

Opioid Withdrawal/Buprenorphine Initiation Order Set

MONITORING:

- ☐ Temperature, HR, RR, BP and O2Sat
Notify MD if O2Sat less than 92% and/or RR less than 10 breaths/minute
- ☐ Clinical Opiate Withdrawal Scale ([COWS](#)) at presentation
- ☐ Hold medications and notify MD if drowsy or vitals are unstable
Unstable vitals: BP less than 90/60, HR greater than 100, RR less than 12, O2Sat less than 92%

LABORATORY TESTS

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

Note: Do not delay treatment while waiting for investigations

MEDICATIONS

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.

For COWS \geq 13 AND appropriate timing from last opioid use: Standard Initiation

- 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
- ☐ Buprenorphine 4 mg (2 x buprenorphine/naloxone 2/0.5 mg tablets) SL q1h to max 16 mg as long as patient is not drowsy and COWS $>$ 8
 - ☐ Buprenorphine 2 mg (1x buprenorphine/naloxone 2/0.5 mg 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

For COWS \geq 13 AND meeting criteria for macrodosing:

- Post-naloxone reversal of an opioid overdose (i.e. naloxone-induced withdrawal)
 - In withdrawal from fentanyl use $<$ 48 hours since last use
- ☐ Buprenorphine 16 mg (2 x buprenorphine/naloxone 8/2 mg tablets) SL
 - ☐ Repeat buprenorphine 8–16 mg q1–2h for COWS $>$ 8 to maximum 32 mg as long as patient is not drowsy
 - ☐ Acetaminophen 1000 mg PO q6h PRN for pain, max 4 g in 24 hours
 - ☐ Ibuprofen 400 mg PO q6h PRN for pain
 - ☐ Dimenhydrinate 25–50 mg PO/IV q4h PRN
 - ☐ Ondansetron 4–8 mg PO/IV q4–6h PRN for nausea
 - ☐ Clonidine 0.1 mg PO BID PRN for sweats/goosebumps/restlessness if withdrawal symptoms persist

DISCHARGE ORDERS

- ☐ Refer to Substance Use Navigator/Social Worker if available and not already done
- ☐ Provide patient with appropriate information handouts
 - [Buprenorphine treatment](#) and [harm reduction](#)
 - [Home start handout](#)
 - [Microdosing handout](#)
- ☐ 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: _____

Date: _____ Time: _____