resources that exist to help you through the process.

Here are some things you can do to help decrease some of the risks involved with injection drug use:

1. Preventing overdose
* Never use alone! Having someone with you who can respond in case of an accidental overdose can save your life. Good Samaritan laws will protect any individual who contacts 911 to report an overdose.
* Carry and know how to use naloxone (Narcan): the temporary opioid reversal medicine. This medication can save your life or the life of someone you know by temporarily reversing the effects of opioids to restore breathing and consciousness. Because naloxone only blocks the effects temporarily, it is important that you seek medical attention because you are still at risk for overdose after the naloxone wears off. You can get naloxone kits without a prescription at many pharmacies. Find one by visiting: stoptheclockcolorado.org/map, ERnaloxone.org or download the OpiRescue smartphone app. Naloxone is also covered by Medicaid, Medicare and most private insurance companies at little to no cost to the patient.
* Go slow. It is impossible to know the potency, or strength, of what you are injecting as each product can vary hugely in purity. If you are using a new batch, new product or it has been awhile since you last used, use a small dose to start in order to avoid accidental overdose.
1. Preventing HIV/AIDS and Hepatitis
* Don’t share equipment with others! Sharing equipment with others increases your risk of contracting HIV or Hepatitis. Equipment includes needles, syringes, water, cookers and filters. These viruses can survive for weeks inside of this equipment and put you at risk for infection.
1. Preventing skin, blood and heart infections
* Use sterile equipment. Avoid reusing equipment as bacteria can take up residence and cause infection. If you do not have access to new equipment and have to re-use, soak and completely flush out all parts with bleach for 2 minutes and rinse with clean water. Repeat multiple times between uses. This also includes using clean water to dissolve any product. The safest option is single use water containers, which you can get from syringe access programs. Otherwise you can use bottled water that has been boiled for 10 minutes and then cooled prior to use. DO NOT USE toilet water, standing water, saliva or river/stream water.
* Use good hygiene. Always wash your hands and clean the site you plan to inject with soap and water. You should use an alcohol swab to clean the skin you plan to inject just prior to injection.
* Never lick your needles or use water from a bottle that someone has drank out of as this exposes you to many dangerous bacteria that live in the mouth.



SAMPLE 3 - Patients Who Use IV Drugs

**Needle exchange programs in Colorado**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | Address | Phone | Hours |
| [Works Program-Boulder County Public Health](https://www.bouldercounty.org/families/disease/the-works-program/) | 3482 Broadway, Boulder | 303-413-7500 | Monday-Friday 10:30am-4:30pm |
| [Works Program- Boulder County Public Health](https://www.bouldercounty.org/families/disease/the-works-program/) | 529 Coffman, Ste. 200, Longmont | 303-678-6166 | Monday-Friday 10:30am-4:30pm |
| [Works Program- Mental Health Partners](https://www.bouldercounty.org/families/disease/the-works-program/) | 3180 Airport Road, Boulder | 303-441-1281 | After-hours, weekends, holidays |
| [Works Program- Boulder County AIDS Project](https://bcap.org/outreach-testing-programs/works-program-syringe-access-services/) | 2118 14th St., Boulder | 303-444-6121 | Monday-Friday 2-5pm |
| [Works Program- Boulder County AIDS Project](https://bcap.org/outreach-testing-programs/works-program-syringe-access-services/) | Inside of Clinica Family Health 1735 S. Public Road, Lafayette, CO | 720-564-2708 | Tuesdays and Thursdays 10:30am-4:30pm |
| [Access Point Denver](http://www.ncaids.org/denver-colorado-aids-project/access-point) | 6260 E. Colfax Ave., Denver | 303-837-1501 | Monday-Thursday 1-6pmFriday 12-3pm |
| [Harm Reduction Action Center](http://harmreductionactioncenter.org/) | 231 E. Colfax Ave., Denver | 303-572-7800 | Monday-Friday 9am-12pm |
| [Access Point Northern Colorado](http://www.ncaids.org/) | 400 Remington,Ste. 100, Fort Collins | 970-484-4469 | Monday, Thursday 1-4:45pmFriday 9:30am-4:45pm Tuesday 2-4:45 pmWednesday 1-6:45 pm |
| [Access Point Southern Colorado](http://www.ncaids.org/) | 807 N. Greenwood St.,Ste. 200, Pueblo | 719-621-1105 | Tuesday 10am-12pmand 1:30-4pm |
| [Access Point Western Colorado](http://www.ncaids.org/) | 2352 N. 7th Street Unit A1, Grand Junction | 970-243-2437 | Monday, Wednesday, Friday 10:30 am-6pm Tuesday and Thursday 10:30am-5:00pm |
| [Points West](https://www.pointswestjeffco.com/) | 645 Parfet St., Lakewood | 303-239-7078 | Monday-Friday 9am-4pm |
| [Aurora Syringe Access Services (ASAS)/ Tri-County Health Dept.](http://www.tchd.org/429/HIV-STI-Testing) | Street outreach along Colfax Ave./Aurora | 303-363-3077 | Monday, Tuesday, Thursday |
| [ASAS / It Takes a Village](http://www.ittakesavillagecolorado.org/programs/hiv.htm) | 1475 Lima St., Aurora | 303-363-3077 | Wednesday 1-3:30pmStreet outreach:Tuesday, Thursday 1-3:30pm |
| [Southern Colorado Harm Reduction Association](https://www.facebook.com/SoCo-Harm-Reduction-Association-1828679047443999/)  | 1249 E. Routt Ave, Pueblo | 719-289-7149 | Saturday 2-4 p.m. |