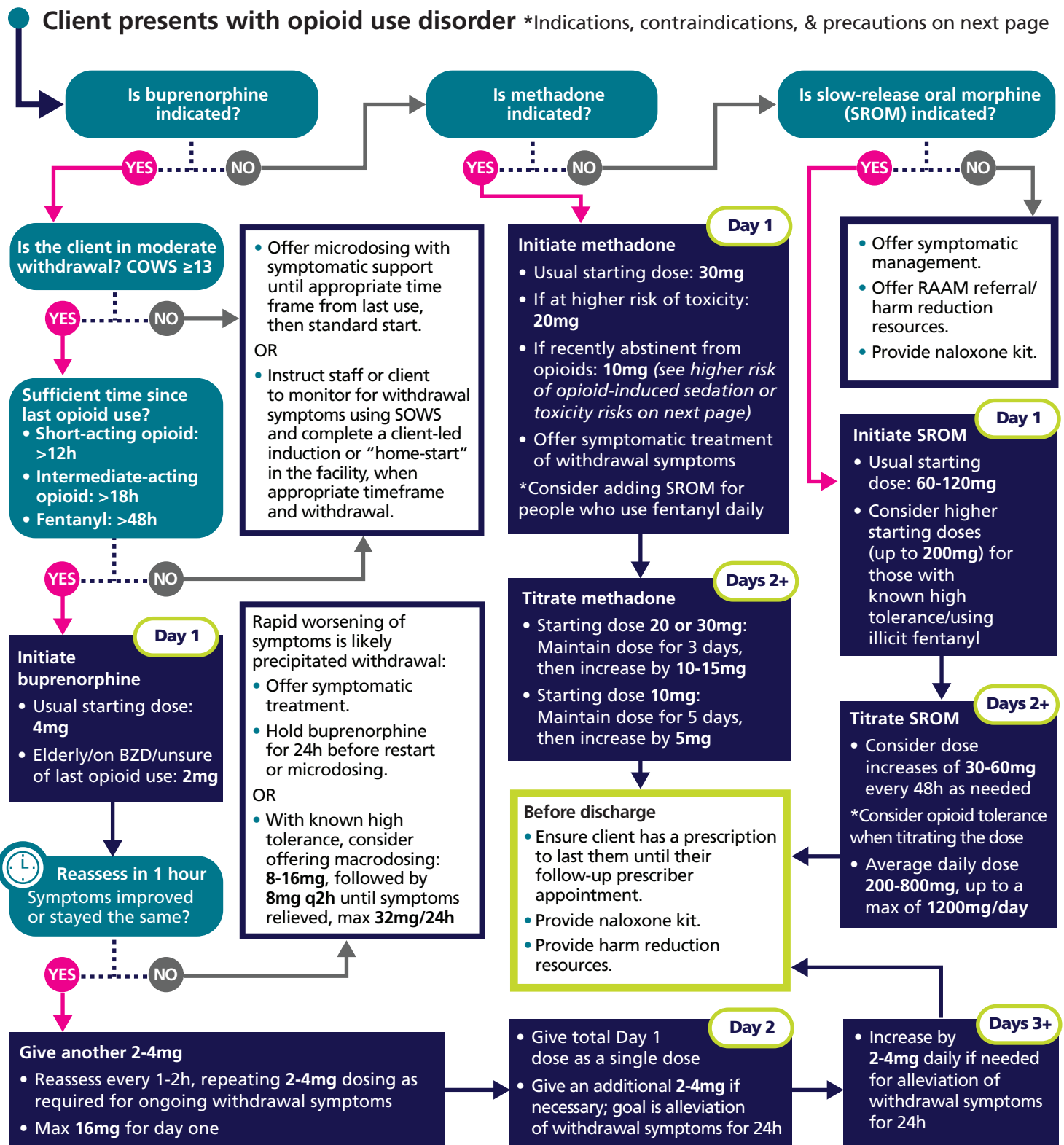


Clinical Pathway for Medical Management of Opioid Withdrawal and Opioid Use Disorder in Community Residential WMS



BUPRENORPHINE

Use buprenorphine when...

- Client prefers buprenorphine
- Higher risk of opioid-induced sedation or toxicity
- Known QT prolongation/history of ventricular arrhythmias
- Difficulty accessing methadone after discharge

METHADONE

Use methadone when...

- Client prefers methadone
- Contraindication to buprenorphine
- Unsuccessful with buprenorphine initiation or tolerance in the past
- Ongoing high-risk use despite **24+mg** of buprenorphine

High-risk use: Regular use of fentanyl, opioid + benzodiazepine use, overdoses, injection-related infections

SROM

Use SROM when...

- Client prefers SROM
- Contraindications to buprenorphine or methadone
- Unsuccessful with buprenorphine or methadone initiation or tolerance in the past
- SROM can be added to methadone when there is ongoing high-risk use on methadone alone

PRACTICAL PRECAUTIONS TO OAT

- Hold OAT medication if intoxicated, sedated, or impaired level of consciousness.
- Consider referring to hospital for management if client is on OAT and has acute liver or respiratory illness.
- Use lower starting doses and monitor closely if the client is on high doses of sedating drugs, especially benzodiazepines. Methadone can be particularly dangerous when combined with benzodiazepines.
- SROM is contraindicated in renal insufficiency. Measure renal function before SROM start in the elderly.
- Clients on higher doses of methadone (**120+mg**) should have an ECG to check QT interval.
- Send the client on OAT to the ED if they show signs of impending overdose (methadone overdose has an insidious onset and is easily missed).

FOR COMPLETE INFORMATION ON PRESCRIBING AND A LIST OF CONTRAINDICATIONS, REFER TO THE PRODUCT MONOGRAPHS

HIGHER RISK OF OPIOID-INDUCED SEDATION OR TOXICITY:

- Use of any sedating substance (BZD, alcohol, other)
- Respiratory disease, e.g., COPD, sleep apnea
- Lower opioid tolerance, e.g., recent incarceration or discharge from inpatient rehabilitation, use of prescription opioids vs. illicit fentanyl
- 60+ years old
- Liver dysfunction, e.g., cirrhosis with low albumin, high INR