

Order Set

Opioid Withdrawal/Buprenorphine Initiation

MONITORING:

- Temperature, HR, RR, BP and O2Sat q2h and as needed. Notify MD if O2Sat less than 92% and/or RR less than 10 breaths/minute
- COWS at presentation and q1h until <8 (document on Form #)
- COWS q2h when <8

LABORATORY TESTS

- Urine or serum HCG
- Urine toxicology (point of care drug screen if available)
- CBC, electrolytes, creatinine, glucose, AST, ALT, ALP, Bili

Note: Do not delay treatment while waiting for investigations

MEDICATIONS

For COWS ≥ 13 AND appropriate timing from last opioid use:

- At least 12 hrs since last short acting opioid (heroin, IR oxycodone, hydromorphone, morphine)
- At least 18 hrs since last controlled-release opioid (e.g. CR oxycodone, hydromorphone, morphine)
- At least 48 hrs since last street fentanyl use

NOTE: Patients in naloxone-induced withdrawal after reversal of overdose still need to meet criteria for time from last opioid use to avoid precipitated withdrawal. For patients not suitable to start buprenorphine in the ED because of insufficient withdrawal or insufficient time from last opioid use, offer a home start or microdosing protocol.

Patients on methadone or slow-release oral morphine should not be changed to buprenorphine in the ED. Offer bridging prescription of their current treatment instead.

- Buprenorphine 4mg (2 x buprenorphine/naloxone 2/0.5mg tablets) SL q1h to max 16mg as long as patient is not drowsy and COWS >8
- Buprenorphine 2mg (1x buprenorphine/naloxone 2/0.5mg tablets) SL **if elderly, on benzodiazepines or unsure of last opioid**
- Notify MD if COWS score **increases** by 2 or more after first dose of buprenorphine/naloxone
- Acetaminophen 1000 mg PO q6h PRN for pain, max 4g in 24 hours
- Ibuprofen 400 mg PO q6h PRN for pain
- Dimenhydrinate 25-50mg po/IV q4h prn
- Ondansetron 4-8mg PO/IV q4-6h PRN for nausea
- Clonidine 0.1mg po BID prn for sweats/goosebumps/restlessness if withdrawal symptoms persist. Patient can be discharged after first reassessment to complete Day1 dose at home as long as symptoms have not worsened

DISCHARGE ORDERS

- Refer to Substance Use Navigator/Social Worker if available and not already done
- Dispense buprenorphine/naloxone tablets from ED supply for remainder of Day 1 dose if available (max 16mg, 8 mg if elderly or comorbidities)
- Provide patient with [prescription](#) for up to 7 days until follow-up appointment
- Provide [home-start handout](#) and [prescription](#) for up to 7 days
- Provide [microdosing handout](#) and [prescription](#) for up to 7 days
- Provide patient with information [handout on taking buprenorphine](#) and [harm reduction](#)
- Confirm follow-up plans and provide information on RAAM/clinic hours
- Fax [patient summary](#) to appropriate clinic
- For patients with an existing community provider send discharge report/contact to discuss follow-up (with consent)
- Provide a naloxone kit (document on [naloxone dispensing record](#))

Name: _____ Signature: _____

MD: _____

Date: _____ Time: _____